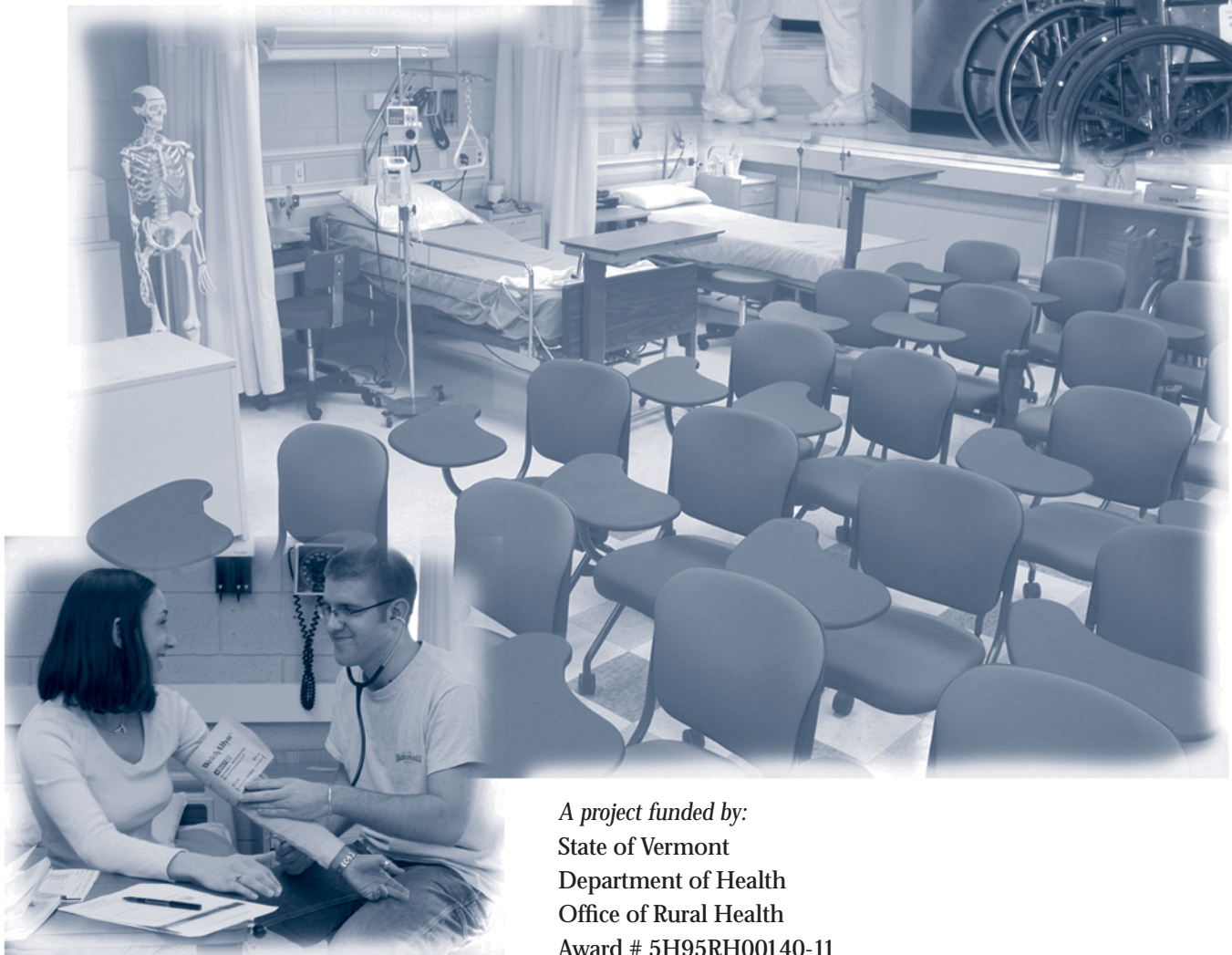


Next Steps for Vermont Nursing Workforce Planning:

INCREASING EDUCATIONAL CAPACITY

*Office of Nursing Workforce,
Research, Planning and
Development*

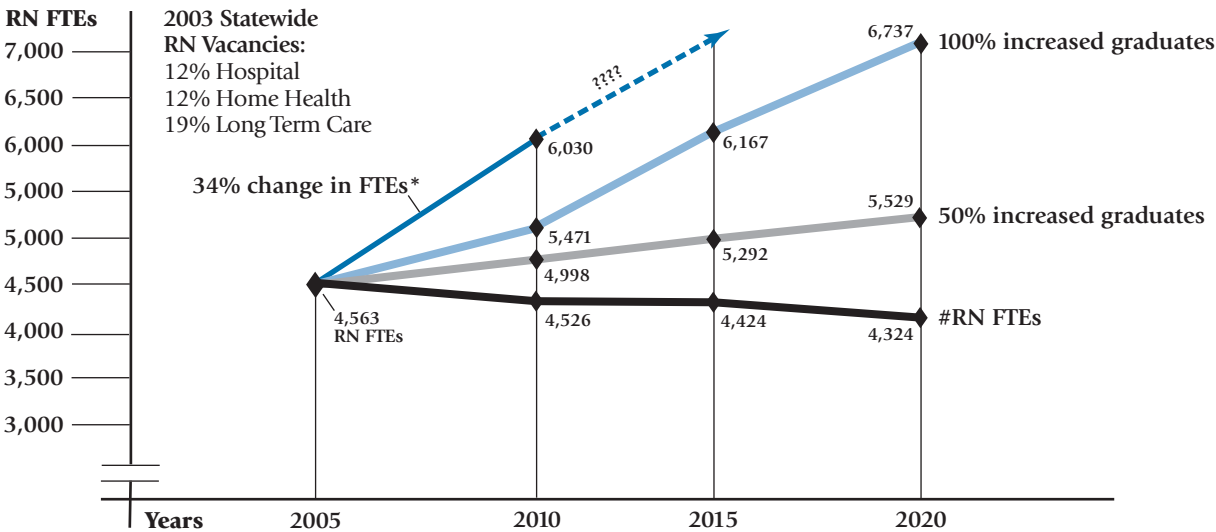
June 30, 2004



A project funded by:
State of Vermont
Department of Health
Office of Rural Health
Award # 5H95RH00140-11

A GROWING GAP

*Vermont Projected RN FTEs, Projected Demand for RNs,
Effect of Increasing Nurse Graduates by 50% and 100%*



* Projection by Bureau of Labor Statistics
Source: 2002 National Council of State Boards of Nursing — Nursing Workforce Supply Projection Tool

TABLE OF CONTENTS

I. Executive Summary 2

II. Background. 4

III. Project Objectives 5

IV. Findings. 5

V. Conclusions. 10

VI. Recommendations 10

VII. References 11

VIII. Appendix 12

EXECUTIVE SUMMARY

The “Next Steps for Increasing Nurse School Capacity” project was funded by a grant from the Vermont Department of Health, Office of Rural Health to the Office of Nursing Workforce during the time period of January 1, 2004 to June 30, 2004. This report will share the project objectives, findings, conclusions, and recommendations as part of a continued effort to address Vermont’s nursing shortage.

Project Objectives: 1. Predict necessary capacity for nursing programs in Vermont for the next 10-15 years; 2. Facilitate collaboration between schools of nursing and health facilities regarding joint clinical appointments; 3. Assemble statewide stakeholders to plan and implement “next steps”.

Project Findings: The chairpersons/directors of Vermont’s five nursing programs predict that by 2006, graduation of RN’s in Vermont Schools of Nursing will have increased from 1999 levels by 74%, and 2003 levels by 21%. Despite substantial expansion efforts, three out of five of these programs have reported turning away qualified students for the 2003-2004 academic year. Currently, there is little room for expansion due to the lack of qualified faculty. There is also a shortfall in funding for nursing school expansion, even if faculty were available.

Using the 2002 Nursing Workforce Supply Projection Tool and the Bureau of Labor Statistics prediction of a 34% increase in RN positions by 2010, it is evident that even with a 100% increase in nursing school capacity, a significant shortfall of more than 500 full time nurses, will develop in Vermont by 2010. Statewide stakeholders were gathered and this information was shared on June 15, 2004.

Conclusions

Vermont’s nursing programs have experienced a growing pool of applicants attracted to pursuing a career in nursing due to successful advertisement campaigns. The promise of job security, during the economic conditions of the past three years, is also

likely to have been a contributing factor. Although this is encouraging, trouble lies ahead as the schools of nursing can not keep up with this growing demand. According to interviews with the chairpersons/directors of Vermont nursing programs, the limited pool of appropriately prepared nursing faculty is the number one reason why expansion is difficult.

Despite this challenging scenario, a prioritized list of initiatives has emerged from collaborations made possible by the project. There is consensus that increasing Vermont’s nursing school capacity is a worthwhile endeavor. Care must be taken to expand in areas of greatest need for tomorrow’s health care environment. This will require continued consensus building and dialogue between nursing executives and faculty, as well as health care policy makers and legislators.

Recommendations

A “Next Steps” steering committee will be formed to work with the Office of Nursing Workforce with funding from the Vermont Agency of Human Services. Strategies will be developed to:

1. increase the number of master’s and doctorally prepared nurses in the state,
2. promote the role of nurse faculty,
3. seek funding sources to balance faculty salary and clinical practice salary, and
4. further develop joint clinical appointments between service and practice in each school of nursing. The 2004 RN Relicensure Survey will be conducted to compile ongoing data regarding Master’s prepared nurses in Vermont. In addition, ground work will be laid for curriculum changes that will increase access to nursing education at all levels. Finally, a complete inventory of employer support for nurses’ educational advancement will be undertaken.

development, and launch new programmatic activities of the AACN (AACN, 2003b). The same scrutiny that has been given to corporate work environments must be applied to academic environments as well to avoid the pitfalls of a “toxic work environment” (Reinhold, 1997).

USE OF RETIRING FACULTY IN NEW ROLES

With the increases in technology, more opportunities for part time work for faculty are emerging. Retirement may need to be phased in rather than the all or nothing approach of the past. For example, The University of Northern Alabama launched a project to update nursing faculty’s computer skills in order to prepare them for teaching on-line courses on a part time basis (Personal communication with Wanda Bradford, May, 2004). Restrictive university retirement policies are being abandoned, and creative use of emeriti faculty has been demonstrated by Emory University’s Emeritus College and The University of Southern California’s Emeriti Center (AACN, 2003b).

COLLABORATION

A new respect for the shared burden of the nursing shortage has developed between schools of nursing and their partners in health care delivery settings. The American Hospital Association (2004) has compiled examples of collaborative efforts across the country between schools of nursing and practice partners. These examples included hospitals offering scholarships, stipends for books, tuition reimbursement, funding for increased faculty positions, financial support for development of new programs, student recruitment campaigns, on-site classrooms, videoconferencing, labs, adjunct and jointly appointed faculty.

JOINT CLINICAL APPOINTMENTS

Hutelmyer and Donnelly (1996) identified the following Joint Clinical Appointment Models:

- **Unification Model** – a combination of university and hospital administration from the dean down to the practitioner teacher level. This is used at Rush University in Chicago as well as Strong Memorial Hospital in Rochester.

- **Collaboration Model** - various positions within the faculty and nursing department structure have shared appointments and costs are shared (i.e. Case Western Reserve University).
- **Dyad Model** – services are shared but no cost sharing is involved. Joint education, practice and research projects are then possible. The University of Maryland uses this model to pair faculty with clinical nurse specialists for project work.
- **Research Joint Appointment** – salary and benefits are shared between the hospital and the university for the services of a nurse researcher.

The following benefits and challenges of the Joint Clinical Appointment have been identified (Downie et al, 2001; Beitz, J & Heinzer, M, 2000).

Benefits:

- Increased clinical competence
- Increased salary for faculty
- Clinical teaching based in reality
- Research grounded in clinical practice
- Broadened opportunities for participants
- Potential for cooperative publications and research

Challenges:

- Logical issues (i.e. time of classes)
- Salary and benefit issues
- Role overload and role stress
- Role conflict due to expectations of both roles
- Conflicting loyalties
- Unclear job descriptions

New and revisited joint clinical appointments are needed in order to increase nursing school capacity. Continued interest in achievement of the ANCC Magnet Recognition Award (Buchan, 1999) has made the joint clinical appointments a desirable means to enhance the nurse researchers’ and faculty’s involvement in the hospital environment. Character-

BACKGROUND

Growth in demand for nursing education

Partially as a measure of the success of the national (Johnson and Johnson, 2003) and statewide (Cohen, Palumbo, Rambur 2003) attention being paid to the nursing shortage, and partially as a reflection of the poor economy of the last 3 years (Buerhaus, Staiger & Auerbach, 2003) more interest in becoming a nurse has been generated. The word is out that a nursing career offers job security, an adequate salary, and opportunities for mobility (Cullen, 2003).

Across the country, schools of nursing are reporting increased applicants from high school students and individuals seeking a second career. The annual survey done by the American Association of Colleges of Nursing (AACN, 2003a) found more than 11,000 qualified students were turned away from baccalaureate nursing programs due to limited numbers of faculty, clinical sites, and classroom space. Many schools have responded with designing new entry options for college graduates. Twenty-four new accelerated baccalaureate programs were launched in 2003 (AACN, 2003a). The major limiting factor has been the availability of appropriately prepared nursing faculty to expand existing programs, and even maintain current offerings.

National Nursing Faculty Shortage

According to a White Paper produced by American Association Colleges of Nursing (AACN, 2003b), the factors that contribute to a national nursing faculty shortage are as follows:

- 1) Aging of current faculty (median age 51.2 years) with a wave of retirement anticipated over the next decade.
- 2) Decline in the percentage of younger faculty and a decreased enrollment and graduation rate for doctoral students. Graduation patterns from 1998-2001 showed a steady decline of 249 graduates per year.

- 3) Increased opportunities and higher salaries for master's and doctorally prepared nurses outside of academic settings.
- 4) High tuition and loan burden for graduate nursing education.
- 5) Intense workload and the role expectation issues of academic settings.

These factors contributed to insufficient numbers of faculty in 41.7 percent of schools responding to a 2002 AACN survey. These schools indicated that their faculty shortage was the reason for not accepting all qualified applicants.

National Initiatives to Address the Nursing Faculty Shortage

RECRUITMENT —

LAUNCH OF FACULTY RECRUITMENT CAMPAIGN

Nurses for a Healthier Tomorrow, a coalition of 43 leading nursing and health care organizations addressing the nursing shortage, has launched a national advertising campaign titled, "Nursing education ... pass it on". This campaign includes: four print ads featuring nursing faculty that will be used in nursing journals, a career profile of the nurse educator (see Appendix 1), and a newsletter. The message is a positive one regarding an academic career and the target audience is younger nurses who can add to the pool of academicians for many years to come.

RETENTION — LOWERING ATTRITION RATE OF FACULTY

The attrition rate of nursing faculty is being examined by the AACN, and new strategies are being developed for orienting new faculty, offering guidance and development opportunities as required. Due to the shortage, many colleges have begun a critical evaluation of the roles of their nursing faculty in an attempt to eliminate or modify tasks if possible, and maximize the use of their nursing faculty's talents. A new document is being developed by the AACN, entitled "Essentials of the Nursing Professoriate" in an attempt to help guide individual schools in faculty

istics of such “Magnet Hospitals” have been compiled (McClure & Hinshaw, 2002), and implementation of Magnet Hospital features has been acknowledged as essential to nurse retention (Upenieks, 2003). Two of the eight “Magnet Essentials” specifically address education’s role in a professional environment. These are: 1) “working with other nurses who are clinically competent” and 2) “support for education” (McClure & Hinshaw, 2002). Kramer and Schmalenberg (2002) also found that nurses in Magnet Hospitals consistently reported that the most valid indicator of competence was educational preparation at the BSN or MSN and national specialty certification. This has implications for growth in the market for BSN and MSN level programs.

Employing registered nurses who are educated at the baccalaureate and higher degree levels also apparently has important outcomes related to patient safety and improving care. Recent research published in the *Journal of the American Medical Association* (Aiken, Clarke, Cheung, Sloan, & Silber, 2003) found a 10% increase in the proportion of hospital staff nurses with baccalaureate degrees is associated with a 5% decline in mortality following common surgical procedures.

Statewide resources of master’s and doctorally prepared nurses

Four percent of Vermont nurses have a Master’s degree in nursing and less than one percent have earned a Doctoral degree in nursing. Less than 2% of Vermont registered nurses reporting that they are employed by schools of nursing (Office of Nursing Workforce, 2003). The following statistics regarding Vermont nursing faculty come from the 2003 Vermont Board of Nursing Relicensure Survey:

- n= 42 respondents
- Mean age – 50 years
- 52% are over age 50.
- 50% report a Masters or Doctoral degree in Nursing
- 33% report a Masters or Doctoral degree in other fields
- 7% are currently enrolled in graduate programs

- 97% report being satisfied with their position
- 14% report being somewhat likely to leave their position next year

Project Objectives

This project had the following objectives:

1. Predict necessary capacity for nursing programs in Vermont for the next 10-15 years
2. Facilitate collaboration between schools of nursing and health facilities regarding joint clinical appointments
3. Assemble statewide stakeholders to plan and implement “next steps”

FINDINGS

Needs Prediction

A prediction of Vermont’s nursing workforce demand for the next 15 years was made with the assistance of The 2002 Nursing Workforce Supply Projection Tool (Version 1) developed by Richard Smiley of the National Council of State Boards of Nursing. No differentiation between educational levels was made for this projection of the number of full time Registered Nurses. This prediction (see inside front cover) it is based on Vermont Board of Nursing data, NCLEX data and The Registered Nurse Survey 2000. This projection tool makes assumptions related to:

- # of US and foreign graduates
- In-migration is equal to out-migration
- Attrition rates of RN by age group
- % FTEs by age group

The American Career Info Net Occupation Report based on the Bureau of Labor Statistics data projects a 34% increase in RN employment from 2000 to 2010 in the state of Vermont. This projection includes assumptions related to:

- Use of staff nurses will remain the same

- Use of technology will remain the same
- Current attrition rate will remain the same
- Types of services may change but, the magnitude of demand will increase.

As the prediction model indicates, the gap between the supply of full time nurses in Vermont and the predicted need will continue to grow even if current nursing programs were increased by 50% to 100%. In light of this prediction, substantial nurse practice changes will be also be necessary in order to reduce demand, in addition to increasing the numbers of nurse graduates.

Enrollments

Interviews were conducted with nursing programs chairpersons/directors of the five Vermont Schools of Nursing during the spring semester of 2004. All Vermont Schools of Nursing have reported increased enrollments since Fall 2000. This trend mirrors an increased nationwide trend of increased nursing school enrollments. Accommodating the increased numbers of students has been accomplished by increasing faculty, classroom and lab space, the variety and hours of clinical experiences, renting lab space or doubling up lab time. Vermont Technical College and Castleton State College have added distance learning sites in the last three years. Despite these efforts three out of five Vermont Schools of Nursing have reported turning away qualified students for the 2003-2004 academic year.

The interest in the various programs as described by the chairpersons/directors is summarized in Table 1. The area of least interest appears to be the opportunities for career advancement, specifically the ADN to BSN, and LPN to ADN (at Castleton State College, but this is not true at Vermont Technical College).

Table 1:

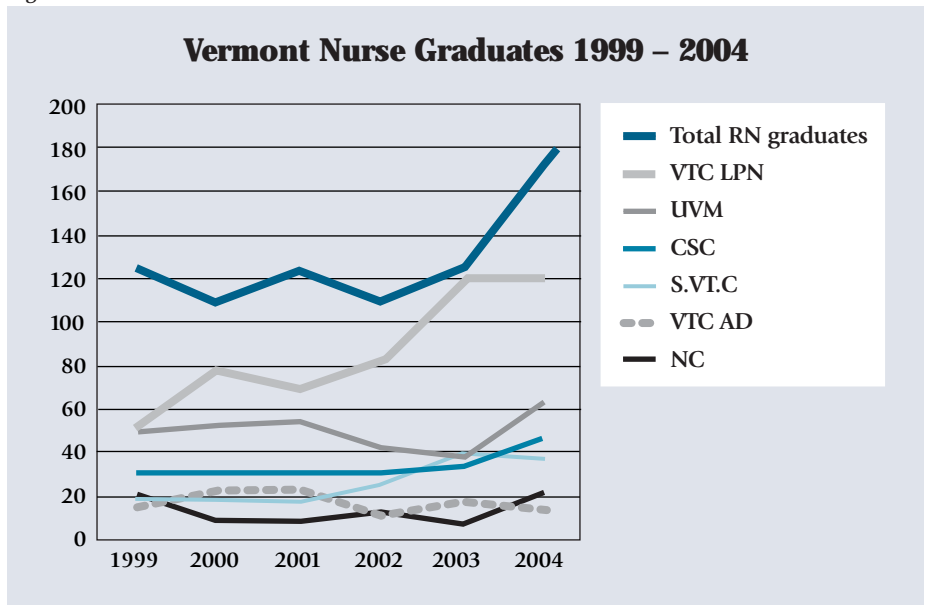
Chairperson's Description of Interest in Nursing Program, Spring 2004

- BSN – High interest reported by University of Vermont (UVM) and Norwich University (NU)
- RN to BSN - “neutral” reported by Southern Vermont College (SVC) and NU and “some interest” reported by UVM
- MSN – High interest reported by UVM
- LPN - High interest reported by Vermont Technical College (VTC)
- LPN to ADN – Neutral interest report by Castleton State College (CSC)
- ADN – High interest reported by CSC, VTC, and moderate interest reported by SVC

Graduation Rates

Results of the increased enrollments are starting to be realized as the numbers of nursing graduates slowly rise (see Figure 1). Based on these numbers (included attrition), the chairpersons/directors predict that by 2006, graduation of RN's in Vermont Schools of Nursing will have increased by 74% from 1999 and 21% from 2003.

Figure 1:

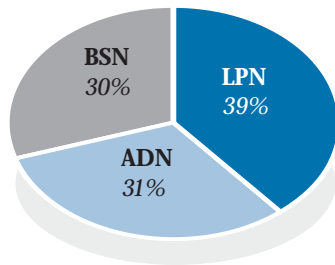


Educational Preparation

According to the Board of Nursing Relicensure survey of 2003, only 37% percent of Vermont nurses hold nursing degrees at the baccalaureate level and above. The National Advisory Council on Nurse Education and Practice (NACNEP), policy advisors to Congress and the U.S. Secretary for Health and Human Services on nursing issues, has urged that at least two-thirds of the nurse workforce hold baccalaureate or higher degrees in nursing by 2010. The distribution of graduates of Vermont's entry level nursing programs in May, 2004 is shown in Figure 2. Given the rate of graduation for the AD and LPN groups, the total number of nurses holding BSN's in Vermont will decline without a firm commitment to meeting the national goal of 2/3 baccalaureate prepared.

Figure 2:

Vermont Nurse Graduates 2004



What is needed to increase capacity?

The chairpersons/directors were asked to name and prioritize what was needed to increase the capacity of their nursing program. Their answers were scored (highest possible score = 25) and ranked as follows:

1. Faculty (25/25)
2. Classroom space (15/25)
3. Clinical sites (10/25)
4. Administrative support (i.e. clerical) (8/25)
5. Increased capacity in required non-nursing courses (7/25)
6. Summer session options (2/25)
7. Tuition support (2/25)

8. Student stipends (1/25)

9. Resources to add a distance learning site (1/25)

Each school indicated that appropriately prepared faculty was their #1 need in order to facilitate expansion. The lack of resources necessary to hire more faculty (if they were available) and to improve the physical space necessary to accommodate larger classes were most frequently named as barriers to expansion.

Inventory of joint clinical practice models

Of the five nursing programs, only two schools reported the use of joint clinical appointments. The Collaborative Model has been used by Castleton State College with both Rutland Regional, and Dartmouth Hitchcock Medical Center for the part time services of a Psychiatric Clinical Specialist as a clinical instructor. The University of Vermont and Fletcher Allen Health Care has had a similar arrangement for several part-time clinical instructors (UVM has reimbursed FAHC). Southern Vermont College reports that Southern Vermont Medical Center has offered all their faculty per diem summer employment.

Barriers to implementation of more joint clinical practice models include:

1. mismatch between salary and benefits,
2. lack of master's prepared clinicians in clinical setting
3. reimbursement issues when the master's prepared nurse is a billing provider – Medicare reimbursement cannot be transferred to a third party (i.e. the University).

Further collaborative effort is necessary to develop more joint clinical appointments, provided that there are appropriate and willing candidates.

Next Steps for Increasing Education Capacity Meeting held June 15.

Fifty nurse leaders and others, (including representatives from clinical practice areas, and nursing education as well as policy makers, grant writers, and leaders from two of Vermont's nursing organizations) were invited to attend the "Next Steps" luncheon and workshop on Tuesday June 15, 2004 from 12 to 4 PM

at the Best Western Inn in Waterbury, Vermont. The agenda included:

- A networking luncheon
- Update on statewide nursing school enrollments and graduates
- A Vermont specific prediction of graduates needed for 2010
- Review of joint clinical appointment barriers and successes
- Next step planning session with an expert facilitator

Becky Rice RN, EdD, who was the deputy director of the Robert Wood Johnson Colleagues in Caring Project

Attendees and their affiliations are listed as follows:

Anderson	Kathy	Brattleboro Memorial Hospital
Bartlett	Susan	Senator
Boyer	Susan A	VT Internship Program
Carr	Jeanine	UVM
Cepetelli	Ellen	Dartmouth Hitchcock
Cohen	Judy	UVM
Dickerson	Charlie	Agency of Human Services
Donehower	Pat	Visiting Nurse Association
Farrell	Susan	Castleton State College
Gerac	Anna	Vermont Technical College
Hagman	Ellen	Formerly of Copley Hospital
Kaeding	Toni	Freeman Scholar Program
Keleher	Kathleen	Vermont Health Dept.
Kimberley	Jane	Central VT Hospital
Kittell	Sara	Senator
Luce	Margaret	VT. State Nurses Association
Madison	Holly	Southern Vermont College
McCarthy	Janet	Franklin County Home Health
Menchini	Patricia	Vermont Technical College
Mesinger	Linda	Gifford Medical Center
Palmer	Roseanne	Central Vermont Hospital
Palumbo	Mary Val	Office of Nursing Workforce
Perfetto	Pat	Brattleboro Retreat
Rice	Becky	Legislative Consultant, Macaulay & Burtch, PC
Rinker	Marilyn	Norwich University
Risteau	Anita	VT Board of Nursing
Shaner	Holly	Fletcher Allen Health Care
Sharpe	Peggy	VT. State Nurses Association
Shriver	Mary	VT Health Care Association
Tabor	Kathy	Northwestern Medical Center
Tully	Kelley	Springfield Hospital
Voorheis	Greg	Dept. of Employment & Training

Prioritization of issues

Groups of 3- 7 participants were asked to brainstorm about ways to increase nursing school capacity around the topics of :

- Schools
- Curriculum
- Pedagogy
- Classrooms, facilities, support service
- Clinical Laboratories
- Policies/Procedures
- Differentiated Practice Service/ Education
- Students
- Faculty
- Policy and Players

They were then asked to prioritize their suggestions, and choose their top three ideas. The following list represents the priority actions of the assembled group (* indicates this idea suggested by more than one group):

SCHOOLS

- Clinical Laboratories—Co-op between hospital/ SONS for labs and space.
- Increase geographic distribution of MS Programs

CURRICULUM

- Quicker access to master's preparation
- Clearly articulated programs
- Curriculum standardization in VT.*
- BS + 12 months = BSN

PEDAGOGY

- Use of technology in education – interactive TV, clinical simulations
- Immersion experiences for clinical

FACULTY

- Legislative support for faculty loan repayment **
- Develop more Joint Clinical Appointments
- Increase faculty salaries
- Encourage service area differentiated practice incentives to increase numbers of BSNs, MSNs and doctorally prepared.

POLICY AND PLAYERS

- Challenge Data
- Inform Public about faculty positions
- Legislatively plan to support progression for LPN to AD to BSN

STUDENTS

- Quota based supply
- Increase access for students (RN to BSN)
- Nursing Co-op education

Evaluation of the meeting

Participates evaluated the meeting as follows:

I feel that the:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Missing
Purpose of today’s meeting was clear	85%	15%				
Presenter’s content was relevant to purpose	88%	12%				
Participants’ contributed valuable insights	96%	4%				
Meeting was necessary	88%	8%				4%
A clear plan for “Next Steps” has emerged from this meeting	62%	38%				

CONCLUSIONS

A measurement of current capacity of Vermont's Schools of Nursing was undertaken in the Spring of 2004. At this time, there is little room for expansion due to the lack of qualified nursing faculty. There is also a shortfall in funding for nursing school expansion, even if faculty were available. This is in the face of a worsening nursing shortage, and a growing pool of applicants attracted to pursuing a career in nursing due to successful advertisement campaigns, and the promise of job security.

A prediction was made regarding the numbers of full time nurses available in Vermont to the year 2020. At the same time a Bureau of Labor Statistics prediction regarding demand for nurses in the year 2010 was measured against the supply available. Even with a 100% increase in nursing school capacity, a significant shortfall of more than 500 full time nurses will develop by 2010.

Statewide stakeholders, including nurse faculty, nurse executives, nurse leaders, legislators and other government and non-governmental participants were given this information. The group was also presented with examples from other states regarding way to expand nursing school capacity. A prioritized list of initiatives emerged from the gathering with the objective implied that increasing Vermont's nursing school capacity is a worthwhile endeavor. Care must be taken to expand in areas of greatest need for tomorrow's health care environment. This will require continued consensus building and dialogue between nursing executives and faculty, as well as health care policy makers and legislators.

RECOMMENDATIONS

These findings and conclusions of the grant project support the following recommendations. The focus of the work of the Office of Nursing Workforce, Research, Planning and Development, for the budget period of July 1 2004 to June 30, 2005, will be continued work toward expansion of the capacity of Vermont's nursing schools. A "Next Steps" steering committee will be formed to work with the Office of Nursing Workforce. This work, funded by the Agency of Human Services, will involve development of strategies to: 1) increase the number of master's and doctorally prepared nurses in the state, 2) promote the role of nurse faculty, 3) seek funding sources to balance faculty salary and clinical practice salary, and 4) develop new joint clinical appointments between service and practice in each school of nursing. The 2004 RN Relicensure Survey will be conducted to compile ongoing data regarding Master's prepared nurses in Vermont.

In addition, ground work will be laid for curriculum changes that will increase access to nursing education at all levels. This will entail facilitation of discussions between chairpersons in each educational setting and their practice partners. Grant writing to support development of these curricular changes will be undertaken.

Finally, an inventory of employer support for nursing education advancement will be undertaken. This will strengthen the foundation of the request for legislative funding for faculty loan repayment. In addition, a white paper from nurse faculty and nurse executives regarding faculty loan repayment will be developed. Ideal candidates for master's and doctorate in nursing programs will be identified and their stories written. This information will be used to solicit funds for loan repayment. Without developing nursing faculty of the future, a dire situation will unfold at the time of a great need for nurses – the senescence of the Baby Boomers.

REFERENCES

- AACN. (2003a). Thousands of Students Turned Away from the Nation's Nursing Schools Despite Sharp Increase in Enrollment. Retrieved July 2, 2004, 2004, from <http://www.aacn.nche.edu/Media/NewsReleases/enr103.htm>
- AACN. (2003b). AACN White Paper: Faculty Shortages in Baccalaureate and Graduate Nursing Programs: Scope of the Problem and Strategies for Expanding the Supply. Retrieved July 2, 2004, from <http://www.aacn.nche.edu/Publications/WhitePapers/FacultyShortages.htm>
- AHA. (2004). Workforce ideas in Action 4 - Case examples. Chicago, Illinois: American Hospital Association.
- Aiken, L., Clarke, S., Cheung, R., Sloan, D. M., & Silber, J. H. (2003). Educational levels of hospital nurses and surgical patient mortality. *JAMA*, 290(12), 1617-1623.
- Beitz, J., & Heinzer, M. (2000). Faculty practice in joint appointments: implications for nursing staff development. *Journal of Continuing Education in Nursing*, 31(5), 232-237.
- Buchan, J. (1999). Still attractive after all these years? Magnet hospitals in a changing health care environment. *Journal of Advanced Nursing*, 30(1), 100-108.
- Buerhaus, P. I., Staiger, D. O., & Auerbach, D. I. (2003). Is the current shortage of hospital nurses ending? *Health Affairs*, 22(6), 191-198.
- Cohen, J., Palumbo, M.V., & Rambur, B. (2003). Combating the nursing shortage: Vermont's call to action. (pp.3-24). In Harriet Feldman, (ed.). *The Nursing Shortage: Strategies for Recruitment and Retention in Clinical Practice and Education*, NY: Springer Publishing Co.
- Cullen, L.T. (2003) I Want Your Job, Lady! *Time Magazine*, 16 (19)
- Downie, J., Orb, A., Wynaden, D., McGowan, S., Zeeman, Z., & Ogilvie, S. (2001). A practice-research model for collaborative partnership. *Collegian*, 8(4), 27-32.
- Hutelmyer, C., & Donnelly, G. (1996). Joint Appointments in Practice Positions. *Nursing Administration Quarterly*, 20(4), 71-79.
- Johnson & Johnson. News archive. Johnson & Johnson campaign helping to reduce nursing shortage enrollment. Retrieved on July 2, 2004 from: http://www.jnj.com/news/jnj_news/20030429_093808.htm?pageTemplate=printer_friendly.jsp&contentPage=/news/news_content.jsp.
- Kramer, M., & Schmalenberg, C. E. (2002). Staff nurses identify essentials of magnetism. In M. L. McClure & A. S. Hinshaw (Eds.), *Magnet Hospitals Revisited* (pp. 25 -60). Washington, DC: American Nurses Publishing.
- McClure, M. L., & Hinshaw, A. S. (2002). *Magnet Hospitals Revisited Attraction and Retention of Professional Nurses*. Washington D. C.: American Nurses Publishing.
- Nurses for a Healthier Tomorrow. (2004). Nurse Educator Recruitment Campaign. Retrieved July 2, 2004, from http://www.nursesource.org/campaign_news.html
- Office of Nursing Workforce Research, P., and Development. (2003). Registered Nurses in Vermont. Retrieved September 25, 2003, from www.choosenursingvermont.org
- Reinhold, B. (1997). *Toxic Work: How to Overcome Stress, Overload, and Burnout and Revitalize Your Career* (Reprint edition): Plume Books.
- Upenieks, V. (2003). Recruitment and retention strategies: a magnet hospital prevention model. *Nursing Economics*, 21 (1), 7-13

APPENDIX 1:

NURSE EDUCATOR

(Retrieved from www.nursesource.org/nurse_educator.html)

Background:

Nurse educators combine clinical expertise and a passion for teaching into rich and rewarding careers. These professionals, who work in the classroom and the practice setting, are responsible for preparing and mentoring current and future generations of nurses. Nurse educators play a pivotal role in strengthening the nursing workforce, serving as role models and providing the leadership needed to implement evidence-based practice.

Nurse educators are responsible for designing, implementing, evaluating and revising academic and continuing education programs for nurses. These include formal academic programs that lead to a degree or certificate, or more informal continuing education programs designed to meet individual learning needs.

Nurse educators are critical players in assuring quality educational experiences that prepare the nursing workforce for a diverse, ever-changing health care environment. They are the leaders who document the outcomes of educational programs and guide students through the learning process.

Nurse educators are prepared at the master's or doctoral level and practice as faculty in colleges, universities, hospital-based schools of nursing or technical schools, or as staff development educators in health care facilities. They work with recent high school graduates studying nursing for the first time, nurses pursuing advanced degrees and practicing nurses interested in expanding their knowledge and skills related to care of individuals, families and communities.

Nurse educators often express a high degree of satisfaction with their work. They typically cite interaction with students and watching future nurses grow in confidence and skill as the most rewarding aspects of their jobs. Other benefits of careers in nursing education include access to cutting-edge knowledge and research, opportunities to collaborate

with health professionals, an intellectually stimulating workplace and flexible work scheduling.

Given the growing shortage of nurse educators, the career outlook is strong for nurses interested in teaching careers. Nursing schools nationwide are struggling to find new faculty to accommodate the rising interest in nursing among new students. The shortage of nurse educators may actually enhance career prospects since it affords a high level of job security and provides opportunities for nurses to maintain dual roles as educators and direct patient care providers.

Roles:

A nurse educator is a registered nurse who has advanced education, including advanced clinical training in a health care specialty. Nurse educators serve in a variety of roles that range from adjunct (part-time) clinical faculty to dean of a college of nursing. Professional titles include Instructional or Administrative Nurse Faculty, Clinical Nurse Educator, Staff Development Officer and Continuing Education Specialist among others.

Nurse educators combine their clinical abilities with responsibilities related to:

- Designing curricula
- Developing courses/programs of study
- Teaching and guiding learners
- Evaluating learning
- Documenting the outcomes of the educational process.

Nurse educators also help students and practicing nurses identify their learning needs, strengths and limitations, and they select learning opportunities that will build on strengths and overcome limitations. In addition to teaching, nurse educators who work in academic settings have responsibilities consistent with faculty in other disciplines, including:

- Advising students
- Engaging in scholarly work (e.g., research)

- Participating in professional associations
- Speaking/presenting at nursing conferences
- Contributing to the academic community through leadership roles
- Engaging in peer review
- Maintaining clinical competence
- Writing grant proposals

A growing number of nurse educators teach part-time while working in a clinical setting. This gives them the opportunity to maintain a high degree of clinical competence while sharing their expertise with novice nurses. Nurse educators who work in practice settings assess the abilities of nurses in practice and collaborate with them and their nurse managers to design learning experiences that will continually strengthen those abilities.

Specialties:

In most instances, nurse educators teach clinical courses that correspond with their area(s) of clinical expertise and the concentration area of their graduate nursing education program. Those considering a teaching career may choose from dozens of specialty areas, including acute care, cardiology, family health, oncology, pediatrics and psychiatric/mental health.

In addition, nurse educators teach in areas that have evolved as “specialties” through personal experience or personal study, such as leadership or assessment. The true specialty of a nurse educator is his or her expertise in teaching/learning, outcomes assessment, curriculum development and advisement/guidance of the learner.

Qualifications:

Nurse educators need to have excellent communication skills, be creative, have a solid clinical background, be flexible and possess excellent critical thinking skills. They also need to have a substantive knowledge base in their area(s) of instruction and have the skills to convey that knowledge in a variety of ways to those who are less expert.

Nurse educators need to display a commitment to lifelong learning, exercise leadership and be concerned with the scholarly development of the discipline. They should have a strong knowledge base in theories of

teaching, learning and evaluation; be able to design curricula and programs that reflect sound educational principles; be able to assess learner needs; be innovative; and enjoy teaching.

Those who practice in academic settings also need to be future-oriented so they can anticipate the role of the nurse in the future and adapt curriculum and teaching methods in response to innovations in nursing science and ongoing changes in the practice environment. They need advisement and counseling skills, research and other scholarly skills, and an ability to collaborate with other disciplines to plan and deliver a sound educational program.

Nurse educators who practice in clinical settings need to anticipate changes and expectations so they can design programs to prepare nurses to meet those challenges. They need to be able to plan educational programs for staff with various levels of ability, develop and manage budgets, and argue for resources and support in an environment where education is not the primary mission.

Practice Settings:

While nurses who care for patients in any setting engage in patient teaching, nurse educators typically practice in the following settings:

- Senior colleges and universities
- Junior or community colleges
- Hospital-based schools of nursing
- Technical colleges
- Hospitals
- Community health agencies
- Home care agencies
- Long-term care facilities
- Online using distance learning technology.

Within the school setting, there are as many options as there are schools. Educators may teach on a rural, suburban or urban campus; at a major private university or local community college; as part of a certificate program in a teaching hospital; or as a research coordinator in a doctoral program.

Journal of Nursing Education

<http://www.journalofnursingeducation.com/about.asp>

Journal of Professional Nursing

<http://www.aacn.nche.edu/Publications/jpn.htm>

Nurse Educator

<http://www.nursingcenter.com/library>

Nursing Education Perspectives

<http://www.nln.org/nlnjournal/index.htm>

VERMONT'S NURSING PROGRAMS:

Associate's Degree Programs:

Castleton State College

Nursing Department

Castleton, VT 05735

802/468-1236 or 802/468-1230

<http://www.csc.vsc.edu/Nursing/>

Southern Vermont College

Nursing Division

982 Mansion Drive

Bennington, VT 05201

802/447-4661

<http://www.svc.edu>

Associate's Degree and Licensed Practical Nursing Programs:

Vermont Technical College

Admissions Office

PO Box 500

Randolph Center, VT 05061-0500

800/442-VTC1 or 802/728-1243

<http://www.vtc.vsc.edu/>

Salary Range:

Nurse educators working in academic settings typically are on a nine-month appointment (e.g., September through May). Opportunities to teach in the summer often are available, and this is compensated separately. Salaries vary greatly depending on rank, education (e.g., master's or doctorate degree), and institution type (e.g., a large academic health center vs. a small liberal arts college). The most lucrative positions are available to doctorally-prepared faculty in public nursing institutions

In 2002, full-time nurse educators with a nine-month appointment earned salaries ranging between \$25,000 and \$185,000. On average, full-time nurse faculty with a doctoral degree earned \$61,000 in 2002-2003 while faculty with a master's degree earned \$49,000.

For those devoted to a career in nurse education, employment in a leadership and administrative role may be of interest. Many nursing school deans can earn more than \$100,000 in a calendar year. In 2002-2003, the typical associate dean with a doctorate earned between \$93,442 and \$111,036 while assistant deans, on average, earned between \$71,857 and \$92,469.

Education:

At a minimum, nurse educators who work in academic settings must hold a master's degree. In order to be promoted to the upper academic ranks (e.g., associate professor and professor) and to be granted tenure, academic faculty typically must hold an earned doctoral degree. Nurse educators who work in clinical settings must hold the minimum of a baccalaureate degree in nursing, but more and more institutions are requiring the master's degree for such appointments.

Many master's degree and post-graduate certificate programs are available to prepare nurses specifically for the educator role. These programs, which are sometimes offered online, focus on the skills needed to prepare advanced practice nurses to teach, including instruction on the learning process, curriculum development, student counseling, program evaluation, and the principles of adult education.

Dozens of baccalaureate-to-PhD programs also are available for nurses prepared with a bachelor of

science in nursing degree looking to pursue doctoral preparation. These programs, which include intense clinical experiences, attempt to move students through graduate level study at an accelerated pace.

Many federal and private sources of funding exist to assist students looking to pursue graduate nursing education. The recently passed Nurse Reinvestment Act includes a student loan repayment program for nurses who agree to serve in faculty roles after graduation. Similar programs also are available through the National Health Service Corps and the Bureau of Health Professions.

Associations:

American Association of Colleges of Nursing
One Dupont Circle, #530
Washington, DC 20036
(202) 463-6930
www.aacn.nche.edu

American Society for Training and Development
1640 King Street, Box 1443
Alexandria, VA 22313
(703) 683-8100
www.astd.org

National League for Nursing
61 Broadway, 33rd Floor
New York, NY 10006
(800) 669-1656
www.nln.org

National Nursing Staff Development Organization
7794 Grow Drive
Pensacola, FL 32534
(800) 489-1995
www.nnsdo.org

Publications:

Journal for Nurses in Staff Development
<http://www.nursingcenter.com/library>

Journal of Continuing Education in Nursing
<http://www.slackinc.com/allied/jcen/jcenhome.htm>

Contact Information:

Mary Val Palumbo MSN, APRN
Office of Nursing Workforce Research, Planning, and Development
University of Vermont College of Nursing and Health Sciences
Rowell 216
Burlington, VT 05405
(802) 656-0023

PROJECT STAFF:

Mary Val Palumbo MSN, APRN
Manager
Office of Nursing Workforce Research,
Planning, and Development
University of Vermont
College of Nursing and Health Sciences

Barbara Murray MS
Professor Emerita
University of Vermont
College of Nursing and Health Sciences

*We would like to acknowledge the assistance of the following
people in this project and the preparation of this report:*

Betty Rambur DNSc, RN
Dean
University of Vermont
College of Nursing and Health Science

Rebecca (Becky) Rice RN, EdD
Legislative Consultant
Macaulay & Burtch, PC

Mary Holl
Secretary
Office of Nursing Workforce Research,
Planning, and Development
University of Vermont
College of Nursing and Health Sciences