ORIGINAL ARTICLES

Hitting the Nursing Faculty Shortage Head On: Strategies to Recruit, Retain, and Develop Nursing Faculty

HARRIET R. FELDMAN, PhD, RN, FAAN*, MARTHA J. GREENBERG, PhD, RN†, MARILYN JAFFE-RUIZ, EdD, RN‡, SOPHIE REVILLARD KAUFMAN, DPS§, and STACIE CIGNARALE, BS||

More than ever before, schools of nursing are challenged with finding qualified faculty to teach growing numbers of undergraduate and graduate students. Qualified applicants by the thousands are being turned away, in large part because of an insufficient pipeline of faculty. This article describes how one school hit the shortage head on by creating alternate models for employing and growing new faculty, and then instituting a variety of strategies to develop and keep them. (Index words: Nursing faculty shortage) J Prof Nurs 31:170–178, 2015. © *2015 Elsevier Inc. All rights reserved.*

IT IS NO secret that the United States has been challenged by a nursing faculty shortage that started as early as 2005, as noted in a white paper entitled, "Faculty Shortages in Baccalaureate and Graduate Nursing Programs: Scope of the Problem and Strategies for Expanding the Supply," published by the American Association of Colleges of Nursing (AACN) (http://www.aacn.nche.edu/media-relations/facultyshortageFS.pdf). This article summarizes the faculty shortage from its start to the present, identifying factors contributing to the shortage and strategies to expand the current nursing faculty workforce. In their 2012–2013 report of "Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing, U.S. nursing schools turned away 78,089 qualified applicants from baccalaureate and graduate nursing programs in 2013 due to an insufficient number of faculty, clinical sites, classroom space, clinical preceptors, and budget constraints" (http://www.aacn.nche.edu/media-relations/facultyshortageFS.pdf).

The Lienhard School of Nursing leadership at Pace University chose to address the challenges of the faculty shortage as they directly affect our institution, in a number of creative ways, moving through different models over time, while endeavoring to continue to provide a quality education for our growing population of undergraduate and graduate students. We believe, however, that the ideas are transferrable to other nursing programs and universities as a whole. The school is situated in a medium-sized private multicampus institution. The nursing program itself is located on the two main campuses, which are 40 miles apart. Faculty is assigned to a "home" campus; however, faculty is expected to, and many do, travel between campuses to teach courses within their specialty areas. Extensive videoconferencing helps to bridge the two campuses for many meetings; however, courses are for the most part delivered within a single location.

During the period from 1998 to 2004, our enrollments plummeted because of a confluence of the following factors: closure of our associate degree program in 1997 (with about 250 students enrolled), layoffs and downsizing of nursing staff in local hospitals and medical centers as a result of changes in reimbursement systems, and an ensuing precipitous fall in traditional undergraduate enrollment as one response to questioning job security in nursing, mirroring the national decline. Shortly after

*Professor and Dean, College of Health Professions and the Lienhard School of Nursing, Pace University.
†Associate Professor and Chairperson, Department of Undergraduate Studies, Lienhard School of Nursing, Pace University.
‡Professor Emerita, Lienhard School of Nursing, Pace University.
§Assistant Dean for Grants and Strategic Initiatives, College of Health Professions, Pace University.
||Assistant Dean, Finance and Human Resources, College of Health Professions, Pace University.
Address correspondence to Dr. Feldman: Professor and Dean, College of Health Professions and the Lienhard School of Nursing, Pace University, 861 Bedford Road, Pleasantville, NY 10570.
E-mail: hfeldman@pace.edu
8755-7223

http://dx.doi.org/10.1016/j.profnurs.2015.01.007
© 2015 Elsevier Inc. All rights reserved.

closure of the associate degree program, a retirement incentive program at the university yielded a retirement of eight faculty members in nursing, and another four faculty members left for various reasons, all in the same calendar year. The smaller faculty body turned out to be a temporarily good fit to accommodate the smaller enrollments and helped keep us financially stable.

As is typical of the enrollment cycles we see in nursing education, however, the world changed, and nursing once again became attractive as a career. The demands of the academic workplace greatly expanded, creating a new set of challenges—not enough faculty or space (academic and clinical) or fiscal or material resources to serve growing numbers of prospective students. Our enrollments suddenly grew by double digits every fall, and our adjunct (part-time) faculty population tripled to meet the needs of more students to teach. Our accreditors determined that we did not have sufficient faculty.

Given that the pipeline of nursing students had shrunk over time with fewer attending baccalaureate and higher degree programs, the supply of new faculty nationally was adversely affected. The existing faculty were aging and nearing retirement, a "perfect storm." There were more opportunities for new doctoral graduates to work in health care settings, and the salary was more attractive than in the academic setting. All of these factors and more contributed to the development of a faculty shortage. How did we address the dilemma of vast program growth juxtaposed with a greatly diminished supply of qualified nurse educators?

Creative Solutions

Unable to find qualified doctorally prepared faculty, we realized that we needed to be creative. First on our list was looking at ways to reduce the large number of adjunct faculty. We felt that consistency in the teaching/learning experience was important for our students, but there were simply too many individuals in the mix. Having fewer faculty overall, with a greater proportion of them full time, was our goal. We could provide educational opportunities and a mentoring experience to this new kind of faculty to enrich their abilities as educators. This would also enable our tenured and tenure track faculty to have greater oversight of adjunct faculty, as they would be a more manageable size. Considering all of these issues, we created the role of "clinical practice educator" (CPE).

Clinical Practice Educators

CPEs could teach the equivalent of a full-time teaching load, surpassing the number of credits that the university allowed adjuncts to teach. This solution would, therefore, serve as a temporary solution to reduce the number of adjuncts. We simply invited individuals from our pool of adjunct faculty members to consider a full-time teaching role as a CPE. The CPE model worked well initially as it served our need to reduce the growing number of adjunct faculty whose workload was constrained by a university-imposed credit limit. Although this was a good temporary step, within 2 years, an adjunct union was created at the university, and the CPE role had to be eliminated. In addition, because of system constraints necessitating manual processing of the CPE payroll, there were some auditing concerns. Not to be daunted, we moved back into our creative mode. Hence, in 2004, we developed the nontenure track full-time clinical instructor role, starting with two faculty members to teach in the undergraduate program.

Clinical Instructor Role

Requirements for the clinical instructor role were a master's degree in nursing, clinical expertise in a specialty, and previous experience in teaching. We were able to find resources to support the role by putting together credits normally taught by the CPE and by adjuncts. The provost at the time provided additional funding so that we could develop two of these lines. As enrollments grew over time and the faculty shortage persisted, the number of clinical instructors also grew, sometimes as a temporary measure to fill an unfilled tenure track line. Although the role was initiated in the undergraduate program, we expanded in 2010 to include two clinical faculty in the graduate program, both of them our own doctor of nursing practice (DNP) graduates, for 13 clinical lines in nursing in 2013–2014. Once we appointed individuals with a clinical doctorate, we needed to differentiate them from the undergraduate clinical instructor, who was prepared at the master's degree level. In 2010, we developed a simple ranking system for promotion beyond the clinical instructor level. The guide for clinical promotion from instructor through professor has since become a model for the entire university. Clinical faculty appointments are based on annual contracts. Some of the clinical positions we established were at one time tenure track lines. Because we were not able to attract doctorally prepared individuals, we temporarily created them with the idea that a subsequent successful tenure track faculty search could lead to conversion of a clinical line to a tenure track line. As the faculty shortage eases, we have in place a plan to "right-size" our faculty to reduce the number of clinical positions to a smaller number in favor of tenure track faculty. In fact, we have recently made this conversion for the first time.

U.S. Department of Labor Grant

In 2005, we were successfully funded to participate in a federal workforce initiative by the U.S. Department of Labor. This was a health workforce training grant under President George W. Bush that was designed to reach many types and levels of professionals. A large part of the funds supported partnerships with clinical agencies, where qualified master's-prepared nursing staff could teach full or part time at the university in exchange for a pool of academic "credits" that could be banked for later use for an employee the chief nurse officer would designate to enroll in any undergraduate or graduate course at our institution. For example, if a clinician taught the equivalent of six academic credits, six

Download English Version:

https://daneshyari.com/en/article/2670805

Download Persian Version:

https://daneshyari.com/article/2670805

Daneshyari.com