

2010 NLN NURSE EDUCATOR SHORTAGE FACT SHEET

The National League for Nursing and the Carnegie Foundation Preparation for the Professions Program conducted a study of the nation's estimated 32,000 nurse educators in the 2005-2006 academic year. The NLN/Carnegie Foundation project sought to identify and investigate factors contributing to the shortage of nurse educators, an indisputable source of the decade-long shortage of nurses plaguing the nation's health care system. Respondents to the online survey represented 25 percent of the nursing faculty teaching in certificate and degree-granting programs among diverse public and private institutions of higher learning throughout the country that prepare nurses for all levels of clinical practice, including the advanced practice speciality of nurse educator.

Results from the *NLN/Carnegie Foundation National Survey of Nurse Educators: Compensation, Workload, and Teaching Practices*¹ confirm what many in the profession (e.g., administrators, researchers, and policymakers) have merely suspected are the main reasons for the continuing nurse educator challenge: an aging and overworked faculty who earn less than nurses entering clinical practice, and less than holders of advanced degrees in other academic disciplines. Coupling the NLN/Carnegie assessments with other NLN and federal government studies, constructs a snapshot of the nursing education environment as found in the 21st century's first decade.

FACULTY SHORTAGE

Less than an adequate number of nurse educators currently teach in the education pipeline. According to nursing programs responding to NLN's *Nurse Educators 2006: A Report of the Faculty Census Survey of RN and Graduate Programs*², nurse faculty vacancies in the United States continued to grow 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. This number represented a 7.9 percent vacancy rate in baccalaureate and higher degree programs, which was 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 period².

The vacancy situation rose appreciably in one year, as seen in the NLN's *Nursing Data Review 2006-2007: Baccalaureate, Associate Degree, and Diploma Program*.³ The study showed that nationwide there were more than 1,900 unfilled full-time faculty positions in 2007, affecting over one-third (36 percent) of all schools of nursing.³ In response, 84 percent of nursing schools attempted to hire new faculty in 2007-2008.³ Of those, 79 percent found recruitment "difficult" and almost one in three schools found it "very difficult."³ 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).³ It is not surprising that the problem of nurse faculty vacancies often is described as acute and as exacerbating the national nurse-workforce shortfall.

FACTORS STRESSING FACULTY SHORTAGE

Some factors that are, or potentially are, critical to the nurse faculty shortage are:

Employment – The NLN/Carnegie educator survey indicated that 90 percent of the faculty members surveyed worked full-time during the 2005-2006 academic year¹. This rate of full-time employment among nurse faculty is much higher than that of post-secondary faculty nationally, where, in 2003, 57 percent of faculty worked full-time, and less than 70 percent of health sciences faculty were appointed on a full-time basis¹. In addition, more than 40 percent of respondents to the

NLN/Carnegie survey related holding more than one position as an administrator, faculty member, or instructor, indicating that within their primary academic institutions (PAI) a significant number of educators had multiple roles¹. Specifically, 23 percent acted as the chairperson of a department, program, or division during the 2005-2006 academic year¹.

NLN's 2006 faculty census, of nursing program respondents, fleshes-out this employment picture by indicating that nearly 45 percent of the estimated mean number of faculty full-time equivalents were part-time faculty². Nationwide, the mean number of faculty members per institution had grown to 14.9 full-time and 12.1 part-time faculty in 2006, compared to 12.3 full-time and 7.4 part-time in 2002². The 2006 census estimated that the number of part-time baccalaureate faculty grew 72.5 percent since 2002, and that more than 58 percent of baccalaureate and higher degree programs and almost half of associate degree programs (47.5 percent) reported hiring part-time faculty as their primary strategy to compensate for unfilled, budgeted, full-time positions². While the use of part-time faculty allows for greater flexibility, often part-time faculty are not an integral part of the design, implementation, and evaluation of the overall program. And, because they typically hold other positions, part-time faculty are not as available to students as full-timers are; the former frequently experiencing conflicts among all their required time commitments.

Workload – The NLN/Carnegie study also focused specifically on the workload of full-time nurse educators in non-administrative positions teaching in either prelicensure RN or graduate-level RN programs⁴. Many of these respondents indicated that they had administrative duties as well as teaching responsibilities, resulting in a 56-hour average work week. Moreover, in addition to their work inside their PAI, more than 62 percent of these nurse faculty picked up work outside their PAI, averaging an additional day each week (7-10 hours)⁴. Given the current nurse faculty shortage, the question of how workload impacts job satisfaction, recruitment, and attrition remains highly relevant. In this context, it is notable that fully 45 percent of nurse educators stated that they were dissatisfied with their current workload⁴. Of even greater concern, more than one in four nurse educators said they were likely to leave their current job cited workload as a motivating factor⁴.

Age – The present nurse faculty staffing deficit is expected to intensify as the existing nurse educator workforce reaches retirement age. According to NLN/Carnegie project findings, 48 percent of nurse educators are age 55 and over, compared to only 35 percent of U.S. academics and only 29 percent of health science faculty reporting being over the age of 54¹. Alarming, fully one half of the nurse faculty said they expected to retire within the next 10 years, and just more than one in five (21 percent) expected to retire within the next five years¹. Results from the nursing programs responding to the NLN 2006 faculty census indicated that a mean of 1.4 full-time faculty left their positions in 2006, with 24 percent of these departures due to retirement².

Compensation – Salaries are a significant issue for recruitment and retention of nurse educators. The NLN *Nursing Data Review 2006-2007* showed that 41 percent of schools offering associate degrees and 34 percent of schools offering baccalaureate nursing degrees identified "inability to offer competitive salaries" as the key obstacle to bringing new faculty on board.³ The NLN/Carnegie study found that nurse faculty earn only 76 percent of the salary that faculty in other academic disciplines earn⁵. Colleges and universities also are reporting that the nurse educator's compensation is not competitive with that of nurses in clinical settings. The 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)*⁶ 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 study⁵. Not only are mas-

ter'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 credentials⁵.

In 2005-2006, according to the NLN/Carnegie results, nurse educators earned on average \$55,499 in basic salary and \$5,453 in additional wages from their PAI⁵. Nurse educators also showed significant earnings from external employment, with respondents earning, on average, an additional 7 percent in income from non-academic employers, an additional 5 percent in earnings from secondary academic jobs, and 3 percent from consulting work⁵. These additional revenue streams augment nurse educator salaries by 23 percent, or an average of \$11,534 annually⁵.

“More compensation” was a motivator among 53 percent of NLN/Carnegie respondents who stated that they were likely to leave their current job in the next year. Among those planning to leave in the next five or 10 years, salary was mentioned by fully one half of respondents, and was the most frequently cited reason for departing after retirement⁵.

OTHER FACTS AND TRENDS

In the matter of nursing school faculty demographics, little progress has been made regarding diversity and doctoral preparation.

Diversity – 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.”⁷ 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 that in large part the nurse faculty workforce is not reflective of the nation's population or of the nursing student population. In the NLN's *Nursing Data Review 2006-2007*, the percentage of male graduates from prelicensure RN programs held steady from 2006 at 12 percent.³ 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.³ Fewer than 23.6 percent of new graduates were from minority backgrounds in 2007 compared with 24.5 percent in 2006.³ 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.

The NLN/Carnegie study affirmed that 96 percent of the nurse faculty is female, contrasting with the three-fifths of the post-secondary faculty who are males¹. That 2006 study also reported that 7 percent of nurse educators are minorities while 16 percent of faculty belong to a racial minority group¹. 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.”¹

The homogeneity of the nurse faculty plays out as a unique capacity constraint, limiting nursing schools' ability to provide culturally appropriate health care education toward developing 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. That said, the NLN/Carnegie report states that “racial-ethnic background of nurse faculty also offers insight into untapped sources of potential talent”¹.

Doctorally-Prepared Faculty – Data show that nurse faculty are less well-credentialed than their counterparts in other academic disciplines¹. Only a third of nurse educators hold doctorates, compared to 60 percent of all post-secondary faculty¹. The rate of doctoral preparation among nurse faculty employed by baccalaureate colleges is only two-thirds that of faculty overall¹. In two-year college-based nursing programs, only one in 10 faculty has a doctorate¹. The only type of institution in which the percentage of nurse faculty with doctoral credentials reaches the level found among all faculty is at doctoral-granting research institutions, where 63 percent of faculty are doctorally prepared¹. The 2006 NLN faculty census of nursing programs indicated that 83 percent of the full-time faculty in associate degree and 92 percent in diploma programs hold the master's degree as their highest earned credential². The master's degree was the most common credential among part-time faculty members².

FACULTY SHORTAGE AFFECTS NURSE SHORTAGE

Each year nursing education programs in every state and congressional district report denying qualified student candidates to nursing schools, indicating the degree of competitiveness in a tight market for prelicensure nursing education. In 2008, according to the NLN's *Nursing Data Review 2007-2008: Baccalaureate, Associate Degree, and Diploma Program*, the number of applications to prelicensure nursing programs was nearly identical to the prior year, possibly signaling the end of a six-year growth trend.⁹ Although the number of applications oscillated in the past, since 2003 the total volume of applications trended strongly upward, rising a total of 57 percent.⁹

Even though applications did not grow significantly in 2008, the NLN *Nursing Data Review 2007-2008* still showed strong indications of sizable unmet demand for access to nursing education. Nearly one quarter (23.4 percent) of the nation's nursing programs of all types reported receiving more qualified applications than could be accepted in 2008.⁹ Among prelicensure programs, there was considerably more unmet demand for admissions; more than 119,000 qualified applications – or 39 percent of all qualified applications – were turned away from prelicensure programs in 2008.⁹ In addition, 35 percent of prelicensure programs had more qualified applications than openings.⁹

Moreover, selectivity (acceptance) rates – another indicator of competitiveness – were low at 49 percent of RN programs.⁹ The percentage of prelicensure programs that are “highly selective,” a designation earned by those programs that accept fewer than half of all applicants, remained very high, with 62 percent of ADN programs and 60 percent of diploma programs falling into that category.⁹ Although baccalaureate programs have become slightly more selective over the past three years, they remain less selective than their counterparts, with 39 percent considered highly selective in 2008.⁹

In the NLN *Nursing Data Review 2007-2008*, schools that did not accept all qualified applicants were asked to identify “the primary obstacle to expanding admissions in 2008”. While shortages of faculty, clinical placements, and classroom space were all reported to impede the expansion of admissions, post-licensure programs were much more likely to cite a shortage of faculty, whereas prelicensure programs reported that lack of clinical placement settings were the biggest impediment to admitting more students.⁹ Specifically, almost two thirds (64 percent) of doctoral programs and one half of RN-BSN and master's programs identified insufficient faculty as the major constraint to expansion, in contrast to just one third of prelicensure programs.⁹

A particular focus on securing and retaining adequate numbers of faculty, the engine of the nurse workforce pipeline, is essential to ensure that all individuals interested in and qualified for nursing school can matriculate in the year they are accepted. Clearly, a critical public policy priority in remedying the workforce shortfall must include scaling up the nursing faculty to surmount this capacity constraint within the nursing educational system.

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