

Testimony of Connie Stewart Carpenter, EdD, RN
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, and especially Congressman Jon Porter (R-NV) for your outstanding efforts on this issue. I am Connie Carpenter, the Director of Nursing at Nevada State College. I appreciate the invitation to testify before the Subcommittee and discuss how the shortage of nurse faculty contributes to our nationwide nursing shortage and affects associate degree and baccalaureate nursing education programs. It is important to note that registered nursing represents the largest health profession in the nation, with approximately 2.7 million dedicated, trusted professionals delivering primary, acute, and chronic care to millions of Americans daily across the spectrum of settings.

The Nursing Shortage

For six years, our country has been plagued by a shortage of registered nurses or RNs unlike any other experienced over the past 30 years. Most health care services involve RNs, who provide most of our nation’s long-term care as well as the majority of patient care in hospitals. However, RN positions comprise 75% of all hospital vacancies, according to the American Hospital Association, and unfilled nursing positions persist throughout all health care sectors, including long-term care, home care, and public health. Hospitals are being forced to close entire patient care units; ambulances are being diverted to other overcrowded facilities; and surgeries are being cancelled due to the scarcity of appropriately educated and skilled RNs. The shortage is only expected to intensify over the next 15 years.

The U.S. Bureau of Labor Statistics (BLS) has projected by 2012, our nation will require an additional 1.1 million new and replacement registered nurses. BLS has ranked registered nursing as the fastest growing occupation. The U.S. will be roughly 800,000 nurses short in 2020, according to the Health Resources and Services Administration (HRSA), unless there is a significant and sustained increase in the number of RNs graduating each year and entering the workforce. These alarming predictions are coupled with little change in the multitude of contributing factors to the nursing shortage such as the aging of America’s population, the aging nurse workforce, high numbers of RN retirements, and the increasing demand for more intensive health care services by chronically ill, medically complex patients.

Nevada has the worst nursing shortage nationwide per capita with 520 RNs per 100,000 population, well below the national average of 780, according to HRSA. The Nevada Hospital Association has estimated that at least 662 additional nurses will be needed per year from 2000 to 2008, over 5,000 total, to meet demand resulting from attrition and increased population growth.

Bottleneck: The Nurse Faculty Shortage

Without sufficient nurse faculty, schools of nursing cannot expand their capacities to educate new generations of nurses to meet the demand. Only through addressing the nurse faculty shortage will the overall nursing shortage be resolved. The faculty shortage is the primary barrier to increasing enrollments, cited by over 75% of the schools surveyed by the American Association of Colleges of

Nursing (AACN) in 2004. As a result, at least 32,797 *qualified applicants* were turned away from schools of nursing in 2004, up sharply from 18,105 in 2003. Some of these qualified students are being placed on waiting lists that may be as long as two years.

Like the nursing shortage, the nurse faculty shortage is only expected to worsen with time. Faculty age continues to climb, averaging 52 years in 2004, which narrows the number of productive years nurse educators can teach. Significant numbers of faculty are expected to retire in the coming years, and there are insufficient numbers of candidates in the pipeline to take their places. On average, nursing students take 10.5 years to earn doctorates from time of entry into a master's program, 2.1 years longer than other disciplines. Over half, 53%, of nursing doctoral students are part-time. Exacerbating the situation is the limited pool within the existing RN workforce from which most nurse faculty can be drawn. According to HRSA, only 9.6% of practicing RNs hold master's degrees, and less than 1% (0.6%) hold doctorates, credentials commonly required to teach nursing.

Indeed, schools of nursing already are having difficulty filling faculty positions. In 2004, schools experienced an average of 3 faculty vacancies each in 2004, according to AACN's special faculty vacancy survey. Moreover, almost a quarter, 23%, of the roughly 410 individuals that graduate from nursing doctoral programs each year take jobs outside of academic nursing. Recruiting master's-prepared faculty is also a challenge as well because of the great disparity between clinical and academic salaries.

In Nevada, 89 qualified applicants were turned away in 2004 from baccalaureate nursing programs at Nevada State College and the University of Nevada, Las Vegas and Reno campuses. Furthermore, at Nevada State College, we have been unable to hire faculty for one specialty area and have recently lost one of our full-time faculty to another nursing program in the area. We currently have six open positions for fall 2006; two are new positions. We have been advertising for several months and have received one application for the faculty positions and one application for the Assistant Director position. We also rely heavily on part-time faculty, however, with few master's prepared individuals in Nevada; it is getting much harder to recruit anyone for the part-time positions.

At the Community College of Southern Nevada, an associate degree program, they currently have five open faculty positions and have doubled their enrollment in the nursing program since the 2002-2003 academic year.

Unique Challenges of Nursing Education

Unlike other academic disciplines, nursing education faces some unique challenges. The primary pathway to professional nursing is the four-year Bachelor of Science in Nursing degree (BSN). RNs are prepared either through a BSN program, a two- to three-year associate degree in nursing program, or a three-year hospital training program. The number of diploma programs has declined steadily -- to less than 10% of all basic RN education programs -- as nursing education has shifted from hospital-operated instruction into the college and university system. There are approximately 1,500 schools of nursing in the U.S., with eight in Nevada and two new programs beginning in the spring of 2006. In order to practice, an RN must pass the National Council of State Boards of Nursing exam and hold a valid state license.

Baccalaureate nursing programs encompass all of the course work taught in associate degree and diploma programs plus a more in-depth treatment of the physical and social sciences, nursing research, public and community health, nursing management, and the humanities. The additional course work enhances the student's professional development, prepares the new RN for a broader scope of practice, and provides them with a better understanding of the cultural, political, economic, and social issues affecting patients and influencing health care delivery.

Throughout the last decade, policymakers have recognized that education makes a difference in providing safe and appropriate patient care. To meet the more complex demands of today's health care environment, the National Advisory Council on Nurse Education and Practice has recommended that at least two-thirds of the basic nurse workforce hold baccalaureate or higher degrees in nursing by 2010. In 1980, almost 55% of employed registered nurses held a hospital diploma as their highest educational credential, 22% held the bachelor's degree, and 18% an associate degree.

In comparison, now 43% of RNs possess baccalaureate or higher degrees, with the remaining prepared with an associate degree (34%) or diploma (22%). Efforts to enhance the education level of the nursing population are hampered by the fact that very few nurses prepared in associate degree programs continue their education once they begin working. According to the latest survey conducted by the U.S. Department of Health and Human Services, only 16% of associate degree-prepared nurses obtain post-RN nursing or nursing related degrees. Nevada is one of several states to have articulation agreements in place between community colleges and four-year institutions to facilitate the advancement of RNs with diplomas and associate degrees into baccalaureate nursing programs. Nevada State College currently has over 50 RNs enrolled in the RN to BSN program track. The baccalaureate degree is required for the nurse to continue on for a master's or doctorate in nursing.

For colleges and universities, nursing education is both faculty and resource intensive since these efforts ensure the safe teaching of nursing as a practice discipline. Schools require sophisticated laboratory equipment, computer software, and simulated hospital units to adequately instruct students. Nursing clinical instruction, as practiced today, is expensive since it is traditionally accomplished in small groups of students with close supervision, with a high ratio of faculty to students (1:8 in Nevada as mandated by the Nevada State Board of Nursing). This is because the learning experience includes assuming responsibility for caring for up to four or five patients per student. In addition, faculty must have education and expertise in the specific specialty area in which they supervise students. Therefore, even schools with small student enrollment require multiple faculty experts to represent applicable specialties and to directly supervise learners as they provide care to human beings.

Colleges of Nursing Respond

In response to the nursing shortage, schools of nursing nationwide have been working diligently to expand enrollments. In fact, AACN found in a recent study that enrollments increased in 2004 by 15.5% for entry-level baccalaureate, master's, and doctoral nursing programs over the 9.1% increase experienced in 2003. These increases are attributed to intensive marketing efforts by the private sector, public-private partnerships providing additional resources to expand capacity of nursing programs, and state legislation targeting funds towards nursing scholarships and loan repayment.

While impressive, these increases still cannot meet the demand. In the November 2003 issue of *Health Affairs*, Dr. Peter Buerhaus reported that nursing school enrollments would have to increase by at least 40% annually just to replace those nurses who retire, due to declining numbers of young RNs over the past 20 years. In spite of protracted efforts by colleges nationwide, AACN found that enrollments have increased only by a total of 53.5% over the last five years in entry-level baccalaureate programs.

Potential Solutions

There are several types of possible remedies to the nurse faculty shortage from the federal perspective, from within nursing education, and through community-based efforts. The federal government plays an active role in supporting the creation of nurse faculty through a number of loan, scholarship, and grant programs. Thanks to Congressman Porter, there is at least one new source of support for nursing education, the Graduate Assistance in Areas of National Need (GAANN) Program. Due to his efforts and that of his colleagues, the Secretary of Education designated nursing for the first time ever as “area of national need” under GAANN, allowing schools of nursing to apply for fellowships for outstanding doctoral students with financial need. The other is the possibility of extending educational loan repayment under *the Higher Education Act* to nurse faculty, practicing RNs, and others serving in public sector positions through the successful Porter-McCarthy Amendment to *the College Access and Opportunity Act of 2005* (H.R. 609).

However, the primary source of support for nursing education is Title VIII of the Public Health Service Act, Nursing Workforce Development Programs, and in particular, the Nurse Faculty Loan Program (NFLP). Overall, these programs provided loan and scholarship support to more than 28,000 nurses and student nurses in 2004, and over 400 full-time master’s and doctoral students through the NFLP. Other Nursing Workforce Development Programs are helpful to nurse faculty: 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. The U.S. Department of Labor also has supported nursing education through the President’s High Growth Job Training Initiative, with \$3 million of the \$12 million in grant funding awarded to date, targeted to the nurse faculty shortage. Through the Community-Based Job Training Program, these funds encourage 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.

Congressional legislation also has been introduced in both the House and the Senate to increase the capacities of schools of nursing via capitation grants, conceptually rooted in *the Nurse Training Act* (P.L. 94-63). 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 to hire new and retain current faculty, purchase educational equipment, enhance audiovisual and clinical laboratories, expand infrastructure, or recruit 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. However, given the federal budget environment, these programs continue to receive inadequate funding to meet the demonstrated needs.

Nursing education must evolve and innovate to meet the challenges posed by the nurse faculty shortage. The use of non-nurse faculty, when appropriate, must be embraced as well as interdisciplinary education. Encouraging the use of creative solutions, such as the increased utilization of distance learning, web-based tools, and simulation, will also help to maximize limited resources. Further, nursing education must facilitate graduate educational trajectories for practicing RNs, and promote earlier pursuit of advanced nursing degrees. Finally, institutions should make it possible for retired faculty to return to academia if they desire.

Community-based efforts are also important. Public-private collaborations have allowed schools of nursing to leverage their existing resources, add capacity, as well as serve community needs. These endeavors may involve the provision of physical infrastructure, funding, or human resources to build the necessary capacity to increase enrollments.

Nevada-Based Efforts

In Nevada, the situation is improving. In 2000, 254 students were enrolled in entry-level baccalaureate programs, but by 2004, that number had almost doubled to 446. These numbers were boosted by the creation of an additional program at Nevada State College, enrolling its first students in 2003, and the Statewide Doubling of Enrollment in Nursing Initiative. Through this initiative, the state schools were mandated by the legislature to double the enrollment in nursing programs. Although funding for the program was not ideal, the colleges and universities did receive extra monies for the initiative.

At Nevada State College, we have undertaken the following initiatives to address the nursing and nurse faculty shortages: Implementation of the baccalaureate nursing program a year earlier than planned; addition of a second admission period each year; and implementation of an accelerated program track. Successful efforts/strategies include admitting two classes a year and receiving a congressionally directed grant for the accelerated track. Since May 2005, Nevada State College has graduated 64 nurses already with another 32 slated to graduate in December.

Conclusion

Deliberate intervention is required to address and resolve the nurse faculty shortage, or our national nursing shortage will persist and intensify in the coming years. To resolve our nation's nurse faculty shortage, we all must join forces—schools of nursing, employers, states, communities, and the federal government—in sustained, deliberate, and funded efforts to increase the number of master's and doctorally prepared nurses becoming and remaining faculty. If not, it will be patients that suffer. Thank you for your attention. I look forward to any questions you might have.