

Testimony of Carolyn B. Yucha, PhD, RN, FAAN
before the House Education and Workforce Subcommittee on Select Education
Field Hearing “How the Lack of Higher Education Faculty Contributes to
America’s Nursing Shortage, Part II”
December 2, 2005

Thank you, Mr. Chairman and members of the Subcommittee. I am Carolyn Yucha, Dean and Professor of Nursing at the University of Nevada, Las Vegas. But before I begin, I especially would like to thank Representative Porter for his efforts on behalf of nursing, including holding this field hearing. I appreciate the opportunity to come before the Subcommittee to discuss how the shortage of nurse faculty contributes to our nationwide nursing shortage. My comments today will focus on the ramifications of the faculty shortage on master’s and doctoral programs in nursing. Outnumbering physicians more than four to one, our nation’s 2.7 million committed registered nurses or RNs deliver an extended array of primary, acute, and preventive health care services in a wide range of settings. The essential services nurses provide often mean the difference between life and death. We must take action to ensure that our nation’s nursing workforce remains healthy.

The Nursing Shortage

Since 1998, the United States has experienced a shortage of RNs. Comprising the largest component of hospital staffs, RNs are the principal providers of patient care. But, 72% of hospitals reported experiencing a nursing shortage in 2004, according to the American College of Healthcare Executives. These shortages result in emergency room overcrowding and diversions, increased wait time for or outright cancellation of surgeries, discontinued patient care programs or reduced service hours, and delayed discharges. In addition, patient safety is compromised without a sufficient number of RNs. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) found in 2002 that the nursing shortage contributes to nearly a quarter of all adverse hospital patient events due to low nursing staff levels. However, our nation’s nursing shortage is only expected to worsen in the future. The Bureau of Labor Statistics (BLS) has projected that more than one million new and replacement RNs will be needed by 2012. Although registered nursing has been identified by BLS as the top occupation in terms of job growth through 2012, the Health Resources and Services Administration (HRSA) has estimated that there still will be a deficit of approximately 800,000 RNs by the year 2020.

The Nurse Faculty Shortage

The nurse faculty shortage intensifies the current nursing shortage by curtailing the capacity of schools of nursing to educate students. Nursing education is faculty intensive, just like the other health professions. There are insufficient numbers of master’s and doctorally-prepared nurses available to educate badly-needed current and future nursing students. HRSA reported in 2000 that just 9.6% of the RN workforce holds master’s degrees, while only 0.6% holds doctorates, the groups from which most faculty are drawn. The American Association of Colleges of Nursing (AACN) conducts annual surveys of over 680 schools of nursing with baccalaureate and graduate programs examining enrollments, graduations, and faculty characteristics. In 2004, AACN reported 10,967 full-time nurse faculty with 47.9% holding doctoral degrees (nursing and non-nursing) and over half, 52.1%, holding master’s degrees. Part-time faculty numbered 8,089.

In Nevada, there were just 55 full-time and 20 part-time nurse faculty members at the University of Nevada, Las Vegas and Reno campuses, and Nevada State College.

Without a sufficient pipeline of graduate nursing students, the nurse faculty shortage has resulted in a high number of unfilled positions within schools of nursing. A special survey to determine faculty vacancy rates was conducted by AACN in 2004. Of budgeted full-time faculty positions in surveyed schools, 8.1% were vacant and more than half, 53.4%, were for faculty positions requiring the doctoral degree. On average, there were approximately 3 faculty vacancies per school. Projections through 2012 show that the faculty pool will shrink by at least 2,000 when compared to 2003, even after accounting for retirements, resignations, and additional entrants. These figures do not reflect the need for faculty in new or expanded programs, but represent only present staffing requirements. If the faculty vacancy rate holds steady, it is expected the deficit of nurse faculty will swell to over 2,600 unfilled positions by 2012. Note that just one or two vacant positions in a nursing program can have a considerable impact on the didactic and clinical teaching workload of the remaining faculty. Among Nevada State College, and the University of Nevada Las Vegas and Reno campuses, there were 11 faculty vacancies in June 2005.

The nurse faculty shortage creates a vicious cycle by limiting the number of students that can be admitted to nursing education programs, which perpetuates the problem. In addition to almost 30,000 entry-level baccalaureate nursing students, AACN determined that 2,950 qualified applicants to master's and doctoral programs in nursing had to be turned away in 2004. The nurse faculty shortage was cited by responding schools as one of the major factors preventing schools from accepting all qualified applicants. In Nevada, no qualified graduate students were turned away, but there were only 88 total graduate nursing enrollees in 2004, with just two at the doctoral level. While Nevada has been extremely aggressive and progressive with its plan to double the capacity of nursing education programs in the University and Community College System of Nevada, other states and regions have not. We must work together to break the cycle.

Factors Contributing to the Shortage of Faculty

A number of contributing factors to the nurse faculty shortage have been identified by AACN in its white paper, *Faculty Shortages in Baccalaureate and Graduate Nursing Programs: Scope of the Problem and Strategies for Expanding the Supply*, such as faculty age, departure from academic life, alternate employment choices by doctoral graduates, salary differentials, age of doctoral degree recipients and time to degree, fewer nurses in the educational pipeline, and expectations unique to nursing faculty.

Faculty Age

Increasing faculty age, retirements of existing faculty, and an inadequate number of younger replacement faculty affect the future supply. The mean age has increased to 54.4 years in 2004 for all faculty, 54.3 for doctoral faculty, and 49.2 for master's faculty respectively. Only 22.8% of doctoral faculty were under the age of 50 in 2004, in contrast to 46.8% of master's faculty.

Departure from Academic Life

Another factor influencing the faculty shortage is the departure of master's and doctorally prepared faculty from academia. For example, an average of 410 individuals are awarded doctoral degrees in nursing each year, but almost a quarter, 23%, take jobs outside of academic nursing. Retirements account for some of the departures, but not all.

Salary Differentials

Salary is a major issue influencing the employment decisions of graduate-prepared RNs. Average salaries for clinical positions have risen above those for faculty positions because most universities are constrained in their ability to increase faculty salaries- a competitive disadvantage. Salary also may determine whether or not master's prepared nurses seek additional education. For full-time doctoral students especially, this foregone income may be substantial. The average salary of a nurse practitioner in an emergency department was \$80,697, according to the 2003 National Salary Survey of Nurse Practitioners, while the average salary for a nurse faculty member was \$60,357 in 2003 according to AACN. Debt load may also influence decision-making in this regard; since over 50% of nursing graduate students (master's and doctoral) received financial aid in the 2004-2005 academic year according to Thomson Peterson's Undergraduate and Graduate Financial Aid and Undergraduate and Graduate Databases.

In Nevada, the public Schools of Nursing have worked to increase their salaries, through state and university funds. At UNLV the starting salary for new master's prepared faculty is \$60,000 for a nine-month contract and \$90,000 for a twelve-month contract; for new doctorally prepared faculty the starting salary is \$70,000 for a nine-month contract and \$105,000 for a twelve-month contract. These salaries are comparable to those in the clinical setting; it is too early to tell whether this will improve faculty recruitment and retention.

Age of Doctoral Degree Recipients and Time to Degree

Compared to other disciplines, RNs take longer to complete doctoral programs and are significantly older at graduation. For the 417 doctoral graduates in 2002, the median age was 47.3 years with only 8.6% under 35. In contrast, 33.3 years was the median for all U.S. research doctoral awardees. Nursing graduates completed their doctoral degrees in 8.8 years, on average, as compared to 7.5 years for all research awardees. The average time lapse for an RN between entry in a master's program to completion of the doctorate in nursing was 10.5 years, 2.1 years longer than other fields. This discrepancy may result from the part-time status of most nursing doctoral students. In the fall of 2003, the 93 research-focused doctoral programs in nursing had a total of 3,439 enrollees and 412 graduates. But 53% of enrollees were part-time students, the major reason that graduates represented only 12% of enrollees.

In Nevada, we have only one doctoral program, a nursing PhD program at UNLV. This program is designed to prepare leaders as nurse educators who will meet the needs of the profession and society and to develop scholarly researchers who will advance knowledge about nursing education. It is offered online to meet the needs of working students and those residing outside of southern Nevada. Four of our five students are enrolled only part-time so that they can continue to work in their full-time positions. This means that it will take longer for them to complete the program and be able to fill a faculty position.

Expectations Unique to Nursing Faculty

In addition to the many roles and responsibilities common to all faculty, additional expectations are placed on nursing faculty. They often are expected to maintain clinical expertise, provide clinical instruction, and engage in faculty practice. Moreover, nursing faculty who supervise

students in clinical settings may be responsible for an increasing number of critically ill patients, adding a stressful element not experienced by faculty in non-health care disciplines.

In Nevada, and particularly at UNLV, doctorally prepared faculty must juggle their teaching assignments, which are heavier than faculty in other disciplines because of the clinical supervision hours, and develop a research program supported by external funding. In addition, those who are nurse practitioners must fulfill 400 hours in clinical practice each year to meet the requirements for continued certification, a requirement for those who teach in our master's level nurse practitioner programs.

Reversing the Trend

There are three broad categories of remedies: federal support, changes within nursing education, and community efforts.

Federal Support

Congress has augmented support for nursing education on a number of occasions during the last several years. Most recently, our Congressman, Jon Porter (R-NV), worked with Rep. Carolyn McCarthy (D-NY) as well as you and their other colleagues on the Education and Workforce Committee during the reauthorization of *the Higher Education Act* to expand existing loan forgiveness programs to include RNs. The agreed-to Porter-McCarthy Amendment to *the College Access and Opportunity Act of 2005* (H.R. 609) provides \$5,000 in loan repayment for RNs, nurse faculty and others who work in professions designated as "areas of national need" for five consecutive years. Building on this effort, Reps. Porter, McCarthy, and nine other legislators sent a letter to the Secretary of Education Margaret Spellings on July 29 requesting that she designate nursing as an "area of national need" for the purposes of the Graduate Assistance in Areas of National Need Program (GAANN). The letter created the impetus for the Secretary to issue a program announcement in the *Federal Register* on August 22, declaring nursing an area of national need along with biology, chemistry, computer and information sciences, engineering, geology, math, and physics. This was a historic first for nursing to be cited in a Department of Education program announcement.

Other federal efforts include *the Nurse Reinvestment Act of 2002*. It reauthorized and expanded Nursing Workforce Development Programs, administered by HRSA under Title VIII of the *Public Health Service Act*, to address the inadequate supply and distribution of RNs across the country. The seven Title VIII grant and student programs fund nursing education and retention programs as well as support individual nursing students across the continuum, from entry-level preparation through graduate study. They are the largest source of federal funding for nursing education, providing loan and scholarship support to over 28,000 nurses and nursing students in FY 2004 alone. The following Title VIII programs are especially helpful for the creation of nurse faculty: the Nurse Faculty Loan Program, the Nurse Education Loan Repayment and Scholarship program, the Advanced Education Nursing program, the Nursing Workforce Diversity program, and the Nurse Education, Practice, and Retention program. An exemplar, the Nurse Faculty Loan Program provides grants to colleges of nursing in order to create a loan fund for students pursuing either a master's or doctoral degree on a full-time basis. Loan recipients will have up to 85% of their educational loans cancelled over a four-year period, if they agree to teach at a school of nursing. A student may receive a maximum loan award of \$30,000 per academic year

for tuition, books, fees, laboratory expenses, and other reasonable educational costs. In FY 2004, 61 grants were made to schools of nursing, which in turn supported a projected 419 future nurse faculty members.

In addition, the U.S. Department of Labor has awarded \$12 million in grant funding to date, through the President's High Growth Job Training Initiative, with \$3 million targeted to the nurse faculty shortage. These Community-Based Job Training Program grants aim to foster capacity building through community-based strategic partnerships with community colleges, senior colleges and universities, health industry employers, and other local network resources to train workers for high growth, high demand industries such as registered nursing.

Legislation also has been introduced in both the House and the Senate to expand capacities of schools of nursing via capitation grants, similar to those provided through the effective *Nurse Training Act* (P.L. 94-63) during the 1970s. Reps. Nita Lowey (D-NY), Peter King (R-NY), Lois Capps (D-CA) sponsored *the Nurse Education, Expansion, and Development (NEED) Act of 2005* (H.R. 3569). The NEED Act would provide capitation grants to schools of nursing for several purposes, including hiring new and retaining current faculty, purchasing educational equipment, enhancing audiovisual and clinical laboratories, expanding infrastructure, or recruiting students. In the Senate, Sens. Jeff Bingaman (D-NM) and John Cornyn (R-TX) introduced *the Nurse Faculty Education Act of 2005* (S. 1575). The grant funding provided by the bill may be used by schools to hire new or retain existing faculty, purchase educational resources, and support transition into the faculty role with the ultimate goal of increasing the number of doctorally-prepared nurse faculty. Priority would be given to those institutions from states experiencing the greatest nursing shortages. Capitation grants, loan forgiveness, loan cancellation, and strategic partnerships are all successful strategies, but for all of these federal programs, sufficient funding remains an issue.

Changes within Nursing Education

Nursing education also must change to surmount the challenges of the nurse and nurse faculty shortages. In the past, nursing has objected to utilizing non-nurse faculty, recruiting nurse faculty with non-nursing degrees, and/or sharing resources and courses across disciplines and specialties. Nursing educators are becoming increasingly creative in offering high quality clinical experiences to students in the face of decreasing faculty resources. Many schools have developed formal partnerships with clinical facilities utilizing their expert clinicians to teach students, increasing faculty capacity. The creative use of technology also can provide additional immediate solutions to increase the capacity of faculty to support education, research, and practice through distance learning and Web-based media. Though these efforts are providing some short-term relief to the faculty shortage, long-term solutions to this complicated issue are needed.

In the long term, graduate nursing programs may need to be reconfigured in ways that facilitate a clear and timely path to completion. Employed RNs, despite wanting to become faculty, often face inflexible and increased work schedules when they attempt to combine part-time graduate study with full-time employment due to the shortage. Similarly, many nurse educators continue to accept the traditional view that significant clinical experience is essential before an RN should matriculate into a graduate program. We must encourage nurses to pursue graduate study and the

faculty role much earlier, extending their careers as educators extensively. Moreover, movement from undergraduate to graduate programs must be easy and seamless for qualified students, so they can assume faculty positions more quickly. By doing so, nursing will attract younger students, without financial and family responsibilities, that can afford to work part-time and study full-time rather than vice versa.

Lastly, retirement often has been viewed as a mutually-exclusive option. Most nursing faculty members retire between the ages of 61.5 and 63.1 years, with many productive years remaining. Many faculty approaching retirement would like to continue teaching in some capacity, but may be unable to do so because of restrictive university policies and/or retirement plan provisions. Retirement policies have been reconsidered at some institutions to allow retired faculty to return to teaching responsibilities. Nursing may do well to utilize these and similar ideas to encourage retiring and retired faculty to remain active in the full array of nursing education activities.

Community Efforts

Public-private partnerships have been advantageous for schools of nursing by collaborating with clinical partners and other stakeholders to build student capacity and satisfy mutual needs. These partnerships take many forms and serve various functions. Some schools use expert practitioners to augment the nursing faculty supply. Others involve collaborative arrangements among nursing education programs to increase student enrollments. Some service partners share physical resources and infrastructure with schools as a means of overcoming limitations in clinical, classroom, and research space. Still others form partnerships to provide tuition forgiveness to students in exchange for work commitments. Partnerships have proven in some instances to be an effective stop-gap measure, but the ability of these individually-brokered arrangements to provide a lasting solution to the nursing faculty shortage are limited.

Efforts by UNLV to Address the Faculty Shortage

In Nevada, UNLV has been successful in developing two tracks for those wishing to become nurse educators. Both of these are online programs with students coming to campus once each year for three days orientation. Our master's nurse educator track is 38 credits, which can be completed in four semesters full-time or six semesters part-time. Our PhD program is 65 credits post-masters degree and can be completed in three years full-time or five to six years part-time. Currently there are six full-time and eight part-time students enrolled in the master's nurse educator track, with one full-time and four part-time students enrolled in the PhD program.

As part of UNLV's Capital Campaign we are specifically seeking graduate scholarships that we can combine with Graduate Assistant positions and funds from the Nurse Faculty Loan Program to offer a financial package that will entice students to pursue graduate education on a full-time basis. Finally, we have partnered with three clinical agencies to pay some of their master's-prepared nursing staff to supervise eight of our students one day a week.

Conclusion

The nurse faculty shortage will continue to be the bottleneck to the nursing shortage unless swift, deliberate action is taken. To carry our nation forward, we desperately need a dedicated, long-term vision for educating the new nursing workforce and retaining current RNs with sufficient

fiscal support to carry it out. Strategies must encompass state support, public-private sector initiatives, and increased federal funding for nursing education and research through *the Public Health Service Act*, *the Higher Education Act*, and other authorities. We all must work together, so that patient care and safety are no longer jeopardized by a shortage of registered nurses. Thanks again for the invitation to come before you today, and I will be happy to answer any questions.

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