A BRIEF ON RECRUITMENT AND RETENTION OF NURSING FACULTY IN OREGON

Michelle Chau, LPN ~ Sandy Fleetwood, RN ~ Pisith Martin, BS

This report was conducted by a cohort group of the Oregon Nurses Association’s 2016-2017 Nurse Leadership Institute (NLI). As part of an NLI requirement, each cohort was tasked with developing an Action Learning Project to be completed by the end of the institute. This group’s chosen focus was to develop a project aimed at reducing the barriers for nurses to become faculty at the schools of nursing (SONs) in Oregon, thus contributing to the pathway for more licensed nurses in Oregon. The method of implementation included surveying what the SONs in Oregon, and a few other states, utilize in terms of recruitment and retention of nursing faculty. Additionally, the survey findings were supplemented with a review of current literature. The goal of this NLI cohort was to develop a report on best practices that could potentially be shared with nurses, faculty and other SONs in the state.

Each year, many nursing school applicants are turned away. This is most likely not attributed to a lack of meeting the requirements but due to so few slots available given the limited number of instructors at each school. The schools we surveyed reported having to refuse anywhere from 20-80 applicants per year (includes undergraduate and graduate programs); one school even declined up to 1600 applicants.

Most schools in our survey have 1-3 open positions that they would like to fill to ensure there is enough faculty available in the event of faculty retiring or resigning for other reasons. Based on clinical site availability, additional adjunct faculty are often needed.

According to the Oregon Nurse Faculty Taskforce, SONs across the state are struggling to fill faculty positions, forcing some nursing programs to decrease enrollment due to lack of faculty. There are many variables that contribute to the nursing faculty shortage. An Oregon Center for
Nursing (OCN) study conducted in 2014 found that more than one-half (51%) of nurse educators left their nurse educator positions between 2011-2014, with another 50% of the current faculty workforce expected to retire by 2015. An American Association of Colleges in Nursing (AACN, 2016) survey found that in 2016, the nurse faculty vacancy rate was reported to be over 9% for programs in western states.

Figure 1.

![Full-Time Vacancy Rates by Region in Schools Reporting Vacancies for Academic Year 2016-2017](image)


Faculty age continues to climb, narrowing the number of productive years educators teach. Out of Oregon’s total nursing faculty of 720, 12% are age 65 and over; 42% are between the ages of 55-64; and 23% are between 45-54 years of age (Boutelle, 2016). In 2014, AACN reported that the average ages of doctorally prepared nurse faculty holding the ranks of professor, associate professor, and assistant professor were 61.6, 57.6, and 51.4 years respectively. For master's prepared nurse faculty, the average ages for professors, associate professors, and assistant professors were 57.1, 56.8, and 51.2 years respectively.

According to Mennella (2016), the number of nursing students making it into and through nursing programs will not meet the projected future demand for nurses. This is largely due to the number of nursing faculty members reaching retirement age and actually retiring. Hence, an even larger demand for educators is no longer on the horizon, it is at our front door and walking in. In 2012, over 79,000 applicants who qualified for baccalaureate and graduate nursing programs were denied admission to U.S. nursing schools, further minimizing the opportunity to increase not only our nursing pool but also our faculty pool.

According to the AACN (2015), “U.S. nursing schools turned away 68,938 qualified applicants from baccalaureate and graduate nursing programs in 2014 due to an insufficient number of faculty, clinical sites, classroom space, clinical preceptors, and budget constraints. Almost two-thirds of the nursing schools responding to the survey pointed to faculty shortages as a reason for not accepting all qualified applicants into baccalaureate programs.”
Furthermore, master’s and doctoral programs in nursing are not producing a large enough pool of potential nurse educators to meet the demand. “Efforts to expand the nurse educator population are frustrated by the fact that thousands of qualified applicants to graduate nursing programs are turned away each year. In 2014, AACN found that 13,444 qualified applicants were turned away from master's programs, and 1,844 qualified applicants were turned away from doctoral programs. The primary reason for not accepting all qualified students was a shortage of faculty.” (AACN, 2015).

Based on the findings from our survey and as required by the Oregon State Board of Nursing (OSBN) Division 21 regulation, there must be one nurse faculty for a maximum of eight students studying in a clinical environment. However, in didactic settings class sizes can vary widely from facility to facility based on cohort size. In Oregon, the estimated 720 nurse educators teach approximately 4100 enrolled nursing students (OCN, 2015). Though it is encouraged for nursing faculty to obtain their doctoral degrees, clinical faculty in Oregon nursing schools are required by the OSBN accreditation standards to have a Bachelor of Science in Nursing (BSN), whereas didactic teaching faculty are required to hold a Master’s degree in nursing or higher. Nurses with a BSN may teach or assist with a didactic course under the supervision of a full-time faculty member with a Master’s degree. The master’s prepared faculty member would be the faculty of record for the course. In some schools all graduate level faculty are required to have a Doctorate (PhD or DNP) degree.

Since nurses can earn significantly more in clinical versus academic positions, dual appointments are very helpful in supplementing academic salaries. “It’s very difficult for academic salaries to compete with clinical salaries, no matter how big or good [your school is]. If I’m getting offered $120,000 a year to work 40 hours a week, and you’re going to pay me $70,000 as a new assistant professor working 60 to 70 hours a week on a tenure track, I think I know where I’m going to jump.” To make matters worse, the bulk of nursing programs require faculty with either a doctoral degree or those with a master’s degree who are pursuing a doctoral degree. However, nurses with such credentials are growing scarce (Patton, 2013).

In our survey, we found that very few SONs offer Masters of Nursing (MSN) programs or higher (only 2 in Oregon); most of the nursing schools only offer up to a BSN degree (23 in Oregon) (OSBN, 2017). One school responded that the cost of a 2-year Master’s program for resident tuition is $30,432 and for non-resident tuition is $39,000. Many students would need to take out loans to afford this education. Repayment of loans on a low paying faculty salary versus a high paying workforce wage usually leans towards the higher earnings.

According to our survey and some review of current literature, barriers that exist include low compensation/salary, loan repayment, high workloads, lack of comprehensive orientation and mentoring of new faculty members (teaching highly qualified nurses to become highly qualified teachers of nursing) (see Figures 2 and 3). Faculty pay is not comparable or competitive with clinical nursing pay. Nurses on average earn at a higher rate in the hospital or clinic setting than they can earn on a faculty salary. Nurse faculty, on average, earn anywhere from $10,000 - $38,000 less than registered nurses working in care settings (OCN, 2015). In Oregon, an average salary for a nurse educator is about $71,000 per year, while RNs earn an average of about $81,000 per year, and highly trained nurse practitioners earn an average of almost
$109,000 per year (Boutelle, 2016). Faculty workloads are strenuously high. In addition, hiring is challenging due to competition among a limited pool of qualified applicants. New faculty members do not usually understand the full faculty role and what it encompasses. They usually come from the practice setting and are accustomed to an hourly schedule such as 12 hours shifts and may not understand the workload where faculty work until the job is done, which many times entails far more than a 12 hour shift. New faculty, and even tenured faculty, may struggle to meet university missions of teaching, scholarship and service.

Figure 2.

<table>
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<th>Major Barriers to Hiring Additional Full-Time Faculty for Academic Year 2016-2017</th>
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<td>- Insufficient funds to hire new faculty (63.9%)</td>
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<td>- Unwillingness of administration to commit to additional full-time positions (49.6%)</td>
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<tr>
<td>- Inability to recruit qualified faculty because of competition for jobs with other marketplaces (38.3%)</td>
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<td>- Qualified applicants for faculty positions are unavailable in our geographic area (24.1%)</td>
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Figure 3.

Top Issues Related to Faculty Recruitment for Academic year 2016-2017

- Finding faculty willing/able to conduct research: 29.9%
- High faculty workload: 23.4%
- Finding faculty willing/able to teach clinical courses: 29.0%
- Noncompetitive salaries: 63.0%
- Finding faculty with the right specialty mix: 65.3%
- Limited pool of doctorally prepared faculty: 65.8%
One suggestion to counter the barrier of low compensation for nurse educators is to raise faculty salary to a better than competitive wage of workforce nursing. Higher compensation in clinical and private-sector settings is luring current and potential nurse educators away from teaching. “According to the American Association of Nurse Practitioners, the average salary of a nurse practitioner, across settings and specialties, is $91,310. By contrast, AACN reported in March 2014 that the average salary for a master’s-prepared Assistant Professor in schools of nursing was $73,633.” (AACN, 2015)

To help bridge the gap and more fully address local needs, many state initiatives are underway to increase the number of new nurses entering the workforce and pursuing faculty careers. These efforts generally center on the creation of new legislation to remove financial barriers to pursuing a nursing degree, mostly at the graduate level, and often result from a collaborative push by representatives from both the education and practice communities (AACN, 2006).

A strategy described in Robert Wood Johnson Foundation’s (RWJF) Charting Nursing’s Future (May 2010) is a Pay-for-Performance Plan such as in Texas involving a legislative proposal that divided nursing programs into high graduation rate producers (70% or more) and lower producers (below 70%) and asked the legislature for $60 million in new and continuing funding. Most of the new money was to go to the high producers to expand enrollment; the lower producers would receive much less new money to improve graduation rates. Schools in both groups that failed to meet set target percentages would have to return state money on a pro rata basis. All schools would be held harmless for continuing funding. A program such as this may increase retention and recruitment of faculty as nurses see both the financial and spiritual gain of passing along their knowledge. Hopefully with the increase of faculty we would increase our much in demand nursing population.

RWJF also reported that half of the nursing faculty in many state schools are eligible to retire. Yet students preparing for faculty roles often have work obligations that prevent timely completion of graduate degrees. To counter these trends, the Michigan’s governor established the Michigan Nursing Corps, with $6.8 million in appropriations (2008–2010), to rapidly educate clinical and classroom faculty. Participants received tuition and stipends in exchange for signed agreements to teach in Michigan nursing programs.

In January 2014, the University of Wisconsin (UW) announced the $3.2 million Nurses for Wisconsin initiative – funded through a UW System Economic Development Incentive Grant – to provide fellowships and loan forgiveness for future nurse faculty who agree to teach in the state after graduation. This program was launched in response to projections that Wisconsin could see a shortage of 20,000 nurses by 2035 (AACN, 2015).

Currently, the 2017 Oregon Legislature, is working to pass House Bill 2862 (HB 2862), which would refund Oregon’s Nurse Faculty Loan Repayment Program to assist nurses in offsetting the costs associated with their education. HB 2862 would allocate $350,000 for Oregon’s Nurse Faculty Loan Repayment program to provide loan repayment for approximately 10 nurse faculty.

Additionally, our survey of Oregon SONs found that schools are currently utilizing the following faculty retention programs:
1. Allowing faculty to teach the same course(s) in successive years for consistency.
2. Including adjunct (part-time) faculty in all faculty meetings, initiatives, resources – designed to create a culture of acceptance and values their contributions.
3. Intentional hiring, development, and evaluation of adjunct faculty is designed to build strong institutional and departmental loyalty.
4. Seek funding for adjunct faculty who are considering going onto graduate school, with the intent of creating a pool of qualified faculty for later full-time teaching positions.
5. Strong mentoring program for new faculty at both the school and university levels.
6. Provide research start-up funding.
7. Offer annual professional development funds.
8. Financial support during doctoral education.
9. Faculty participation in faculty governance.
10. Access to a broad range of intellectual opportunities.
11. Access to networking.
12. Reduced workload the first year to enable better adjustment to new requirements.
13. Mentoring and leadership opportunities.

Faculty incentive programs that Oregon SONs are currently utilizing include:

1. Tuition reimbursement, with time commitments.
2. Teaching schedule flexibility / co-teaching structure allowing faculty to keep their nursing practice.
3. Ease of converting adjunct clinical faculty to full time.
4. Mentoring program.
5. Reasonable workload.
6. Excellent benefits (separate from compensation) package.

In conclusion, we have discovered that the there is no one pat answer or solution for the nursing faculty shortage. The fundamental foundation of nursing starts with education. If we do not have a strong foundation, just like a house, eventually everything collapses. Efforts to solve the nursing shortage via increases in nursing faculty must be a collaborative venture between not only nursing programs and university systems, but also with health care systems, legislators, and other key decision makers who shape the face of health care in Oregon.
REFERENCES


Oregon Nurse Faculty Taskforce. (2016). *Oregon’s Nurse Faculty Shortage: Situation, Background, Assessment and Recommendations*.


