A Strategy to Address the Nursing Faculty Shortage

Barbara J. Ganley, PhD, RN, AHNC; and Ingrid Sheets, EdD, RN, CNS

ABSTRACT

This article describes one university’s experience in creating a master’s geriatric clinical nurse specialist-nurse educator program to address the nursing faculty shortage and the need for geriatric clinical nurse specialists. The successes and challenges are outlined, and curricular ideas that may be beneficial to other nursing programs also are presented. This program has enhanced the university’s pool of clinical instructors, increased its ability to provide services to older adults, and allowed faculty to instruct and focus undergraduates in the distinctions of geriatric nursing care. The biggest challenges faced were marketing and recruitment of nurses; these challenges were addressed, and possible solutions are offered. The most immediate benefit of this program was the generation of geriatric clinical nurse specialists and nurse educators who teach in the university’s undergraduate program.

The lack of qualified nursing faculty and its effect on the nursing shortage has been well documented (American Association of Colleges of Nursing [AACN], 2003, 2007a, 2007b, 2008; Zungolo, 2004). The AACN 2006-2007 Enrollment and Graduation Survey found 71% of respondents cited the nursing faculty shortage as the primary reason for restricting student enrollment. Other challenges identified by respondents were insufficient clinical placements, the need for classrooms and preceptors, and budget limitations (AACN, 2007a). In 2006, approximately 43,000 qualified U.S. applicants were denied admission to nursing programs (AACN, 2007b); of these, approximately 31,000 were prelicensure applicants (AACN, 2007a). By 2020, California alone is expected to require an additional 116,600 RNs to care for its residents. Yet, according to the California Nurse Education Initiative presented San Francisco Bay Area schools of nursing (Department of Aging, 2007). Thus, the Betty Irene Moore Foundation, located in San Francisco, recognized the immediate need to address the current and escalating nursing shortage, as well as the overall quality of nursing care delivery in California. With this in mind, the Betty Irene Moore Nursing Initiative was created to improve nursing-related patient outcomes in adult acute care hospitals in five San Francisco Bay Area counties and to increase the number of RNs in the workforce (Gordon and Betty Moore Foundation, n.d.). Thus, the Betty Irene Moore Nursing Initiative presented San Francisco Bay Area schools of nurs-
The University's Approach

Dominican University of California is a medium-sized university of Catholic heritage located in Marin County, 25 miles north of San Francisco. The student population comprises approximately 2,000 graduate and undergraduate students; approximately 25% of this population are nursing students. Prior to submission of the concept paper to the Gordon and Betty Moore Foundation, the master's nursing program typically had 20 students in two cohorts. The master's nursing students graduated with a clinical nurse specialist (CNS) designation in integrated health practices (bridging Western and non-Western health care), and were eligible for advanced holistic nurse certification through the American Holistic Nurses Association.

Like other schools in the San Francisco Bay Area, Dominican has a waiting list of students seeking admission into the prelicensure undergraduate nursing program. However, the university is unable to admit all qualified applicants because of insufficient numbers of clinical instructors and full-time faculty. The problem faced by the university was how to increase student capacity, find and hire qualified clinical and classroom instructors, and address the needs of older adults. The Betty Irene Moore Nursing Initiative allowed the university to examine ideas for addressing this.

After reviewing the literature and conducting a San Francisco Bay Area needs assessment, Dominican University nursing faculty established the following goals:

- Increase the number of master's-level nursing faculty in the San Francisco Bay Area.
- Reduce the nursing shortage by enabling ourselves to educate more new nurses.
- Concentrate on the needs of older adults.

Because there were no other similar programs in the area, it was proposed that the RN, postbaccalaureate, master's geriatric CNS-nurse educator program would meet alternating weekends (Friday night and all day Saturday) to accommodate working nurses. This alternating weekend program also would not conflict with other classroom schedules. It was proposed the program would follow a cohort format that could be completed in 21 months.

The proposal included partial tuition assistance in the form of forgivable loans of $10,000 from the Betty Irene Moore Nursing Initiative and various financial aid opportunities through Dominican University. All geriatric CNS-nurse educator students were eligible regardless of financial need. The loan would be forgiven, if graduates agreed to work for five semesters teaching nursing part time in the San Francisco Bay Area. Ultimately, graduates would become associate or baccalaureate nursing program clinical instructors teaching prelicensure RN students, as well as advanced practice geriatric clinical nurse specialists.

This article identifies the challenges and success encountered by faculty in completing this project in the hopes of stimulating other schools to consider this program to address the nursing faculty shortage. Although this program was designed around the geriatric CNS, any nursing focus could be successful in combining the nurse educator with a second specialty (e.g., adult health advanced practice nurse-nurse educator.

Process and Outcomes

The concept paper was accepted in August 2004 and funded in November 2004, with formalized goals, including:

- Developing curriculum for a new MSN for the geriatric CNS-nurse educator.
- Enhancing educational resources.
- Increasing the number of new nurses available to teach clinical or didactic courses to nursing students.
- Evaluating the program.

Curriculum Development

The final curriculum (Table) was approved in January 2005. The geriatric curriculum was based on the John A. Hartford Foundation, Institute for Geriatric Nursing Initiative Guidelines (John A. Hartford Foundation, n.d.; Reinhard, Barber, Mezey, Mitty, & Peed, n.d.) and Scope and Standards of Gerontological Nursing (Congdon, 2001). The education curriculum was based on the Council on Collegiate Education for Nursing Southern Regional Education Board (2002) nurse educator competencies. Program and student learning objectives were developed based on the California Board of Registered Nursing (1998) clinical nurse specialist requirements:

- A clinical nurse specialist is a registered nurse with advanced education, who participates in expert clinical practice, education, research, consultation, and clinical leadership as the major components of his or her role. (Article 9, § 2838.2)

This new curriculum would allow students to take the NLN nurse educator certification examination (NLN, 2007), to sit for gerontology CNS certification through the American Nurses Credentialing Center (2009), and to qualify for CNS designation through the California Board of Registered Nursing (1998).

University Resources

Because of the Betty Irene Moore Nursing Initiative funds, Dominican University was successful in hiring two additional nursing faculty and an assistant. Two extra classrooms were equipped with audiovisual equipment, computers, and Internet access. Offices were provided for new faculty; computers, printers, furniture, and software were purchased. A new nursing assessment laboratory was completed in 2006 and combined with the university's simulation laboratory. Although the university was fortunate to have the additional resources, it is possible to replicate this program without the facility enhancements by using classroom space on weekends or nights, and adjunct
or existing faculty to teach the additional courses. Student tuition should cover the costs.

Incoming Students
Students (n = 20) entering this program ranged in age from 23 to 60 (mean age = 45.6, SD = 12.95). A sampling of the students suggested that 41% entered the program because of a personal referral, 18% because of an online search, 18% because they knew of the program as alumni, 14% found out about the program in the newspaper or through a periodical advertisement, and 9% received a mailed brochure.

The first cohort of five students graduated in May 2007. Four of these graduates began teaching in the fall and plan to continue teaching for at least four additional semesters.

In the second year, 18 new students enrolled in the program. After the first semester, one student withdrew and four students reduced their unit load to part time (now scheduled to graduate in 2009). Thirteen students graduated in 2008. Eleven students contracted for forgivable loans and are committed to teach after graduation. In the program’s third year, 12 students were accepted and 10 students were admitted into the program; 5 students contracted for the forgivable loan and plan to teach after they graduate.

Program Evaluation
At the end of the first year, faculty and students met to discuss the courses and assess what was working, what was not working, and what changes they would recommend to improve the program. Overall, students and faculty agreed that the program was well coordinated and the courses appropriate. However, students recommended adding a geriatric psychology course and increasing units in leadership, spirituality, and nutrition. Consequently, the course units were increased and a geriatric psychology course is being developed.

The most significant change was in thesis development and work required for the research courses. Students now create their literature review, problem statement, and research question in the first semester; the proposal is developed in the second semester; institutional review board approval is secured in the third semester; data are collected in the fourth semester; and the final analysis and results are completed in the fifth and final semester.

Three years of the program have been completed. Student feedback has been positive. One graduate commented:

The program was rigorous; new ideas, skills, and strengths were expected of me and I worked hard to deliver. In the end, I am not just a better nurse, I am a better person. I did not think it was possible to make me a happier nurse, but completing my CNS has added more depth and color to my profession. Another graduate listed the following as her top 10 favorite things about the program:

- Structured guidance during thesis development.
- Focus on graduate-level research.
- Availability of professors.
- Small class size.
• Excellent nurse educator role development.
• Leadership taught and encouraged.
• Individualized clinical experiences.
• Distinguished faculty members.
• Opportunity for growth.
• Opportunity to apply nurse educator skills with undergraduate students.

During the fourth year of the program, 3 geriatric MSN graduates started teaching in the program, and 11 students scheduled to graduate will teach for at least five semesters in the San Francisco Bay Area. The geriatric nursing students are enthusiastic and look forward to teaching; they are experienced and comfortable in a clinical and academic teaching environment and verbalize this enthusiasm. Two of these upcoming graduates are planning to pursue their doctorate of nursing practice degree, and a third graduate is planning to pursue a doctorate in education degree. It is too soon to know how long these nurses will continue teaching, but their enthusiasm for teaching is encouraging.

**Generation of New Ideas**

The idea of combining the two specialties of geriatric CNS and nurse educator has provided many benefits. First, the pool of potential clinical nursing faculty has increased, with some of the graduate students assisting faculty or teaching undergraduate students in geriatric settings. Second, there is a greater emphasis on geriatric patients in both the graduate and undergraduate programs. The graduate students are working with the undergraduate nursing students in settings that specifically support older adult populations. Because of this, undergraduate students gain a better understanding of the needs of the geriatric population and are more likely to go on to work in long-term care or with older adults in other settings.

By allowing graduates to meet their clinical objectives by teaching in clinical settings, to use this time for clinical credit, and to get paid as adjunct faculty, the university has been able to fill vacant clinical faculty slots. These new teachers are experienced RNs who are in the final semesters of their graduate program. If the university was unable to do this, the students would have completed their clinical rotations but would most likely not have had additional time to teach. Undoubtedly, the most significant and immediate benefit of the program was identification and preparation of excellent practicing nurses who are nurse educators and geriatric clinical nurse specialists.

**Challenges and Successes**

**Marketing and Recruitment**

The most significant challenge was marketing and recruitment of students. Based on the university’s experiences, cost-effective strategies that work with other professions tended to be less effective for nursing. Mass mailing return rates were often less than 1%, and large nursing job fairs did not always generate inquiries consistent with the high cost of being represented at the event. Advertisements in nursing periodicals resulted in minimal inquiries and were expensive. To reduce the cost of the advertisements, four local schools with graduate nursing programs jointly ran an advertisement that was attractive and highlighted each of the schools. This particular advertisement, entitled “Nursing Education Does Not End with Licensure,” won an award from readers of Nurse Week in October 2006.

Still, students were more likely to come into the program because they had a personal face-to-face contact with the director, or they were referred by an MSN alumni or a returning BSN alumni. Therefore, plans for the future include hosting a tea each year for BSN seniors as well as a summer party for alumni, incoming students, and faculty. In addition, the university plans to seek recruitment opportunities by attending local hospital events and also by producing and co-hosting continuing education events at hospitals, which may generate interest in the program. The university plans to continue hosting continuing education events and open houses on campus, as the nurses who attend these sessions tend to be the most serious about returning to school. Although this face-to-face contact is more time consuming and expensive, it is nevertheless consistent with the university’s relationship-centered program in which students get individual attention.

Another effective way to reach potential students is via e-mail. It allows easy access to most of the alumni and is cost effective. It also allows individuals who are interested to have a direct and immediate link to the MSN program director and the admissions department.

In addition to event invitations and general notices about the program, an online newsletter was initiated. The newsletter includes updates about the nursing program, MSN alumni, Sigma Theta Tau, and future continuing events and opportunities. The newsletter is expected to generate interest among undergraduate alumni and keep them thinking about opportunities at the university.

Another good recruitment strategy stems from the university’s relationships with professional organizations. For example, Sigma Theta Tau Rho Alpha and the university co-produce continuing education events. The Association of California Nurse Leaders and the California Institute for Nursing and Health Care also are excellent partners and have been instrumental in getting the word out about the new program. News of university events goes out to members, chapters, schools, and hospitals, and the events often are well attended. Local hospitals also support the program and disseminate information about upcoming events to their nurses.

Timing also seemed to be a factor. Recruitment between September and December tended to be less effective than activities during the spring and summer months. Most student activity occurred in the summer even though the university has rolling enrollment. Marketing strategies at the university are focused on brand recognition and increasing awareness of the school in general. However, in nursing, it is necessary to make personal contact with applicants especially during the spring and summer, and to follow up with each contact numerous times.
Financial

The financial aspect clearly is a factor in the decision to return to school. Attracting practicing nurses back to school when they already make high salaries is not easy. This may be especially true in California where many hospitals are unionized, and nurses often are paid based on task rather than educational preparation. Pursuing an advanced practice nursing degree is expensive, and the return on investment may not be realized if entering graduate school late in one's career. The Gordon and Betty Moore Foundation forgivable loan was a big incentive for bringing nurses into the program, as was the financial aid and other grants that were made available to students.

Discussion and Implications for Nursing Practice

This program has been successful in helping create new nursing faculty in the San Francisco Bay Area. To date, 18 qualified MSN nursing instructors have graduated from the program. Each new clinical instructor can teach at least 10 undergraduate students in a clinical setting per semester based on the ratios defined by the university and local area hospitals. These new instructors are acclimated to the university and teach undergraduate nursing students in simulation laboratories, classrooms, and clinical settings. The geriatric CNS-nurse educator program has demonstrated the value of combining a nursing specialty with the nurse educator role. Integrated health practice master's students suggested incorporating the nurse educator courses into their program so their degree would be an integrated health practice CNS with emphases in nursing education; this possibility is being considered.

Regardless of the specialty focus, adding the nurse educator component to other MSN programs may prove beneficial and motivate practicing nurses to return for their advanced practice degree and to become nurse educators. In addition, this program is self-sustaining in that as the tuition covers the costs associated with the program, it reduced the costs for recruiting new adjunct faculty since we are educating our own faculty, and there is a reduced stress level for those responsible for hiring faculty.

Nursing schools can have a significant social effect when they increase opportunities for prelicensure students and increase the number of new faculty. Schools can enhance their ability to hire nursing faculty by cultivating their own alumni and mentoring their MSN students in the delivery of nursing education. Although Bartels (2006) recommended nurse faculty be prepared at the doctorate level, moving nurses to the master's level as clinical educators is a step in the right direction.

The dearth of qualified nursing faculty is evident. However, Domini can University's nursing program is making progress in addressing the shortage of nursing faculty and licensed RNs. In addition, the university also is creating nurses who will positively affect the health care of older adults in the future as geriatric clinical nurse specialists.

References


