Service/Academic Partnerships:
A Call to Action

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Staffing shortages, workload increases, and balancing experienced versus non-experienced nurses are top of list workforce planning issues for nursing leaders. The complexity of care being provided continues to increase; nurses are returning to school for their BSN and more advanced degrees. RN residency programs are being created to assist with the transition of new nurses into practice settings. Additionally, new roles are being created, which only further increases the challenge of providing adequate staffing in a cost effective manner.

One solution to staffing shortages is, of course, to increase the number of nurses in the workforce. So, how are academic partners responding to these challenges? Are they adequately prepared to produce an adequate number of new graduates to meet the upcoming staffing needs? How many nurses will be needed to meet the increased capacity that is expected as more new hospitals are built and/or expand their beds? What is the impact on colleges and universities as they respond to the challenge of having 80% of the RN workforce at a BSN level? Or to having advanced practice RN's educated at the DNP level? How do colleges and universities manage succession planning by anticipating the upcoming retirements of an aging faculty? These questions served as the basis for a conference that was held in Dallas, Texas, in 2017.

TEXAS GROWTH AND PROJECTIONS

Using Health Resources and Services Administration projection models and Texas-specific data to estimate nurse supply and demand, the Texas Center for Nursing Workforce Studies was able to accurately model the future need for the nursing workforce in Texas. The results of this model were reported in the Nurse Supply and Demand Projections, 2015-2030: Executive Summary.[1] According to this report, in 2015, the supply of RNs in Texas will be 200,663 RN full-time equivalents (FTEs). Demand will be 215,636 FTE RNs, leaving a deficit of 14,973 RN FTEs. By 2030, the supply of RN FTEs is expected to grow by 35.4% to 271,667, whereas demand will grow by 53.8% to 331,638, leaving a deficit of 59,970 RN FTEs. Based on these projections, 20% of the projected demand for RNs in 2030 will not be met.

The looming nursing shortage presents a challenge in Texas and throughout the United States because of the need to address one of the most important factors influencing the nursing shortage: a lack of appropriately credentialed faculty to teach the qualified students who apply to nursing programs.

The average age of the nursing faculty is currently 56.4 years of age, and the impending retirements that are expected

from universities in the next 3 to 5 years will exacerbate this need.[2] Succession planning and strategies to grow the next generation of nursing faculty leaders are critical. Greater demands are being placed on nursing schools, not only to supply an adequate number of new nurses, but also to support nurses returning to school for more advanced degrees. A significant factor influencing this shortage of nurse educators is the salary discrepancy between nurse educators and other master's-prepared nurses. According to the CUPA 2016-17 Faculty Salary scale, the Payscale website, and the Career Builder website, nurse educators make $66,000, $72,020, and $73,355, respectively.[3-5] This compares to a salary range for nurse practitioners of between $94,493 and $110,625, and an average salary of nurse administrators of $92,810, according to the May 2016 Bureau of Labor Statistics.[5] These data suggest that nurse educators, particularly at the beginning of their careers, often earn $20,000 to $30,000 less than nurse practitioners and nurse administrators with similar education and experience. The faculty shortage must be resolved in order to have sufficient nurses to meet the current and future nursing needs of Texas and other US citizens.

SPECIAL CALLED MEETING

The lack of sufficient numbers of nurse educators on a state-by-state basis is a cause of concern for all who are interested in meeting the health care needs of US citizens. This concern in Texas drove the development of the conference, Challenges for Texas Nurse Educators, held on February 17, 2017. This meeting was designed to confirm that the shortages identified in the literature accurately illustrate the current experience in Texas, to explore reasons for the insufficient number of nurse educators in Texas, and to develop strategies to address these issues.

The conference was funded by the Texas Team: Advancing Health for Texas Robert Wood Johnson Foundation Coalition through shared funds with the National Student Nurses Association.

A taskforce of the Texas Team Education Committee developed, facilitated, and is now sharing the results of the meeting. The conference taskforce was fortunate, because 4 national leaders in nursing accepted the invitation to be the keynote speakers. In addition, the executive directors of the Texas Board of Nursing, and the Texas Nurses Association, as well an administrator of the Texas Higher Education Coordination Board, provided the state perspective. The names of the leaders participating in this conference are provided in Table 1. The invitations to these leaders were intentional, because the taskforce wanted to include national data and regional and national solutions in order to raise state awareness of the challenges to solving the nursing faculty shortage. There was also a deliberate invitation to our practice partners to participate in this conference, because they may have possible solutions to share with the conference attendees and/or raise their awareness of the pending shortage.

The conference was attended by 162 participants. Following presentations by keynote speakers and a panel response to their presentations, the participants broke into self-selected breakout sessions to discuss possible solutions for

Texas to their topic of interest. The groups were facilitated by taskforce membership and taskforce members who also recorded the breakout discussions. The following were the breakout topics discussed by participants: Legislative Strategies to Reduce the Nursing Faculty Shortage; Clinical/Practice Partnerships to Increase Nursing Faculty Availability; New Methodologies for Increasing Faculty for the ADN and BSN Programs in Texas; and Succession Planning Across Texas: Next Steps. Breakout session challenges and recommendations were then reviewed by the taskforce for analysis, conclusions, and recommendations. These were subsequently shared with various nurse leaders across the state for additional feedback.

FOLLOW-UP ACTION PLAN

The conclusions and recommendations, coupled with statistics illustrating the current challenges in nursing education, were captured in a white paper, *Challenges for Texas Nurse Education*. A recruitment video that highlights the benefits of working in academia has also been developed. Both the report and video have been shared with leaders who represent the American Organization of Nurse Executives (AONE), American Association of Critical-Care Nurses (AACN), American Nurses Association, and National League for Nursing.

THE RELATIONSHIP BETWEEN SERVICE AND EDUCATION

The shortage of nurse educators is a challenge that impacts practice, as well as education. Not only are nurses with expertise in teaching and learning needed in the practice environment to support professional development of staff, but the lack of nurse educators in nursing programs in the United States directly impacts the availability of nurses at all levels to care for patients. The resolution of the nurse educator shortage requires the involvement of both practice and education. A key question is what can be done to facilitate the collaboration of service and education in order to address the nurse educator shortage?

Collaboration is most effective when all players understand the work environment of the others. Most nurse educators have an understanding of the practice environment, because they either have or continue to practice in a clinical environment. However, nurses in service, with the exception of clinical nurse educators, may be less clear about the work environment in colleges and universities. This lack of understanding may inadvertently be, in part, a result of the twentieth century transition from hospital-based training to academically based nursing, which escalated a chasm between academic and service.[6] Nurses in service may benefit from an understanding of the competencies required of the nurse educator.

Just as various clinical specialties in nursing agree upon competencies required of nurses working in that area, the National League for Nursing has identified core competencies for nurse educators.[7] These competencies provide an overview of the expectations of nurse educators. For example, one of these competencies requires the nurse educator to *function as a change agent*