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New Jersey's Nursing Faculty Shortage:

A Technical Report for
the Robert Wood Johnson Foundation

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Executive Summary

Commissioned by the Robert Wood Johnson Foundation (RWJF), this report is a “state of the state” snapshot of nursing faculty workforce issues in New Jersey. The main components of the paper include:

- Factors underlying the nursing faculty workforce shortage in New Jersey
- Current educational pathways for nursing faculty in this state
- Critical issues that affect faculty recruitment and retention, including average faculty salaries, faculty workload issues, and current and anticipated faculty vacancies
- Trends that may affect New Jersey’s faculty workforce/pipeline
- Promising practices
- Recommendations.

Review of the literature, interviews with national and state experts in nursing education, and a statewide meeting of the New Jersey Fellows of the American Academy of Nursing and invited guests provide several key findings:

- Enrollments in New Jersey’s registered nurse (R.N.) entry-level schools of nursing increased by 72 percent between 2002 and 2005.¹ However, in 2005 alone, 1,416 qualified applicants to nursing schools in New Jersey were turned away.² Only 30 percent of baccalaureate in nursing science (B.S.N.)-generic nursing schools have waiting lists in New Jersey;³ many qualified students turned away from B.S.N.-generic schools were not placed on a waiting list.
- According to the American Academy of Nursing’s (AAN) Committee on the Preparation of the Nursing Workforce convened in 2006, the nursing faculty pipeline problem is the heart of the growing nursing shortage.⁴
- The average age of nurses at completion of the doctoral degree is 46 years, compared to 33 years for those in other disciplines; it takes nurses an average of 8.3 years to complete their doctorates, compared to 6.8 years for others. The median time span for nurses to proceed from masters to doctorate is 15.9 years.⁵
- The current lack of federal traineeships that were plentiful in the 1970s is one contributing factor to the nursing faculty shortage problem.
- Statewide there are 17 vacant faculty positions now, but in five years that number will more than quadruple to 76 vacant positions.⁶
- The crucial pathway to the preparation of nursing faculty is the baccalaureate in nursing science (B.S.N.) program for first degree (generic) and second degree (accelerated) students; fewer than 20 percent of associate degree (A.D.) graduates complete the B.S.N. degree, and even fewer pursue masters and doctoral preparation.⁷

1 Dickson and Flynn, November 2006.

2 Ibid.

3 Ibid.

4 Chaired by Drs. Brenda Cleary, North Carolina Center for Nursing, *executive director* and Margaret McClure, former New York University Medical Center’s *nursing chief executive officer*, and one of the founders of the Magnet Recognition Program under the Academy’s leadership.

5 Berlin and Sechrist, 2002.

6 Dickson, November 30, 2006.

7 Cleary and McClure, 2006.

- Three universities in New Jersey currently have the potential to substantially address the educational pipeline for nursing faculty because they have baccalaureate, masters and doctoral programs. Two of the three colleges, Rutgers University and Seton Hall, are nationally ranked by *U.S. News and World Report*. Both institutions offer a Ph.D. in Nursing. UMDNJ offers a Ph.D. in Urban Health in conjunction with Rutgers and the New Jersey Institute of Technology.
- In 2005 there were 36 doctoral students at Rutgers and UMDNJ; 30 percent of these enrollees are minorities, and there were three graduates.⁸
- There is a crucial need to encourage nurses to consider academic life and/or enter doctoral programs at an earlier age. A clear pathway/pipeline to a doctorate in nursing must be established as with other disciplines.
- Accelerated B.S.N. to Ph.D. programs, such as the one at Rutgers College of Nursing, is a promising practice to supply the demand for doctorally-prepared nursing faculty.

The imperative to address New Jersey's nursing faculty workforce is clear. We cannot continue to focus our energies on attracting more qualified people into the nursing profession and then turn them away because we do not have sufficient faculty and other resources to educate them. Not when we need to triple the number of graduates from 2,000 to 6,000 per year in this state to prevent the nursing shortage crisis that has been predicted for 2020.⁹

⁸ Dickson.

⁹ Dickson and Flynn.

Nursing is essential to the care and well-being of New Jersey's residents. The latest Gallup Poll found nurses topping the list of the most honest and ethical professionals.¹⁰ National and state-based efforts to increase the number of nursing students entering New Jersey's nursing schools are succeeding, but the number of nursing faculty to meet that demand is not keeping pace. In fact, without immediate attention to this shortage, the situation will significantly worsen as state funding decisions are made now and faculty retirements escalate. The nursing shortage does not stem from a lack of applicants to nursing programs, but rather a lack of masters and doctorally-prepared nurses to teach these students.¹¹ This paper outlines nursing faculty workforce issues in New Jersey that must first be resolved in order to stop turning away qualified applicants to nursing schools.

The purpose of this environmental scan is to provide senior officials at RWJF with information on the current nursing faculty workforce in New Jersey. It provides an overview of the educational options for nursing students in this state, with a major focus on the educational pipeline through which nurses can advance into the faculty workforce (baccalaureate, masters, and doctoral programs).

Addressing the nursing faculty shortage in New Jersey is an urgent state policy issue as the governor and legislature debate the next state budget this spring. This policy discussion follows on the heels of dramatic reductions to higher education funding made last year, which made it difficult for nursing schools to retain adequate funding for faculty positions. As the governor turns to his newly formed Commission on Rationalizing New Jersey's Health Care Resources led by Uwe Reinhardt, he must understand the critical need for faculty to teach the state's future nurses who are needed to respond to "community needs for high-quality, affordable and accessible care."¹²

METHODS

This scan is based on a literature review of reports by national and state experts and a search for promising practices, faculty credentials and salaries. We conducted in-person interviews (see [Appendix A](#)) with the deans at the three universities in New Jersey that grant doctoral degrees through their nursing schools [Rutgers University, Seton Hall University and the University of Medicine and Dentistry of New Jersey (UMDNJ)]. We also conducted telephone interviews with selected nursing experts and consultants conducting a national scan for RWJF. Finally, we convened a meeting of the New Jersey Fellows of the American Academy of Nursing and invited guests, including experts in education, policy and practice (see [Appendix B](#)).

¹⁰ Saad, 2006.

¹¹ American Association of Colleges of Nursing, 2006.

¹² *New Jersey Governor*, December 14, 2006.

Factors Underlying the New Jersey Faculty Shortage

Many factors contribute to the nursing faculty shortage. Underlying the shortage is a state and national demand for registered nurses (R.N.s) to serve as practitioners in the health care field. Nursing baccalaureate, masters and doctoral programs seeking faculty experience face fierce competition from the practice arena that often offers higher salaries. In addition, there is a large cohort of nursing faculty that is on the verge of retirement. As with the rest of the nation, New Jersey's current nursing faculty is aging and the pipeline to replace them is woefully inadequate. The average age of faculty in New Jersey is 55,¹³ and like their national peers, they retire at about 62 years.¹⁴ Nursing faculty retirements are expected to peak in the next two to three years, making the pipeline problem particularly urgent because it takes considerable time to prepare faculty. Statewide, there are 17 vacant faculty positions now, but in five years that number will more than quadruple to 76 vacant positions.¹⁵ New Jersey needs nursing faculty prepared at the doctoral level to teach in colleges and universities.

The culture of requiring practice before graduate education has contributed to nurses' late entry into doctoral study and more part-time study compared to other disciplines. Younger nurses are not usually entering doctoral programs. The average age of nurses at completion of the doctoral degree is 46 years, compared to 33 years for those in other disciplines; it takes nurses an average of 8.3 years to complete their doctorates, compared to 6.8 years for others. The median time span for nurses to proceed from masters to doctorate is 15.9 years.¹⁶

According to the American Academy of Nursing's (AAN) Committee on the Preparation of the Nursing Workforce convened in 2006, the nursing faculty pipeline problem is the heart of the growing nursing shortage.¹⁷ The AAN committee reports that thousands of qualified applicants are being denied admission to schools of nursing, primarily because of lack of faculty, and the faculty shortage is projected to worsen in the near future due to the numbers of current faculty nearing retirement. The committee's review indicates that nearly two-thirds of the graduates of the pre-licensure registered nurse (R.N.) programs are from associate degree programs. Fewer than 20 percent of associate degree graduates complete the baccalaureate in science (B.S.N.) degree, and even fewer pursue masters and doctoral preparation, resulting in an "extraordinarily narrow pipeline to graduate preparation."¹⁸

The co-chair of this AAN committee reports that the faculty pipeline shortage is compounded, not only by the competition with health care service positions that pay higher salaries than those offered in academia, but also the demand for masters and doctorally-prepared nurses who are being recruited to other employers, such as the pharmaceutical and clinical informatics industry.¹⁹ The AAN committee has prepared a manuscript on the nursing faculty shortage pipeline issue and anticipates its publication in a major national health care journal. Future initiatives of the

13 Dickson and Flynn.

14 Berlin and Sechrist.

15 Dickson.

16 Berlin and Sechrist.

17 Chaired by Drs. Brenda Cleary, North Carolina Center for Nursing, *executive director* and Margaret McClure, former New York University Medical Center's *nursing chief executive officer*, and one of the founders of the Magnet Recognition Program under the Academy's leadership.

18 Cleary and McClure.

19 Dr. Maggie McClure, *chair* of the AAN Committee on the Preparation of the Nursing Workforce, Personal Communication, December 28, 2006.

committee will examine ways to increase the interest in faculty positions among graduates of the accelerated B.S.N. programs (commonly referred to as the second bachelor's degree program). Also, early discussions have been under way in some parts of the country to evaluate the potential for community colleges to become baccalaureate degree-granting institutions.

According to recent research on the educational mobility of nurses conducted by the North Carolina Center for Nursing, the likelihood of eventually attaining a masters or doctoral degree is unquestionably linked to entry-level starting points. Nurses entering the profession through the baccalaureate route require only one additional degree to reach the masters level.²⁰ In this study, two cohorts of licensed nurses were followed (B.S.N., A.D., diploma graduates). The first group was followed for 20 years after graduation (all licensed R.N.s, 1983/1984); the second group, 10 years later (all licensed R.N.s, 1993/1994). Of those nurses who began in associate degree programs, one in four (26.4 percent) went on to obtain at least one more degree over the first 20 years; 5.1 percent attained a masters degree (3.4 percent in nursing and 1.7 percent in another field). These proportions are not very different from those experienced by diploma program graduates. Registered nurses who later pursued a baccalaureate degree followed a similar pattern (24.9 percent advanced their education during the first 20 years of their professional career). **However, the Center for Nursing reports that, "...among those that began in B.S.N. programs, one-quarter (24.9 percent) attained a masters degree or doctorate (17.5 percent a M.S.N., 6.6 percent a masters in another field, and about 1 percent earned a doctorate). All six of the nurses from the 20-year cohort to earn a doctoral degree began in a B.S.N. program."**²¹

²⁰ Lacey and Nooney, March 2006.

²¹ Lacey and Nooney, p. 6.

- Enrollments in New Jersey’s registered nurse (R.N.) entry-level schools of nursing increased by 72 percent between 2002 and 2005.²² **However, in 2005 alone, 1,416 qualified applicants to nursing schools in New Jersey were turned away.²³ Only 30 percent of B.S.N.-generic nursing schools have waiting lists in New Jersey;²⁴ many qualified students turned away from B.S.N.-generic schools were not placed on a waiting list.**

OVERVIEW

A broad look at New Jersey’s nursing education landscape in 2005 is summarized in Table 1. In brief:

- Twenty-four programs offered associate degrees/diplomas in nursing with 1,614 total graduates;
- Sixteen schools/institutions offered baccalaureate of science degrees in nursing with 758 total graduates;
- Eleven programs offered a masters degree in nursing with 225 graduates;
- Two programs offered a Ph.D. in nursing with three nurses completing doctoral studies (in Urban Health or Nursing).

BACCALAUREATE PROGRAMS

As outlined in Table 1, there are currently 16 B.S.N. schools/institutions in New Jersey, including both “B.S.N.-generic” programs that produce new nurses at the baccalaureate level and “R.N.-to-B.S.N.” programs designed for registered nurses who returned to school for their baccalaureate degrees. Thomas Edison State College offers a R.N.-to-B.S.N. program exclusively online.

Almost one-third of the 758 B.S.N. graduates in 2005 were R.N.-to-B.S.N. graduates.²⁵ The B.S.N.-generic student enrollment increased by 16 percent between 2004 and 2005. However, due to lack of capacity, only 33 percent of qualified applicants (810) were accepted and enrolled in 2005 (See Table 1). The generic B.S.N. and R.N.-to-B.S.N. programs are the key focus for adding to the pool of potential applicants to the masters degree and doctoral programs. The potential for the accelerated B.S.N. (second degree) programs to generate candidates for masters degree and doctoral degrees is high as students are focused on their career.

²² Dickson and Flynn.

²³ Ibid.

²⁴ Ibid.

²⁵ Dickson and Flynn, December 15, 2006.

Table 1: Number of Degree-Granting Programs and Graduates for Nursing in New Jersey, as of October 15, 2005

Type of Program	Number of Schools/ Institutions Granting Degree	Total Number of Enrollees	Number of Applicants	Number of Applicants Accepted and Enrolled	Number of Graduates
Doctoral	2	36*	10*	1*	3*
Masters	11*	1,202*	696*	390*	225*
Baccalaureate (B.S.N.-generic)	16	2,478	3920 (480 transfer students)	810	758 (240 were R.N.-to-B.S.N. graduates)
Diploma	11	3,570	4796 (252 transfer students)	996	585
Associate Degree	13	3,032	3707 (58 transfer students)	1173	1029

Source (unless noted): Dickson G and Flynn L. *New Jersey's Educational Capacity: Impact on the Nursing Supply*. Newark, N.J.: New Jersey Collaborating Center for Nursing, 2006.

* Source: Dickson G and Flynn L. *The Educational Capacity and Educational Trends in R.N.-Enhancing Education in New Jersey—2005 Data*. Newark, N.J.: New Jersey Collaborating Center for Nursing, 2006.

Rutgers and Seton Hall Universities have offered accelerated B.S.N. (second degree) programs for over a decade. Recently, Seton Hall University partnered with Georgian Court University in Lakewood, N.J. to offer its second site for an accelerated B.S.N. program and grant a joint degree. In the four years that the joint degree program has been in existence, 75 graduates have completed the 15-month course of study. Simultaneously, a comparable number of graduates has completed Seton Hall's main campus program. Often, graduates of the accelerated B.S.N. program continue in the masters program.

MASTERS DEGREE PROGRAMS

New Jersey also offers the masters of science in nursing (M.S.N.) degree at 11 institutions. There were 225 M.S.N. graduates in 2005 with no limits to admissions (see Table 1). Most students preparing for this degree pursue part-time study. The current lack of federal traineeships that were once plentiful in the 1970s is one contributing factor to this problem. The encouraging news is that 48 percent of all M.S.N. enrollees are minorities and 45 percent of graduates are ethnic/racial minorities.²⁶ In addition, earning a masters degree in nursing online is becoming more accessible. Seton Hall University began its online M.S.N. program in 2001 and Rutgers is now offering this online option as well. Several programs from outside the state are also attracting N.J. students to their online option (for example, Phoenix, Case Western Reserve, and George Washington). These programs allow a great amount of flexibility for nurses working full time to simultaneously earn a masters degree.

²⁶ Dickson.

DOCTORAL DEGREE PROGRAMS

There are currently three nursing programs in New Jersey that offer a doctoral degree. Two of the three, at Rutgers University and Seton Hall University, are in colleges that are nationally ranked by *U.S. News and World Report*. Both institutions offer a Ph.D. in Nursing. UMDNJ offers a Ph.D. in Urban Health in conjunction with Rutgers and the New Jersey Institute of Technology. In 2005 there were 36 doctoral students at Rutgers and UMDNJ, 30 percent of these enrollees are minorities, and there were three graduates.²⁷ On average, New Jersey's doctoral programs have graduated between zero and eight students each year since 1995. Seton Hall University just started its doctoral program in 2006 with 20 students already enrolled. Rutgers University has just implemented an accelerated B.S.N.-to-Ph.D. model program.

Several schools started Doctor of Nursing Practice (DNP) programs, including UMDNJ, Rutgers University, Fairleigh Dickinson University, and Seton Hall (proposed). The American Association of Colleges of Nursing (AACN) reports that the DNP is offered as the highest level of clinical education for nurses in an advanced practice or leadership role. It is still unclear how the DNP graduates will affect the faculty workforce.

²⁷ Ibid.

Current Nursing Faculty in New Jersey

Three universities in New Jersey currently have the potential to address the educational pipeline for nursing faculty because they have baccalaureate, masters and doctoral programs. Interviews with the deans of these three programs explored where their current doctorally-prepared faculty members were educated, average faculty salaries, faculty workload issues, and current and anticipated faculty vacancies (see [Appendix A](#)).

CURRENT FACULTY EDUCATIONAL PREPARATION

Table 2 summarizes the number of full-time faculty employed at Rutgers, Seton Hall, and UMDNJ. According to AACN, the percentage of doctorally-prepared nursing faculty at these three universities exceeds the national norm of 47.9 percent for 2004–2005.²⁸ The Rutgers College of Nursing has 41 full-time faculty members, 28 (68 percent) doctorally-prepared. A majority of these faculty received their doctoral degrees at Rutgers College of Nursing and Graduate School of Education (8) followed by New York University (6) and Columbia University (4). Seton Hall University reports that 31 of its 46 (67 percent) full-time faculty members hold this terminal degree. Many of their doctorally-prepared faculty were educated at New York University (9) and Columbia University (7). At UMDNJ there are currently 62 full-time faculty members. The percentage of full-time faculty members that hold a Ph.D. is 50 percent (31). Many were educated at Columbia University (8), New York University (4) and Rutgers University (4).

Table 2: Overview of Full-Time Faculty Members and Degree-Granting Institutions at Seton Hall, Rutgers University and UMDNJ

Institution Offering Doctoral Program	Number of Full-Time Faculty Members	Number of Full-Time Faculty that are Doctorally- Prepared	Percentage of Full-Time Faculty that are Doctorally- Prepared	Degree-Granting Institutions of Full-Time Faculty
Seton Hall	46	31	67 percent	NYU (9); Columbia (7); UPENN (2); Widener (2); Rutgers (2); others from outside geographic proximity
Rutgers University	41	28	68 percent	Rutgers (8 total, 5 College of Nursing); NYU (6); Columbia (4); UPENN (2); others from outside geographic proximity
UMDNJ	62	31	50 percent	Columbia (8); NYU (4); Rutgers (4); Seton Hall (2); UPENN (2); Widener (1); others from outside of geographic proximity

Source: Information provided during interviews of the Deans of Rutgers College of Nursing, Seton Hall College of Nursing, and UMDNJ College of Nursing in December 2006.

²⁸ American Association of Colleges of Nursing, 2006.

FACULTY SALARIES

Like other professionals who teach, there is a substantial salary disparity between nursing academic positions and service disciplines. The median 12-month salary for a doctorally-prepared associate professor of nursing²⁹ (\$74,556) is less than the base salary of an associate degree nurse with two to five years experience serving as a “head nurse” (\$92,197).³⁰ The competition from the private sector is one reason that attracting nurses into faculty roles is challenging (see Table 3).

Table 3: 12-Month Salaries for Doctorally- and Masters-Prepared Nursing Faculty and Practicing Nurses

Position	Average Salary (in U.S. dollars)
Full Professor, Ph.D.	90,000
Associate Professor, Ph.D.	74,556
Assistant Professor, Ph.D.	66,212
Full Professor, M.S.N.	64,491
Associate Professor, M.S.N.	60,556
Assistant Professor, M.S.N.	55,262
Associate Program Graduate, plus Two to Five Years Experience	
Staff R.N.	66,593
Head R.N.	92,197
B.S.N. Graduate with Experience	
R.N.– Research	72,764
Nurse Supervisor	80,642
B.S.N./M.S.N. Graduate	
Clinical Nurse Specialist (CNS)	86,707
Certified Nurse Midwife (CNM)	95,556

Source: Dickson G and Flynn L. *The Center, Data, and Faculty Issues*. Presentation to the NJ AAN Meeting on the Environmental Scan of New Jersey’s Nursing Faculty Workforce. Princeton, N.J.: The Robert Wood Johnson Foundation, 2006.

As shown in Table 3, an R.N. holding an associate degree with two to five years of work experience on average would earn a salary of \$66,593 as a staff R.N. In comparison, a doctorally-prepared nurse serving as an assistant professor would earn, on average, a salary of \$66,212 based on a 12-month salary model.

Nursing faculty salaries also lag behind other disciplines. According to the New Jersey Department of Labor and Workforce Development, the average salary for post-secondary law faculty is \$95,740; postsecondary economics faculty members earn an average salary of \$75,190.³¹ Comparatively low salary can lead to faculty vacancies.

²⁹ The rank of associate professor in a university is tied to a doctorate, which means an established record of post-doctoral research and publication.

³⁰ Dickson and Flynn.

³¹ NJ Department of Labor and Workforce Development, 2006.

Adequate funding for faculty lines and salaries are policy issues for the governor, legislature, university presidents and boards of directors. In addition, heavy faculty workloads preclude nursing faculty from availing themselves of the additional income that other university faculty members enjoy from consultation work.³²

FACULTY WORKLOAD

The lack of faculty prestige and the demands of heavy faculty workloads compared to faculty in other departments are important factors affecting the recruitment and retention of faculty. Nurse faculty in New Jersey colleges and universities are expected to teach six to 12 credit hours per semester. However, three to four hours of clinical education count as one credit hour. Therefore, teaching a three-credit clinical course involves two full days in the hospital or community setting (at least 12 hours of faculty workload), not including pre-clinical and post-clinical responsibilities.

Faculty members who teach nine credits that include one clinical course and two theory courses in one semester (a fairly typical faculty workload for those who have not “bought out time” with funded research) invest 18 hours in direct teaching. With three hours of preparatory work expected for each hour of direct teaching, nursing faculty routinely devote 54 hours a week to their teaching responsibilities. Even those who are fortunate to have only six credits (one clinical and one theory) have 15 hours of direct teaching or 45 hours with preparatory time. As a result nurse faculty do not have time to engage in outside consulting as do faculty in other fields. They are also less likely to be able to conduct research and publish in peer-reviewed journals, a requirement to advance in a tenured position.

Nursing faculty attrition can also be attributed to a lack of faculty development. Those who are not supported in their roles as educators, mentors and researchers are less likely to seek long-standing careers in education. Establishment of formal faculty development programs, including instructional, leadership, and research development, is essential to recruiting and retaining nursing faculty.³³

FACULTY VACANCIES

The AACN conducted a special survey of vacant faculty positions for the 2006–2007 academic year. Nationally, AACN reported that 66 percent of their member colleges have vacancies and need additional faculty. In addition, AACN reported that 16.7 percent of member colleges have no vacancies but still need additional faculty. Only 16.7 percent of those who answered the special survey state that they have no vacancies and no additional need for faculty.³⁴ In New Jersey, Deans of Seton Hall, Rutgers University and UMDNJ reported a small number of funded positions not filled and some faculty lines were unfunded.

³² Reinhard, Wright and Cook, December 15, 2006.

³³ Foley, Redman, Horn, Davis, Neal and Van Riper, 2003.

³⁴ American Association of Colleges of Nursing.

Trends That May Affect New Jersey's Faculty Workforce/Pipeline

Interviews with national and state experts highlighted several trends that may affect the nursing faculty pipeline in the coming years. Major trends are summarized here.

LEGISLATIVE PROPOSAL FOR “B.S.N. IN 10”

The New Jersey State Nurses Association (NJSNA) has proposed legislation to require a “B.S.N. in 10”. This legislation would require those nurses with associate degrees and diplomas in nursing to earn their B.S.N. within 10 years of graduating from their programs. If this legislation is passed, it will be necessary to track how the “B.S.N. in 10” affects the faculty pipeline. On the one hand, it could divert faculty from focusing on generic and second degree B.S.N. students who are most likely to proceed to the masters and doctoral levels, both essential pathways to nursing faculty status. On the other hand, a small percentage of those who proceed from associate degree to baccalaureate degree status may also pursue advanced degrees. The North Carolina study discussed on page 7 would suggest that this second alternative is not expected.

COMMUNITY COLLEGES' PROPOSAL TO GRANT BACCALAUREATE DEGREES

In the report of the Advisory Council to Promote the Profession of Nursing in New Jersey, one recommendation was to establish a commission to investigate the granting of the B.S.N. by community colleges.³⁵ To substantiate that recommendation, the actions of the Texas and Florida legislature are described. In Texas, the statute authorized the Texas Higher Education Coordinating Board to establish a pilot project to examine the feasibility and effectiveness of authorizing public junior colleges to offer baccalaureate degree programs in the fields of applied science and applied technology. In Florida, the statute provides that the junior college and the coordinating board determine the need for the degree program in the region serviced by the college. In 2003 Miami Dade College began offering baccalaureate degree programs leading to K–12 teacher certification. St. Petersburg College offers a B.S.N., as well as a baccalaureate degree in dental hygiene, technology management, and education.³⁶

Currently, no community college in New Jersey is legally authorized to grant the baccalaureate degree. If authority were granted, the state's community colleges could offer a generic baccalaureate degree in nursing, or use the “two plus two” model (two years for the associate degree, followed by two years at the upper division for the baccalaureate).³⁷

³⁵ Dickson and Penn, 2005.

³⁶ St. Petersburg College, 2006.

³⁷ Dickson and Penn.

Potential Solutions Offered by Deans

In response to the hypothetical question asked of them (“What could you do for \$2 million to improve the pipeline to the nursing faculty workforce?”), one dean indicated that she could admit 40 additional B.S.N. students.³⁸ Another dean answered that she could educate 30 full-time accelerated students, but might be challenged to find the faculty. A model that could potentially work would be to offer full-time fellowships in the Ph.D. program for potential nursing faculty. Within the fellowship full tuition of \$30,000 and a 20-hour teaching research assignment for an annual stipend of \$40,000, 20 awards would cost about \$1.5 million per year (currently the Ph.D. program is full-time study at Seton Hall University).³⁹

Promising Practices

Since the time frame for this New Jersey environmental scan was one month, and the Foundation has several other experts conducting a national scan, our look at promising practices is very strategic. We highlight here only those practices that might have the most immediate impact on New Jersey’s landscape.

EXCELSIOR COLLEGE, N.Y. (FIRST EXTERNAL DEGREE IN NURSING)

Since its inception in 1973 the Excelsior College School of Nursing, Albany, New York (formerly the Regents External Degree Program) has graduated more than 35,000 nurses. Nearly 16 percent of these graduates have been men, compared to 6 percent in the U.S. nursing workforce. Excelsior grants associate, baccalaureate, and masters degrees in nursing. The associate degree program has been accredited by the National League for Nursing Accrediting Commission (NLNAC) since 1975, and the B.S.N. program since 1976. The M.S.N. degree program, started in 1999 and accredited in 2003, offers a specialization in nursing education. Enrollment currently reported on the Web site is 14,856 in the A.D. program, 11,998 in the B.S.N. program and 332 in the masters program. In 2005 this institution’s pass rate on the national nursing licensing exam was 90.3 percent, compared to the national average of 87.46 percent.⁴⁰

THOMAS EDISON STATE COLLEGE, TRENTON

Since 1983 Thomas Edison State College in Trenton, New Jersey has offered a B.S.N. degree program for registered nurses. Accredited by NLNAC, the program has transitioned from one that is examination-based to one that offers online mentored education, and is one of the largest R.N.-to-B.S.N. distance education schools of nursing in the country. In July 2006 an online R.N.-to-B.S.N./M.S.N. program offering a nurse educator track was initiated. In addition, R.N.s with a masters degree in nursing may enroll in a 12–15 graduate nurse educator certificate program.⁴¹

38 Dean Felissa Lashley, Rutgers College of Nursing, Rutgers University, mentioned at the Robert Wood Johnson Foundation meeting, Princeton University, December 15, 2006.

39 Dean Phyllis Shanley Hansell, Ed.D., R.N., F.A.A.N., *dean and professor*, Seton Hall University, College of Nursing, Personal Communication, December 20, 2006.

40 Excelsior College, 2007.

41 Thomas Edison State College, 2006.

PROGRAMS TO FACILITATE EDUCATIONAL ADVANCEMENT IN NURSING TO THE B.S.N.: NEW JERSEY COLLABORATING CENTER FOR NURSING

Since 1992, headed by the New Jersey State Nurses Association, the New Jersey Articulation Model has been under study and development to facilitate educational mobility for licensed practical nurses and registered nurses. Initially a voluntary model was created, followed by a revised model several years later.

Since 1996 the New Jersey Colleagues in Caring group has offered leadership to guide the New Jersey “articulation model”. This group has sought to develop a “seamless state educational infrastructure that fosters a clear route to educational advancement for nursing graduates” based on a model that addresses competency, experience and education.⁴² The articulation model focuses on advancement of the licensed practical nurse to the registered nurse level, and the associate degree graduate to the baccalaureate in nursing degree. Preliminary evaluation results in 2000 indicated that of 115 L.P.N.–R.N. graduates, all passed the NCLEX–R.N. examination on the first attempt. A more comprehensive evaluation of the model is planned for the L.P.N./R.N. component in 2007 and for the R.N./B.S.N. component in 2008. As of 2002 all but one school in New Jersey had endorsed the articulation model, thereby providing a solid base for evaluation.⁴³

OREGON CONSORTIUM FOR NURSING EDUCATION

The Oregon Consortium for Nursing Education (OCNE) has received widespread attention and is currently under investigation by New Jersey’s experts in nursing education. The OCNE is a partnership of community colleges and public university schools of nursing established in response to the critical nursing shortage, and the 2001 Strategic Plan promulgated by the Oregon Nursing Leadership Council. The OCNE is one mechanism by which Oregon nursing schools are dramatically expanding their capacity and enrollment, and preparing graduates of these programs with the content to address the rapidly changing health care needs of Oregon’s aging and ethnically-diverse populations.⁴⁴ Oregon Health Science University (OHSU) and eight community colleges have created a shared curriculum taught on all eight campuses. Through the collaboration of participating schools, an innovative model is offered based on a shared curriculum, competencies and benchmarks to educate nurses who can provide care to individuals and communities in health promotion, acute or chronic illness. Eight community colleges participating are public institutions; four of the schools were already part of Oregon Health Science University and the other four are independent of the OHSU.

42 Fuld Leadership Council, Colleagues in Caring and New Jersey State Nurses Association, 2006.

43 Ibid.

44 Oregon Consortium for Nursing Education, 2006.

Conclusions and Recommendations for Increasing New Jersey's Nursing Faculty Workforce

Based on this environmental scan, the Foundation can stimulate resolution of the nursing faculty workforce crisis in New Jersey through several suggested strategies. These recommendations include:

- ***Fund essential data collection to inform state policy and funding decisions.*** In New Jersey, it is essential to have more accurate estimates of the state's educational capacity, including better understanding of the large gap between numbers of "accepted" and "enrolled" students. Additional data collection is also needed to track the R.N.-to-B.S.N. cohorts as well as to explore the outcomes of the new Doctorate in Nursing Practice programs and identify how this will affect the pipeline to nursing faculty.
- ***Invest in N.J. leadership and fund advocacy initiatives to create partnerships and educate policy-makers about the current and escalating nursing faculty crisis.*** We need to develop fact sheets and short-format issue briefs for immediate and ongoing "interventional meetings" with the governor's office, legislators on key committees, the Commissioner of Health and Senior Services, and others who make decisions about funding nursing faculty lines, faculty salaries, and other essential educational resources. In addition, we should advocate that the governor address the 2005 recommendations of the Advisory Council for the Promotion of the Profession of Nursing in New Jersey, which was convened through a 2002 Governor's Executive Order. We could also launch **"New Jersey Connect"** sessions on Nursing Faculty Workforce outreach to critical policy-makers, including RWJF Nurse Executive Fellows and N.J. nursing leaders who are well known (and who have personal access) to the New Jersey policy arena. We should also develop an advocacy approach to the university presidents and boards of directors to make the business case that dedicating more resources to nursing programs is a social policy mandate in the face of the critical shortage of nurses to care for New Jersey's citizens. Finally, it is essential that we advocate to private sector stakeholders and workforce investment boards that infusion of dollars into faculty salaries would bolster efforts to retain current faculty as evidenced in Houston, Texas.⁴⁵
- ***Fund an initiative to raise the public image of nursing faculty.*** Consider an award event similar to the one created by Governor Kean in the 1980s to honor teachers. Known as the "Education Governor", Tom Kean raised the salaries of teachers and created a distinguished award for those who exemplified classroom expertise. His administration also launched the Governor's Nurse Recognition program, which now has multiple awards for nurses in various settings and *one award* for a nurse educator. Greater emphasis honoring nursing faculty at this event, or a separate event, would help raise the public image of nursing faculty.
- ***Develop a nurse faculty research training institute to support faculty career development.*** Faculty members who are not supported in their efforts to advance their careers are less likely to remain in education. Even those who attain their doctoral degrees have little experience or support in developing a research agenda that will lead to tenure and status in academic institutions. Establishment of a formal faculty development program can link nursing faculty to experienced research mentors in major research universities. Summer research institutes can offer formal and informal instruction

⁴⁵ Susan Reinhard, *co-director*, Rutgers Center for State Health Policy, Personal Communication, the Robert Wood Johnson Foundation Meeting of the Fellows of the American Academy of Nursing, December 15, 2006.

in research methods, grantmaking and publication. Mentorship throughout the year can reinforce and deepen this learning through a personalized approach.

- *Design a N.J. pilot program to make the case to federal policy-makers to reinstate traineeships for masters and doctoral students who are committed to a career in education.* Currently, traineeships and scholarships are very limited and have been reduced at the federal level. As a result, fewer nursing students are able to pursue a masters or doctoral degree. New Jersey should act as other states have done. Some states are stepping in to provide traineeships (for example, California, Illinois, Maryland, Pennsylvania). We should also take advantage of AACN Partnerships/ Grant-Funded programs in 2006.
- *Stimulate a re-examination of the nursing curriculum to develop new ways of developing the nurse of the future, new ways of teaching what is needed to prepare that nurse.* New Jersey should consider ways to increase the nurse workforce supply by:
 - subsidizing nursing faculty salaries to make them commensurate with other employers of nurses with graduate education;
 - providing additional incentives for employers and employees to support those enrolled in masters degree programs and doctoral level education.⁴⁶

46 The New Jersey Collaborating Center for Nursing, March 2006.

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INTERVIEW GUIDE FOR DEANS OF COLLEGES OF NURSING IN NEW JERSEY

Nursing Faculty Overview: First, general questions about your nursing faculty:

1. When faculty are assigned to teach in the masters and doctoral programs, is the degree held a determining factor? For example, are clinical courses taught by faculty with specific educational preparation, and non-clinical courses taught by those with other degrees?
2. What degrees do full-time faculty members hold and from which colleges/universities? Also, do part-time or adjunct faculty usually hold Ph.D. degrees? What degrees do instructors hold?
3. What is the salary range for the ranks of professor, associate professor, assistant professor, and instructor? Is there a difference in salary for faculty teaching clinical courses or non-clinical courses?
4. Is there a non-tenure track for faculty appointment, and is the salary range and rank different from the tenure track positions?
5. Do the nursing faculty teach in any other colleges at the university? If so, please give an example of such courses.
6. When graduates of the college complete their masters and/or Ph.D. degree(s), how often are they appointed to the college's faculty?
7. Do faculty with masters degrees teach in the baccalaureate program? What types of assignments do they receive?
8. Do non-nursing faculty teach any courses at the college? Would additional non-nursing faculty alleviate the burden on nursing faculty?
9. How has the workload of the nursing faculty changed in the past three to five years? Has it increased/decreased?
10. Have changes in workload impacted faculty attrition?
11. Is the college currently experiencing an adequate supply of faculty members? Are there presently budgeted vacancies? Future expectations?

Nursing Program: Now general questions about the nursing program and student body:

12. How readily available are the curriculum requirements for prospective students interested in the college's nursing program?
 - a. Can these requirements be found on the internet?
 - b. Do you provide prospective students with a 1-800 number or mailings?
13. How does your institution recruit prospective students?
 - a. Are there "best practices" that you employ? Please describe why these practices work.
14. May we have a copy of your current catalog/recruitment material/any other materials you wish to share with us?
15. How does a student become a nurse once deciding to enter your program? What is their career path?

16. If funding were not a barrier, what types of recruitment strategies would you employ? For baccalaureate students? For masters students? For Ph.D. students?
17. In general, where do graduating Ph.D. students from your program accept employment? Practice, education, research, administration, or other positions?

General Questions: Now a general question about nursing faculty and the college:

18. Do you have ideas about how to increase the number of faculty?
19. Are there any policy decisions that could be made at the state level that would assist the college in preparing graduates of the B.S.N., masters, or Ph.D. programs?

PARTICIPANTS AND INVITED GUESTS OF THE NEW JERSEY FELLOWS OF THE AMERICAN ACADEMY OF NURSING MEETING

**Robert Wood Johnson Foundation, Princeton, New Jersey
December 15, 2006**

Andrea Aughenbaugh	Felissa Lashley
Susan Bakewell-Sachs	Deanna Lewis
Beverly Bonaparte	Susan Lorenz
Edna Cadmus	Kem Louie
Mary Ann Christopher	John Lumpkin
Mary Ellen Cook	Kathy Malone
Regina Cunningham	Jessica Morton
Andrea Daitz	Melanie Napier
Dorothy DeMaio	Marco Navarro
Geri Dickson	Wendy Nehring
Pam Dickson	Nirvana Huhtala-Petlick
Jennifer Farnham	Susan Reinhard
Nancy Fishman	Mary Anne Rizzolo
Linda Flynn	Kathleen Russell-Babin
Ayorkor Gaba	Kathi Sengin
Donna Gaffney	Nancy Shendell-Falik
Linda Gural	Suzanne Smeltzer
Phyllis Hansell	Ken Smith
Sue Hassmiller	Shirley Smoyak
George Hebert	Lynn Unruh
Aline Holmes	Beverly Whipple
Kay Kinsey	Caryle Wolahan
MaryJoan Ladden	Barbara Wright