

NLN NURSE EDUCATOR SHORTAGE FACT SHEET

The National Advisory Council on Nurse Education and Practice (NACNEP), which advises the Secretary of the U.S. Department of Health and Human Services and the U.S. Congress, issued a report addressing a factor that limits the nation's ability to produce more nurses: the shortage of nurse faculty to educate those who desire to enter the nursing profession. The NACNEP report, *The Impact of the Faculty Shortage on Nurse Education and Practice*¹ stated that while no single reason explains the nurse educator deficit in the United States, researchers studying the issue have identified key factors at the root of the nursing faculty shortage. Among these critical factors are:

- Recruitment challenges, including:
 - Difficulties in attracting and retaining qualified nurse faculty;
 - Challenges in achieving demographic diversity within nursing faculty;
 - A general lack of awareness on the part of the public and among nurses that the faculty role is a viable career objective;
- Problems in providing adequate nurse educational preparation specific to teaching;
- Obstacles to sustaining and funding nurse faculty programs; and
- The aging and imminent retirement of current nurse faculty.

In 2013, the National League for Nursing released data from the *NLN's Annual Survey of Schools of Nursing Academic Year 2011-2012*² indicating that lack of faculty remained a significant obstacle to expanding the capacity of nursing programs, although the percentage of schools that pointed to a faculty shortage fell off slightly from its 2009 peak. Attesting to the continued necessity for more nurse faculty to meet the needs of our health care system, key findings of the 2011-2012 survey included:

- **Expansion of pre-licensure nursing education programs impeded by shortage of faculty.**

The overall capacity of pre-licensure nursing education continued to fall short of demand. In Fall 2012 for all basic registered nurse (RN) education programs, 28 percent of qualified applications were not accepted: Associate degree in nursing (ADN) programs rejected 45 percent of qualified applications, compared with 36 percent in baccalaureate of science in nursing (BSN) programs, and 18 percent in diploma programs. The nation's practical nursing (PN) programs turned away 33 percent of qualified applications. With 17 percent of PN programs, 28 percent of ADN programs, and 38 percent of BSN programs citing lack of faculty as the main obstacle in Fall 2012 to expanding capacity, a strong correlation existed between the shortage of nurse faculty in pre-licensure RN education programs and the inability of nursing programs to keep pace with the demand for new RNs.

- **Demand for spots in post-licensure nursing education programs outstripped supply.** The percentage of programs that turned away qualified applicants rose among every post-licensure program type between 2009 and 2012. In 2009, 14 percent of RN-to-BSN (BSRN) programs turned away qualified applicants; whereas 15 percent of the programs in Fall 2012 turned away qualified applicants. Overall in Fall 2012, the BSRN programs rejected 8 percent of qualified applications. Similarly, the doctorate program rate for turning away qualified applicants increased from 36 percent in 2009 to 37 percent in 2012. Sixteen percent of qualified applications were rejected in the Fall 2012 by doctorate programs. Most strikingly, however, the percentage of master's in science in nursing (MSN) programs turning away qualified applicants jumped by 10 percent since 2009, i.e., from 33 to 43 percent in 2012. The percentage of qualified applications rejected by MSN programs in 2012 was 18 percent. By examining another metric, emerging from program acceptance rates (a.k.a. selectivity rates) was evidence of a scarcity of vacancies in post-licensure nursing programs, thus also indicating that competition was increasing: In 2011, just over one in four MSN programs and about one in six doctoral programs were highly selective. These trends threaten to perpetuate an unsafe cycle, constraining the number of graduates prepared to take on faculty roles in nursing schools.

AGE AND SALARY STRAIN FACULTY SHORTAGE

Age – The present nurse faculty staffing deficit is expected to intensify as the existing nurse educator workforce reaches retirement age. According to the *NLN 2009 Faculty Census*³ the percentage of faculty ages 30 to 45 and ages 46 to 60 both dropped by 3 percent between 2006 and 2009. Simultaneously, the percentage of full-time educators over age 60 grew dramatically from only 9 percent in 2006 to nearly 16 percent in 2009. Overall, fifty-seven percent of part-time educators and nearly 76 percent of full-timers were over the age of 45 in 2009.

In March 2014, Peter McMenamain, for the American Nurses Association, wrote a similar comment about the faculty shortage strain using U.S. Department of Labor Bureau of Labor Statistics (BLS) of Employment Projections for 2012-2022.⁴ “BLS projects that there will need to be 35 percent more faculty members to meet the expected increase in demand. In addition, 10,200 current faculty members are expected to retire. Therefore 34,200 new nursing instructors will be needed by 2022. Could the collected colleges of nursing recruit 3,420 new nursing instructors per year through 2022?,” McMenamain asks. “There are several challenges here. If nothing else, nurses recruited into teaching will spend less time treating patients when more nurses in patient care will be needed. There is also a new focus on strengthening the education of RNs, in particular, aiming to increase the proportion of RNs with a BSN education. Those colleges of nursing that are part of universities are also under some pressure to enhance their staffs by recruiting more faculty members with doctorates.”

Compensation – Adding to the difficulty of addressing the ongoing national shortage of nurse educators that will worsen as the workforce ages, is the fact that salaries of nurse educators remained notably below those earned by similarly ranked faculty across higher education. The NLN Faculty Census showed that in 2009, this was true at almost every rank. At the professor rank, nurse educators suffer the largest deficit with salaries averaging 45 percent lower than those of their non-nurse colleagues. Associate and assistant nursing professors were also at a disadvantage, earning 19 and 15 percent less than similarly ranked faculty in other fields. Those employed as nursing instructors experienced the only advantage, with salaries averaging 8 percent higher than those of non-nurses.

At each rank, doctoral/research universities paid nurse educators the average full-time salaries, followed by master's colleges, and associate's colleges. Baccalaureate colleges on average paid the lowest full-time salaries irrespective of educator rank. Overall, baccalaureate college salaries were approximately 30 percent lower than those paid by doctoral/research universities, and were also exceeded by salaries at master's and associate's colleges by 14 and 5 percent.

Drawing on the more recent BLS data, McMenamin's article reinforced the NLN 2009 facts: "Finding more faculty members and more with a doctorate will be a challenge at today's faculty salaries. BLS estimated that in May 2012 average salaries for nursing instructors were \$68,640.⁵ This was close to the average salary for all RNs, \$67,930. At the same time, average salaries for certified nurse-midwives and nurse practitioners were more than \$91,000. Certified registered nurse anesthetists' average was \$154,390. Expanding the faculties of nursing colleges will require a commitment to improve compensation. Expanding the available clinical rotations for pre-licensure RN programs will also require additional commitment and funding. The dimensions of that piece of the puzzle are not as well known."

FACTORS STRESSING NURSE FACULTY CHALLENGES

Some factors that are, or potentially are, critical to the nurse faculty shortage were identified in an NLN and the Carnegie Foundation Preparation for the Professions Program study of the nation's estimated 32,000 nurse educators in the 2005-2006 academic year. Results from the *NLN/Carnegie Foundation National Survey of Nurse Educators: Compensation, Workload, and Teaching Practices*⁶, coupled with other NLN and federal government studies, construct a snapshot of the nursing education environment as found in the 21st century's first decade.

Employment – The NLN/Carnegie educator survey indicated that 90 percent of the faculty members surveyed worked full-time during the 2005-2006 academic year. This rate of full-time employment among nurse faculty was much higher than that of post-secondary faculty nationally, where, in 2003, 57 percent of faculty worked full-time, and

less than 70 percent of health sciences faculty were appointed on a full-time basis. In addition, more than 40 percent of respondents to the NLN/Carnegie survey related holding more than one position as an administrator, faculty member, or instructor, indicating that within their primary academic institutions (PAI) a significant number of educators had multiple roles. Specifically, 23 percent acted as the chairperson of a department, program, or division during the 2005-2006 academic year.

Workload – The NLN/Carnegie study also focused specifically on the workload of full-time nurse educators in non-administrative positions teaching in either pre-licensure RN or graduate-level RN programs⁷. Many of these respondents indicated that they had administrative duties as well as teaching responsibilities, resulting in a 56-hour average work week. Moreover, in addition to their work inside their PAI, more than 62 percent of these nurse faculty picked up work outside their PAI, averaging an additional day each week (7-10 hours). Given the current nurse faculty shortage, the question of how workload impacts job satisfaction, recruitment, and attrition remains highly relevant. In this context, it is notable that fully 45 percent of nurse educators stated that they were dissatisfied with their current workload. Of even greater concern, more than one in four nurse educators said they were likely to leave their current job cited workload as a motivating factor.

Diversity – An April 2007 Robert Wood Johnson Foundation policy briefing paper suggests that as educators retire, nursing programs will yield a dual loss from the “decrease in the total number of faculty available to teach entry-level students and a reduction in the number of seasoned educators who can orient and mentor new faculty and advise graduate students.”⁸ Untapped resources of talent, from which schools of nursing could nurture replacements for experienced faculty or additional faculty to handle enrollment expansion, are minority populations among the nurse faculty workforce: males and underrepresented racial-ethnic groups (e.g., American Indians, Asians, African Americans, Hispanics). The NLN/Carnegie report likewise stated that “racial-ethnic background of nurse faculty also offers insight into undertapped sources of potential talent”⁶.

Data from the NLN 2009 Faculty Census³ indicate 14 percent of full-time nurse educators belonged to a racial-ethnic minority in 2009. The 2009 Faculty Census found that nurse educators compared to all U.S. post-secondary faculty had slightly larger proportions of African-American colleagues, with 7.5 percent among full-timers and 8.5 percent among part-timers, versus 6.4 percent among academics overall. Hispanics nurse educator representation at 3 and 5 percent of full-time and part-time nurse educators, respectively, was similar to that found among academics overall. However Asians were strikingly underrepresented among nurse educators, at less than half the level found in academia more broadly.

A glance at the racial-ethnic distribution of the US female civilian labor force does more to underscore the gulf between nursing education and the rest of the American working population in terms of diversity. In 2009 almost 13 percent of female workers over age 20 were African American, a proportion which dwarfed the fraction of African

Americans found in nursing education (approximately 8 percent). And a similar percentage of the female labor force was Hispanic, nearly triple the proportion of Hispanics found among nurse educators.

The 2009 Faculty Census affirmed that 95 percent of the full-time and 94 percent of the part-time nurse faculty are female, contrasting with the three-fifths of the post-secondary faculty who are male. The homogeneity of the nurse faculty plays out as a unique capacity constraint, challenging nursing schools' ability to provide culturally appropriate health care education toward developing a health care system that understands and addresses the needs of the nation's rapidly diversifying population. Factors such as biases and stereotyping, communication barriers, cultural sensitivity/competence, and system and organizational determinants contribute to health care disparities, generating a compelling need for workforce diversity.

In 2013, NACNEP's 11th report to Congress, *Achieving Health Equity through Nursing Workforce Diversity*⁹, that the "shortage of faculty from racial and ethnic minority populations is particularly acute. Diversity within nursing faculty has not kept pace with advances in the diversity of student bodies or nurse workforce diversity. Racial and ethnic diversity among nursing faculty also lags behind overall minority representation among U.S. faculty across disciplines...The under- representation of racial and ethnic minority students in nursing education programs is greatest in programs that lead to graduate-level education, a master's or doctoral degree, which is required for faculty positions. Few racial or ethnic minority nurses with advanced academic degrees choose faculty careers over clinical careers as advanced practice registered nurses."

Highest Earned Credential – One in four (25 percent) full-time nurse educators had a doctoral degree in 2009, while two out of three (67 percent) held a MSN degree.³ The proportion of doctorally-prepared educators rises to approximately one-half among chief administrators, associate professors and professors, which are close to evenly divided between master's- and doctorally- prepared. Doctoral preparation is by contrast a relative rarity among assistant professors, the majority of whom (72 percent) have master's degrees, and much rarer among instructors, 77 percent of whom are master's-educated compared with only 5 percent with doctorates.

NLN's 2011-2012 annual survey² featured a faculty hiring section showing that overall more than two-thirds (69 percent) of new hires were prepared at the master's level. Sixteen percent had PhDs, and 7 percent had DNPs. New hires were ranked similarly with respect to teaching skills regardless of their credentials. However, while PhD-prepared faculty were ranked slightly higher on curriculum development and assessment skills, they were ranked notably lower than both DNP- and master's-prepared faculty on clinical skills. The study also found that 73 percent of responding schools had hired new full faculty in the past 12 months. When asked to rank criteria used in faculty hiring, the top three, in order of importance, were: ability to teach particular course work, ability to communicate effectively, and having formal, graduate-level teacher training. Ranked lowest were ability to provide service to the profession,

nation, region, locality, or institution; ability to write refereed journal articles and make refereed presentations at conferences; and ability to bring in external research funding. Ability to work well with others, and having a doctoral degree were intermediate considerations, ranked fourth and fifth, respectively.

CONCLUSION

A particular focus on securing and retaining adequate numbers of faculty, the engine of the nurse workforce pipeline, is essential to ensure that all individuals interested in and qualified for nursing school can matriculate in the year they are accepted. Clearly, a critical public policy priority in remedying the workforce shortfall must include scaling up the nursing faculty to surmount this capacity constraint within the nursing educational system.

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