The Nursing Shortage Continues As Faculty Shortage Grows

Executive Summary

To combat the nursing shortage, efforts to promote nursing as a career have been successful.

However, academic nursing institutions are not adequately prepared for this new influx of applicants.

The lack of faculty to educate the growing demand for baccalaureate-prepared RNs directly impacts the nursing shortage. The nursing shortage thus directly impacts safe patient care.

The main reasons for the lack of faculty to meet the demand for more nurses include the increased age of the current faculty and the declining number of years left to teach, expected increases in faculty retirements, less compensation for academic teaching than positions in clinical areas for master’s-prepared nurses, and finally, not enough master’s and doctoral-prepared nurses to fill the needed nurse educator positions.

It is in the best interest of the nursing profession to do what it does best by incorporating the nursing process to solve the faculty shortage and secure its future in order to protect the lives of patients.

While the nursing shortage remains a high priority and initiatives are being put into place to address it, a growing concern has emerged related to another type of shortage—nursing faculty. Great strides have been made to recruit more nurses into the nursing profession with efforts such as the Johnson & Johnson ad campaigns, federal and state funding for education tuition, and a focus on healthy work environments for nurses. As a result, nursing schools are seeing an increase in enrollments as evidenced by the American Association of Colleges of Nursing (AACN, 2005) preliminary survey showing an increase of 13% in entry-level baccalaureate nursing programs from 2004 to 2005. However, with this increase in enrollments comes a need for an increase in nursing faculty and clinical sites in which to educate these new nurses. If there are not enough qualified faculty to teach nursing students, the nursing shortage will most likely worsen. This will indeed have a direct effect on the quality of care that patients receive nationwide.

Multiple factors have emerged that shed light on the seriousness of the situation and innovative strategies are being implemented to help solve the nursing faculty shortage. Faculty shortage solutions are the guiding force for additional nursing student admissions.

The nursing shortage emerged in 1998 and peaked in 2002 (Buerhaus, Donelan, Ulrich, Norman, & Dittus, 2006). In the late 1990s, as government and private payer reimbursements declined, hospitals downsized and cut registered nursing (RN) positions as a cost-cutting initiative. These RNs were replaced by unlicensed assistive personnel at a much lower cost. Nursing recruitment initiatives also were relaxed.

These efforts contributed to the acute shortage of RNs (Marquis & Huston, 2006). As the nursing shortage peaked, nurses who were left at the bedside found working conditions unacceptable and many left the profession in search of other work. In 2004 and 2005 the top four reasons for the nursing shortage as identified by RNs were salary and benefits issues, more career options for women, undesirable working hours, and a nega-

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tive work environment (Buerhaus et al., 2006). In a grant report provided by the Robert Wood Johnson Foundation (2003), the nursing shortage is a result of more lucrative career options for women, an aging workforce, attrition of older nurses resulting from unsatisfactory working conditions, and less young people and minorities attracted to the nursing profession. The nursing shortage has improved somewhat since 2002 as initiatives such as public relations campaigns, loan forgiveness programs, educational recruitment, nursing consortiums, and a focus on better working conditions have been put into place (Robert Wood Johnson Foundation, 2006). Interest in nursing careers has grown and is a welcome trend as the need for more demanding work environments, attrition of older nurses resulting from unsatisfactory placements (Tanner, 2006). Nurses entering the faculty role later in their careers and typically retire at an earlier age, around 62.5 years (Yordy, 2006). More efforts need to be put into place to encourage those already teaching to remain in their positions even if it is in a limited capacity while future faculty are educated.

What factors are present that facilitate the desire for nursing faculty to retire? Kowalski, Dalley, and Weigand (2006) conducted a cross-sectional, randomized study of 129 nurse educators teaching in 61 schools of nursing to find out what personal decisions influenced their retirement plans. With a 37.6% response rate, results reflected that the mean age of planned retirement was 64.4 years. However, the mean age respondents would like to retire was 62.4. Factors influencing retirement included workplace issues, personal and family health, attitudes about retirement, and financial security. One of the most important factors influencing retirement plans was financial security. Faculty members who were financially secure retired earlier. Job satisfaction was another important influencing factor resulting in early retirement. In lieu of the faculty shortage, the authors contend that studies such as this will offer insight into future retirement trends which may help bridge the gap between supply and the demand of nurse educators (Kowalski et al., 2006). From the results of this one study it may be important to consider the needs of the aging faculty by providing healthy, satisfying, and stimulating work environments, appropriate benefits packages, and relaxing mandatory retirement ages.

Another important factor affecting the faculty shortage is that of job satisfaction, stress, and burnout. To maintain current faculty on the job, more research should be conducted on factors affecting job satisfaction and what works to provide a better environment. Gormley (2003) performed a meta-analysis study on nursing faculty job satisfaction and which factors had the greatest influence using a sample of six studies from 1976 and 1996. Nursing faculty are pressured not only to educate future nurses to provide safe and competent care, but also have many other professional responsibilities, such as publishing, conducting research, writing grants, performing community service, and maintaining their own competencies (Gormley, 2003). These responsibilities combined can become overwhelming and lead to job dissatisfaction especially as the faculty is aging. In Gormley’s study (2003), factors that affected job satisfaction were perception/expectation of the leader’s role in curriculum and instruction, suggesting that the dean’s role has significant effects on faculty’s job satisfaction and role conflict/ambiguity. Shirey (2006) argues that prolonged stress can lead to burn-out in many faculty who then become “deadwood,” jeopardizing the quality and spirit of the institution. These faculty members can ward off potential new faculty who are even more vulnerable to the stresses of the teaching role. It is imperative that academic institutions pay close attention to the needs of their faculty. Mentoring programs, self-renewal, and orga-
nizational engagement are key strategies to prevent burnout (Shirey, 2006). “A carefully structured and deliberate mentoring program can be an invaluable orientation as schools of nursing seek to provide an academic environment that is conducive to the professional and scholarly development of adjunct faculty members” (Peters & Boylston, 2006, p. 64).

Another factor influencing the faculty shortage is that historically nurses were encouraged to work rather than continue their education. “Nursing is one of the few professions in which new graduates are not directed to pursue graduate education immediately but, rather, are encouraged to obtain clinical experience before considering a faculty position” (Stevenson, 2003, p. 24). With the initial nursing shortage, one can understand the importance of pushing qualified RNs into the health care market. While it is true that many clinical advanced registered nurse practitioners transfer at some point to the faculty role, it has been questioned whether this is the best answer to teach today’s nursing student. Some say nursing students deserve and should be instructed by those specifically educated in curriculum development, evaluation, outcomes assessment, advisement, accreditation processes, and skill in teaching, to name a few (Valiga, 2002). Many nursing education leaders are calling for raised standards and more doctorate-prepared educators. Thus, the need for more qualified and highly skilled nursing faculty makes filling the demand even more challenging (Yordy, 2006).

One serious factor contributing to the faculty shortage is financial. Not only are academic salaries much lower than they are for clinical practice and administrative positions of advanced practice nurses, but the cost of securing advanced academic degrees is costly. In 2004, the average salary of a master’s-prepared nurse practitioner in a clinical setting was $80,697 compared to $60,831 for that of a master’s-prepared nursing faculty member (Nevada Nurses Association, 2004). By increasing academic salaries and providing tuition allowances in return for teaching will indeed make teaching a more attractive career choice (Yordy, 2006).

Impact on Nursing

The impact of the faculty shortage on nursing is two-fold. First, the lack of faculty to educate the growing demand for baccalaureate-prepared RNs directly impacts the nursing shortage. The nursing shortage thus directly impacts safe patient care. The greatest impact of the nursing and nursing faculty shortage is the effect on quality patient care (Buerhaus et al., 2006). Second, the nursing profession in general is affected by short-term strategies to compensate for the lack of RNs. The short-term strategies include the use of more non-nursing personnel to fill the void, creative skill mixes and cost-cutting measures blinding the need for more RNs, and the potential decrease in applicants to schools of nursing as they are unable to “get in” and look for other career options (Seattle Post-Intelligencer, 2004; Ventura 1999).

It is important that nurses maintain a united front and work together to encourage young people to enter into the profession of nursing by educating them and accepting them with open and compassionate arms.

The effects of the faculty shortage on the nursing shortage are costly. The demand for nurses is high and yet the supply is low and will only worsen. The projected shortfall of full-time RNs will be 36% by 2020 as seen in Table 1. Hospitals are paying higher costs for traveler nurses to fill the void of staff nurses at a cost of $60 to $75 an hour (Stevenson, 2003). The cost of health care is increased by the shortages as hospitals worry about quality and availability of care. They now must pay more and utilize nursing agencies that charge two to three times the average nursing rate (Skinner, 2004). If hospitals were able to increase their nursing staff and hours of nursing care per patient, it would save more than 6,700 people and roughly four million days of inpatient care (American Nurses Association [ANA], 2006).

Implications for Future Leadership

Both AACN and the National League for Nursing (NLN) support initiatives to promote the nursing education track (Mathews, 2003). AACN endorses innovative programs that will provide more rapid routes to a doctoral degree for future and current nursing educators. The NLN also recommends that nursing faculty foster and encourage undergraduate nursing students to continue their education track (Mathews, 2003).
education and consider teaching as a career (Mathews, 2003).

The Nurse Reinvestment Act, passed by Congress in 2002, provides loan forgiveness for nurses who obtain advanced degrees and go on to teach as nursing faculty. The Act also provides for scholarships for nurses who commit to work in a hospital with critical nursing shortages for a period of 2 years (Stanton, 2004). Much federal funding has been spent on preparing advanced registered nurse practitioners to supply the workforce. It is time now to transfer the focus to faculty recruitment and development. The fiscal year budget for nursing workforce development programs has been stagnant at $150 million for the past 3 years despite efforts by the ANA to have funding increased. For the Fiscal Year 2008, the ANA is asking for $200 million, while President Bush’s proposed budget calls for a decrease in funding of over $44 million (ANA, 2007). Therefore, in support of this increase, it is imperative that RNs around the country pay close attention and lobby with the ANA.

Nursing leaders are urged to collaborate between universities and health care institutions for more adjunct faculty by utilizing clinical experts as faculty to benefit both institutions. New innovative teaching/learning strategies must be explored to provide more interest in education. Additionally, more research should be conducted to determine job satisfaction in relation to faculty positions, motivation and interest for pursuing the nurse educator role, and the effects of new educational practices. The introduction of nursing students to the faculty role with shadowing experiences has shown some promise in persuading young nurses to pursue a nurse educator career (Seldomridge, 2004).

Future Considerations

The current critical shortage of nursing faculty has a direct affect on the nursing shortage, which will only increase if not addressed seriously. Short-term interventions while helpful are inadequate and thus, timely, long-term strategies are required (Yordy, 2006). It is imperative that nursing schools find solutions to the lack of faculty to increase the pool of nurses taking care of patients as well as the pool of qualified faculty. A shortage of nurses in an increasingly demanding health care environment puts patients at increased risk for adverse outcomes. Multiple studies have shown that less RNs available to care for patients increases the risk of injuries and death (Johnson, 2004). Partnerships between nursing schools and health care institutions are becoming increasingly popular.

According to a Joint Task Force Report of the University Health-System Consortium (UHC) and AACN (2003), practice/education partnerships between universities and hospitals provide an innovative way to increase the supply of baccalaureate-prepared nurses. Short-term solutions in the report include recruitment and retention strategies (targeting new student populations, preventing barriers to admission, communicating with the media regarding partnerships between universities and hospitals), the creation of new programs and accelerated nursing programs, increasing access to clinical experiences and sharing faculty, and redesigning learning using technology and simulators (UHC & AACN, 2003). Many of these strategies are becoming realities with partnerships between hospitals and universities. In one institution, master’s-prepared staff nurses were recruited as shared faculty with a local university to provide additional instruction on evenings and weekends (NLN, 2003). The chosen nurses were already preceptors for their organization and were oriented on the curriculum, clinical and course objectives, and philosophy of the school. The new shared faculty maintained their current positions and benefits with the hospital and the school reimbursed the hospital for teaching hours at the faculty rate of pay. Results proved positive for both the hospital and the university. The joint effort allowed clinical instruction for more nursing students, professional growth for the shared faculty, and increased recruitment for the hospital (NLN, 2003). Others agree and found similar responses to partnerships in education. “The interactions with students have been some of the most fulfilling of my career. I have gained insight into the current concerns of new graduates. This information is used to help guide the development of hospital programs and services” (Hill, 2006, p. 496).

In addition to the effects of the nursing shortage creating a faculty shortage, factors underlying the additional stress to the situation have been discussed. Strategies that are being optimized to fill the need for more faculty and thus more nursing students are evident in the literature. It is the hope and intent of this article to expand our consciousness, raise awareness, and promote critical thinking to stimulate solutions to both shortages. Innovative strategies such as partnerships between academic institutions and health care organizations, recruitment and retention of qualified faculty, and collaboration with government agencies (see Table 2) are in place and must be researched and published to create awareness and support. In addition to strategies listed in Table 2, securing federal funding and support is imperative to the success of additional faculty. In 2002, the Nurse Reinvestment Act was signed into law which allowed federal funding for the development of nursing faculty. However, appropriations were set to expire in 2007. Therefore, the future of nursing faculty funds is uncertain (Livsey, Campbell, & Green, 2007). Nurses nationwide
must unite to request and support additional funds for advanced degrees and increased faculty. The nursing community is bright, articulate, and forward thinking. It is in the best interest of the nursing profession to do what it does best by incorporating the nursing process to solve the faculty shortage and secure its future in order to protect the lives of patients.$

**Table 2. Strategies to Address the Nursing Faculty Shortage**

**Short-Term Strategies**

1. **Consider Non-Traditional Resources for Faculty Instruction**
   - Utilize non-nursing faculty.
   - Utilize advanced practice nurses.
   - Host programs to attract practicing nurses to faculty roles.
   - Modify graduate programs (flexibility, eligibility criteria).
   - Incorporate technology for distance learning.
   - Utilize second-degree accelerated programs.

2. **Relax Retirement Policies**
   - Value and utilize retired scholars on a part-time basis.
   - Rehire following retirement restricting benefits and income.

3. **Establish Partnerships for Clinical Instruction**
   - Use of expert clinicians to increase pool of on-site faculty.
   - Use of clinical simulation in lieu of direct patient care.

4. **Initiate Additional Research for Faculty Utilization**
   - Need for new research for best ways to utilize faculty.
   - Establishment of best practices of teaching.

5. **Ongoing Faculty Development**
   - Mentorship programs.
   - Formal professional faculty development.
   - Strong orientation programs.
   - Evaluate the multiple responsibilities of the educator role.
   - Encourage doctoral degrees.

**Long-Term Strategies**

1. **Recruitment**
   - Provide a positive image/role model for advanced education.
   - Recruit young people from middle and high schools to the nursing profession.
   - Streamline the education track to higher academics.
   - Financial aid/loan forgiveness programs in return for teaching service.
   - Mentorship/support to decrease attrition rates.

2. **Retention**
   - Better salaries and benefits.
   - Positive work environment.
   - Reward teaching excellence.
   - Faculty development and mentorship programs.

3. **Collaboration**
   - Develop relationships with state legislators for support and funding.
   - Partnerships (high schools, colleges, health care institutions, governmental agencies).

**REFERENCES**


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