

Educating the Nursing Workforce:
The Nurse Faculty Shortage in Wisconsin

Wisconsin Nurse Faculty Shortage Task Force
Report and Recommendations

June 2007

Submitted by:

Members of the Wisconsin Nurse Faculty Task Force

Compiled by:

**Sally Peck Lundeen, PhD, RN, FAAN
President, Wisconsin Center for Nursing
Co-Chair**

**Marilyn Kaufmann, PhD, RN
Chair, Wisconsin Board of Nursing
Co-Chair**

**Carolyn Krause, PhD, RN
Executive Director
Wisconsin Center for Nursing**

Task Force Members

Co-Chair: Marilyn Kaufmann, RN, Chairperson, Wisconsin Board of Nursing

Co-Chair: Sally Lundeen, RN, President, Wisconsin Center for Nursing

Staff: Carolyn Krause, RN, Executive Director, Wisconsin Center for Nursing

Members:

Gina Dennik-Champion, RN, Wisconsin Nurses Association

Marilyn Frenn, RN, Private Colleges of Nursing and Wisconsin League for Nursing

Dessie Levy, RN, Milwaukee Chapter, National Black Nurses Association

Tom Moore, Wisconsin Health Care Association

Mary Moss, RN, Wisconsin Associate Degree Nursing Educational Administrators

John Sauer, Wisconsin Association of Homes & Services for the Aging

Representative Leah Vukmir, Chair, Assembly Committee on Health

Judy Warmuth, RN, Wisconsin Hospital Association

L. Elaine Wendt, RN, UW Schools and Colleges of Nursing

Carol Winegarden, RN, Wisconsin Organization of Nurse Executives

Meeting Dates:

March 21, 2006

May 8, 2006

June 30, 2006

July 17, 2006

December 13, 2006

February 28, 2007

April 26, 2007

Recommended Citation:

Wisconsin Nurse Faculty Shortage Task Force. (2007, June). Educating the nursing workforce: The nurse faculty shortage in Wisconsin. Report and recommendations. Milwaukee, WI:

Wisconsin Center for Nursing.

Educating the Nursing Workforce: The Nurse Faculty Shortage in Wisconsin

Executive Summary

The Wisconsin Nurse Faculty Shortage Task Force was convened in March 2006 by the Board of Nursing and the Wisconsin Center for Nursing to examine the issues surrounding the perceived nurse faculty shortage, address any restrictions on faculty qualifications to teach in Wisconsin schools and colleges of nursing and to provide recommendations to the Board of Nursing and the legislature.

The demand for RNs nationally and in Wisconsin remains high. Nursing schools in Wisconsin have responded to the need for nurses by increasing the number of nursing graduates by 45% during the past 5 years. Current projections suggest that there will continue to be a nursing shortage for several years to come. However, because Wisconsin does not have a systematic approach in place to collect and analyze statewide data on the RN workforce, it is difficult to project whether demand and supply are in balance.

In order to meet the state nursing workforce in the coming decades, there must be an adequate number of nurse educators in Wisconsin. Results of a survey conducted by this Task Force in October 2006 indicate that the vacancy rate for nurse educators in Wisconsin is 5.6% (12.6% at the PhD level and 4% at the Master's level). A vacancy rate of 5-6% is considered to be an indicator of a shortage (Kovner, C., et.al., 1994.)

Wisconsin nurse educators have been very aggressive in seeking innovative solutions and additional resources to increase the number of nurses prepared to teach in schools of nursing. Wisconsin schools and colleges of nursing have expanded both the number of nursing programs and the types of graduate opportunities available to prepare nurse educators. A number of nursing graduate programs have obtained additional funding to support nurses in obtaining graduate education. Employers and schools of nursing have worked together to support nurses to obtain the needed educational qualifications and/or to serve as adjunct nursing faculty. Several innovative federally funded demonstration projects are underway that focus on broad partnerships to recruit and prepare nurses across the state to serve as nursing faculty. These include: the State of Wisconsin Initiative to Fast Track (*SWIFT*) Nurse Educators (Lundeen, UW-Milwaukee College of Nursing); and NET - Nurse Educators for Tomorrow (Nehls, UW-Madison School of Nursing). Nonetheless, the nurse educator shortage continues.

Although a graduate degree in nursing is considered to be the educational standard for teaching nursing courses in professional nursing programs, the Wisconsin Board of Nursing (BON), in keeping with the National Council of State Boards of Nursing and other accrediting bodies, allows for limited exceptions to this standard. Over 70 exceptions were granted to ADN and BSN nursing programs during the 2006-2007 academic year.

More needs to be done to recruit and retain qualified nurses into faculty positions immediately and into the next decade. Challenges to be faced include:

- Large numbers of faculty are reaching retirement age and graduate programs in nursing must prepare the nurse educators for the next generation of nurses.
- Nursing faculty salaries are not competitive with the administrative and practice salaries for nurses with graduate degrees in the health care service sector.

- Nurse educators must be educated at the masters and doctoral levels so as to integrate a combination of evidence-based nursing practice skills, an advanced understanding of health care and the nursing profession and the ability to promote and facilitate learning in today's nursing students.
- The current nurse workforce and the nurse educator workforce does not reflect the diversity of the state. More diversity (gender and ethnicity) is needed in nursing education.
- The lack of funding for nursing scholarships and traineeships limits the number of nurses who are able to attend graduate programs full-time. The time to degree for graduate students in nursing is much longer than for other graduate students because many nursing graduate students attend graduate school on a very part time basis while continuing to work in order to pay for school, support families, and maintain access to health insurance.
- Funding for additional nurses educator positions will be necessary to meet Wisconsin's demand for nurses "at the bedside" and in the community in coming decades.

Recommendations

1. **Provide financial support and other incentives for nurse graduate students.** Public and private support through tax credits, loan reduction and forgiveness and additional fellowships tied to long term educator's roles in Wisconsin must be created and expanded. Graduate students need access to health insurance for themselves and their families while attending school.
2. **Assure competitive nursing faculty salaries:** Other academic specialties have used a market based approach to set faculty salaries. This approach needs to be used for the nursing profession as well. Additional base dollars are necessary to support salaries in nursing programs in both the public and the private sectors.
3. **Collect regular supply and demand data for nurse workforce and nurse educators.** The State of Wisconsin must clearly designate accountability for systematic collection, analysis and dissemination of nurse workforce data that will include information regarding state supply and demographic characteristics (including racial, ethnic and gender identification) and demand for nurses in the workforce and the faculty necessary to prepare them. The Wisconsin Center for Nursing should take accountability as coordinator of this process.
4. **Develop strategies to promote faculty satisfaction and effectiveness.** Ways to retain current faculty, including those considering retirement should be developed. Faculty satisfaction with work environment and a realistic workload should be explored. Faculty who have completed nursing graduate degrees with minimal content on the teaching role should be encouraged and supported to access adult education or certificate programs that prepare them to assume the role of nurse educators. A balance between full time and part time positions must be maintained to assure that faculty work can be completed (student advising, curriculum development, program evaluation and improvement, new faculty support).

5. **Expand the existing Board of Nursing (BON) exception program.** The existing BON exception program should continue. The BON should adopt one additional exception: Each nursing school may hire one nurse educator with a graduate degree in a non-nursing field related to the specific area of their teaching assignment.
6. **Expand educational opportunities** for nurses in all regions of the state. Expand opportunities for graduate education in all parts of the state through masters programs, clinical doctorates and PhD programs in nursing. Distance learning modalities, especially asynchronous web-based instruction should be expanded as appropriate to support the graduate education of nurses who are working and/or live where on-campus options are not available.
7. **Increase awareness of nurse educator career path options.** Nurses interested in teaching need to be made aware of nursing education career options and the educational programs available to them. Special efforts should be made to reach out to men and minorities in order to have the nursing faculty of Wisconsin reflect the diversity of the population of our state. Nurses should be encouraged and supported to complete nursing graduate programs early in their nursing career. Fast track options such as associate degree-to-MSN, BS in another field-to-MSN, BSN-to-PhD, and non-MSN to MSN should be highlighted.
8. **Promote partnerships with healthcare employers:** Collaborative roles between nursing programs and clinical organizations in which nurses maintain a clinical position and hold a joint appointment with educational programs should be increased to expand availability of nursing faculty.
9. **Expand preparation of clinical preceptors.** The number of nurses who serve as preceptors for one or more nursing students in clinical learning experiences is likely to increase to accommodate the demand for more nursing students. Access to preceptor training for practicing clinical nurses should be provided to increase effectiveness and satisfaction in the role. Those who enjoy the role should be encouraged to explore the option of becoming a nursing faculty member.
10. **Expand use of simulated clinical experiences** should be explored. The preparation of nursing students is likely to rely more and more heavily on simulation in clinical learning laboratories and other innovative methods of efficient use of faculty and nursing school resources. Given the significant investment required to purchase equipment and program simulation learning modules, partnerships with technological businesses should be explored and mechanisms to share resources regionally among schools of nursing should be implemented.
11. **Evaluate potential to develop faculty sharing options.** Part-time faculty will continue to be important to maintaining or expanding current enrollment levels. The development of regional Nursing Faculty Pools that link nurses prepared to teach undergraduates students on a part-time basis to several schools of nursing with part-time openings on a semester by semester basis is a collaborative strategy that Task Force members recommend be evaluated by ANEW and the Wisconsin Center for Nursing.

Educating the Nursing Workforce: The Nurse Educator Shortage in Wisconsin

Task Force Charge

The Wisconsin Nurse Faculty Shortage Task Force was convened in March 2006 by the Board of Nursing and the Wisconsin Center for Nursing (see Appendix B for background on the WCN). Legislation had been introduced in the State Assembly in early 2006 that would allow schools of nursing to hire up to 25% of their nursing faculty without a masters degree in nursing. After considerable debate, the sponsors of the bill recommended that a Task Force be convened to examine the issues surrounding the perceived nursing school faculty shortage and restrictions on faculty qualifications and to provide recommendations to the Board of Nursing and the legislature. The Task Force was co-chaired by leaders from the Wisconsin Center for Nursing and the Wisconsin State Board of Nursing. This report presents the issues and recommendations of the Task Force members,

The Nursing Shortage

According to Health Resources Services Administration (HRSA) National Sample Survey of Registered Nurses conducted in 2004, this is the 9th year of the nursing shortage. There are 2.9 million nurses licensed in the US with approximately 83% or 2.4 million working in nursing positions (HRSA, 2004). This RN shortage will continue to grow if current trends continue, including:

- a growing and aging U.S. population in need of healthcare
- high demand for improved safety and highest quality care
- an RN workforce at or approaching retirement age
- difficulties attracting and retaining nurses in stressful work environments
- increased prevalence of chronic diseases
- increased use of clinical and information technology and
- increased roles for nurses in ambulatory and long term care settings

A recently revised forecasting model has projected a deficit of 340,000 RNs nationally by 2020 (Auerbach, D., et.al., 2007.) Unfortunately, because Wisconsin does not have a designated center for the systematic collection and analysis of data related to the RN workforce, it is difficult to project whether nursing workforce demand and supply are in balance in the state. That is, Wisconsin currently cannot easily answer the question: *“Is the supply of nurses adequate to meet the health care needs of the population of the state?”* As of September 2006, Wisconsin has 73,073 licensed RNs. Using national data as a model, we estimate that there are 83% or approximately 60,650 RNs working in Wisconsin. The average age of RNs licensed in Wisconsin is 47.6 years – older than the national average of 43.5. Fifty-nine percent (59%) of Wisconsin nurses are between the ages of 40-59 and 14% are 60 and over. These projections suggest that the number of retirements that will occur in the next decade are reason for concern.

The Wisconsin Department of Workforce Development (DWD) projections for 2004-2014 place Registered Nurse (RN) in the top five occupations with the most job openings across the state. In a May 2006 analysis of job openings in the Milwaukee Metro area (conducted for the Private

Industry Council), the category with the largest number of job openings was RNs (1,316). In this region there was a high demand for RNs with baccalaureate and graduate degrees for specialty, executive and managerial positions.

Wisconsin nursing schools have responded to the nursing shortage by increasing undergraduate capacity dramatically during the past 5 years. These increased enrollments have been accomplished in spite of constraints of budget, increased competition for clinical training sites, and limited classroom and clinical laboratory space. Since 2001, there has been a 45% (n=1317) increase in the number of nurses who passed the state nursing licensure exam. This reflects an increase of 49% (n=761) from Wisconsin Associate Degree (AND) programs and a 39% (n=553) increase from public and private university nursing schools and colleges (BSN). The ability to meet the short and long term need for registered nurses is dependent upon the ability of schools and colleges of nursing to continue to graduate a sufficient number of nursing students to replace retiring nurses and to fill new positions. Sustaining this level of enrollment will be impossible for most nursing education programs with additional resources. Additional remedies are necessary if the state is to avoid significant gaps in access and quality of health care for state residents.

Nursing Faculty Shortage

Dr. Jeanette Lancaster, President of the American Association of College of Nursing (AACN) observes that "With limited resources available to nursing schools and a dwindling population of nurse faculty, future enrollment increases may not be possible without a significant boost in federal and state funding needed to prepare new faculty, enhance teaching resources, and upgrade nursing school infrastructure" (AACN, 2007.) It is clear that creative strategies and additional resources will be needed to address the nurse educator shortage across the nation.

The national vacancy rate is estimated to be 7.9% by both AACN and the National League for Nursing (NLN). *Nurse Educators 2006: A Report of the Faculty Census Survey of RN and Graduate Programs* (NLN, 2006) cited several trends: an increasing percentage of part-time faculty, the aging of the faculty population, and a large number of nurse faculty not prepared at the doctoral level. In addition to vacancies, schools cited the need to create additional faculty positions to accommodate student demand.

In order to better assess the need for nurse educators in the state, the Task Force requested that a survey of all nursing education programs in the state be conducted by the Wisconsin Center for Nursing. This survey was conducted in September and October 2006 with 83% of the 39 nursing education programs in the state responding.

Findings of the WCN Nurse Educator Survey

There are 952 nurses employed by nursing schools in Wisconsin. Sixty-three percent (63%) are in full-time positions, while 30% are employed part-time. Seven percent (7%) are in administrative positions. Survey results indicate that as of October 2006 the vacancy rate for nurse educators in Wisconsin is 5.6% (12.6% at the PhD level and 4% at the Master's level). Nationally, a vacancy rate of 5-6% is considered to be an indicator of a workforce shortage (Kovner, C., et.al., 1994.)

Nationally, nursing faculty form the oldest group within the nursing profession. Nurses tend to be considerably older than graduates with advanced degrees in other professions because they return to graduate school later in life and often as part-time students. This outcome results in

fewer years in the career after nurses receive their terminal degree. In Wisconsin, the average age of nursing faculty is greater than 50. National data indicate the majority of PhD faculty retires at age 62.5.

Deans and directors of schools of nursing were requested to predict the number of retirements within 1-2 years and 3-5 years. The responses indicate the number of faculty projected to retire within five years is 160 or 17% of all nurses in faculty positions: 123 are masters prepared (18% of all masters prepared faculty) and 33 are doctorate prepared (21% of all doctorate prepared faculty).

The survey also highlighted several other workforce patterns. Many nurse educators work part-time. This is especially true of Master's prepared faculty, over one-third of who work in part-time roles, compared to only 2% of PhD prepared faculty. It is important to note that most of the Master's prepared faculty projected to retire within 5 years currently holds full time positions. This could mean programs will not have enough faculty who are involved full time in the operations of the program.

Comments written by survey respondents further define the current situation. Many schools are dealing with the faculty shortage by splitting full time positions into part-time positions, increasing the use of adjunct faculty, encouraging faculty to teach overloads, and contracting with clinical organizations for staff nurses to teach selected clinical courses. Schools have also taken advantage of the current exemptions granted from the Board of Nursing.

Nursing programs face a number of challenges when attempting to recruit and retain nurse educators, including the need to acquire increasing amounts of new knowledge as nursing science and practice evolves, develop and become skilled at new forms of pedagogy and teaching modalities including web-based instruction and simulation, increasing faculty workloads and the appropriately high standards set by state and accrediting bodies in order to assure quality and to protect the public. In spite of the demand for well prepared nursing faculty, the salary gap between academia and the clinical practice arena continues to widen. There are also salary differentials among types of academic settings. One survey respondent from a private college stated "One of our major problems is salary, especially compared to public institutions and clinical practice. We lose good people because they can make at least 50% more in clinical practice settings..." Another respondent stated "Salaries for faculty (at a UW System program) are \$20,000-30,000 below the clinical industry and \$10,000-15,000 below the technical college system." Lack of benefits for part-time adjunct faculty was also cited as an issue.

The salary differential in Wisconsin matches that found nationally. A 2005 report from American Association of Colleges of Nursing (2005) noted the following median salaries:

- Assistant Professor with MSN \$ 58,567
- Associate Professor with MSN \$ 62,778
- Nurse practitioner (specialty care) \$ 74,015
- Clinical Nurse Specialist \$ 71,544
- Director of Nursing \$104,191

Note that these salaries were converted from academic salaries to the calendar year.

A master's degree in nursing (MSN) is the educational standard for teaching nursing courses in professional nursing programs by the Wisconsin Board of Nursing (BON), and other accrediting

bodies including the National League for Nursing Accrediting Commission and Collegiate Council on Nursing Education (CCNE). At least a master's degree (with a preference for an earned doctoral degree) is the accreditation standard to teach nursing theory or practice courses in a Master's nursing degree program. A doctoral degree is the standard for teaching in a doctoral degree program in nursing. One survey respondent cited these standards as a barrier to recruitment of faculty. "I've had several applicants without the Masters of Science in Nursing (MSN) but have advanced degrees in other fields (Health Care Education etc). Isn't there some certification course that could be devised so they don't have to go all the way through an MSN program?"

The Wisconsin Board of Nursing Faculty Exception Program

In Wisconsin, the requirement for a master's degree in nursing in order to teach in a professional nursing program (Associate Degree or Bachelor's Degree program) has been the standard since 1989. The BON does not have jurisdiction over Master's or Doctoral programs.

The BON allows exceptions to the MSN requirement. A BON report indicated that over 60 exceptions were granted to both Associate Degree and Baccalaureate nursing programs during 2006. The current BON exemption policy includes:

- An RN with a bachelor's degree in nursing and two years of experience can be given a standard exception to teach in a registered nursing program as soon as they are actively enrolled in a MSN program. To continue the standard exception, they must remain actively enrolled in the program. While in this status, they must have a MSN-prepared or doctorally prepared faculty member as a preceptor.
- An RN with a bachelor's degree in nursing and two years of experience can receive an emergency exception for up to one semester. While in this status they must have a MSN-prepared faculty member as a preceptor.
- The MSN has been the standard in Wisconsin for the last 16 years (since 1989). Instructors with masters degrees in other fields who were teaching prior to 1989 were allowed to continue to teach and may still be teaching in their original nursing program.
- Schools can have up to 50% faculty with the the f exceptions itemized above..
- The MSN rule relates to teaching core nursing courses only, not to courses such as anatomy & physiology, economics, cultural diversity, etc. Also the nurse manager of the skills laboratory does not need the MSN.
- Schools of Nursing may also choose to use a preceptor model for all or parts of the clinical experience. In this instance the school and MSN faculty arranges for each student to work with an experienced RN in the RN's clinical agency to obtain the selected clinical experiences. The faculty member communicates to the preceptor what experiences the student should obtain and the level of competency the student should demonstrate, works with the preceptor and students during the experience, and determines the final grade for the clinical experience.

Wisconsin Nursing Programs Address Graduate Education

Master's level nursing education. Wisconsin schools and colleges of nursing have expanded both the number of programs and the types of graduate opportunities available. For example, Bellin College of Nursing in Green Bay and Alverno College in Milwaukee have added masters programs. Masters degrees in nursing with education tracks are offered at Alverno College, Bellin College, Cardinal Stritch University, Concordia University, Marian College, University of WI-Eau Claire, University of WI-Oshkosh, and Viterbo University. Alverno College's MSN program integrates nursing education and clinical nurse specialist (CNS) specialization. Other schools with nursing graduate programs have expanded capacity.

Schools have also been creative in designing innovative programs. Accelerated Masters in Nursing Programs (for those with a baccalaureate degree in another field) are available at Marquette University and UW-Milwaukee. Others, including Concordia and Madison offer web-based instruction, to assist graduate students to progress in non-traditional ways. Support (e.g. tuition, health insurance, child care, stipends) is needed for more nurses to be able to attend these programs.

Doctoral level nursing education. The demand for PhD level RNs continues to rise as health systems increase their focus on outcomes of care, patient safety and evidence-based practice. This will increase the competition for PhD graduates and potentially make the education setting less attractive – especially as the pay is significantly higher in the service settings. There are three PhD programs in nursing in Wisconsin that prepare nurse educators. These programs are located at UW-Madison, UW-Milwaukee and Marquette University. Approximately 60% of UW Milwaukee PhD graduates and 20% of UW Madison PhD graduates are employed in faculty positions in Wisconsin. Starting in 2003 Marquette University College of Nursing began offering its program with a focus on vulnerable populations and nursing education. Marquette will have their first graduates in 2007 and estimate that 85% of these students are Wisconsin residents. In 2001, UW-Milwaukee started one of the first totally asynchronous nursing PhD On-line programs in the nation. To further address the need for doctoral prepared nurses, both UW-Madison and Milwaukee now offer accelerated bachelors degree to Ph.D. programs. This option was also recently approved by faculty at Marquette University. These three programs will produce many of the nurse educators that will prepare the next generation of nurses in Wisconsin. These doctoral programs all report the need for additional resources to prepare the number of nursing faculty necessary to meet the demand.

Additional funding obtained

SWIFT Nurse Educators Initiative. A major US Department of Labor grant to UW-Milwaukee College of Nursing is funding the State of Wisconsin Initiative to Fast Track (SWIFT) Nurse Educator program. This program partners schools of nursing, health care employers and Workforce Development Boards to identify and support nursing students through masters programs in nursing. In return for tuition support and work release time, SWIFT participants agree to go through a masters program as a full-time student and teach for several years in any Wisconsin nursing program after graduation.

Nurse Educators for Tomorrow (NET) The NET Project is a UW-Madison initiative to prepare advanced practice nurse to become nurse educators via online courses and academic community partnerships. Funded through a grant from the Health Resources and Services Administration (HRSA), NET is designed for nurses who are committed to

being both nurse educators and medical-surgical clinical nurse specialists or nurse educators and pediatric nurse practitioners.

Nursing Student Loan Program: In 2005, this program, administered by the Higher Educational Aids Board (HEAB) was expanded to allow students enrolled in programs that confer a Master's or Doctoral degree in nursing to obtain a loan (maximum of \$3,000 per year and \$15,000 total) to defray the cost of tuition, fees and expenses. A portion of the loan can be forgiven if the person is employed in Wisconsin as a nurse educator. However, when the program was expanded to include Master's and Doctoral students, no additional funding was added to the program.

Evidence of Unmet Demand for Potential Nursing Students

As the current baby boomer nurses begin to retire, the number of nurses entering the workforce will not keep up with the demand. Currently the average age of RNs is 43.5 with the largest age group of RNs in their forties. By 2012 the average age will increase to 44.7 years and RNs in their fifties will be the largest group. It is projected the average age will peak at 44.9 in 2016 and then begin to drop back (Auerbach, et.al., 2007)

There are currently many more persons interested in enrolling in nursing education programs across the nation than there is capacity in those educational programs. According to the American Association of Colleges of Nursing (AACN, 2006), US nursing schools turned away 41,683 qualified applicants from baccalaureate and advanced degree nursing programs in 2005 due to an insufficient number of faculty, clinical sites, classroom space, clinical preceptors and budget constraints. This was an increase from the previous year when, 32,797 students were turned away.

There is evidence that despite the excellent work of the nursing community across Wisconsin to increase nursing student enrollments, there is still an unmet demand for student admissions. Long "waiting lists" of students have been described for a number of years at Wisconsin nursing programs. Unfortunately, it is difficult to quantify the actual extent of the problem for a number of reasons. First, the definition of "waiting list" has not been clarified in earlier reports. In order to establish statewide estimates, only those qualified students that are unable to gain entry in any program would be counted and all students would only be counted once even if they had applied to several schools simultaneously. Although it is not possible to reliably determine the number of qualified potential nursing students who are waiting for admission across the state, the WCN survey identified a number of Wisconsin nursing education programs that were unable to admit qualified nursing candidate because they either had vacant faculty positions or they had insufficient resources to hire additional faculty.

Clinical training site availability

The availability of clinical training sites also limits the number of nursing students who can be enrolled in nursing programs at any one time. The health care system in many regions simply lacks the capacity to accommodate the number of students interested in entering nursing programs. This lack of capacity in the health care system is due to multiple reasons and affects both rural and urban sites. There is competition between schools for clinical sites; as hospitals have reduced capacity and transitioned more care to the outpatient setting, there are fewer inpatient clinical learning sites available for nursing students. Community-based facilities including those in the public health sector frequently have limited space and personnel to accommodate groups of students. Many nursing education programs have already moved clinical practicum's to evenings and weekends and using "non-traditional" sites such as correctional facilities, community-based agencies, housing facilities for clinical learning sites.

It is clear that if the enrollment in nursing is to be maintained and even increased to meet state demand that nursing education programs must continue to become even more flexible and innovative as they create clinical learning sites for their students. Health care providers must also must be the challenge by increasing their flexibility and openness to innovative clinical learning activities for students.

Regional efforts There are selected regional efforts in the state to bring together nursing education programs and healthcare providers to address these workforce . Three of the most active efforts are the Fox Valley Healthcare Alliance (a subcommittee of the Fox Valley Workforce Development Board), the Lacrosse Medical Health Science Consortium, and the Northwest Wisconsin Healthcare Workforce Network. These may serve as models for other consortial efforts across the state to address the challenges of clinical learning opportunities for nursing and other health professional students.

Clinical Placement Summit On April 11th, 2007, the Department of Workforce Development (DWD) Select Committee on Health Care sponsored a Clinical Placement Summit to explore the expansion of learning opportunities for nursing students. The focus was on developing regional collaborations to address clinical placement issues in nursing. The audience included representatives from nursing education and clinical organizations. Follow-up activities are being undertaken in regions across the state.

Task Force Findings and Recommendations

1. **Provide financial support and other incentives for nurse graduate students.** Public and private support through tax credits, loan reduction and forgiveness and additional fellowships tied to long term educator's roles in Wisconsin must be created and expanded. For example, the HEAB Nursing Student Loan Program was expanded to include graduate nurses interested in teaching positions. However, it requires additional dollars to support these nurses in advanced degree programs who commit to teach in nursing programs. Another suggestion found in related literature included using funding from Title VIII of the Public Health Service Act to provide grants to nursing education programs for traineeships and loans for nurses committed to an educator role. One state used DOL Workforce Investment Act funds to provide loans for faculty training.

Support should include tuition reimbursement. It also needs to include support for study time and child care, and support for and access to health insurance when work hours are decreased. Incumbent nurse employees must have access to federal and state retraining dollars. Private and public partnerships that support "working" nurses should receive continued funding as statewide targeted workforce initiatives with additional support from employers. Other fellowship opportunities that provide tuition and living support, including health insurance should be explored.

2. **Assure competitive nursing faculty salaries:** Nursing School faculty members are sometimes paid less than faculty in other academic specialties. Nurse educators also make substantively less than those in positions in the healthcare service sector. There are significant salary disparities among the publicly supported programs within the state. This makes it extremely challenging for schools and colleges of nursing to attract qualified nurses to nursing education.

Although the mechanisms may vary in public and private institutions, institutions of higher learning must eliminate financial constraints that restrict competitive salaries for nurse educators. Other academic specialties have used a market based approach to set faculty salaries. This approach needs to be used for the nursing profession as well. Additional base budget funding is needed for nurse educators prepared at both the masters and doctoral levels in both public and private nursing programs to solve this problem. Additional sources of support for increased nursing salaries in public institutions will require legislative action, increased tuition and fees, targeted reallocation of existing budgeted dollars at the institutional level, appropriation of new dollars and/or additional extramural funding. Additional base dollars are also necessary to support salaries in private schools and colleges of nursing. One suggestion found in the literature included using Department of Labor funds available under the Workforce investment Act.

3. **Collect regular supply/demand data for nurse workforce and nurse educators.** The State of Wisconsin must clearly designate accountability for systematic collection and analysis of nurse workforce data that will include information regarding demographics and state supply and demand for nurses in the workforce and the faculty necessary to prepare them. Reliable and valid data must be collected and analyzed regularly to track both the supply and demand aspects of nursing workforce needs including nurse educators. The Wisconsin Center for Nursing should take accountability as coordinator of this process.
4. **Develop strategies to promote faculty satisfaction and effectiveness.** Ways to retain current faculty, including those considering retirement should be developed. Faculty satisfaction with work environment and a realistic workload should be explored. Nurses who have completed masters or doctoral degrees and are interested in teaching may not be prepared to assume the role of nurse educator which requires specialized preparation and skills. Enrollment in nurse educator certificate programs should be encouraged. Existing options include the post-masters certificate in nursing education offered by Marion College and UW - Eau Claire or the Health Professions Educator Certificate Program offered on-line by UW-Milwaukee. A balance between full time and part time positions must be maintained to assure that faculty work can be completed (student counseling, curriculum development, program evaluation and improvement, new faculty support).
5. **Expand the existing Board of Nursing exception program.**¹ The existing BON exception program should continue. The BON should adopt one additional exception:

¹ There was extensive consideration and debate by Task Force members re: Recommendation 5. In the end, the Task Force voted 12-1 to accept the recommendation. The rationale for affirmative endorsement included:

- The exception is limited to nurses who have expertise in the area they are teaching (e.g. community/public health or leadership/management.) This affords nursing programs the opportunity to provide their students with access to individuals as faculty in nursing programs who possess both the expertise and experience in a given specialty which will enrich students' education and skills.
- The limited use of the exception (only 1 exception may be sought per nursing program) assures that the nursing curricula are taught in large measure by faculty with expertise and graduate education in nursing.
- The exception policy provides only the opportunity – not the mandate – for a nursing program to exercise the option. The faculty members of each nursing education program are best equipped to decide whether exercising this option for a particular candidate is in the best interest of their students or program. A minority Report describing the dissenting opinion regarding this recommendation is included in Appendix C of this report.

Each nursing school may hire one nurse educator with a graduate degree in a non-nursing field related to the specific area of their teaching assignment if the following conditions are met:

- a. The candidate for this waiver must possess:
 - i. A Bachelor of Science Degree in Nursing
 - ii. A Master's Degree related to the topic of the course(s) he/she is teaching
 - iii. Current/recent nursing experience in area of teaching assignment
 - iv. A unique combination of knowledge, experience and skills that will best serve the school, faculty and students in a specific content area
 - b. No school will be allowed to request or hold more than one such waiver at a time and other licensure and experience requirements for nursing faculty remain in effect.
 - c. A faculty member granted this exception will be counted with the total number of exceptions granted to a school and the school must meet the BON requirement for the minimum percentage of fully qualified faculty.
6. **Expand educational opportunities** for nurses in all regions of the state. Expand opportunities for graduate education in all parts of the state through masters programs, clinical doctorates and PhD programs in nursing. Distance learning modalities, especially asynchronous web-based instruction should be expanded as appropriate to support the graduate education of nurses who are working and/or live where on-campus options are not available.
7. **Increase awareness of nurse faculty career path options.** Nurses interested in teaching need to be made aware of nursing education career options and the educational programs available to them. Special efforts should be made to reach out to men and minorities in order to have the nursing faculty of Wisconsin reflect the diversity of the population of our state. Nurses should be encouraged and supported to complete nursing graduate programs early in their nursing career. Fast track options such as associate degree-to-MSN, BSN-to-PhD, BS in another field to MSN and non-MSN to MSN should be highlighted. The Wisconsin Center for Nursing should explore a statewide coordinated effort such as a Future Nursing Educator Pathway that will lead nurses through the developmental and educational information necessary to prepare for faculty positions. This pathway would address the option of exploring the educator role through being a preceptor, adjunct faculty, part-time faculty, as well as fulltime faculty.
8. **Promote partnerships with healthcare employers.** A growing number of graduate prepared (MSN) nurses are needed to teach clinical courses to undergraduate students. Collaborative roles between nursing programs and clinical organizations in which nurses maintain a clinical position and hold a joint appointment with educational programs should be increased to expand availability of nursing faculty. Partnerships should explore the potential for healthcare employers to assume responsibility for the salary differential for these jointly appointed clinical faculty to offset the differential salary structure of employees who also agree to teach.
9. **Expand preparation of clinical preceptors.** Preparation for this important role is critical to the quality of nursing education. The number of nurses who serve as preceptors for one or more nursing students in clinical learning experiences is likely to increase to accommodate the demand for more nursing students. Access to preceptor training for practicing clinical nurses should be provided to expand potential nurse

educators. Current regional efforts in the state to develop training modules for clinical preceptors should be shared and expanded as a statewide model for preceptor training.

10. **Expand use of simulated clinical experiences** should be explored. The preparation of nursing students is likely to rely more and more heavily on simulation in clinical learning laboratories and other innovative methods of efficient use of faculty and nursing school resources. Given the significant investment required to purchase equipment and program simulation learning modules, partnerships with technological businesses should be explored and mechanisms to share resources regionally among schools of nursing should be implemented.
11. **Evaluate potential to develop faculty sharing options.** Part-time faculty will continue to be important to maintaining or expanding current enrollment levels. The development of regional Nursing Faculty Pools that link nurses prepared to teach undergraduates students on a part-time basis to several schools of nursing with part-time openings on a semester by semester basis is a collaborative strategy that Task Force members recommend be evaluated by ANEW and the Wisconsin Center for Nursing.

References

American Association of Colleges of Nursing.

(<http://www.aacn.nche.edu/Media/NewsReleases/06Survey.htm>). Retrieved 02/18/2007.

American Association of Colleges of Nursing (2006). *2005-2006 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing*. Washington, DC: Author.

American Association of Colleges of Nursing (2006). Faculty Shortages in Baccalaureate and Graduate Nursing Programs: Scope of the Problem and Strategies for Expanding the Supply". Washington, DC: Author.

Auerbach, D., Buerhaus, P. & Staiger, D. (2007). *Better late than never: workforce supply implications of later entry into nursing*. Health Affairs, 26, (1), January/February 2007).

Kovner, C., Stave, C.M, Lavelle, K. & Ferrara, E., (1994). *An analysis of vacancy rates, turnover, and wages among nursing occupations in New York State hospitals and nursing homes*. Journal of New York State Nurses Associates, 25 (3), 20-27).

National League for Nursing (2006). *Nurse Educators 2006: A Report of the Faculty Census Survey of RN and Graduate Programs* New York: Author.

Appendix A Nurse Faculty Supply Survey 2006 Key Points and Implications

The survey was conducted by the Wisconsin Center for Nursing in the Fall of 2006 to assess the current numbers of nursing faculty and administrative positions and the status (filled, vacancies, potential retirements) related to those positions. This information is essential in assessing if there is a present or future nursing faculty shortage within the State of Wisconsin. The information can assist with developing appropriate interventions related to recruitment and retention of nursing faculty within the State.

The survey consisted of two sections. The first section focused on collecting data (numbers) related to nursing administration and faculty positions as currently budgeted and filled and then anticipated retirements. The second section posed open-ended questions that addressed how schools recruited and retained faculty, including both a sharing of successful strategies and challenges related to recruitment and retention.

All nursing programs within the State of Wisconsin were invited to participate in the survey. Twenty-nine of 35 (83 %) programs responded. This included 14 baccalaureate programs and fifteen associate degree programs. The results of their responses are reflected in the information presented below.

Overall Comments

- The staffing situation in Wisconsin schools of nursing is unstable. Although at a given point in time, there may not be a dire staffing situation, this could change quickly due to extensive use of part-time and adjunct faculty. There are also regional variations and variations due to salary differential between the technical college system and the public and private universities.
- According to the National League for Nursing (NLN) use of part-time faculty has increased nation-wide as a strategy to compensate for unfilled, budgeted, full-time positions. NLN comments that although this allows for greater flexibility, part-time faculty is not “an integral part of the design, implementation, and evaluation of the overall program.” In addition part-time faculty may hold other positions, are not available for students and have conflict between time commitments as faculty and their other roles.
- There is potential for a significant brain drain as many full time faculty members are anticipating retirement within the next five years.
- Schools could educate more nursing students at all levels if the numbers of faculty positions and clinical sites could be expanded. Some schools are turning away students due to the inability to expand the number of budgeted faculty positions. Funding for additional budgeted positions as well as availability of additional faculty are limiting factors.
- Schools are consistently recruiting faculty every semester and academic year.
- The survey did not capture turnover rate of faculty positions and the amount of time and resources required to recruit and retain faculty. The essence of the qualitative comments reflects that recruitment and retention require significant effort.
- The survey does not capture the number of nurses acting as preceptors and who support student nurse education while working in their clinical role for a service agency. These preceptor nurses are not currently reflected in the faculty positions. Also, the survey did not capture the numbers of healthcare organization professionals required to

coordinate clinical placements for student nurses within their organizations. The survey may also not have captured the staffing resources required by the nursing schools to coordinate clinical placement activities.

Current Status

- Based on the reports from the 29 responding schools, there are a total of 935 budgeted positions within these nursing programs: within administration (63) and faculty (872).
- As a total category, 53 (6%) of the budgeted positions are vacant. Of these vacancies, 51 are faculty positions. (It should be noted that vacancy rates of 5-6% are a baseline for a shortage.)
- However, schools reported that since the majority of the vacant positions are in faculty positions, many of the teaching responsibilities related to the vacant positions have been “filled” through the use of temporary or adjunct faculty. This includes the use of the Board of Nursing faculty waiver provisions to temporarily fill faculty positions with nurses who are currently pursuing advanced education.
- Additional steps that schools have taken to address the vacant faculty positions include using faculty overload (faculty teaching additional courses above the normal limit), increasing class sizes, and capping enrollment into the nursing programs and nursing courses.
- The lack of competitive salaries for nursing faculty positions is the greatest challenge faced by the nursing programs in relation to recruiting and retaining faculty. Nurses are able to earn \$10,000-\$30,000 more in clinical (non-faculty) positions.
- Recruitment and retention of faculty in relation to specific specialty areas is an additional challenge for the nursing programs, which report that faculty with medical-surgical, obstetrics, pediatric, and psychiatric expertise is needed.

Future Status

- In assessing for future needs due to retirement, 14 administrators within the 59 filled positions are expected to retire within the next one to five years. This is a retirement rate of 23%.
- In assessing for future needs of nursing faculty due to retirement, 96 faculty members within the 621 filled positions are expected to retire within the next one to five years. This is a retirement rate of 15%.
- However, when assessing anticipated retirement rates for fulltime versus part-time faculty, the percentages are significantly different. Twenty-two percent of the fulltime faculty anticipates retiring within the next one to five years, compared to only five percent of the part-time faculty.
- In addition, when assessing potential retirement rates by educational level, instead of employment position, 21% of administrators and faculty with PhDs and 19% of the administrators and faculty with Master’s degrees (MS/MSN) anticipate retiring within the next 5 years.

**Nursing School Supply Survey
Data by Education Level**

Educational Level	Budgeted	Filled	# people in positions	Vacancies	# Retirees 1-2 years	# Retirees 3-5 years
PhD						
PhD - Admin	28.82	26.57	30.5	1.5	3	4
PhD - FT	156.8	125.5	126	21.3	6	20
PhD - PT	3.5	8	10	1	0	0
Category totals	189.12	160.1	166.5	23.8	9	24
PhD/m						
PhD/m - FT	8	33.3	33.3	0	0	4
PhD/m - PT	4	11.5	8	0	0	0
Category totals	12	44.8	41.3	0	0	4
MS /MSN						
MS/MSN - Admin	30	29	32	0	4	3
MS/MSN - FT	430.5	412.5	414	18	34	69
MS/MSN - PT	217.5	196.5	225	10	10	3
Category totals	678	638	671	28	48	75
MS/MSNb						
MS/MSNb - FT	1	9	9	0	0	0
MS/MSNb - PT	13	14	19	0	0	0
Category totals	14	23	28	0	0	0
BSN						
BSN - Admin	3.75	3.75	4	0	0	0
BSN - FT	14	17	17	0	1	0
BSN - PT	24	23.5	24	1	0	0
Category totals	41.75	44.25	45	1	1	0
Nursing totals	934.87	910.1	951.8	52.8	58	103
Non-nurse Faculty						
Fulltime	8	8	8	0	0	0
Part-time	10	10.75	13	0	1	0
Category totals	18	18.75	21	0	1	0

* **PhD/m**: Faculty who have a MSN but are in a position designated for a PhD prepared person. They may be in process of obtaining a PhD.

** **MS/MSNb**: Faculty who have a BSN but are in position designated for a MSN prepared person. They may be in the process of obtaining a MSN.

Appendix B

Wisconsin Center for Nursing Background

The Wisconsin Center for Nursing (WCN) is a non-profit 501 (c) (3) organization founded and led by nursing organizations, nursing education organizations, healthcare organizations and Wisconsin nurses. *The mission of WCN is to assure an adequate, well prepared and diverse nurse workforce to meet the needs of the citizens of Wisconsin.* WCN's goals include developing a systematic approach to collecting and analyzing nurse workforce data in order to improve health care and more effectively allocate nurse resources, and to promote statewide nurse recruitment and retention efforts to ensure a sufficient nurse workforce.

The WCN is led by a Board of Directors and the Executive Director. The Board is comprised of representatives of nursing organizations (Wisconsin Nurses' Association, Wisconsin Nursing Coalition, Wisconsin League for Nursing, Milwaukee Chapter of the National Black Nurses Association, Wisconsin Organization of Nurse Executives, Wisconsin Association of Licensed Practical Nurses, Wisconsin Association of Associate Degree Nursing Education Administrators and the Wisconsin Association of Collegiate Schools of Nursing) and seven at-large Directors.

WCN is leading the effort to establish and maintain a database on nursing supply, demand, turnover and projections. As part of this effort WCN will analyze and seek resolution to regional and specialty shortages, monitor and evaluate trends in the applicant pool, develop strategies to increase diversity and improve the work environment of nurses through innovation and redesign. The WCN provides the single coordinated voice for nursing on workforce issues in Wisconsin.

WCN Goals for 2006-08 include:

Goal 1: Leadership: Lead the coordination of data collection and analysis regarding the nurse workforce and advance nurse leadership in healthcare system design and health policy.

Goal 2: Nurse Education: Assure the right mix and appropriate number of faculty and graduates from nationally accredited nursing programs.

Goal 3: Practice: Nursing care will be delivered in all settings using evidence-based practice and innovative care delivery models that improve patient safety and health outcomes, enhance the work environment and improve nurse satisfaction.

Goal 4: Recruitment and Retention. The nurse workforce will represent gender, ethnic and racial diversity of the communities we serve. Health care environments will demonstrate characteristics to support satisfaction and retention of nurses.

Goal 5: Develop a sustainable model for the Wisconsin Center for Nursing

WCN has been supported in its efforts by funding from the Faye McBeath Foundation, schools and colleges of nursing, healthcare organizations and individual nurses.

Appendix C

Minority Report Regarding Recommendation 5

A major concern is that Recommendation 5 will be expanded as the faculty shortage increases because sufficient support has not been provided for nursing education. Although it is stated that hiring will be based on faculty decisions about candidates, when sufficient numbers of faculty have not been prepared with at least a masters in nursing, there really will be no choice but to hire those without this essential preparation and expand it beyond one per school.

Faculty are on the cutting edge of nursing education – in the classrooms and in clinical agencies with students. I was the only nursing faculty member on the Task Force. I was listed as representing private schools and WLN* and invited faculty comment. All had concern about Recommendation 5. Deans/directors cannot be assumed to represent faculty or their schools when faculty have not seen or voted on the issue. WLN and faculty representatives need to be at policy tables related to nursing education in equal numbers to other constituencies.

Nursing science, the theories under girding nursing practice, the research supporting nursing intervention are not included in any masters program except those in nursing. When evidence based nursing practice is not taught or implemented in practice, costs to patients: infection, aspiration, thrombocytopenia - and to the health care system result.¹

Those with other masters have prepared for other roles – not teaching nursing. We should not create role confusion in what is taught, nor mislead students to think that another masters degree will prepare them for the role of teaching undergraduate nursing students. Those who want to teach nursing courses should be encouraged to pursue at least a masters degree in nursing.

Going backwards to 1989 in saying those teaching the nurses of tomorrow do not need even a masters in nursing, is not wise. Advanced practice and administration programs may soon be offered only as a doctorate in nursing practice <http://www.aacn.nche.edu/DNP/index.htm>, so Recommendation 5 is contrary to the voluminous evidence supporting additional education in the discipline of nursing. In K-12 systems when those without teacher preparation were hired it burdened other teachers and the under prepared teachers soon left teaching.²

Exceptions for faculty obviating at least a masters in nursing when it is required for practice and administration, and disenfranchising faculty regarding a policy issue in which they are key stakeholders will likely exacerbate the nurse faculty shortage. Instead, we need to support the best and brightest to acquire masters and doctoral degrees in nursing so they are well prepared to teach the nurses of tomorrow http://www.nln.org/governmentaffairs/pdf/ceo_testimony.pdf.

References

1. Hanberg, A., & Brown S.C. (2006). Bridging the theory-practice gap with evidence-based practice. *The Journal of Continuing Education in Nursing*, 37, 248-50.
2. Steadman, S., & Simmons, J.S. (2007). Teachers not certified by universities burden our best teachers. *The Education Digest*, 72, 7.

Respectfully Submitted,

Marilyn Frenn Ph.D., R.N., CNE

**Wisconsin League for Nursing (WLN) includes faculty, administrators, and those interested in nursing education across all types of nursing programs. We provide scholarships, with the help of our sponsors, and conferences to improve nursing education <http://www.wisconsinwln.org/>.*