Identifying and Describing Nurse Faculty Workload Issues: 
A Looming Faculty Shortage

Nancy Phoenix Bittner and Cynthia Francis Bechtel

Abstract

AIM The purpose of this project was to address factors contributing to the nurse faculty shortage.

BACKGROUND There is a demonstrated need to sustain and stabilize faculty currently in the workforce to avoid exacerbating the current and future faculty shortage in nursing. Recommendations of previous studies focus on strategies for recruitment, retention, and ongoing faculty development.

METHOD A survey was employed to identify and describe the workload of nurse faculty and identify the impact of retirement and other retention issues.

RESULTS Findings showed an aging and non-diverse nursing faculty with increased and variable workload. There was no standard means of calculating workload. With identification of increased workload, faculty are considering retirement at a higher than projected rate.

CONCLUSION Four primary areas to address the nursing faculty shortage include focus on diversity balance, development of collaborative positions (joint appointments), and clear identification of nursing faculty workload.

KEY WORDS Nursing Education – Nurse Faculty Shortage – Nursing Faculty – Workload

Sources differ in forecasting future nursing supply and demand throughout the United States (Spetz, 2015). However, there is consensus that the supply of nurse faculty is inadequate to meet the needs of nursing programs, which turn away many qualified applicants each year. This article reports on a project designed to address the factors contributing to the faculty shortage. Results of a survey on faculty workload are presented along with recommendations to address issues experienced by nurse faculty.

SCOPE OF THE NURSE FACULTY SHORTAGE

According to the American Association of Colleges of Nursing (AACN, 2015), nursing schools in the United States turned away 68,938 qualified applicants from baccalaureate and graduate nursing programs in 2014 because of an insufficient number of faculty, clinical sites, and clinical preceptors; insufficient classroom space; and budget constraints. Almost two thirds of the 741 nursing schools responding to an AACN survey pointed to faculty shortages as a reason for not accepting all qualified applicants into baccalaureate programs. A total of 1,328 faculty vacancies were identified, and schools cited the need to create an additional 124 faculty positions to accommodate student demand.

The data show a national nurse faculty vacancy rate of 7.1 percent with 57.9 percent of schools reporting full-time vacancies. The top reasons cited by schools having difficulty recruiting faculty were: limited pool of doctorally prepared faculty (87.6 percent); non-competitive salaries (60.1 percent); and high faculty workload (22.4 percent; Li, Stautler, & Fang, 2015). Most of the vacancies (90.7 percent) were faculty positions requiring or preferring a doctoral degree. This problem will become exacerbated as many faculty will reach retirement age in the next decade.

Nurse educators are, on average, slightly older than the community of practicing nurses. The AACN (2015) reports the average age of full-time nurse faculty to be 52.9. The mean age of full-time doctoral professors was 61.6, doctoral associate professors, 57.6, and doctoral assistant professors, 51.4 (AACN 2015). In Massachusetts, the average age of nursing faculty in 2013 was 55 years (Massachusetts Action Coalition, 2014).

Massachusetts Plan for Faculty Shortage

The Massachusetts Action Coalition evolved from an existing nursing leadership coalition. Its goal was to advance the recommendations contained in the Institute of Medicine Future of Nursing report, specifically to increase the number of RNs with BSN or higher degrees to 80 percent by 2020 and to double the number of nurses with doctoral degrees. As part of an Academic Progression in Nursing grant from the Robert Wood Johnson Foundation, the coalition developed the Faculty Project Team in 2012 to address issues having to do with the nurse faculty shortage. The team was composed of administrative and faculty representatives from nursing programs at state community colleges, state universities, the University of Massachusetts...
The overall mission of the team’s work was to address the need for sustainable, competent faculty to educate professional nurses. The goal for this initiative was to increase the faculty pool available to educate nurses from BSN through doctoral degrees. The strategies identified addressed challenges connected with recruitment and retention, as well as retirement. Multiple strategies were utilized to address issues involved in delaying retirement and encouraging the return of retired faculty to teaching.

Modeling the nursing workforce gap presents a challenge, but sizing the shortfall in faculty needed to meet additional demands is even more challenging. The shortage is immediate, and the barriers are many. There is a demonstrated need to sustain and stabilize faculty currently in the workforce to avoid exacerbating the current and future nurse faculty shortage. Current major recommendations address recruitment and retention as well as faculty development.

During the initial work of the Faculty Project Team, it became evident that there was no consistently accepted definition of nursing faculty workload. Data from interviews and prior research revealed that full-time faculty satisfaction was directly related to the operationalization of their role (Massachusetts Action Coalition, 2014). Few faculty described their role as teaching primarily with small amounts of service and scholarship. Rather, many reported multiple roles within the full-time faculty position, some of which were identified as administrative activities that contributed to job dissatisfaction (Bittner et al., 2015).

The National League for Nursing (NLN, 2014) noted that 45 percent of nurse educators are dissatisfied with their current workload, and more than one in four may leave their current nurse educator position because of workload. Roughton (2013) reported that many nurse faculty believe their workload is much greater than that of non-nurse faculty, nurses working outside academia, and what they expected prior to starting in academia.

**METHOD**

**Instrument**

Working with an instrument development expert, the leader of the team developed a survey to address the issues related to the faculty shortage. The survey had 25 main questions, four of which had 15 to 26 subquestions, resulting in a 95-item survey. Content areas, in addition to demographics, touched on roles and responsibilities, workload, job satisfaction, and mobility and retirement plans.

The survey was completed in June 2015. Information obtained from the survey was used to identify and describe the nurse faculty workload, identify the impact of retirement and other retention issues, and develop recommendations to sustain and stabilize faculty currently in the workforce to avoid exacerbating the current and future faculty shortage in nursing. The purpose of the project was to gather data to identify roles and responsibilities of faculty teaching at all levels for further analysis and the development of recommendations.

**Procedure**

The Nursing Faculty Workload survey of incumbent nursing faculty was conducted via the Qualtrics online platform in May and June 2015. The research study was approved by the institutional review board of the administering organization. The goal was to gather information on the characteristics of nurse faculty across the state (at both public and private institutions for all certificate/degree levels) and their workloads.

No comprehensive directory of nurse faculty was available for the state. Although developing such a list was discussed, the team determined that having that level of contact would be a deterrent to participation and create the perception that too much personal information would be disclosed. The decision was made to send an email to the leader (executive director, dean, or chair) of every nursing department from both public and private institutions, asking them to forward the survey link to their faculty. To ensure absolute anonymity, respondents were told not to name their employer institution on the survey. As a result, the number of faculty invited to participate in the survey and the percentage of those who responded are unknown.

**Data Analysis**

A total of 182 individuals responded to at least one question on the survey. As no question required an answer, the number of respondents to individual question varied. Percentages were calculated against the number of respondents to a particular question. Where two or more questions were analyzed together, the number of respondents was considered the number of those who answered all of the questions involved; this number could be less than the number of those who answered individual questions.

**DEMOGRAPHIC FINDINGS**

The demographic information associated with respondents confirmed the general impressions of professionals in the field. Current nurse faculty were not very diverse. Respondents to the survey were primarily over the age of 50 (67 percent), female (96 percent), non-Hispanic (98 percent), and white (95 percent). Almost one in three, 32 percent, were 60 years or older, with 6 percent age 70 or older; only 13 percent were under age 40.

The thought that younger cohorts might be more diverse than older cohorts did not hold true with regard to the data: in terms of gender diversity, it was the middle-age cohort that showed the highest percentage of men, and no pattern related to race/ethnicity was detected across age. The lack of diversity is a concern, given the demographic trends of the general community: nursing faculty are becoming increasingly unlike the communities for which they are preparing nurses.

**Current Appointment/Joint Appointment**

The majority of respondents (77 percent) held a single position; 24 percent held two or more positions. Of those who held one position, 80 percent were full time and 20 percent were part time; of those who held two or more positions, 64 percent were full time and 36 percent were part time. The percentage of faculty holding multiple positions to achieve full-time status is potentially indicative of a demand for full-time positions that is not being met by institutions.

The vast majority (87 percent) of respondents did not hold joint appointments (defined as having two roles through a single employer). Of the 23 who reported holding joint appointments, 7 (30 percent) held faculty and advanced practice appointments, 6 (26 percent) provided no description, and 5 (22 percent) reported holding staff RN, adjunct, or per diem positions. Fifteen respondents (or 11 percent) who held one paid job reported they held a joint appointment.

Seen from another direction, 15 joint appointments (or 65 percent) were held by someone who worked only at a single job. This is important to note because it is unclear whether the remaining eight
Joint appointments were truly joint or if the respondents had multiple jobs.

**Degree Level**

Results demonstrated the number and percentage of respondents who spent at least some time teaching at each degree level. The most frequently taught degree level was associate (43 percent of respondents), followed by bachelor’s (34 percent). Eighty-five percent of respondents who taught at the AD level and 79 percent of those who taught at the practical nursing level did so exclusively, compared to only 47 percent of those at the bachelor’s level and 9 percent of those at the doctorate level. These data reinforce the concerns presented regarding policies to increase the number/percentage of nurses with bachelor’s degrees.

**Experience**

The majority of respondent (54 percent) reported teaching 10 years or less; 21 percent reported teaching more than 20 years, with 10 percent teaching more than 31 years. The average age of those who reported teaching 10 years or less was 47, indicating that a number of respondents likely began teaching at a later age.

Among respondents who taught undergraduate classes, 58 percent had done so for 10 years or less. Among those who taught graduate classes, 79 percent had done so for 10 years or less. Most respondents (n = 110) reported teaching only at the undergraduate level, compared to five who reported teaching only at the graduate level; 47 respondents reported teaching at both the undergraduate and graduate levels. Among those who reported teaching at both levels, it is not known whether they taught at both levels simultaneously or switched from one level to the other level at some point in a career.

**WORKLOAD FINDINGS**

**Hours**

On average, respondents spent a total of 37 hours across all of their roles; this ranged from 25 hours for part-time respondents to 41 hours for full-time respondents. Part-time respondents, on average, spent the most hours teaching clinical studies (56 percent of their time), compared to only 20 percent for full-time respondents. Full-time respondents spent the most time teaching classroom studies (37 percent of their time), compared to 17 percent for part-time respondents.

The group that spent the most time teaching classroom studies was the group of full-time, non-tenure-track respondents (39 percent of their time was in this role). The group that spent the most time teaching clinical studies was the group of part-time respondents. Research and service took up more time for respondents who were either tenured or on a tenure track than for other groups. The data suggest a difference in the nature of teaching responsibilities between full-time and part-time respondents.

**Workload Calculation**

The most frequent form of calculation was by number of credits per semester (29 percent), followed by number of courses per semester (22 percent) and number of credits per academic year (20 percent). When correlated with whether a respondent was full time or part time, there were some differences in the type of calculation. The most strongly different area had to do with full-time or part-time status: 23 percent of full-time respondents had their workload calculated by number of credits per semester, compared to 8 percent of part-time respondents. On the other hand, 33 percent of part-time respondents had their workload calculated by number of courses per semester, compared to only 19 percent of full-time respondents.

It should be noted that a wide variety of other explanations were reported as well. Seventeen percent of respondents offered responses such as mix of the other options, course or credit time with no designation by semester or by academic year, and time spent in other roles.

The frequency of type of contract varied by whether respondents were full time or part time. The most frequent length of contracts was 9 months (43 percent of respondents); 52 percent of part-time respondents’ contracts were 9 months, compared to 42 percent for full-time respondents. For full-time respondents, 30 percent of contracts were 10 months, compared to 19 percent for part-time respondents. The rate of 12-month contracts was almost equal for the two groups (29 percent for part-time respondents and 28 percent for full-time respondents).

**Faculty Work Role**

Data were collected to reflect the average percentage of time spent in different roles according to teaching level. In general, the percentage of time spent in administrative responsibilities, classroom teaching, and student advisement was fairly equal across teaching levels. The two areas that varied significantly were clinical teaching (a much higher percentage at the bachelor’s level or below) and research (a much higher percentage at the master’s or doctorate levels).

Full-time, non-tenure-track respondents were the group who spent the most time teaching classroom studies (39 percent of their time in this role); part-time respondents spent the most time teaching clinical studies. Research and service took up more time for respondents who were either tenured or on a tenure track than for other groups. Clinical practice took up much more time for part-time respondents than for any other group.

These data suggest a difference in the nature of teaching responsibilities between full-time and part-time respondents. A majority of respondents (61 percent) reported engaging in at least one academic activity (e.g., course development, publications, presentations, or grant participation) during the previous academic year. Respondents who taught at both the graduate and undergraduate levels reported engaging in these activities at higher rates than those who only taught undergraduate classes. Table 1 depicts the degree level and time spent on specific responsibilities of teaching load.

**Faculty Satisfaction**

In general, part-time respondents were slightly more satisfied than full-time respondents. However, satisfaction varied according to specific aspects and categories of their jobs. Full-time respondents were slightly more satisfied, on average, with compensation-related aspects of their jobs (e.g., benefits, salary, recognition, and tenure prospects) than part-time respondents. Within this category, full-time respondents were much more satisfied with their medical/health insurance benefits (71 percent vs. 29 percent for part-time respondents), whereas part-time respondents were much more satisfied with the salary for their position (76 percent vs. 52 percent for full-time respondents). Across all categories, the top four areas of satisfaction for full-time respondents were interactions with students in the classroom setting (93 percent), mission of the college (93 percent), meaningfulness of...
their work (91 percent), and relationships with peers (90 percent). The top four areas of satisfaction for part-time respondents were autonomy and independence (100 percent), opportunity to work independently (98 percent), mission of the college (98 percent), and variety of work (98 percent).

In general, the wider the time frame (i.e., the further out respondents were estimating), the more likely respondents thought it would be that they would leave their primary institution. This relationship held true when correlated with age. Regardless of respondents’ ages, the longer the time frame they were considering, the more likely they thought it would be that they would leave their primary institution. Interestingly, when correlated with age, respondents who were over 55 years had the lowest rates for likelihood of leaving across all time frames (perhaps because this group had higher rates of being tenured or at least being on a tenure track), whereas respondents 45 to 55 years had the highest rates for likelihood of leaving across all time frames (perhaps because this is a group seeking tenure track status).

The most frequently given reason for leaving an institution was retirement (52 percent), followed by more compensation (30 percent), more career advancement opportunities (28 percent), and more opportunities to use skills/abilities (22 percent). It should be noted that respondent’s age had a strong effect on choices in this area. For respondents under 45, the top responses were more advancement opportunities (53 percent), more compensation (50 percent), and more opportunities to use skills/abilities (33 percent). For respondents 45 to 55, the top responses were more compensation (54 percent), more career advancement opportunities (44 percent), flexibility to balance work/life issues (32 percent), and retirement (32 percent). For respondents over 55, the top responses were retirement (78 percent), more flexibility to balance work/life issues (19 percent), and more opportunities to use skills/abilities (18 percent).

**DISCUSSION**

An overlay of different findings from this research reveals a less than positive picture of the future workload for nurse faculty. Fifty-one percent of survey respondents reported that their workload had increased as a result of the faculty shortage. Given that 32 percent of respondents were 60 years or older and will likely be retiring within the next 10 years, it is probable that faculty workload will continue to increase unless an infusion of new faculty is made. When the potential for even greater workloads is combined with the approximate age level of those entering the profession, as well as the fact that 32 percent of respondents between the ages of 45 and 55 indicated that one of the reasons they were likely to leave their institution had to do with flexibility to balance work/life issues, it is likely that filling faculty positions will only become more difficult.

Another concern is that the current distribution of faculty may not align with policies focused on increasing the number of nurses holding the BSN degrees. Fifty-five percent of respondents to the survey reported teaching exclusively at the practical nursing or associate level; a number of those respondents hold credentials that are not transferrable to teaching at the bachelor’s level or higher.

The degree to which the nurse faculty population is out of alignment with the communities for which they are preparing nurses is a concern, especially given that minority respondents were much less satisfied with the climate for racial and ethnic minority faculty than nonminority respondents (60 percent vs. 92 percent, respectively). This suggests that, although many faculty think their institutions are culturally aware and sensitive, that may not be so in actuality. As a consequence, programs may face unanticipated challenges in

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<th>Table 1: Percentage of Respondents’ Time Related to Different Tasks by Level of Teaching</th>
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An area that would be important for future study is how and why individuals transfer into the nurse faculty role later in life, for example, after age 40, a finding of this study. What was it that attracted this group to the profession? What drew them away from their other careers? How can more individuals be recruited? How can individuals with diverse racial and ethnic backgrounds, within underrepresented communities, be more effectively recruited?

It is important that colleges of nursing look to outside sources (e.g., nonfaculty nursing careers and positions) in order to increase the number of faculty. Otherwise, everyone is competing over the same limited pool and failing to truly expand the number of individuals in the profession.

**RECOMMENDATIONS**

Recommendations to support the overarching goals of academic progression or attainment of the BSN revolve around four primary areas: the nursing faculty shortage, focus on diversity balance, development of collaborative positions (joint appointments), and clear identification of nursing faculty workload.

The following are recommendations for addressing nurse faculty issues:

1. Identify strategies (including salary challenges) to increase recruitment and retention of qualified nursing faculty, including access to doctoral preparation (NLN, 2014). Often salaries are the primary barrier to attracting practicing nurses to become nurse educators. When recruiting new faculty, it behooves us to focus on the positives — career progression and flexibility of schedules (Hall & Mast, 2015) — to highlight the quality of life as an academic.

2. Retirement strategies must be implemented to stem the loss of qualified faculty and attract younger nurses into the role (second career). Many midcareer nurses consider transitioning from the bedside to an academic role to give back to their profession. These future nurse educators need mentoring and continuing education. Older faculty may be less apt to retire when their work is valued and acknowledged (Falk, 2007). Other suggestions for retaining older faculty include developing flexibility in scheduling, promoting lifelong learning, building intergenerational teaching and learning opportunities, and considering the physical settings of classrooms and offices (Falk, 2007).

3. Encourage existing academic nursing programs to invest in grow-your-own programs, supporting current students and faculty to continue their education to meet the Institute of Medicine goal of doubling the number of doctorally prepared nurses (Feldman, Greenberg, Jaffe-Ruiz, Kaufman, & Cignarale, 2015).

4. Provide orientation programs and mentors for new faculty members to assist them in transitioning into the academic classroom and clinical teaching roles. If at all possible, allow new faculty to have a decreased workload for the first one or two semesters to enable them to accclimate to the role (McDermid, Peters, Jackson, & Daly, 2012; Schoening, 2013).

5. Formal preparation for a teaching role (NLN, 2014; Schoening, 2013) is recommended. The majority of nurses with advanced degrees do not have any formal courses focusing on preparation for teaching. Additional preparation could be accomplished by including at least one education course within all graduate nursing programs. Post-master’s certificates in nursing education are excellent for clinicians looking to transition into education. The Massachusetts Action Coalition has developed free four-hour programs for clinical educators offered throughout the state at the beginning of each semester. Hundreds of novice and seasoned clinical educators have attended these sessions.

6. Utilize existing programs available to assist with preparation of qualified diverse faculty. In addition, identify institutional goals and strategies to diversity recruitment and retention. This may be advanced by partnering with professional organizations that focus on diverse groups for recruitment and best practices for retention of diverse faculty (Salvucci & Lawless, 2016; Stanley, Capers, & Berlin, 2007).

7. Create models for joint appointments that are truly collaborative in nature and support a dual role. This can be accomplished by exploring successful existing collaborative roles to identify best practices for success.

8. Identify and describe essential mechanisms of faculty workload including the minimum teaching time for designation as full-time faculty. The variation of workload designation is extreme. It is essential to redesign a universal or comparable model for workload calculation to truly reflect the work of nurse faculty. It is necessary to delineate workload requirements for faculty at all levels of education.

9. Examine the workload of older nurse faculty members in a creative way to allow for more flexibility and better work-life balance, therefore retaining these knowledgeable faculty.

10. Explore creative educator positions. An increasing number of schools are developing a full-time clinical educator position (Feldman et al., 2015). There are many advantages to the full-time clinical role including a decrease in the number of part-time adjunct instructors required and improved continuity of teaching.

**CONCLUSION**

The purpose of this survey was to gather data to identify roles and responsibilities of BSN, MSN, DNP, and PhD nursing faculty and other groups for further analysis and the development of recommendations. There is already a shortage of faculty among institutions reported by many states and nationally. This survey gathered information that is relevant to both the retention of current faculty and the recruitment of new faculty.

A detailed analysis of the findings reveals a less than optimistic picture for the future of nursing faculty. Faculty are older and reporting increased workload, which adds tremendously to the likelihood of retirement within the next 10 years.

There is indication that faculty are entering the profession later in life, ensuring a shorter work life in academia along with an increased workload. Thus, filling faculty positions in the future will become even more difficult. Furthermore, there is some evidence that the nature of faculty positions may be out of alignment with current demand, less satisfactory to faculty, and out of alignment with the diverse communities for which they are preparing future nurses. An important area for future study would include investigating the reasons why individuals transfer into the faculty role later in life, what attracted them to the profession, and what drew them away from their other career. It is essential that nursing leaders in academia lock outside the usual sources to recruit nursing faculty. If not, schools of nursing will continue to compete with one another over the same limited pool of individuals in the nursing profession.
REFERENCES