



**National League
for Nursing**

Testimony

of

National League for Nursing

to

Committee on Finance
United States Senate

Hearing on

Workforce Issues in Health Care Reform:
Assessing the Present and Preparing for the Future

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The National League for Nursing (NLN) represents leaders in nursing education and nurse faculty across *all* types of nursing programs in the United States – doctorate, master’s, baccalaureate, associate degree, diploma, and licensed practical. With more than 1,200 nursing school and health care agency members, 29,000 individual members, and 18 regional constituent leagues, the NLN is the premiere organization dedicated to excellence in nursing education and preparing the nursing workforce to meet the needs of our diverse populations.

Dovetailing with the Senate Finance Committee’s attention to health system reform is the NLN’s emphasis on high-priority infrastructure determinants that will ensure health coverage for all people in America while improving health care quality. The NLN applauds the Committee’s attention to policy that will reinvest in the education of a 21st century health care workforce, a critical component to delivering system reform goals and providing high-value care for every dollar invested. We appreciate this opportunity to add more evidence to the health care workforce issues facing the nation today.

EDUCATION CAPACITY AND THE NURSE PIPELINE

Committee members likely are aware that today's nursing shortage in their respective states is not insignificant. Reported in 2007 by the American Hospital Association, 116,000 more registered nurses (RNs) were needed in hospitals across the nation to fill immediate vacancies.¹ The U.S. Bureau of Labor Statistics (BLS) reports the nurse workforce to be the predominant occupation in the health care industry.² The BLS calculations show the present nurse workforce at well over four times the size of the medical workforce, and the BLS occupational employment projections indicate that RNs will experience the largest numeric increase in new jobs, among professional and related occupations, with a growth of 23 percent in employment change between 2006 and 2016.³

The current nursing shortage has persisted for the past eleven years, representing the longest lasting shortage in over 50 years.⁴ The shortfall is expected to worsen through 2015 and 2020, with the deficit reaching nearly three times the size of the current shortage.⁵

The NLN’s *Nursing Data Review 2006-2007: Baccalaureate, Associate Degree, and Diploma Program* casts a wide net on all types of nursing programs, from doctoral through diploma, to determine rates of application, enrollment, and graduation. The survey creates a true picture of nursing education, contributing to an exact understanding of the importance of the nursing workforce today and of the dimension of the challenges continuing into tomorrow.⁶

Key findings of the data review include:

¹ American Hospital Association, (2007) *The State of America’s Hospitals: Taking the Pulse, Findings from the 2007 AHA Survey of Hospital Leader*. On the Internet at:

<http://www.aha.org/aha/content/2007/PowerPoint/StateofHospitalsChartPack2007.ppt>. (Accessed March 20, 2009).

² Bureau of Labor Statistics, U.S. Department of Labor. *Employment outlook: 2006–16, Occupational employment projections to 2016*. On the Internet at: <http://www.bls.gov/opub/mlr/2007/11/art5full.pdf> (Accessed March 20, 2009).

³ Bureau of Labor Statistics. *Employment outlook: 2006–16*. op.cit.

⁴ Buerhaus, P., Staiger, D., Auerbach, D. (2008). *The Future of the Nursing Workforce in the United States: Data, Trends, and Implications*. Boston, MA: Jones & Bartlett.

⁵ Ibid.

⁶ National League for Nursing, (2009). *Nursing Data Review 2006-2007: Baccalaureate, Associate Degree, and Diploma Programs*. On the Internet at: http://www.nln.org/research/slides/viewall_0607.htm. (Accessed March 20, 2009).

- **Demand for spots in nursing programs continues to dramatically outstrip supply.** An estimated 99,000 qualified applications – or almost 40 percent of qualified applications submitted to prelicensure RN programs – were rejected in 2006-07.
- **Yet capacity continued to grow, although more slowly.** Though indicators point to some expansion in the RN workforce pipeline – the nation added 64 additional prelicensure RN programs between 2006 and 2007; the rate of growth was slower than in the previous year.
- **Admissions have grown.** Associate degree in nursing (ADN) programs admitted 12.3 percent more new students than last year. Baccalaureate admissions continued to grow as well albeit at a slower rate (5.6 percent in 2006-07) than in recent years. Diploma admissions were down slightly (4.2 percent).
- **Enrollments jumped.** Driven by an increase in ADN enrollment, the nation's ranks of prelicensure nursing students grew by almost 20,000, or 6.7 percent between 2006 and 2007. By contrast BSN programs did not change significantly during this period.
- **Graduation rates slowed in 2007.** Prelicensure graduations increased by only 3 percent between 2006 and 2007 after two years of more than 8 percent annual growth. Associate degree graduations accounted for the larger share of the increase, rising by 4.3 percent. Growth in baccalaureate program graduations slowed to only 2.3 percent, after a dramatic rise of almost 20 percent last year.

NURSE SHORTAGE AFFECTED BY FACULTY SHORTAGE

The NLN research provides evidence of a strong correlation between the shortage of nurse faculty and the inability of nursing programs to keep pace with the demand for new RNs. Increasing the productivity of education programs is a high priority in most states, but faculty recruitment is a glaring problem that likely will grow more severe. Without faculty to educate our future nurses, the shortage cannot be resolved.

Nurse faculty vacancies were described as acute by the NLN in its 2006 research, *Nurse Educators 2006: A Report of the Faculty Census Survey of RN and Graduate Programs*.⁷ Three years ago, there was an indication that the nurse faculty vacancies in the United States were growing even as the numbers of full- and part-time educators increased. The estimated number of budgeted, unfilled, full-time positions countrywide in 2006 was 1,390. That number represented a 7.9 percent vacancy rate in baccalaureate and higher degree programs, which is an increase of 32 percent since 2002; and a 5.6 percent vacancy rate in associate degree programs, which translated to a 10 percent rise in the same period.

As reported in the NLN *Nursing Data Review 2006-2007*, the faculty vacancy situation rose appreciably in one year. The study showed that nationwide more than 1,900 unfilled full-time faculty positions existed in 2007, affecting 36 percent of all schools of nursing.⁸ In response, 84 percent of nursing schools attempted to hire new faculty in 2007-2008. Of those, 79 percent found recruitment

⁷ National League for Nursing. (July 2006). News release – *Nurse Educators 2006: A Report of the Faculty Census Survey of RN and Graduate Programs*. On the Internet at: <http://www.nln.org/newsreleases/nurseeducators2006.htm>. (Accessed March 20, 2009).

⁸ National League for Nursing, (2009). *Nursing Data Review 2006-2007*. op.cit.

"difficult" and almost one in three schools found it "very difficult." The two main difficulties cited were "not enough qualified candidates" (cited by 46 percent of schools), followed by inability to offer competitive salaries (cited by 38 percent).⁹ While graduations in the 2008–2009 school year from master's and doctoral programs in nursing rose by 12.8 percent (or 1,918 graduates) and 4.5 percent (or 24 graduates), respectively, projections still demonstrate a shortage of nurse faculty.¹⁰

TRENDS STRESSING FACULTY SHORTAGE

The present nurse faculty staffing deficit is expected to intensify as the existing nurse educator workforce reaches retirement age. A 2006 *NLN/Carnegie Foundation Preparation for the Professions Program* national survey of nurse educators found that with 48 percent of nurse faculty over the age of 55, fully one-half of today's nurse faculty workforce is expected to retire by 2015, while just over one in five (21 percent) expect to retire within the next five years.¹¹ The NLN/Carnegie data also distinguished the nurse faculty cohort from the rest of the academic workforce by age: Where 48 percent of nurse educators are age 55 and over, only 35 percent of U.S. academics and only 29 percent of health science faculty are over the age of 54.¹²

GENDER/RACE/ETHNIC DIVERSITY LIMITS FACULTY CAPACITY

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."¹³ 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).

Data indicate the nurse faculty workforce largely remains homogenous, not reflective of the nation's population or of the nursing student population. In 2007, the percentage of male graduates from prelicensure RN programs held steady at 12 percent from 2006.¹⁴ Although the prelicensure RN programs' class of 2006 had been considerably more diverse than in previous years, 2007 brought little change in the percentage of racial-ethnic minorities graduating. Fewer than 23.6 percent of new graduates were from minority backgrounds in 2007 compared with 24.5 percent in 2006.¹⁵ These numbers contrast adversely to our nation, which is enriched by cultural complexity where 34 percent of our population identifies as racial and ethnic minorities.

⁹ Ibid.

¹⁰ Ibid.

¹¹ Kaufman, K. (May/June 2007). *Nursing Education Perspectives*. Introducing the NLN/Carnegie National Survey of Nurse Educators: Compensation, Workload, and Teaching Practice. Vol. 28, No. 3:164-169. On the Internet at: <http://nl.n.allenpress.com/pdfserv/i1536-5026-028-03-0164.pdf>. Accessed March 20, 2009.

¹² Ibid.

¹³ Robert Wood Johnson Foundation. *Charting Nursing's Future, April 2007 – The Nursing Faculty Shortage: Public and Private Partnerships Address a Growing Need*. On the Internet at: <http://www.rwjf.org/pr/product.jsp?id=18661>. Accessed March 20, 2009.

¹⁴ National League for Nursing, (2009). *Nursing Data Review 2006-2007*. op.cit.

¹⁵ Ibid.

The *NLN/Carnegie* study affirmed that 96 percent of nurse faculty are female, compared to the three-fifths of the U.S. postsecondary faculty who are males.¹⁶ Noting that the underrepresentation of racial and ethnic minorities among nurse educators “may be attributed to discrimination or socioeconomic disparities that impinge disproportionately upon minority groups trying to enter a high-skill occupation”, the 2006 study nonetheless reports that “nursing also lags significantly behind the remainder of academia with respect to diversity.” Seven percent of nurse educators are minorities, and “16 percent of U.S. faculty belong to a racial minority group.”¹⁷

The homogeneity of the nurse faculty plays out as a unique capacity constraint limiting nursing schools' ability to provide culturally appropriate health care education to develop 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.

SALARIES, WORKLOAD STRESSING FACULTY SHORTAGE

Although educators find fulfillment in being a teacher and in providing graduates who deliver quality health care, salaries are a significant issue for nurse educators. The *NLN/Carnegie* study of nurse educators from the 2005-2006 academic year found that nurse faculty earn only 76 percent of the salary that faculty in other academic disciplines earn.¹⁸ Accounting for this variation may be the education level of nurse faculty, where nurse educators “hold doctoral degrees at only half the rate of their counterparts across other academic disciplines.”¹⁹

Colleges and universities also are reporting that the nurse educator's compensation is not competitive with that of nurses in clinical settings. NLN notes that although few data are available on salaries of nurses with doctorates, the U.S. Department of Health and Human Services *Preliminary Findings: 2004 National Sample Survey of Registered Nurses (NSS-RN)*²⁰ data on salaries of master's-prepared nurses can be used to compare the competitiveness of nurse faculty salaries. The *NLN/Carnegie* study reports “nurse faculty salaries (annualized to a 12-month calendar) rank only eighth among the 11 positions evaluated by the NSS-RN study. Not only are master's-prepared nurse faculty paid 33 percent less than nurse anesthetists, but they are also paid 17 percent less than head nurses and nurse midwives, and approximately 12 percent less than nurse practitioners and clinical nurse specialists with the same educational credentials.”²¹

Workload is another factor distinguishing the nurse faculty specialty. According to the *NLN/Carnegie* survey, 90 percent of the nurse educators who responded work full-time. Many of these add administrative duties to teaching responsibilities, resulting in a 56-hour average work week.²² During

¹⁶ Kaufman, K. (May/June 2007). op.cit.

¹⁷ Ibid.

¹⁸ Kaufman, K. (July/August 2007) *Nursing Education Perspectives*. Compensation for Nurse Educators: Findings from the NLN/Carnegie National Survey with Implications for Recruitment and Retention. Vol. 28, No. 4: 223-225. On the Internet at: <http://nl.nallenpress.com/pdfserv/i1536-5026-028-04-0223.pdf>. (Accessed March 20, 2009).

¹⁹ Ibid.

²⁰ Steiger, D.M., Bausch, S., Johnson, B., Peterson, A. (2006) *The Registered Nurse Population: Findings from the March 2004 National Sample Survey of Registered Nurses*. Health Resources and Services Administration, U.S. Department of Health and Human Services. On the INternet at: <http://bhpr.hrsa.gov/healthworkforce/rnsurvey04/>. (Accessed March 20, 2009).

²¹ Kaufman, K. (July/August 2007) op.cit.

²² Kaufman, K. (September/August 2007) *Nursing Education Perspectives*. More Findings from the NLN/Carnegie National Survey: How Nurse Educators Spend Their Time. Vol. 28, No. 5: 296-297. On the Internet at: <http://nl.nallenpress.com/pdfserv/i1536-5026-028-05-0296.pdf>. (Accessed March 20, 2009).

academic breaks, nurse educators reported working on average over 24 hours per week, and those with administrative responsibilities exceeding 31 hours per week. In addition to their work inside their primary academic institutions (PAI), more than 62 percent of nurse faculty picked up work outside their PAI, averaging an additional day each week (7-10 hours).²³ With 45 percent of nurse faculty reporting dissatisfaction with their current workload, “over one in four nurse educators who said they were likely to leave their current job cited the desire for reduced workload as a motivating factor.”²⁴

THE FEDERAL FUNDING REALITY

Today’s undersized supply of appropriately prepared nurses and nursing faculty does not bode well for our nation, where the shortages are deepening health disparities, inflated costs, and poor quality of health care outcomes. Congress moved in the right policy direction in passing the *Nurse Reinvestment Act* in 2002. That act made Title VIII Nursing Workforce Development Programs a comprehensive system of capacity-building strategies to develop nurses by providing schools of nursing with grants to strengthen programs, through such activities as faculty recruitment and retention efforts, facility and equipment acquisition, clinical lab enhancements, and loans, scholarships and services that enable students to overcome obstacles to completing their nursing education programs. Yet, as the Health Resources and Services Administration’s Title VIII data show, it is abundantly clear that Congress must step up in providing critical attention and significantly more investments to address seriously this ongoing systemic problem.

Nursing Education Loan Repayment Program (NELRP) – In FY 2007, NELRP received 4,711 eligible applications and made 315 initial (2-year) awards and 271 amendment (3-year) awards, with total obligated funds of \$18,373,815.48. Whereas, in FY 2008, NELRP received 6,078 eligible applications and made 232 initial (2 year) awards and 203 amendment (3 year) awards. The total obligated funds were \$18,898,427.87.

Nursing Scholarship Program – In FY 2007, 4,894 eligible applications were submitted to the Nursing Scholarship Program, and 172 applicants were selected to receive scholarship awards, or 3.5 percent of the applicants received scholarships.

Advanced Education Nursing (AEN) Program – This program supports the graduate education that is the foundation to professional development of advanced practice nurses, whether with clinical specialties or with a specialty in teaching. In FY 2007, the AEN grants supported 5,978 nursing students across specialties.

NURSING RESEARCH AND THE SCIENCE OF NURSING EDUCATION

Integral to improving the safety and quality of patient care and to reducing health care costs and demands is nursing research. Equally important is research in the science of nursing education – an advanced practice of knowledge, skills, and abilities that promote a unique environment for effective learning of the growing health care knowledge base, and of sophisticated therapeutic procedures and

²³ Ibid.

²⁴ Ibid.

technologies. Critical to enhancing research within the nursing profession is the infrastructure development that increases the pool of nurse investigators and nurse educators, expands programs to develop partnerships between research-intensive environments and smaller colleges and universities, and enriches career development for minority researchers. As noted by the expanding list of non-nursing journals that publish the investigator findings of National Institute of Nursing Research-sponsored research, an investment in research extends far beyond just the nursing community and produces research results for *all* health care providers.

As the only organization that collects data across all levels of the nursing education pipeline, the NLN can state with authority that the nursing scarcity in this country will not be reversed until the concurrent shortage of qualified nurse educators is addressed. The Committee's commitment to building an environment that prepares a qualified health care workforce composed of broad-based, inter-professional partnerships will help ensure better health, deliver measurable improvements, narrow the health inequalities gap, and with time, potentially lower health care costs for everyone in our nation. Absent national efforts of some magnitude to match the health care reality facing our nation, a calamity in nurse education and in health care generally may not be avoided.

RECOMMENDATIONS

1. Support maximizing education funding for health care professionals who commit to practice in underserved areas.
2. Expand investments in resources for health care worker education and services that meet the challenges of a diverse, ever-changing health care environment, e.g., geriatric and culturally competent care, comparative effectiveness research.
3. Use evidence-based policy strategies and strengthen effective existing health care capacity building to increase recruitment and retention of underrepresented minorities (i.e., representing ethnic, cultural, racial, gender diversity) and of the financially disadvantaged in health professions, including nurse educators.
4. Ensure a stable funding source to maintain and expand the health professions faculties through evidence-based intervention strategies, including faculty education programs that enhance continuous development of nurse faculty as educator-scholars, and research funding for the science of nursing education.
5. Implement a system emphasizing wellness and prevention, ensuring a stable funding source that maintains and expands existing educational infrastructure for the health professions.
6. Collect and analyze data to ensure that programs developed to strengthen the health professions workforce are meeting intended goals.