



**Testimony to the House of Representatives Committee on Appropriations
Subcommittee on Labor, Health and Human Services, Education and Related Agencies**

Witness Name: Harriet R. Feldman, PhD, RN, FAAN
Title: Dean and Professor, Lienhard School of Nursing
City and State: Pleasantville, New York
Institutional Affiliation: Pace University
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Summary: Good morning Mr. Chairman and Members of the Subcommittee. I am Harriet Feldman, Dean and Professor of Nursing at Pace University, located in Westchester County and New York City, New York. Thank you for the opportunity to address the Subcommittee on an important issue that impacts the shortage of nurses in our country. The reasons for this profound and growing shortage are well known --- an aging population of practicing nurses; a period of disinterest in a career nursing; the growth of lucrative career opportunities for women; health systems that do not support a safe work environment; mandatory overtime; and the list goes on. Now, thankfully, nursing is a rediscovered “hot” career, and students are flocking to the doors of nursing schools. Support of the Nurse Reinvestment Act of 2002, scholarship programs of Title VIII of the Public Health Service Act, and other Federal and State workforce development initiatives has provided funds to make these increases possible. But in contrast to past surges, we don’t have the capacity to educate these growing numbers of students.

The American Association of Colleges of Nursing (AACN) reported that in fall 2004 nearly 34,000 qualified applicants to nursing programs nationally could not be served by existing baccalaureate and master’s programs, nearly double the number that of the prior year. For more than 75% of these schools, students were turned away primarily because of a shortage of qualified faculty. Less than 1% of 2.7 million registered nurses hold doctorates, not all in academic positions – some are researchers, administrators, or consultants. Less than 10% of registered nurses have master’s degrees, and while some are clinical faculty, most are nurse practitioners, midwives, anesthetists, clinical specialists, and administrators.

AACN reported an increase in 2004 of 14.1% in entry level baccalaureate nursing programs. Parenthetically, 54.8% of entry level baccalaureate students were enrolled in public vs. 45.2% in private academic institutions; 53.4% of master’s students were in public vs. 46.6% in private institutions. Regionally, the increase in the North Atlantic states was 21.5%, 12.5% in the Midwest, 12.2% in the South, and 10.2% in the West. At Pace University, the increase over the prior fall was 35.5%; in spring ’05 we enrolled 36% more of these students versus spring ’04. So while new and growing interest in nursing should make a modest dent in the current shortage of 120,000 registered nurses, and with vacancies (US Bureau of Labor Statistics) of 1,000,000 nurses projected by 2010, we don’t have enough qualified nursing faculty to provide the necessary education.

Professors need graduate education, but in the past few years graduate school enrollments in nursing have declined. The more than 90 doctoral programs nationally are not

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producing anywhere the number of graduates needed to fill the void. Compounding the shrinking pool of eligible faculty candidates is an aging nursing faculty and financial pressures on academic institutions that have interfered with hiring the needed numbers of faculty. For example, in 2001 there were 5 qualified applicants for each of 4 vacant full-time nursing faculty positions at Pace University. In 2002 there were 5 applicants for 2 positions. In 2003 there was just one applicant for 2 positions, and in 2004 I hired one doctorally prepared individual for a full-time tenure track position, although 5 positions were advertised. To meet the greatly increased enrollment, 3 master's prepared nurses were hired in temporary full-time lines, and about 10 new part-time faculty were hired for the remaining courses. The financial incentive to pursue teaching is also at issue. Faculty salaries are abysmally low as compared with the practice environment. For example, the national calendar year mean full-time faculty salary in fall 2004 was \$78,000 for those with doctorates and \$58,437 for those with master's degrees. The median (mean figure not available) staff nurse full-time salary in fall 2004 was \$56,113, with the 75th percentile being \$60,628. These individuals hold associate or baccalaureate degrees.

Although past and present legislation has recognized this public health imperative, and the focus has appropriately been on nursing workforce development to expand the number of nurses in clinical practice, insufficient attention has been paid to developing the faculty workforce. Without adequate support we have been forced to institute enrollment caps in our nursing programs, which add fuel to the nursing shortage.

The good news is that often out of adversity comes opportunity, and some exciting initiatives have either been started or are in some phase of development. One such initiative is federal legislation that has been introduced to provide funds so that schools of nursing can: expand their capacity; encourage nurses to pursue careers in nursing education; retain current faculty members; and buy equipment to enhance clinical laboratories in educational settings. The Nurse Education, Expansion, and Development (NEED) Act, introduced by Representatives Nita Lowey (D-NY) and Lois Capps (D-CA), has the potential to provide some relief for the growing faculty shortage.

Private support has also been helpful, for example, the national effort by Johnson & Johnson – The Campaign for Nursing's Future – has recently launched the next phase of the campaign by focusing on the faculty shortage. Their fundraising regional events have raised substantial dollars (\$500,000 to \$700,000 per site) to support nursing grants, fellowships, and scholarships. These funds will assist nursing schools to expand capacity by addressing the very issues defined in the Federal NEED Act until that legislation can be passed. Equally important to these broad initiatives are local partnerships between education and practice settings. These include scholarships funded by hospitals to support large numbers of students to become nurses and making available qualified hospital staff members to act as mentors or faculty to the students during their clinical experiences.

We all have a stake in seeing that someone will be there to educate the nurses of the future. At some point in our lives we will all need nurses – when we are sick, vulnerable, and need someone to listen and care. Supporting legislation, contributing to scholarships and related educational needs, and being a voice for change are the collective responsibility of

communities and individuals. Legislation can provide important leadership in this effort.

Thank you, again, Mr. Chairman, for the opportunity to speak today. The role you and all other members of Congress play in ensuring that there will be sufficient nurses to take care of all of us as we enter various passages of our lives is a critical one. Supporting initiatives such as the NEED Act, pre-doctoral, doctoral, and post-doctoral education, the Nurse Faculty Loan Program, and Nursing Workforce Development programs will impact all citizens.