North Dakota Nursing Needs Study

Faculty Survey Results

Center for Rural Health

North Dakota Center for Health Workforce Data

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Table of Contents

Executive Summary
Background

The Nursing Needs study was mandated by the NDCC Nurse Practices Act 43-12.1-08.2 in which the North Dakota Board of Nursing was directed to address issues of supply and demand including issues of recruitment, retention and utilization of nurses. The North Dakota Board of Nursing then contracted with the Center for Rural Health at the School of Medicine and Health Sciences, University of North Dakota to conduct the Nursing Needs study.

This study initiated in 2002, was designed to collect data in order to present a more accurate picture of nurses in both rural and urban areas of North Dakota and compare these data with existing national data as well as to inform policy. During the first year of the study, data collection includes four projects. The first is a facility survey which was sent to all hospitals, long-term care facilities, clinics, home health and regional public health facilities in order to determine demand for nurses and recruitment and retention efforts. The second project was a survey of RNs and LPNs throughout North Dakota. The third project involved conducting several focus groups separately with students and nurses throughout the state. The nursing (RN and LPN) focus groups centered on determining job satisfaction and identifying changes that would encourage nurses to work in North Dakota facilities especially those in rural areas. The focus groups with nursing students (RN and LPN) included questions such as the reasons for choosing the nursing profession and whether they plan to work in North Dakota. The fourth project was a survey of nursing program faculty and questions included their views on their program's capacity to train a sufficient number of nurses, faculty demographics, job satisfaction and changes that may improve the nursing workforce as a whole.

Faculty Survey Results

This report includes the results from the faculty survey. The faculty survey was designed to address issues of supply of nursing students and nursing faculty. Questions included faculty's views on their program's capacity to train a sufficient number of nurses, faculty demographics, job satisfaction and what changes may improve the nursing workforce as a whole. Surveys were sent to all education program faculty in North Dakota with a total of 103 surveys returned (64% response rate).

- **Demographics**

    In comparison with national and regional data, North Dakota has a smaller percentage of Professors and Instructor ranked nursing faculty and a greater percentage of Assistant Professor and Associate Professor ranked nursing faculty. Less than 1% of nursing faculty are male which is below national (4%) and regional data (3%). Average age of North Dakota nursing faculty is 51 with 70% between 45-60 years old. Less than 1% are from a minority group which is less than both national and regional data. Fewer nursing faculty in North Dakota have earned a doctoral degree as compared to both national and regional data. About 1/3 of faculty plan to pursue another degree.

- **Employment**

  Most faculty have full-time positions. The majority of faculty in LPN programs are Instructors. In RN programs most faculty are Assistant and Associate Professors and in Advanced Practice/Graduate programs most faculty are Associate Professors. About 1/3 of faculty are living in a different county than where their faculty position is located. Faculty most frequently indicated nursing education, critical care and adult health as their clinical specialty. None indicated OB-GYN or neonatal and very few indicated women's health, rural health or public health. Most faculty of all ranks are either moderately or extremely satisfied with their job.

- **Retirement**

  Almost 1/3 of faculty plan to stop teaching nursing by 2008, over half by 2008 and over 80% by 2021. Over 40% plan to retire by 2013 and 80% by 2021.

- **Student Job Market**

  Most faculty believe that there are many job openings for newly graduated students in hospitals and nursing homes with fewer openings in public health, home health care and clinics.

- **Program Capacity**

  Over 40% of faculty indicated that their nursing program could increase student capacity using current resources with an average increase of 25 students/year. LPN faculty believed capacity could be increased an average of 35 student/year, RN faculty indicated an average increase of 12 students/year and Advanced Practice/Graduate Program faculty indicated an average increase of 23 students/year. Frequently cited constraints in expanding student admissions included lack of qualified faculty and financial resources and the need for more clinical facilities, classroom and office space. Faculty also indicated that educational schedule flexibility and increasing educational access would also help increase enrollment. Faculty also indicated that recruitment and promotion activities would need to increase in order to attract more students.

- **Nursing and Faculty Shortage Solutions**

  Faculty most frequently indicated that an improved work environment including better retention strategies, improved wage/benefits and more financial aid would have the greatest impact on a nursing shortage. Solutions for faculty shortages included improving salaries and benefits packages, decreased workloads and easier access to educational programs including tuition support and employment leaves for education.

North Dakota Nursing Needs Study Introduction

The Nursing Needs study was mandated by the NDCC Nurse Practices Act 43-12.1-08.2 in which the North Dakota Board of Nursing was directed to address issues of supply and demand including issues of recruitment, retention and utilization of nurses. The North Dakota Board of Nursing then contracted with the Center for Rural Health at the School of Medicine and Health Sciences, University of North Dakota to conduct the Nursing Needs study.

This study initiated in 2002, was designed to collect data in order to present a more accurate picture of nurses in both rural and urban areas of North Dakota and compare these data with existing national data as well as to inform policy. During the first year of the study, data collection includes four projects. The first is a facility survey which was sent to all hospitals, long-term care facilities, clinics, home health and regional public health facilities in order to determine demand for nurses and recruitment and retention efforts. The second project was a survey of RNs and LPNs throughout North Dakota. The third project involved conducting several focus groups separately with students and nurses throughout the state. The nursing (RN and LPN) focus groups centered on determining job satisfaction and identifying changes that would encourage nurses to work in North Dakota facilities especially those in rural areas. The focus groups with nursing students (RN and LPN) included questions such as the reasons for choosing the nursing profession and whether they plan to work in North Dakota. The fourth project was a survey of nursing program faculty and questions included their views on their program's capacity to train a sufficient number of nurses, faculty demographics, job satisfaction and changes that may improve the nursing workforce as a whole.

Faculty Survey Results

The faculty survey was designed to address issues of supply of nursing students and nursing faculty. Questions included faculty's views on their program's capacity to train a sufficient number of nurses, faculty demographics, job satisfaction and what changes may improve the nursing workforce as a whole. Questions were derived from a survey by the New York Center for Health Workforce Studies (2001), a telephone survey by the North Carolina Center for Nursing (2001), a survey by the Idaho Commission on Nursing and Nursing Education (2002) and a survey by the Southern Regional Education Board (2001).

The faculty survey was sent to all nursing faculty at all nursing education programs in North Dakota (Forth Berthold Community College, ND State College of Science, Northwest Technical College, United Tribes Technical College, Williston State College, Dickinson State University, Jamestown College, MedCenter One College, Minot State University, Tri-College University, University of Mary and University of North Dakota). The mailing list of faculty members was obtained from the nursing programs or their web sites when available (160 faculty). This survey was sent out February 2003 with a second mailing in April, 2003. Surveys were returned by 103 faculty for a response rate of 64%.

- **Demographics**

19% of faculty are Instructors (including clinical), 36% are Assistant Professors (including clinical), 32% are Associate Professors (including clinical) and 9% are Professors (including clinical). The National League for Nursing (2003) report of the faculty census survey found that across the United States 30% of faculty are Instructors, 29% are Assistant Professors, 21% are Associate Professors and 14% are Professors. In Midwest states, 29% are Instructors, 30% are Assistant Professors, 21% are Associate Professors and 12% are Professors.

100% of the instructors, associate professors and professors are female. 97% of assistant professors are female. Overall, less than 1% of nursing faculty are male. The National League for Nursing (2003) report of the faculty census survey found that across the United States 96% of faculty are female and in Midwest states 97% are female.

Average age increases by rank (overall=51 years); Instructor (46.22 years), Assistant Professor (48.15 years), Associate Professor (54.02 years) and Professor (59.56 years). 70% are between 45-60 years old. The National League for Nursing (2003) report of the faculty census survey found that across the United States 65% of faculty are 45-60 years old and in the Midwest states 67% are 45-60 years old.

100% of Assistant Professors, Associate Professors and Professors are White, not of Hispanic origin. 95% of Instructors are White and 5% are Asian/Pacific Islander. Overall, less than 1% of nursing faculty are of a minority group. The National League for Nursing (2003) report of the faculty census survey found that across the United States 91% of nursing faculty are White and in Midwest states 95% are White. Nationwide, 1.7% are Asian-American, 6.6% African-American and .8% are American-Indian. In the Midwest states 1.3% are Asian-American, 3.3% are American-Indian and 3.9% are African-American.

5% of Instructors have earned a doctoral degree, 60% a masters degree, and 35% a baccalaureate degree. 79% plan to pursue another degree. 19% of Assistant Professors have earned a doctoral degree and 81% a masters degree. 25% plan to pursue another degree. 27% of Associate Professors have earned a doctoral degree and 73% a masters degree. 34% plan to pursue another degree. 89% of Professors have earned a doctoral degree and 11% a masters degree. 0% plan to pursue another degree.

Overall, 25% have earned a doctoral degree, 67% a masters degree and 3% a baccalaureate degree. 37% of faculty plan to pursue another degree. The National League for Nursing (2003) report of the faculty census survey found that across the United States 31% of faculty have a doctorate degree, 65% a master's degree and 3% a baccalaureate degree. In Midwest states, 30% have a doctorate degree, 65% a master's degree and 4% a baccalaureate degree.

- **Employment**

  55% of Instructors, 89% of Assistant Professors, 91% of Associate Professors and 89% of Professors have full-time faculty positions.

  LPN Programs include 61% Instructors, 28% Assistant Professors and 6% Associate Professors. RN programs include 12% Instructors, 39% Assistant Professors, 41% Associate Professors and 4% Professors. Advanced Practice and Graduate Education programs include 12% Instructors, 24% Assistant Professors, 41% Associate Professors and 24% Professors. Several faculty members taught in more than one type of educational program.

  Professors taught the greatest average years (27.33 years) followed by Associate Professors (17.76 years), Assistant Professors (12.36 years) and Instructors (5.51 years).

  Associate Professors had the greatest average years in their current position (12.62 years) followed by Professors (12.06 years), Assistant Professors (6.54 years) and Instructors (4.76 years).

  50% of Instructors live in a different county from where their faculty position is located along with 27% of Assistant Professors, 18% of Associate Professors and 22% of Professors.

  Faculty were asked to indicate their clinical specialty (see Table 1).
  The greatest percentage of Instructors indicate their clinical specialty as critical care (30%) and nursing education (20%). None of the Instructors indicate nursing administration, OB-GYN, pediatrics, psychiatric, gerontology, public health, neonatal and women's health.

  The greatest percentage of Assistant Professors indicate adult health (14%) and nursing education (14%). None of the Assistant Professors indicate OB-GYN, Public Health or Neonatal.

  The greatest percentage of Associate Professors indicate Adult Health (24%) and Nursing Education (24%). None of the Associate Professors indicated OB-GYN, Gerontology, Maternal/child health, rural health, neonatal and women's health.

  The greatest percentage of Professors indicate nursing education (22%) and gerontology (22%). None of the Professors indicate Adult Health, Community Health, OB-GYN, Family, Public Health, Maternal/Child Health, Rural Health, Neonatal and Women's health.

  Over all ranks of faculty none indicated their specialty as OB-GYN or Neonatal. Very few indicated public health, rural health and women's health.

Table 1: Faculty Clinical Specialty

	Instructor	Assistant Professor	Associate Professor	Professor
Acute Care	5%	5%	3%	11%
Nursing Administration	0%	8%	7%	11%
Adult Health	10%	14%	24%	0%
Nursing Education	20%	14%	24%	22%
Community Health	10%	5%	17%	0%
OB-GYN	0%	0%	0%	0%
Critical Care	30%	11%	3%	11%
Pediatrics	0%	5%	0%	11%
Family	5%	11%	7%	0%
Psychiatric	0%	3%	3%	11%
Gerontology	0%	5%	0%	22%
Public Health	0%	0%	10%	0%
Maternal/child health	10%	8%	0%	0%
Rural Health	5%	3%	0%	0%
Neonatal	0%	0%	0%	0%
Women's Health	0%	3%	0%	0%
Other	5%	5%	0%	0%

- **Retirement**

Instructors plan to continue teaching for an average of 15.37 more years, Assistant Professors for 23.69 years, Associate Professors for 19.47 years and Professors for 6.5 years.

Figure 1 displays the cumulative percentage of faculty when they plan to stop teaching nursing. 27% plan to stop teaching by 2008, 53% by 2013 and 81% by 2021.

Figure 1: Cumulative Percentage of When Faculty Plan to Stop
        Teaching Nursing

Cumulative Percentage of When Faculty Plan to Stop Teaching Nursing
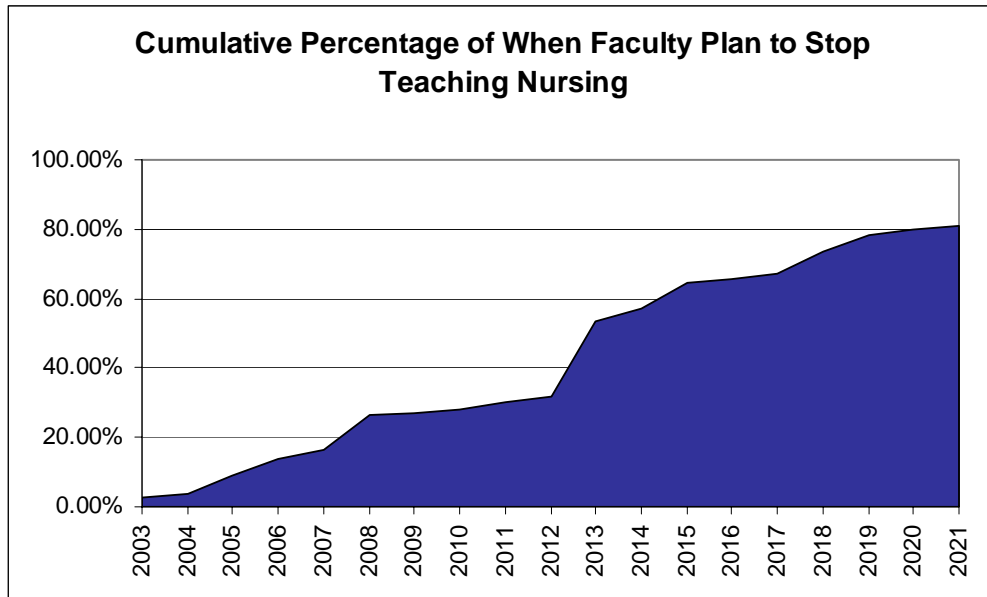
Note. Years with missing data were filled in with the median of surrounding years (2009).

Figure 2 displays the cumulative percentage of faculty planning to retire. 19% plan to retire by 2008, 41% by 2013 and 80% by 2021. The small difference between when faculty plan to stop teaching and when they plan to retire may be due to other career plans prior to retirement (ex. administration).

Figure 2: Cumulative Percentage of When Faculty Plan to Retire

Cumulative Percentage of Faculty Planning to Retire
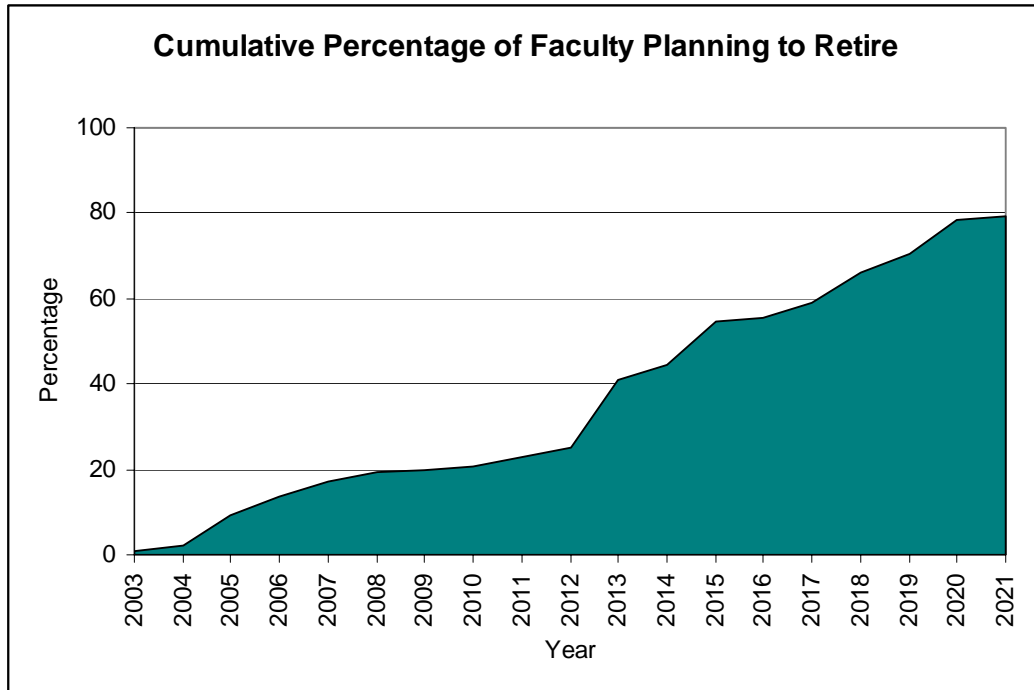
Note. Years with missing data were filled in with the median of surrounding years (2009).

- **Job Satisfaction**

  79% of Instructors are either moderately or extremely satisfied with their faculty position (see Figure 3).

  Figure 3: Instructor Job Satisfaction
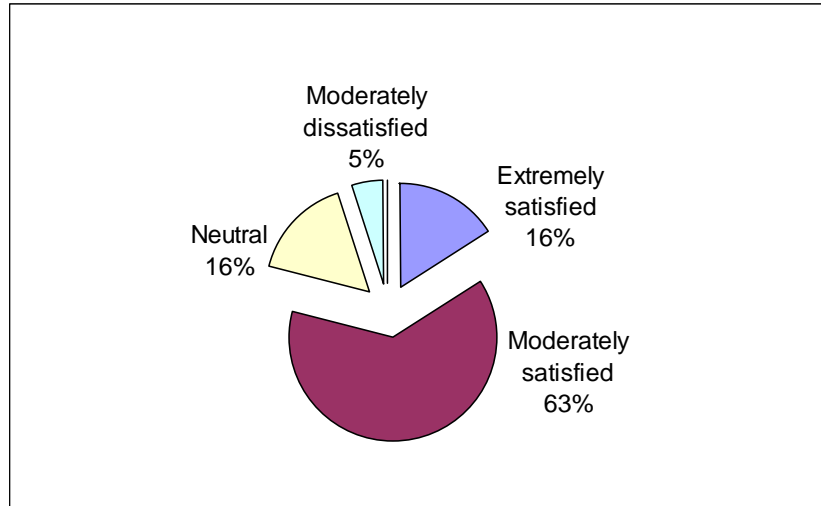
  77% of Assistant Professors are moderately or extremely satisfied with their faculty position (see figure 4).

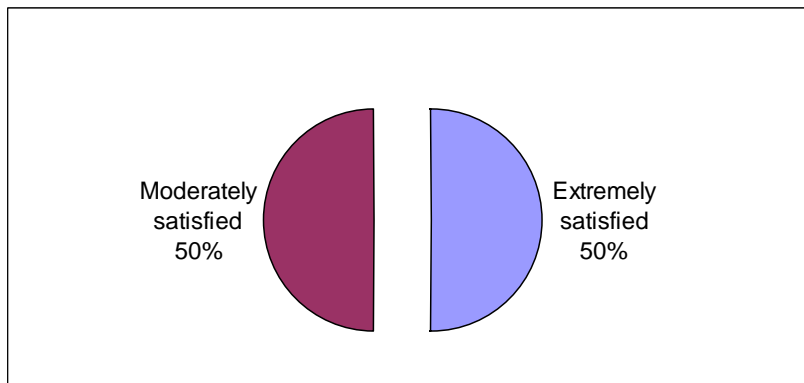 Figure 4: Assistant Professor Job Satisfaction
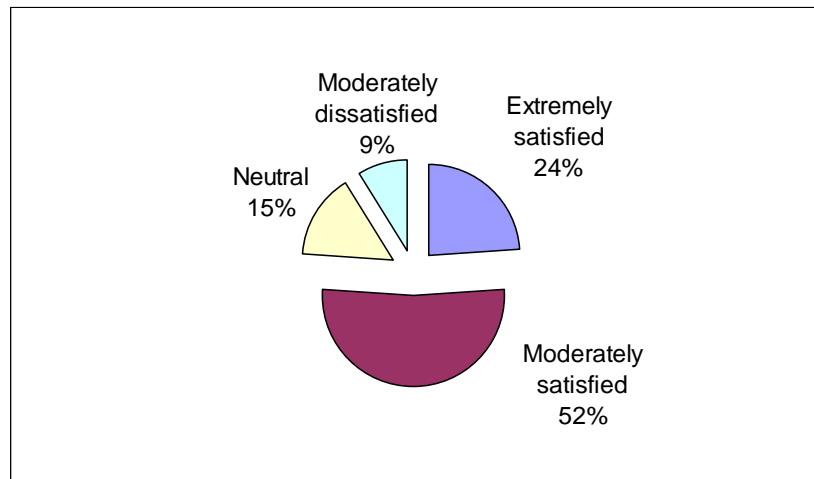
83% of Associate Professors are moderately or extremely satisfied with their faculty position (see Figure 5).

Figure 5: Associate Professor Job Satisfaction
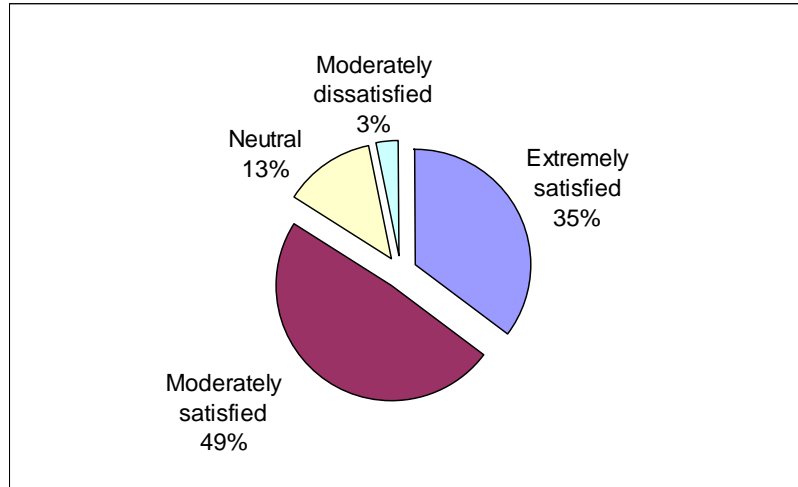
100% of Professors were moderately or extremely satisfied with their faculty position (see Figure 6).

Figure 6: Professor Job Satisfaction

- **Student Job Market**
  Faculty were asked to indicate whether their perception of the job market for newly graduated nurses in their area of North Dakota had many, some or no job openings. The percentage of faculty that believed there are many job openings is displayed in figure 7. Most faculty believed that there are many job openings in hospitals and nursing homes.

Figure 7: Percentage of Faculty Indicating Many Job Openings for New Nurses
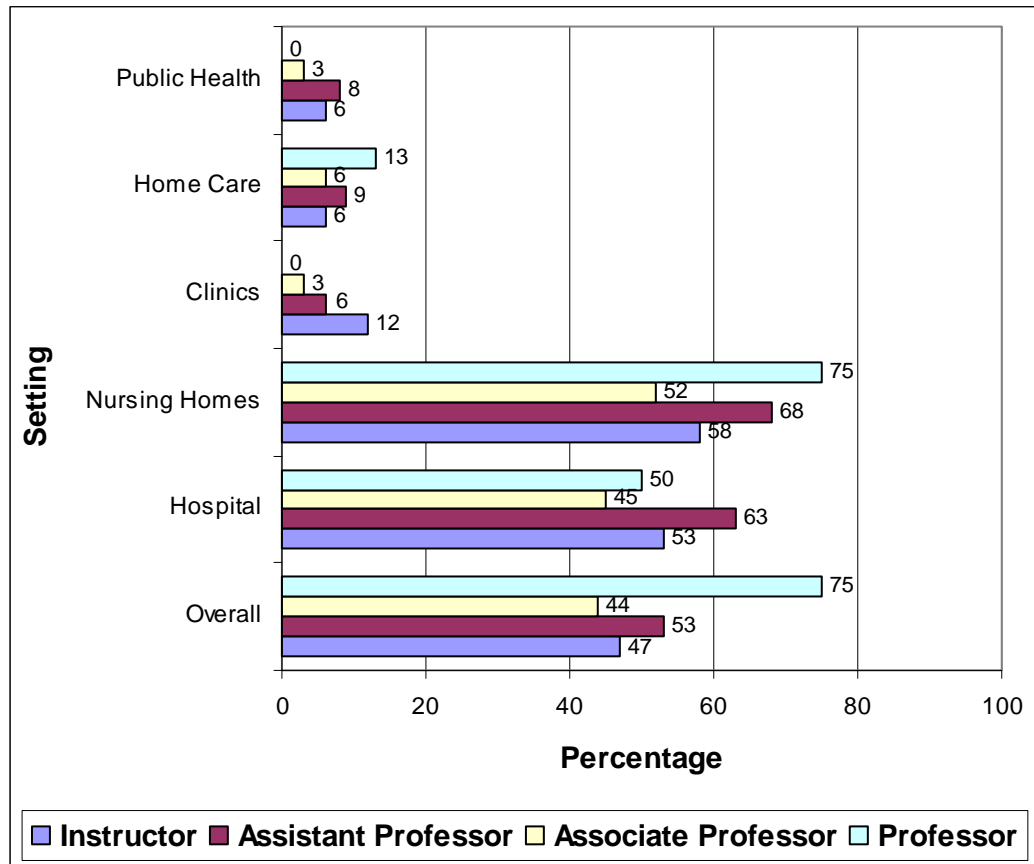
- **Program Capacity**

  Many faculty believed their program could increase student capacity using current resources (Instructors: 45%, Assistant Professors: 38%, Associate Professors: 33%, Professors: 56%). On average faculty thought they could increase the number of students admitted by 25.15 students/year.

  When divided by type of education program, LPN program faculty indicated they could increase the number of students admitted by 20-60 students with an average of 35.50 students per year. RN program faculty thought they could increase student admittance by 5-40 students with an average of 12.07 students per year. Advanced Practice/Graduate Education faculty thought they could increase student admittance by 6-60 students with an average of 23.20 students per year.

  Faculty were also asked what constraint prevented expanding admissions. 27% felt that not having enough qualified faculty was the biggest constraint. 22% alluded to the need for more clinical facilities as a limitation, while 10% cited the need for more physical classroom and office space. Lack of financials resources (7%), program flexibility (4%), and an identified need for community and administrative support (6%) were other noted restrictions.

Faculty were asked what changes would need to be made to increase the student capacity in their nursing programs over the next five years. Numerous faculty (54%) felt that more faculty would need to be hired. 35% recognized the need for more clinical sites, while 17% noted the need for more classroom space. Several faculty (16%) felt more financial resources were needed. 10% thought that an increase in educational schedule flexibility would help to increase students, while 9% felt that increasing educational access, perhaps through on-line classes, would be helpful. Other recommendations included teaching creatively (2%) and recognizing a change in need (1%).

Faculty were also asked what changes needed to be made to ensure an adequate number of applicants. The change most recommended was to increase recruitment and promotion of nursing program (40%). 10% felt that more faculty would need to be hired to aid in this process. 12% illustrated the importance that high standards continue, 4% felt offering incentives after graduating would help, while 9% felt that offering financial assistance to students would ensure adequate applicants. Other issues included a recognized need for both clinical sites (4%) and classroom space (2%), more high school preparation (2%), more technology (1%), administrative support (1%), and supporting minorities (1%).

- **Nursing Shortage Solutions**

Faculty were asked to rank several solutions according to the amount of impact they would have on a nursing shortage from no impact to high impact. Displayed in Figure 7 are the percentages of faculty ranking the solution as having a high impact on shortages. Improved work environment (83%), improved wage/benefits (71%) and more financial aid (50%) were most frequently ranked as having a high impact on addressing nursing shortages.

Figure 7: Nursing Shortage Solutions with High Impact
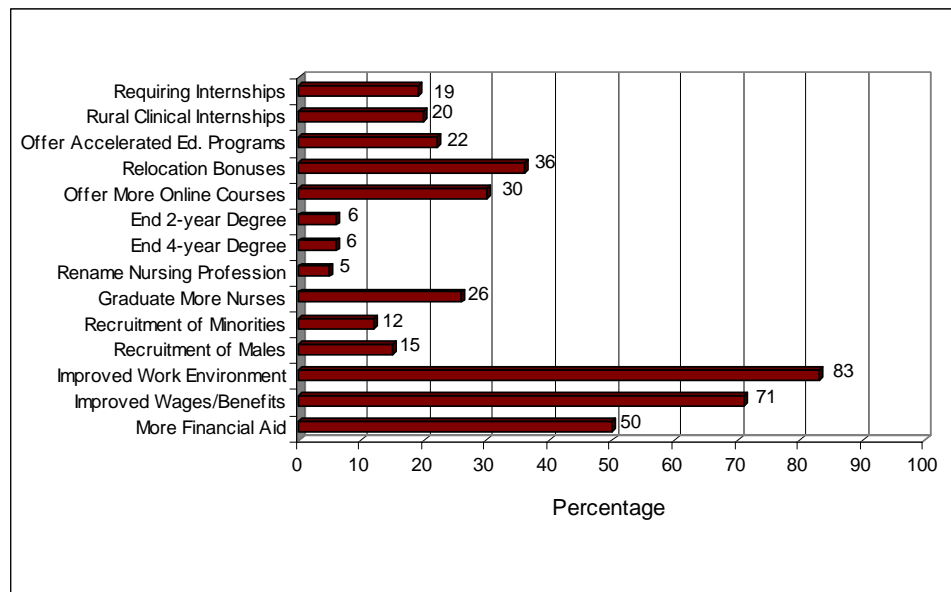
Faculty were asked to indicate a solution for nursing shortages in clinical settings. 54% cited an improved work environment and better retention strategies. Several faculty (37%) felt that it was a financial issue, feeling that increased salary, benefit packages, and tuition reimbursements would alleviate this shortage. 11% felt that modifications in the educational system, such as mentoring programs and increased educational access, would help with this nursing deficit. 8% of faculty felt that increased recruitment would be of good use, while 4% claimed that an increased respect of the nursing profession would solve this crisis.

- **Faculty Shortage Solutions**

Faculty were asked to describe what they believed was the greatest deterrent to finding qualified faculty. Many of the faculty (65%) felt that salary and benefits were not drawing qualified faculty into their field. 31% of faculty felt that the cold climate and remote location of North Dakota was a strong deterrent in attracting faculty, while 22% claimed a heavy workload as a disincentive. Several faculty (14%) felt there were not enough educated and qualified faculty to step into the positions. 14% also claimed that difficulties in acquiring an education was deterring qualified individuals. Other identified restraints included issues with the administration (3%), lack of available positions (2%), lack of support for research (2%), maintaining a clinical practice (2%), and the nursing shortage (1%).

Faculty were then asked to identify changes which would increase faculty recruitment and retention. Improving salaries and benefit packages was indicated by 55% of faculty. 29% believed that an internal restructuring of their educational programs would be necessary for an increase in faculty recruitment and retention. Many faculty (27%) felt that a decreased workload would help, while 16% named their top change as an increase in recruiting efforts and making educational programs easier to access. Tuition support and employment leaves for education was a recommended change by 14% of faculty. Other identified changes include finding a better location (2%), offering jobs at the completion of education (1%), and ensuring true autonomy (1%).

Faculty were asked to identify one solution for nursing shortages within educational settings. 32% of faculty suggested increased educational access, such as on-line education and tuition assistance along with employment leaves. Salary and benefit increases were another solution posed by 26% of those surveyed. 14% felt that there were simply not enough qualified faculty, while 14% felt that providing a flexible, better work environment would benefit this issue. 11% of faculty felt that portraying a better image through active recruitment would be a useful solution. Curriculum changes and educational system changes were cited by 8% of the faculty as a top solution, with 3% recognizing the need for mentorships.

References

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National League for Nursing (2003). <u>Nurse Educators 2002: Report of the Faculty Census Survey of RN and Graduate Programs.</u> New York.

New York Center for Health Workforce Studies (2001). <u>New York State Nursing School Fax Back Survey.</u> School of Public Health: University of Albany.

North Carolina Center for Nursing (2001). <u>Nursing Education Faculty Needs in North Carolina: Findings from a Telephone Survey of North Carolina Schools of Nursing.</u>

Southern Regional Education Board. (2001). <u>SREB Study Indicates Serious Shortage of Nursing Faculty.</u> Atlanta, GA.

North Dakota Nursing Program Faculty Survey

1. Please indicate your gender ☐ Female ☐ Male

2. What year were you born? __ __ __ __

3. Please check your Racial/ethnic group

☐ White, not of Hispanic origin ☐ Hispanic ☐ Black, not of Hispanic origin
☐ Asian/Pacific Islander ☐ American Indian/Alaskan Native
☐ Multi-racial ☐ Other

4. Please indicate which degrees you have earned
☐ Doctoral Degree
Please indicate degree area (s) _____
☐ Masters Degree
Please indicate degree area (s) _____
☐ Bachelors Degree
Please indicate degree area (s) _____
☐ Associate's Degree
Please indicate degree area(s) _____

5. Do you intend to pursue any other degrees in the future? ☐ Yes ☐ No
If yes, which degree(s)? _____

6. Please indicate your clinical specialty (check one)
☐ Acute Care ☐ Nursing Administration
☐ Adult Health ☐ Nursing Education
☐ Community Health ☐ OB-GYN
☐ Critical Care ☐ Pediatrics
☐ Family ☐ Psychiatric
☐ Gerontology ☐ Public Health
☐ Maternal/child health ☐ Rural Health
☐ Neonatal ☐ Women's Health
☐ Other, please specify _____

7. Please indicate whether you have a full-time or part-time faculty position.
☐ Full-time ☐ Part-time

8. Please indicate your academic rank.
☐ Instructor ☐ Assistant Professor ☐ Associate Professor ☐ Professor ☐ Other _____

9. Please indicate the type(s) of education program(s) for which you are an instructor.
☐ LPN ☐ RN ☐ Advanced Practice, Graduate Education ☐ Other _____

10. County in which you live: _____

11. County in which you teach: _____

12. How many years have you taught nursing? _____ years

13. How many years have you held your current position? _____ years

14. How many years do you plan to continue teaching nursing? _____ years

1

15. What year do you anticipate retiring?   20 ___ ___

16. Which of the following best describes your current feelings about your faculty position.

☐ Extremely   ☐ Moderately   ☐ Neither satisfied   ☐ Moderately   ☐ Extremely
   satisfied   satisfied   nor dissatisfied   dissatisfied   dissatisfied

17. Please describe what you believe is the greatest deterrent to finding qualified faculty.

18. Please identify one or two changes you think would increase faculty recruitment and retention.

19. What is your perception of the job market for newly graduated nurses in your area of North Dakota?

	Many Job Openings	Some Job Openings	No Job Openings	Unsure
a. Overall	☐	☐	☐	☐
b. Hospital	☐	☐	☐	☐
c. Nursing Homes	☐	☐	☐	☐
d. Clinics	☐	☐	☐	☐
e. Home Care	☐	☐	☐	☐
f. Public Health	☐	☐	☐	☐

20. Do you believe that your program with current resources could increase student capacity? ☐ Yes ☐ No

If yes, how many more students do you think could be admitted per year? _____ students

If no, what constraints exist that prevent expanding admissions?

21. What changes would need to be made to increase the student capacity in your nursing program over the next five years?

What changes need to be made to ensure an adequate number of applicants for your nursing program?

22. Please indicate the extent to which each of the following strategies could help to alleviate a nursing shortage in North Dakota:

No Impact 1	Low 2	Moderate 3	High Impact 4	
☐	☐	☐	☐	More financial aid for students in educational programs.
☐	☐	☐	☐	Improved wages and benefits in clinical settings.
☐	☐	☐	☐	Improved work environment in clinical settings.
☐	☐	☐	☐	Recruitment of more males into educational programs.
☐	☐	☐	☐	Recruitment of more minorities into educational programs.
☐	☐	☐	☐	Graduate more nurses from educational programs.
☐	☐	☐	☐	Rename the nursing profession.
☐	☐	☐	☐	End 4-year degree as a requirement for RN licensure.
☐	☐	☐	☐	End 2-year degree as a requirement for LPN licensure.
☐	☐	☐	☐	Offer online education courses.
☐	☐	☐	☐	Relocation bonuses to move to rural areas to work in clinical settings.
☐	☐	☐	☐	Offer accelerated education programs.
☐	☐	☐	☐	Increase student exposure to rural clinical settings through internships.
☐	☐	☐	☐	Increase student exposure by requiring internships.

23. When you think of the possible solutions for nursing shortages in clinical settings, what is the **one** solution that you think would work the best?

24. When you think of the possible solutions for nursing shortages in educational settings, what is the **one** solution that you think would work the best?

25. Any other comments?

Thank you for completing our survey.
Please return to the Center for Rural Health in the postage paid envelope enclosed.

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