

Recommendations of the AFT Nurse Faculty Shortage Task Force



A Union of Professionals

Recommendations of the AFT Nurse Faculty Shortage Task Force

The shortage of nurses in this country is well documented. The federal government estimates there will be 1 million fewer nurses than needed by 2020. More people need to be recruited into the profession. But even the best recruitment strategies will be ineffective if there are no faculty available to teach potential nurses.

The American Association of Colleges of Nursing (AACN) reports that 7 percent of the 10,200 full-time faculty positions at 690 U.S. bachelor's and graduate degree nursing programs are vacant. Two-year nursing programs are experiencing similar circumstances.

Enrollment in bachelor's degree nursing programs rose 10.6 percent to 112,081 students in 2004 – the fourth straight year of increases. But nursing schools rejected 26,340 qualified applicants, according to the AACN, primarily because of a faculty shortage. In 2003, nursing schools turned away 16,000 qualified applicants from entry-level baccalaureate nursing programs. (In one year, the number of qualified nursing school applicants turned away increased by 10,340 applicants, or 65 percent.) While interest in pursuing a degree has increased over the past several years, nursing schools do not have the capacity to accept them, citing teacher shortages, class site shortages and budget constraints. Furthermore, several thousand additional applicants to post-graduate nursing programs – potential nursing school faculty – were turned away for the same reason.

Additional nursing school faculty are needed to educate the nation's future nurse workforce – a workforce that is already expected to be smaller than needed. In other words, the nurse faculty shortage is exacerbating the overall nurse shortage. Unfortunately, low salaries and the added responsibilities of clinical training with its attendant heavy workload diminish the appeal of faculty positions for nurses who might otherwise answer the call to teach. The average salary for a nurse professor with a master's degree was \$60,357 in 2003. According to the AACN, a nurse practitioner with equivalent education earned \$80,697, or 34 percent more, working at a hospital emergency department.

Other surveys show similar dismal salaries for nursing faculty. According to an informal, self-reported on-line and mail-in survey by the journal *Nursing2004*, nursing faculty reported earning an average annual salary of \$52,000 in 2004. That is less than the average yearly salaries reported by advanced practice nurses (\$72,400), nurse administrators (\$67,100), nurse case managers (\$56,700) or charge nurses (\$54,700).

The federal Nurse Reinvestment Act provides for a faculty loan cancellation program to remove the financial barriers to faculty careers. While loan repayment is admirable and needed, it does not begin to make up for the vast differences in salaries between nurse faculty and those working in other capacities. In addition, continuous cuts in higher education in general have forced many nursing programs to shrink or even close.

To address these and other issues concerning the shortage of nursing faculty in the nation's nursing schools, a task force of nursing school faculty and front-line nurses was convened by the AFT's Healthcare and Higher Education divisions. The recommendations of the task force follow.

Recommendation 1. Create a work environment that is conducive to recruiting new nursing faculty and retaining those nurse educators already in the profession.

- Increase nursing faculty salaries through the collective bargaining process.
- Create a workplace culture within schools of nursing to mentor new faculty. Incentives (financial, reduced workload, etc.) should be provided to mentors and mentoring should become an accepted part of the faculty role.
- Support local unions and their facilities that choose to develop and implement clinical and classroom ratios (including a cap on the number of on-line students per course offering).
- Organize faculty around the country in order to maintain professional standards.
- Support the development of an educational program for agency preceptors (instructors and mentors in clinical settings) that will benefit the nursing faculty, students and clinical nurses.
- Ensure that nursing faculty have the appropriate education in teaching methods.
- Support existing faculty and encourage new faculty with incentives such as reimbursement for conferences, continuing education and release time for professional activities.
- Create a document that describes the many facets of the faculty role and guide faculty development efforts of individual schools.
- Provide professional development activities and resources to all nursing faculty.
- Provide time in a normal workload schedule for research.
- Make teaching assistants and stipends available for nursing faculty support.

Recommendation 2. Increase the amount of public and private money available to properly fund nursing programs and provide for the expansion of nursing education programs while also working to improve the image of the profession.

- Continue to advocate for full funding of the federal Nurse Reinvestment Act and for increased funding in other nursing workforce development programs administered by the federal Health Resources and Services Administration. Additional funds in Title VIII programs are essential to meeting the future demand for nursing educators. Specific programs to educate nurses in master's and post-master's programs have had funding cut when, in fact, appropriations need to be increased by 15 to 40 percent to meet demand.
- Negotiate with hospitals and other clinical agencies to provide financial resources to nursing schools for fiscal and personnel resources.

- Lobby for increased state funding for nursing education programs, including monies earmarked for faculty education, professional development and other resources to support nursing education programs.
- Support research that would explore various types and levels of nursing education and what effects, if any, they have on patient care outcomes.
- Seek opportunities to improve the public image of nursing and of nursing education.

Recommendation 3. Develop and implement updated and non-traditional methods of instruction to prepare future nursing instructors.

- Explore new models of teaching nursing students in light of the complexities in today's healthcare infrastructure.
- Investigate various ways to deliver clinical skills education including clinical simulation.
- Study existing nontraditional and accelerated programs to determine their successes, lessons learned and potential use as models for future programs to educate future nurse educators.
- Reduce or streamline prerequisites for graduate study, looking specifically at fast-track options and mandatory minimum years experience prior to entering a graduate program.
- Promote non-traditional pathways to and through graduate study that result in quicker matriculation from the program.
- Promote post-graduate study and nursing education as a desirable career choice early in a nurse's education.

Recommendation 4. Utilize faculty and facilities in a collaborative manner consistent with quality nursing education, academic independence of nursing institutions and the best use of faculty time.

- Increase formal partnerships between schools of nursing and clinical facilities, identifying and capitalizing on specific benefits that are attractive and useful to both partners.
- Explore collaborative use of resources between schools of nursing to ensure nursing schools have fiscal resources available for faculty.
- Create roles for retired nursing faculty, utilizing their skills and expertise, in support of current faculty.

#



A Union of Professionals

AFT Healthcare ❤️



A Union of Professionals

AFT Higher Education

American Federation of Teachers, AFL-CIO
555 New Jersey Ave. N.W. • Washington, DC 20001 • 202/879-4400 • www.aft.org