Nurses’ Educational Advancement is Necessary for Increasing Educational Capacity

Office of Nursing Workforce
Research, Planning, & Development
University of Vermont

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The purpose of this white paper is to:
1) clearly state the problems regarding Vermont’s ability to increase its capacity to educate more nurses;
2) summarize the progress made to date; and
3) put forth an action plan based on Vermont specific challenges.
Background

**National Perspective**
In the eighth year of a national nursing shortage, progress has been made regarding increased enrollment in undergraduate nursing schools, improved work environments and increased salaries. The concerted efforts of many organizations have dramatically increased interest in nursing as a career. The National League for Nursing reports a 50.3% increase in enrollment in all types of pre-licensure registered nurse programs but also reported an estimated 125,000 qualified applicants were turned away in the fall of 2004.

The main reason there is a limited capacity in nursing schools across the county is that we have a national nursing faculty shortage. Ten reasons for this shortage as cited by the American Association of Colleges of Nursing are:

1. Faculty retirement projections – From 2004 to 2012 between 200-300 doctorally-prepared faculty will be eligible for retirement annually.
2. Decline in the percent of younger faculty – An 18% decrease in the age group of 36-45 years was seen from 1993 to 2002.
3. Increased employment of doctoral graduates in settings other than schools of nursing.
4. Disparity between clinical and academic salaries.
5. Tuition and loan burden for graduate study.
6. Diminishing pipeline of enrollees and graduates from doctoral programs.
7. Prolonged “time to degree” for doctoral education.
8. Job dissatisfaction due to workload and role expectation issues.
9. Challenging student populations (i.e. non-traditional, part-time, multigenerational, and academically unprepared).
10. Expectations to “do it all” – teach, practice and research.

**Vermont Perspective**

**Progress**
Since the 2001 Blue Ribbon Commission on Nursing convened and made its recommendations, progress on combating Vermont's nursing shortage has been made. Increases have been seen in the numbers of: enrolled students at all levels, nurse graduates, and male nurses. There appears to be some positive progress in terms of reducing the likelihood to leave due to salary dissatisfaction compared to 2003. Vacancy rates in hospital and home health agencies were lower in 2005 compared to 2003. Expansion of nursing educational offerings to Vermont students in rural locations has been made by Castleton State College, Vermont Technical College and the University of Vermont.

More financial incentives for graduate studies and the choice of taking a nurse educator position have been established in 2004-2005.

- Loan Repayment for Nurse Educators was funded in June, 2005
- Freeman’s Nurse Scholarship extended to graduate students
- Vermont Nurse Foundation Light the Lamp Scholarship
- Vermont Organization of Nurse Leaders’ Advanced Degree Nurse Leadership Scholarship

**No Change**
Home Health continues to be the only setting in which the majority of agencies (70%) offer differentiated pay based on educational preparation. Pay is not differentiated for nurses with BSN or credentials in the majority of hospitals and nursing homes in Vermont. The numbers of baccalaureate prepared nurses remains roughly half (32%) of the recommendation of the National Advisory Council on Nursing Education and Practice (1995) which was to have 60% of the RN workforce prepared at the Bachelor’s degree level.

Comparing the data between years 2003 and 2005 from the Board of Nursing Relicensure Surveys, some progress is noted at the Master’s level but actual decreases are seen at the BSN level and no change for doctoral degrees.

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<tr>
<th>RN Highest Nursing Degree</th>
<th>2003</th>
<th>2005</th>
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<tbody>
<tr>
<td>BSN</td>
<td>33.43% (1375)</td>
<td>32.42% (1321)</td>
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<tr>
<td>Master’s</td>
<td>4.08% (168)</td>
<td>4.59% (187)</td>
</tr>
<tr>
<td>Doctorate in nursing</td>
<td>0.15% (6)</td>
<td>0.12% (6)</td>
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<tr>
<td>(Doctorate in non-nursing field)</td>
<td>(17)</td>
<td>(18)</td>
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<tr>
<th>APRN Highest Nursing Degree</th>
<th>2003</th>
<th>2005</th>
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<tbody>
<tr>
<td>Master’s</td>
<td>58.59% (150)</td>
<td>57.15% (171)</td>
</tr>
<tr>
<td>Doctorate in nursing</td>
<td>1.95% (5)</td>
<td>1.57% (5)</td>
</tr>
<tr>
<td>(Doctorate in non-nursing field)</td>
<td>(7)</td>
<td>(7)</td>
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**Losing Ground**
The five schools of nursing in the state are hard pressed to be able to accommodate the renewed interest in careers in nursing. This is directly related to resources available for additional faculty positions, not to mention the problems finding appropriately educated faculty to fill existing positions. Student clinical placement sites are also limited. Applications submitted to the only graduate program in nursing in the state have also declined.
Actions recommended:

1. **Expose all practice partners to faculty shortage problem and the need for nurses to be supported in their educational advancement.**
   - Improve tuition reimbursement offerings
   - Differentiate nursing roles (LPN, RN- Associate Degree, RN- Bachelor’s Degree) with clear salary incentives

2. **Promote the benefits of educational advancement and preparation for a faculty role.**
   - Recognize and celebrate excellence in clinical teaching in all settings
   - Expand nurse educator marketing campaign
   - Provide venues for career advise
   - Disseminate scholarship and loan repayment information
   - Create clear advancement pathways for all levels of nurses
   - “Grow your own” programs

3. **Advance Joint Clinical Appointments**
   - Explore new models of joint clinical appointments
   - Celebrate successful implementation

4. **Support faculty retention initiatives**
   - Roles for retiring faculty
   - “Turn” teach rather than “team” teach
   - Advance use of clinical simulators
   - Seek grant funding for on-line system of clinical placements to fully utilize existing clinical sites and staff resources.
   - Pay attention to junior faculty mentoring and retention.
   - Encourage assessment of academic work environment to develop best practices in retention.

5. **Seek state funding for:**
   - Increase of faculty salaries
   - Increase number of faculty positions
   - Continue support of loan repayment and forgiveness for nurse educators
   - Expansion of graduate school offerings.

6. **Continued data collection to track progress and needs.**

The following actions are recommendations based on the Vermont situation and the input of four focus groups with educators and practice partners held November 2004- June 2005:

**Stakeholders**

- **ONW**: Office of Nursing Workforce
- **SONs**: Schools of Nursing
- **HCE**: Health Care Employers
- **VSNA**: Vermont State Nurses Association
- **VONL**: Vermont Organization of Nurse Leaders
- **VNIP**: Vermont Nurse Internship Program
- **AHEC**: Area Health Education Centers

**Responsible Parties**

- **VAHHS**: Vermont Organization of Hospitals & Health Systems
- **VDH**: Vermont Department of Health
- **AHS**: Agency of Human Services
- **BON**: Board of Nursing
- **WDP**: Workforce Development Partnership
- **VSAC**: Vermont Student Assistance Corporation
Conclusion

Vermont has been a model for other states regarding initiatives to combat the nursing shortage. A network of collaborating stakeholders has produced some good outcomes to date. Focused initiatives are now necessary to address the complex challenge of being able to educate all the individuals who are qualified to become nursing professions. This White Paper is meant to serve as a road map for future work that is necessary to avert a crisis in care due to a lack of registered nurses.

References: