



Enacted by the 2004 Legislature

2005-2006 Annual Report and Recommendations



TO THE GOVERNOR
THE HONORABLE JOE MANCHIN, III
AND THE LEGISLATURE
STATE OF WEST VIRGINIA

October 2006

Submitted on behalf of the Board of Directors by:
Duane F. Napier, MSN, RN,BC – Executive Director

Executive Summary:

West Virginia Center for Nursing

Nurses are the largest critical component of the health care workforce. Research demonstrates that having adequate numbers of qualified nurses has a direct impact on patient safety and quality of care.

The West Virginia Center for Nursing (<http://www.wvcenterfornursing.org>) was enacted by Legislation in 2005 (HB 4143) “to develop strategies and make recommendations to educate, recruit, and retain qualified nurses.” This legislation was enacted after recommendations from the Nursing Shortage Study Commission. The Nursing Shortage Study Commission was established in 2001 by the West Virginia Legislature (HB 2504) and charged with the task of studying the nursing shortage in West Virginia and offering solutions to alleviate this impending crisis. The Commission fell under the auspices of the West Virginia Board of Examiners for Registered Professional Nurses and was completely funded by that organization. It was predicted, at that time, the projected nursing shortage would only intensify over the coming decade. Although there have been shortages in the past, this particular shortage is predicted to be more severe and will remain for a longer period of time. The Commission was successful in gathering data and found the following to be true;

- nursing remains a predominately female profession;
- career opportunities for women have expanded, decreasing interest in traditional choices like nursing;
- the nursing profession has not kept up with other professions in relation to salary and overall career opportunities within the field;
- fewer women are choosing nursing as a career due to long working hours, inadequate staffing, and the sense of little or no decision making authority in the workplace;
- nursing school faculty members are aging and preparing to retire; and
- the general population in West Virginia is older and requires more healthcare than generations before.

Based on the data collected by the Nursing Shortage Study Commission in 2004, the following predictions were made to validate the need to aggressively address the nursing shortage in West Virginia.

“The growth in jobs for RN’s statewide through to the end of 2008 is projected at 1.7% per year, indicating a growth in demand for RN’s from the current level of 16,438 employed RN’s to 18,394 employed RN’s in 2008 an increase of 1,956 RN’s. Growth in jobs in Workforce Investment Areas varies from a low of 1.00% to a high of 1.33% (WV Bureau of Employment Programs Occupational Projections 1998 – 2008, (2004)).

This report serves to emphasize areas in need of attention to assure an adequate workforce for the future. The West Virginia Center for Nursing is a vital component for stabilizing and creating an environment that attracts and retains a

nursing workforce that will provide the quality of safe care deserved by each and every patient in West Virginia. This Center will also provide a forum in which related professional organizations will communicate and collaborate to support nursing initiatives to strengthen the workforce.

Recommendations:

Data

1. Examine differential growth of RN's and LPN's in WIA's.
2. Adoption of a standardized measurement system for turnover and vacancy rates and supply and demand calculations that satisfies all stakeholders.
3. Establish minimum data set for collection of supply and demand data.

Recruitment

1. Survey part-time nurses regarding potential incentives that would influence them to work full-time.
2. Examine the effects of government and third party reimbursement formulas on nursing salaries.
3. Work with nursing education programs to examine nursing faculty supply and incentives (including salaries and methods to increase enrollment).
4. Evaluate and refine the West Virginia Center for Nursing Scholarship Program.

Retention

1. Facilitate workforce initiatives including those addressing the aging workforce, practice enhancements, and career development projects funded through the Center.
2. Develop and implement a program to recognize excellence in nursing.

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Introduction

The West Virginia Nursing Shortage Study Commission recommended the following in 2002, 2003, and 2004 reports to the Legislature:

1. Develop the West Virginia Center for Nursing;
2. Evaluate the effects of Magnet Hospital status on the work environment and job satisfaction;
3. Evaluate the current funding for nursing education and students;
4. Evaluate nursing education articulation; and
5. Form alliances with other initiatives to leverage support and funding.

The legislation establishing the West Virginia Center for Nursing was enacted in March 2004. However, due to a delay in the appointments to the Center's Board of Directors the work of the Center did not get underway until May 2005.

The current Board of Directors, appointed by Governor Joe Manchin, III is a diverse group that has been working effectively together since their appointments in 2005. The development of the mission;

"The West Virginia Center for Nursing seeks to enhance and strengthen nursing excellence to optimize the health and health care of all West Virginians through strategic workforce planning, education, research, and nurse practice development"

and the vision;

"The West Virginia Center for Nursing will be the national leader in the development and implementation of strategies to recruit and retain qualified nurse professional in the State of West Virginia,"

has provided the Board with direction related to addressing this looming crisis. The Board has been actively addressing a Strategic Plan based in part on the mission and vision with the intention of developing a statewide plan to recruit and retain West Virginia's nursing workforce.

WEST VIRGINIA CENTER for NURSING BOARD OF DIRECTORS

Cynthia Armstrong Persily, PhD, RN, FAAN, Chairperson,
Represents: Bachelor/Higher Degree Programs

Pamela Alderman, MSN, RN
Represents: Associate Degree Programs

Mary Beth Barr, BSN, RN
Represents: Employers of nurses and is a health care administrator

E. Cheryl Basham, RN
Represents: Registered professional staff nurse engaged in direct patient care

Amy Campbell, RN
Represents: Registered professional staff nurse engaged in direct patient care

Denise Campbell, BSN, RN
Represents: Nurse representing a rural health care facility

Greg Chiartas, JD - awaiting gubernatorial appointment
Represents: West Virginia Board of Examiners for Licensed Practical Nurses

Shelia M. Kyle, EdD, MSN, RN
Represents: West Virginia Nurses Association

Janice Maynard,
Represents: Citizen Member

Dottie Oakes, MSN, RN, CNA
Represents: Employers of nurses and is a director of nurses

Teresa Witt, RN
Represents: LPN engaged in direct patient care

West Virginia Center for Nursing Board of Directors, Ex-officio members

Melissa Aguilar,

Represents: Ex-officio
Region 1 Workforce Investment Board

Vickie Parlier Jones,

Represents: Ex-officio, designated representative for Secretary Martha Walker
WV Department of Health and Human Resources

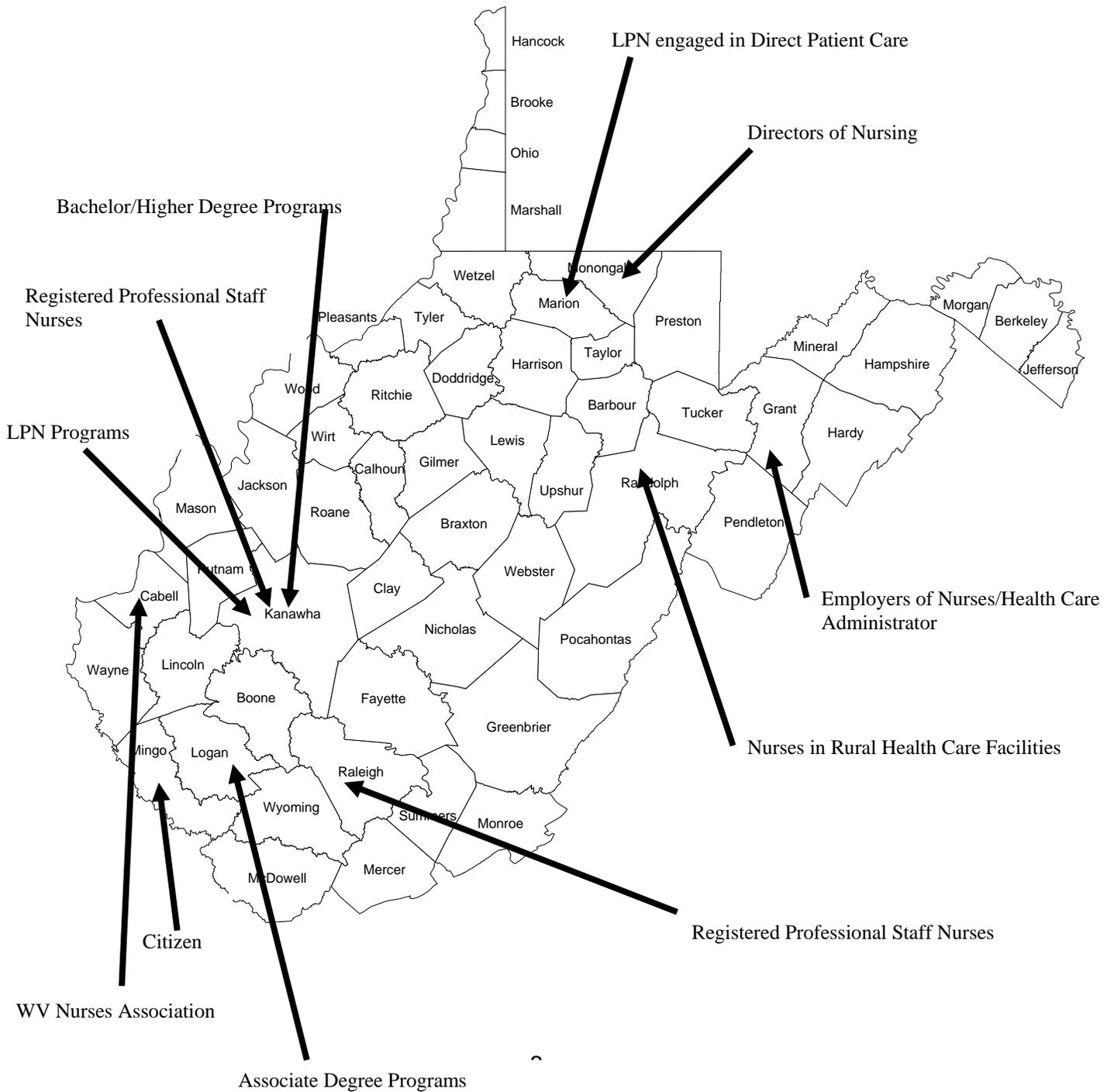
West Virginia Center for Nursing Staff

Duane F. Napier, MSN, RN,BC, Executive Director

Marilyn Bowe, Administrative Assistant

Alicia Tyler, Liaison with West Virginia Higher Education Policy Commission

West Virginia Center for Nursing Board of Directors



Accomplishments of the Board of Directors for 2005 – 2006

The Board has established the following standing subcommittees and each is actively working to address their individual responsibilities as it explores options to alleviate the nursing shortage in West Virginia.

DATA MANAGEMENT

Focus: Maintain database of statistical information
Chair: Cynthia Persily
Members: Cheryl Basham, Melissa Aguilar

EXECUTIVE

Focus: Acts on behalf of the Board during intervals between Board meetings
Chair: Cynthia Persily
Members: Mary Beth Barr, Finance

NOMINATION

Focus: Prepare slate of candidates for Board officers
Chair: Shelia Kyle
Members: Mary Beth Barr, Amy Campbell

OPERATIONS

Focus: Budget, Proposal for bylaws/meetings rules
Chair: Mary Beth Barr
Members: Denise Campbell, Vickie Parlier Jones, Cynthia Persily

PLANNING

Focus: Vision, Mission, and Strategic Planning
Chair: Dottie Oakes
Members: Melissa Aguilar, Eugenia Basham, Janice Maynard,

RECRUITMENT AND RETENTION INITIATIVES

Focus: Scholarship, Communications
Chair: Amy Campbell
Members: Pam Alderman, Denise Campbell, Shelia Kyle, Theresa Witt

Other committees

HB 4143 allows the Center to “impanel an **Advisory Committee** of stakeholders to provide consultation to the board.” The recruitment of those members is in process and the first meeting is scheduled for 12 September 2006.

In addition, the Board of Directors has taken the following actions

- Fiscal year 2006 - 2007 budget approved;
- Bylaws written and approved;
- Executive Director hired (began work January 2006);
- Strategic Plan written and approved
- West Virginia Center for Nursing Scholarship Program developed (\$192,000.00 to be distributed for academic year starting fall 2006);
- Grant proposal submitted to the Robert Wood Johnson Foundation and Northwest Health Foundation in partnership with the Claude Worthington Benedum Foundation and The Greater Kanawha Valley Foundation for **“Partners Investing in Nursing’s Future,”** (funds will be used to develop human capital in nursing, through providing nurses with tools to enhance their own career development with the goal of retaining nurses in the workforce).
 - **Brief** proposal accepted 15 March 2006,
 - **Invited** to submit a full proposal, submitted 12 April 2006,
 - **Selected** as 1 of 15 site visits for Robert Wood Johnson/North West Foundation on 22 May 2006.
- Data base to address nursing workforce supply and demand developed;
- Website (<http://www.wvcenterfornursing.org>.) for information dissemination created;
- Center for Nursing policies and procedures manual written;
- Board of Directors Orientation Manual developed;
- Advisory Committee formed;
- Recognition Program for Excellence in Nursing approved;
- Grant funding, \$200,000.00 received from Claude Worthington Benedum Foundation (funds will be used to develop human capital in nursing, through providing nurses with tools to enhance their own career development with the goal of retaining nurses in the workforce.

Collaborative Efforts

A successful relationship has been forged with the Health Sciences Division of the Higher Education Policy Commission representatives including the Office of Financial Aid and Outreach Services. This relationship has provided the Recruitment and Retention subcommittee with valuable input and necessary information in order to make recommendations for scholarships and other programs to reduce the duplication of current available programs. The desire of the Center’s Board is to not supplant funding a student might receive from another source but to provide funds that will assist the recipient in meeting their financial needs.

The relationship with the West Virginia Workforce Development Office through its representative on the Board is providing the Center with access to and assistance with interpretation of state workforce data. These data are providing the Center with information from which to develop its initiatives.

A partnership has been developed with the Claude Worthington Benedum Foundation, the Greater Kanawha Valley Foundation, the West Virginia Nursing Leadership Institute, and UBI Healthcare Solutions, LLC for the submission of the Robert Wood Johnson Foundation/Northwest Health Foundation “Partners Investing in Nursing’s Future” grant entitled “Increasing Nurse Retention Using CareerPace.”

Data

The Data Management subcommittee is continuously compiling and updating state workforce data from a variety of sources. This statistical information provides the Center's Board with data from which to strategically plan for initiatives that will address West Virginia nursing workforce needs.

Demographics

Practice Patterns for the Period of 1 July 2004 – 30 June 2005

| Practice Patterns | RN's (n= 22,981) | | LPN's (n=6,933) | |
|-------------------|------------------|-------|-----------------|-------|
| Full Time | 16205 | (70%) | 5201 | (75%) |
| Part Time | 4043 | (18%) | 1037 | (15%) |
| Retired | 239 | (1%) | * | |
| Unemployed | 1018 | (4%) | * | |
| Unknown | 1618 | (7%) | * | |
| Other | | * | 695 | (10%) |

*Data not collected or licensee did not complete the form. Information used with permission of the West Virginia Boards of Registered Professional Nurses (WV-BOE - RN) and the West Virginia Board of Examiners for Licensed Practical Nurses (WVBOE – LPN)

Employment Settings

While many nurses continue to work in hospitals, additional employment opportunities are also attracting nurses in West Virginia.

Employment Settings-All licensed nurses for the Period of 1 July 2004 – 30 June 2005

| Employment setting | RN's (n=22,981) | | LPN's (n=6745) | |
|--|-----------------|-------|----------------|---------|
| Hospitals | 13170 | (57%) | 2332 | (36.6%) |
| Nursing Homes | 1057 | (5%) | 1645 | (25.8%) |
| Home Health/Hospice | 951 | (4%) | 279 | (4.4%) |
| Schools of Nursing | 437 | (2%) | * | |
| School/Colleges Health | 323 | (1%) | ∅ | |
| Clinic | 671 | (3%) | 451 | (7.1%) |
| Office | 655 | (3%) | 732 | (11.5%) |
| Community/Public | 568 | (2%) | 35 | (0.5%) |
| Industry | 267 | (1%) | 14 | (0.2%) |
| State Institution | 0 ∅ | | 213 | (3.3%) |
| Personal Care/ Group Home/Private Duty/ Agency/Military/Self-employed/Private Practice | 394 | (2%) | 320 | (5%) |
| Other | 1672 | (7%) | 240 | (3.8%) |
| Unknown | 2990 | (13%) | 117 | (1.8%) |

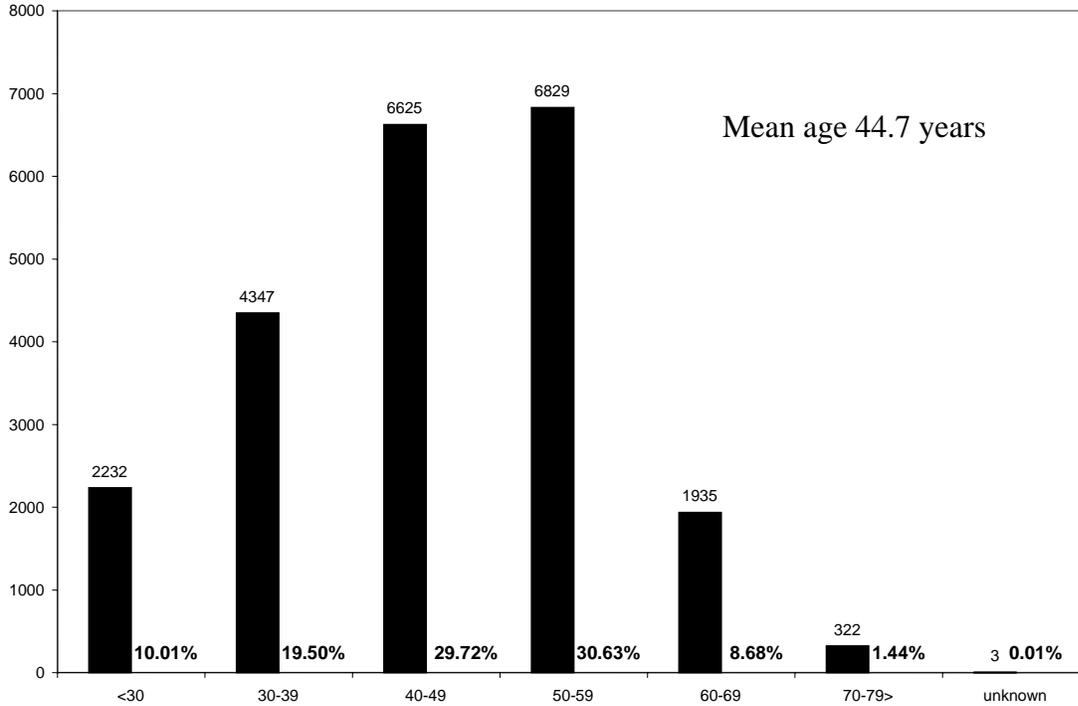
* Does not employ LPN's, ∅ Data not collected or no responses received, or included self in hospitals Information used with permission of the WVBOE – RN and WVBOE – LPN.

NOTE: 174 nurses subtracted due to more than 1 employment setting designated.

The Aging Workforce

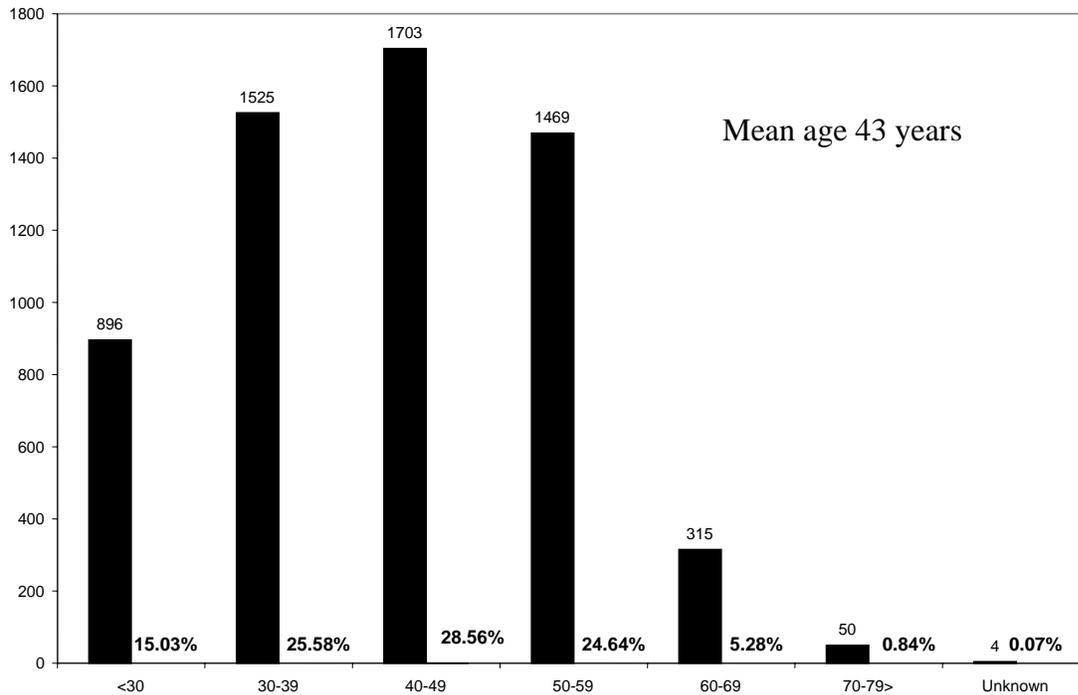
The population of West Virginia is aging along with healthcare practitioners. This is significant as the first wave of “Baby Boomers” begin to retire. The following chart demonstrates the effect on the nursing workforce. 40% of Registered Nurses and 30% of Licensed Practical Nurses are 50 years of age and older. Many of these nurses will be retiring in the next ten years, leaving behind an even larger gap in supply.

Registered Nurses Age



Used with permission from the WVBOE – RN

Licensed Practical Nurses Age



Used with permission from the WVBOE - LPN

Endorsements

Endorsement is the process by which a nurse seeks a license to practice in another state.

Endorsements into WV

For the Period of 1 July 2004 – 30 June 2005

| | Number | Comments |
|--------------|-------------|--|
| RN's | 1251 | 300 of these RN's were endorsed into WV due to an impending strike call – most or all never worked in WV |
| LPN's | 217 | |
| Total | 1468 | 1168 with above removed |

Information used with permission of the WVBOE – RN and WVBOE – LPN

Endorsements out of WV

For the Period of 1 July 2004 – 30 June 2005

| | |
|--------------|-------------|
| RN's | 876 |
| LPN's | 240 |
| Total | 1116 |

Analysis of Endorsements out of the state

The table below shows the states into which WV nurses are endorsing. West Virginia's border states received 44% of the RN's and 61% of the LPN's

Endorsements Out of WV by state
For the Period of 1 July 2004 – 30 June 2005

| STATES | RN's (n= 876) | | LPN's (n= 240) | |
|-----------------------|----------------|-------|----------------|-------|
| Ohio | 170 | (18%) | 46 | (19%) |
| Virginia | 101 | (12%) | 71 | (31%) |
| North Carolina | 78 | (9%) | 22 | (9%) |
| Pennsylvania | 76 | (9%) | 8 | (3%) |
| Florida | 60 | (7%) | 14 | (6%) |
| California | 53 | (6%) | 0 | |
| Kentucky | 48 | (5%) | 18 | (8%) |
| South Carolina | 36 | (4%) | 5 | (2%) |
| Maryland | 36 | (4%) | 11 | (5%) |
| New Jersey | 23 | (3%) | 0 | |
| Massachusetts | 22 | (3%) | 0 | |
| Tennessee | 22 | (3%) | 5 | (2%) |
| Other (not specified) | 151 | (17%) | 31 | (13%) |

Information used with permission of the WVBOE – RN and WVBOE – LPN

Historical Data for Endorsements In and Out of the State – RN



Information used with permission of the WVBOE – RN

Note: in 2004-2005, 300 RN's endorsed into West Virginia but never worked in WV

Supply of Nurses and Job Growth in West Virginia

Supply and Job Growth in each Workforce Investment Area 2005 - RN

For the Period of 1 July 2004 – 30 June 2005

| WIA | RN Employment (FTE) 2002 | RN Employment (FTE) Projected 2012 | Average Annual Openings Growth | Average Annual Openings Replacement | Average Annual Openings Total | Growth Rate |
|-------|--------------------------|------------------------------------|--------------------------------|-------------------------------------|-------------------------------|-------------|
| 1 | 2,572 | 3,108 | 54 | 54 | 107 | 2.08% |
| 2 | 2,743 | 3,500 | 76 | 57 | 133 | 2.76% |
| 3 | 2,702 | 3,445 | 74 | 57 | 131 | 2.57% |
| 4 | 1,612 | 2,011 | 40 | 34 | 74 | 2.48% |
| 5 | 2,175 | 2,698 | 52 | 46 | 98 | 2.40% |
| 6 | 4,742 | 5,842 | 110 | 99 | 209 | 2.32% |
| 7 | 1,436 | 1820 | 38 | 30 | 68 | 2.67% |
| State | 16,852 | 21087 | 424 | 353 | 776 | 2.51% ** |

West Virginia Bureau of Employment Programs, 2005.

** In 2004, job growth for RN's was predicted at 1.7%.

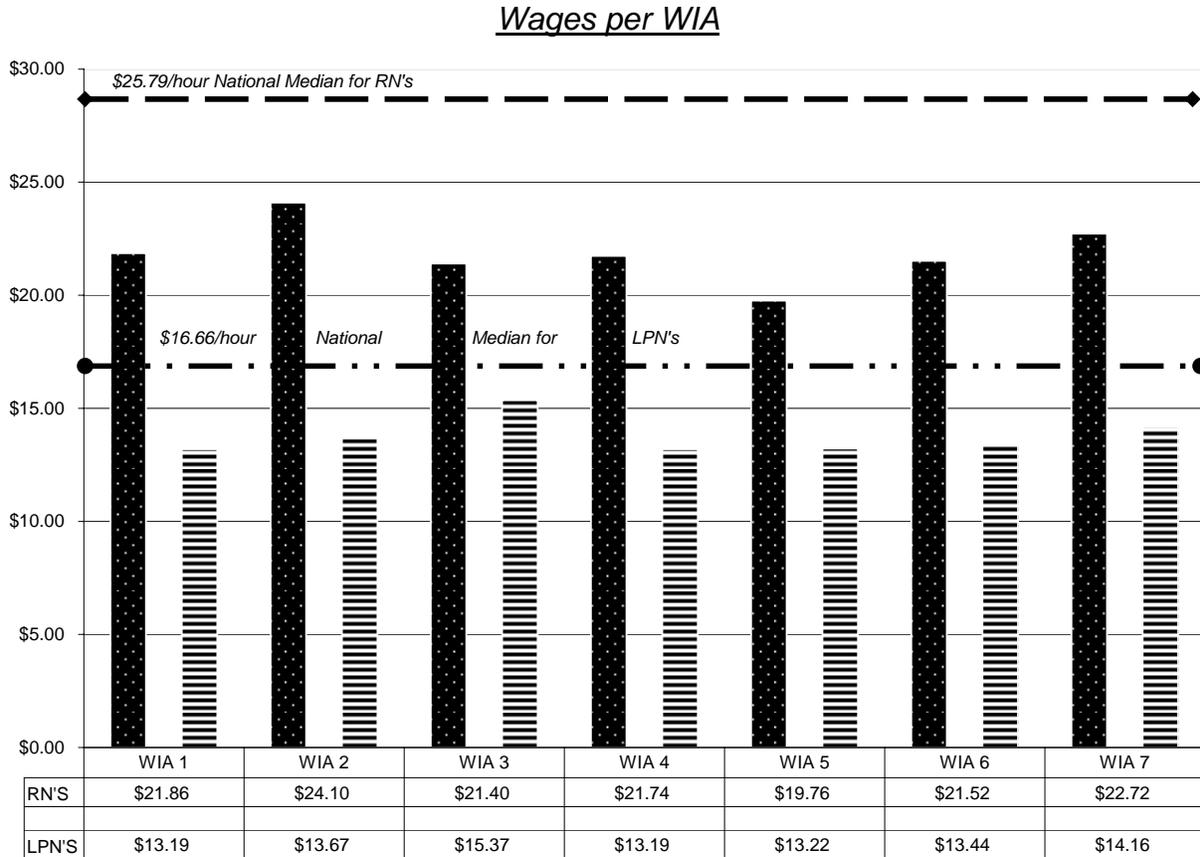
Supply and Job Growth in each Workforce Investment Area 2005 - LPN

| WIA | LPN Employment (FTE) 2002 | LPN Employment (FTE) Projected 2012 | Average Annual Openings Growth | Average Annual Openings Replacement | Average Annual Openings Total | Growth Rate |
|-------|---------------------------|-------------------------------------|--------------------------------|-------------------------------------|-------------------------------|-------------|
| 1 | 1,426 | 1,514 | 9 | 31 | 40 | 0.62% |
| 2 | 981 | 1,121 | 14 | 21 | 35 | 1.43% |
| 3 | 828 | 996 | 17 | 18 | 35 | 2.03% |
| 4 | 627 | 675 | 5 | 14 | 19 | 0.77% |
| 5 | 999 | 1,103 | 10 | 22 | 32 | 1.04% |
| 6 | 1,825 | 2,029 | 20 | 40 | 60 | 1.12% |
| 7 | 676 | 780 | 10 | 15 | 25 | 1.54% |
| State | 7,036 | 7,779 | 74 | 153 | 228 | 1.06% |

West Virginia Bureau of Employment Programs, 2005

Wages

Wages for RN's and LPN's in the State of West Virginia fall below the national median; -16% to - 20% respectively.



West Virginia Bureau of Employment Programs, 2005

Wage (Median) Comparison State versus National 2004

| Wage Comparisons | RN | LPN |
|------------------|----------------|----------------|
| United States | \$25.79 | \$16.66 |
| West Virginia | \$21.33 (-16%) | \$13.41 (-20%) |
| Median all WIA's | \$21.74 (-16%) | \$13.44 (-20%) |

West Virginia Bureau of Employment Statistics, 2005

Nursing faculty wages are also low as evidenced by the table found on page 28.

Nursing Education in West Virginia: Current Status

Introduction

National and regional reports indicate a faculty shortage that will worsen over the next decade as baby-boomer faculty member's age and begin to retire. This survey was conducted of all schools of nursing in West Virginia to assess the supply of and demand for nursing faculty in West Virginia.

After receiving IRB approval from West Virginia University, responses to this questionnaire were collected during the period of August 1-October 21, 2005. An email request to participate in the survey, and two follow up emails were sent to all Deans and Directors of WV Schools of Nursing during this time period. The survey was web based. All schools who participated completed the survey on the web, no pencil and paper surveys were necessary. On average, the survey took 15 minutes to complete. Deans and Directors had the opportunity to not answer any question with which they were uncomfortable, or did not have data available. Data are protected by reporting in aggregate form; no individual schools have been identified in this report. In addition, in any category where information could be identified (i.e. low n, etc.), data are not reported here.

Results

Demographics: Seventeen schools responded to the survey. Twelve programs are state supported programs, four are private, and one is a public/private partnership. Three schools are accredited nationally by the CCNE, and 14 by NLNAC. Visits are scheduled by national accrediting bodies for program accreditation/re-accreditation from 2005-2014. Demographic data follows:

Primary/Main Campus Location of Schools of Nursing

| Primary/Main Campus Workforce Region | Number of campuses |
|---|---------------------------|
| Region 1 | 3 |
| Region 2 | 3 |
| Region 3 | 2 |
| Region 4 | 1 |
| Region 5 | 2 |
| Region 6 | 4 |
| Region 7 | 2 |
| Total (n = 7) | 17 |

Type of Nursing Programs Offered- as of Fall 2006

| Program Type | Number |
|---------------------------------|---------------|
| Associate of Science in Nursing | 10 |
| RN - BSN | 9 |
| RN – MSN | 1 |
| BSN – MSN | 2 |
| LPN - RN | 7 |
| LPN – BSN | 5 |
| BSN | 9 |
| BA/BS – BSN | 3 |
| MSN | 3 |
| DSN | 1 |

Students

A number of questions regarding enrollment were asked of respondents. Results are found in the following tables:

In addition, data from 2005 - 2006 is added for a more comprehensive analysis.

ADMISSION DATA – Registered Nurse

Total Anticipated RN Enrollment Fall 2005 - 2006

| Type of Program | Number enrolled |
|------------------------|------------------------|
| ASN (n = 10) | 1079 |
| BSN (n = 9) | 1501 |
| MSN (n = 3) | 274 |
| DSN (n = 1) | 21 |
| Total | 2875 |

2004 and 2005 RN admissions

| Type of Program | 2004 # admitted | 2005 # admitted |
|------------------------|------------------------|------------------------|
| ASN (n=9) | 678 | 825 |
| BSN (n=9) | 508 | 484 |
| MSN (n=3) | 131 | 120 |
| DSN (n=1) | 0 | 2 |
| Total (n= 22) | 1317 | 1431 |

QUALIFIED APPLICANT DATA

Qualified RN Applicants Fall 2005

| Type of Program | Number Qualified Applicants |
|-----------------|-----------------------------|
| ASN | 1579 |
| BSN | 937 |
| MSN | 177 |
| DSN | 2 |
| Total | 2695 |

Total Qualified RN Applicants Admitted and Not Admitted Fall 2006

| Type of Program | Number of qualified applicants | Applicants admitted | Qualified applicants not admitted |
|-----------------------|--------------------------------|---------------------|-----------------------------------|
| ASN (n = 9) | 1141 | 771 | 370 |
| BSN (n = 8 □) | 686 | 431 | 255 |
| Total (n = 17) | 1827 | 1202 | 625 |

Information received from WV Schools of Nursing as of July 2006.

* □ West Virginia Wesleyan College is not included, as they are not accepting applications.

GRADUATE DATA – Registered Nurses

2004-2005 RN graduates

| Type of Program | Number of RN graduates |
|-----------------|------------------------|
| ASN | 517 |
| BSN | 322 |
| MSN | 41 |
| DSN | 0 |
| Total | 880 |

2006 RN Graduates

| Type of Program | Number anticipated to graduate |
|-----------------------|--------------------------------|
| ASN (n = 9) | 480 |
| BSN (n = 10) | 333 |
| Total (n = 19) | 813 |

Information received from WVBOE-RN as of June 2006

ADMISSION DATA – Licensed Practical Nurse

Total qualified LPN applicants not admitted for classes graduating 2005 – 2006

| Program | Qualified applicants admitted | Qualified applicants not admitted |
|-------------|-------------------------------|-----------------------------------|
| LPN (n= 23) | 759 | 580 |

Information used with permission of the WVBOE – LPN

GRADUATE DATA – Licensed Practical Nurse

Total LPN Graduates 2006

| Type of Program | Number graduated |
|-----------------|------------------|
| LPN (n = 23) | 544 |

Information used with permission of the WVBOE – LPN

LICENSURE EXAMINATION - 2006

Graduates of WV Schools scheduled to take the Licensure Exam in WV in 2006

| | |
|--|-------|
| RN's | 706 |
| Pass Rate January 1, 2006 to June 30, 2006 | 82.2% |
| LPN's | 544 |
| Pass Rate July 1, 2005 to June 30, 2006 | 93.8% |

Information used with permission of the WVBOE-RN and WVBOE-LPN

Planned/projected expansion 2006-2007

| Type of Program | Planned expansion | Range | Number of schools reporting |
|-----------------|-------------------|-------|-----------------------------|
| ASN | 104 | 16-24 | 3 |
| BSN | 165 | 4-140 | 5 |
| MSN | 80 | | 1 |
| DSN | 0 | 0 | 1 |
| Total | 329 | --- | 10 |

Faculty

The total number of permanent faculty employed as of May 15, 2005 at WV schools of nursing was 249 at 17 schools. The total FTE's were 196.75. The total number of temporary part time or adjunct faculty employed at WV schools of nursing was 69 at 10 schools. The total FTE's for part time and adjunct faculty were 13.65, with only 6 schools reporting FTE data for part time and adjunct faculty. In general, most nursing faculty at WV schools of nursing are employed on 9 month contracts. For that reason, salary data below will only include salary data by rank for 9-month contract faculty.

Average Faculty Salary by Rank (9 month contract)

| Rank | Average salary | SD | Range | Number of schools reporting |
|---------------------|----------------|---------|-------------|-----------------------------|
| Instructor/Lecturer | 35642 | 1330.22 | 30000-44697 | 13 |
| Assistant Professor | 38219 | 1348.98 | 31800-45200 | 11 |
| Associate Professor | 45008 | 1558.67 | 38000-54798 | 12 |
| Professor | 52814 | 2559.74 | 40000-66031 | 11 |

Primary motivation for seeking faculty position (2003-2005)

| Primary reason for seeking faculty position | Number |
|---|--------|
| Career Advancement | 4 |
| Desire to pursue an academic career | 13 |
| Better work hours | 8 |
| Better salary | 1 |
| Less stressful than clinical practice | 2 |
| Other (changed educational institutions) | 1 |

Faculty Vacancies

Respondents reported 16 nursing faculty position vacancies (budgeted) for all programs offered by their schools. Respondents indicated that the mean time it took to recruit a nursing faculty member to fill a vacancy was 7.2 months, with a range of 0-24 months spent in recruitment activities for each vacant position. Reasons for faculty resignations over the past two years are found below.

In estimating retirements for 2006, respondents indicated that 2 faculty would retire in 2006, but many commented with concern on the increase in expected retirements over the next 5 years.

Primary reason for faculty resignations (2003-2005)

| Primary reason for resignation | Number |
|--|---------------|
| Retirement | 5 |
| Career Advancement | 4 |
| Salary | 8 |
| Relocation | 5 |
| Return to Clinical Practice | 4 |
| Termination (or requested resignation) | 1 |

Number of additional faculty FTE's needed to expand enrollment by
20 admissions/program/year

| Program Type | Mean FTE increase | Range |
|---------------------|--------------------------|--------------|
| ASN | 1.94 | 1-3 |
| RN-BSN | 1.3 | 1-2 |
| BSN | 2.46 | 1.25-6 |
| MSN | 1.83 | 1.5-2 |
| DSN | 4 | --- |

Major Barrier to Program Expansion

| Barrier | Number of programs reporting |
|--|-------------------------------------|
| No barriers | 0 |
| Shortage of qualified faculty | 3 |
| Insufficient faculty lines or funded positions | 7 |
| Non competitive faculty salary rate | 4 |
| Insufficient clinical sites for students | 1 |
| Other (limited classroom space) | 2 |

Additional Barriers to Program Expansion

| Barrier | Number of programs reporting |
|--|-------------------------------------|
| No additional barriers | 2 |
| Shortage of qualified faculty | 5 |
| Insufficient faculty lines or funded positions | 1 |
| Non competitive faculty salary rate | 7 |
| Insufficient clinical sites | 8 |
| Other (space) | 1 |

Funding Issues

The survey asked participants to report on funding of positions by groups outside of the college/university, including grant-funded positions, and positions funded by health care organizations. In addition, the participants responded to questions regarding the continuation of these funding streams. Six programs indicated that they had faculty positions funded for the 2004-2005 academic year by grant funds. Five programs indicated that they expected that funding to remain intact for the 2005-2006 academic year. Seven programs indicated that they had faculty positions funded by hospitals or other health care facilities for 2004-2005. Five of those 7 programs indicated that this funding would remain intact for 2005-2006. Of those programs losing grant or hospital funded faculty positions, two indicated that the college or university would cover the funding, and two indicated they were seeking additional grant or hospital funded positions.

New Initiatives

Respondents were given the opportunity to report on any new initiatives they have instituted or are planning. Four programs reported that new initiatives were regarding finding funding sources for positions. One program noted an increase in enrollment and curricular changes.

Other comments

Respondents were also given the opportunity to provide any other comments relative to this survey, or faculty supply and demand. Respondents commented about faculty recruitment, faculty salaries and support, and the issue of maintaining quality programs. Sample comments are found below:

Faculty recruitment: One respondent was disturbed about recruiting quality faculty; “We don’t always get someone as well qualified as we would like, but we get someone who meets minimum qualifications such as MSN prepared instead of doctorate. Some specialties are more difficult to find e.g. OB and Psych. Finding doctoral-prepared faculty with research experience is difficult also.” One respondent indicated that a key faculty position had remained vacant since May despite recruitment efforts.

Faculty salaries and support: In general, respondents commented on the low faculty salaries as a barrier to recruitment and retention of qualified faculty. One respondent indicated: “Faculty morale is negatively impacted by limited funds for raises and for the purchase of equipment to support instruction. Innovative strategies for teaching nursing are essential for program success, but faculty workload doesn’t provide for creative discovery.” Another responds “Faculty salaries are a barrier, not only to expansion but also to maintenance of a quality program”. One respondent discussed the difficulty of being located in a border county; “Locality pay would help us to recruit and retain faculty members in the eastern panhandle as the cost of living here is higher than in most regions of WV, but the pay scale is the same.”

Maintenance of a quality program: One respondent summarized the issue in this way “I believe the answer is not in how many we can admit, but how many we can successfully graduate and get licensed. Throwing more bodies in the pot does not necessarily improve outcomes”. Many respondents discussed the difficulty in maintaining quality offerings without adequate faculty support.

Given all of the data regarding faculty shortages a proposal was developed and presented by E. Jane Martin, PhD, RN, FAAN, President of WV Association of Deans and Directors in Nursing Education (ADDNE) and Cynthia A. Persily PhD, RN Chairperson the WV Center for Nursing. The following proposal was presented to the West Virginia Higher Education Policy Commission in 2005.

Proposal for Faculty Increases and Faculty Salary Enhancements

* This proposal was presented to the West Virginia Higher Education Policy Commission on behalf of the West Virginia Center for Nursing and the Association of Dean's and Directors in Nursing Education (ADDNE) for the 2006 legislative session.

To increase enrollments in West Virginia schools of nursing, the recommendation is to increase by 1 faculty member for every 10 students increased. This estimate is based on faculty classroom and clinical teaching time, and current accreditation guidelines. Therefore, to increase enrollments by 300 students across the state, 30 additional faculty positions would need to be added. Using data available from the American Association of Colleges of Nursing's 2004-2005 *Salaries of Instructional and Administrative Nursing Faculty*, to hire 30 faculty for 9 month positions at the 50th percentile for peer schools in the Southern region, the cost would range from 1.6-1.9 million dollars.

However, ADDNE and the WV Center for Nursing would caution that the issue at hand may not be to increase faculty numbers to increase enrollments, but to first increase faculty salaries to be competitive with:

- 1) regional means for nursing and non nursing faculty salaries by rank and/or
- 2) regional salaries for equivalent positions (educational preparation and responsibility) in service/industry.

Using data for average 9 month salaries of full time instructional nursing faculty by rank for 2004-2005 available from the HEPC and CTE, it is estimated that to bring current 9 month faculty salaries to the 50th percentile by rank at southern region peer institutions for existing faculty would cost approximately 1.3 million dollars, with additional costs for increases for 12 month faculty. These costs will only bring nursing faculty salaries to the 50th percentile of regional means for nursing faculty, and will not begin to address disparities between nursing faculty salaries and other discipline faculty salaries in our own state, nor will it begin to address disparities between nursing faculty salaries and salaries for nurses in leadership positions with similar educational backgrounds in the service sector (ie. starting salary for a master's prepared nurse in service in WV is approximately 65K, for a master's prepared faculty member ranges from 30-36K).

Without increasing faculty salaries to competitive rates, retention of current faculty and recruitment of future faculty is impossible, hence jeopardizing any gains made in the recent past in enrollments in nursing programs, as well as inhibiting chances for increased enrollment for the future.

Average 9-10 Month Salary OF FULL-TIME INSTRUCTIONAL NURSING FACULTY By Rank, 2004-2005

| Institution | Professor | | Associate | | Assistant | | Instructor | | Lecturer | | Total | All Salary Average |
|---|-----------|-------------------|-----------|-------------------|-----------|-------------------|------------|-------------------|-----------|-------------------|------------|--------------------------|
| | N | Salary Average | N | Salary Average | N | Salary Average | N | Salary Average | N | Salary Average | | |
| Total All Institutions | 30 | 54,129 | 31 | 51,882 | 49 | 41,038 | 18 | 32,857 | 12 | 37,265 | 140 | 44,868 |
| HEPC | | | | | | | | | | | | |
| Bluefield State College | 2 | 56,016 | 5 | 51,272 | 8 | 40,731 | 1 | 33,672 | . | . | 16 | 45,495 |
| Fairmont State University | 2 | 60,713 | 4 | 49,175 | 6 | 43,768 | . | . | . | . | 12 | 48,394 |
| Marshall University | 7 | 55,403 | 3 | 46,251 | 9 | 39,100 | . | . | . | . | 19 | 46,235 |
| Shepherd University | 2 | 65,158 | 1 | 50,610 | 5 | 46,249 | . | . | 1 | 38,035 | 9 | 50,023 |
| West Liberty State College | 2 | 56,358 | . | . | 1 | 47,213 | . | . | . | . | 3 | 53,310 |
| West Virginia University | 4 | 57,510 | 12 | 58,922 | 10 | 42,914 | 3 | 39,806 | 7 | 36,275 | 36 | 48,322 |
| WVU Institute of Technology | . | . | 1 | 48,230 | 3 | 38,205 | 1 | 31,748 | 1 | 32,500 | 6 | 37,849 |
| Total | 19 | 57,597 | 26 | 53,758 | 42 | 41,966 | 5 | 36,967 | 9 | 36,051 | 101 | 47,168 |
| CCTE | | | | | | | | | | | | |
| Community and Technical College of Shepherd | . | . | . | . | . | . | . | . | 3 | 40,864 | 3 | 40,864 |
| New River Community and Technical College | . | . | . | . | . | . | 2 | 29,996 | . | . | 2 | 29,996 |
| Southern WV Community and Technical College | 4 | 50,851 | 2 | 44,378 | 3 | 36,896 | 4 | 31,322 | . | . | 13 | 40,626 |
| WV Northern Community College | 5 | 45,115 | 1 | 40,005 | 2 | 33,439 | 3 | 30,000 | . | . | 11 | 38,405 |
| WVU at Parkersburg | 2 | 50,264 | 2 | 40,936 | 2 | 35,373 | 4 | 32,927 | . | . | 10 | 38,445 |
| Total | 11 | 48,137 | 5 | 42,126 | 7 | 35,473 | 13 | 31,276 | 3 | 40,864 | 39 | 38,914 |

Southern Region Schools Data*

| | | | | | |
|--------------|----------|--------|--------|--------|--------|
| Doctoral | Mean | 78,023 | 64,862 | 55,214 | 48,545 |
| Non Doctoral | Mean | 51,211 | 53,946 | 49,119 | 44,746 |
| Doctoral | 25 %tile | 66,602 | 58,015 | 51,000 | 42,687 |
| | 50 %tile | 77,689 | 63,399 | 54,981 | 46,784 |
| | 75 %tile | 86,857 | 68,968 | 58,009 | 54,602 |
| Non Doctoral | 25 %tile | 44,182 | 48,000 | 43,295 | 40,065 |
| | 50 %tile | 45,802 | 53,763 | 47,520 | 43,260 |
| | 75 %tile | 53,031 | 57,683 | 52,324 | 48,000 |

*All Data for Southern Region Schools is for Academic Year, All Full Time Nurse Faculty in Southern Region, by rank, institution type and degree level (i.e., doctoral degree granting, vs. non doctoral degree granting).

Reference: American Association of Colleges of Nursing (2004-2005) Salaries of Instructional and Administrative Nursing Faculty. Washington DC: AACN

Enabling Legislation

ENROLLED

COMMITTEE SUBSTITUTE

FOR

H. B. 4143

(By Delegates Hatfield, Brown, Foster and Perdue)

[Passed March 11, 2004; in effect from passage.]

AN ACT to amend the code of West Virginia, 1931, as amended, by adding thereto a new section, designated §30-7-8a; to amend said code by adding thereto a new section, designated §30-7A- 7a; and to amend said code by adding thereto a new article, designated §30-7B-1, §30-7B-2, §30-7B-3, §30-7B-4, §30-7B-5, §30-7B-6, §30-7B-7, §30-7B-8, §30-7B-9 and §30-7B-10, all relating to creating the West Virginia center for nursing; legislative findings; center assuming the duties of the nursing shortage study commission; authorizing supplemental nursing licensure fees; emergency rules; establishing a board of directors for the center; setting forth powers and duties; permitting expense reimbursement; establishing special revenue account; reporting requirement; and continuation.

Be it enacted by the Legislature of West Virginia:

That the code of West Virginia, 1931, as amended, be amended by adding thereto a new section, designated §30-7-8a; that said code be amended by adding thereto a new section, designated §30-7A- 7a; and that said code be amended by adding thereto a new article, designated §30-7B-1, §30-7B-2, §30-7B-3, §30-7B-4, §30-7B-5, §30- 7B-6, §30-7B-7, §30-7B-8, §30-7B-9 and §30-7B-10, all to read as follows:

ARTICLE 7. REGISTERED PROFESSIONAL NURSES.

§30-7-8a. Supplemental fees to fund center for nursing; emergency rules.

(a) The board is authorized to assess a supplemental licensure fee not to exceed ten dollars per license per year. The supplemental licensure fee is to be used to fund the center for nursing and to carry out its purposes as set forth in article seven-b of this chapter.

(b) The board shall propose rules for legislative approval in accordance with the provisions of article three, chapter twenty- nine-a of this code to establish the

supplemental licensure fee. (c) The board may promulgate emergency rules pursuant to the provisions of section fifteen, article three, chapter twenty-nine-a of this code for the initial fee assessment.

ARTICLE 7A. PRACTICAL NURSES.

§30-7A-7a. Supplemental fees to fund center for nursing; emergency rules.

(a) The board is authorized to assess a supplemental licensure fee not to exceed ten dollars per license per year. The supplemental licensure fee is to be used to fund the center for nursing and to carry out its purposes as set forth in article seven-b of this chapter.

(b) The board shall propose rules for legislative approval in accordance with the provisions of article three, chapter twenty- nine-a of this code to establish the supplemental licensure fee. (c) The board may promulgate emergency rules pursuant to the provisions of section fifteen, article three, chapter twenty-nine-a of this code for the initial fee assessment.

ARTICLE 7B. CENTER FOR NURSING.

§30-7B-1. Legislative findings.

The Legislature finds that through the study of the nursing shortage study commission, it is essential that there be qualified registered professional nurses and other licensed nurses to meet the needs of patients. Without qualified nurses, quality patient care is jeopardized. The nursing population is aging and fewer students are entering nursing programs.

Therefore, the Legislature declares to ensure quality health care, recruitment and retention of nurses is important and a center is needed to address the nursing shortage crisis in West Virginia.

§30-7B-2. Definitions.

(a) "Board" means the board of directors for the West Virginia center for nursing.
(b) "Center" means the West Virginia center for nursing.
(c) "Direct patient care", as used in this article, means health care that provides for the physical, emotional, diagnostic or rehabilitative needs of a patient, or health care that involves examination, treatment or preparation for diagnostic tests or procedures.

§30-7B-3. West Virginia center for nursing.

(a) Effective the first day of July, two thousand four, the nursing shortage study commission, established pursuant to the provisions of section eighteen, article seven, chapter thirty of this code, is hereby terminated and the powers and duties of the commission are transferred to the West Virginia center for nursing.

(b) Effective the first day of July, two thousand four, the West Virginia center for nursing is hereby created to address the issues of recruitment and retention of nurses in West Virginia.

(c) The higher education policy commission shall provide suitable office space for the center. The commission shall share statistics and other pertinent information with the center and shall work cooperatively to assist the center to achieve its objectives.

§30-7B-4. Center's powers and duties.

The West Virginia center for nursing shall have the following powers and duties:

- (1) Establish a statewide strategic plan to address the nursing shortage in West Virginia;
- (2) Establish and maintain a database of statistical information regarding nursing supply, demand and turnover rates in West Virginia and future projections;
- (3) Coordinate communication between the organizations that represent nurses, health care providers, businesses, consumers, legislators and educators;
- (4) Enhance and promote recruitment and retention of nurses by creating reward, recognition and renewal programs;
- (5) Promote media and positive image building efforts for nursing, including establishing a statewide media campaign to recruit students of all ages and backgrounds to the various nursing programs throughout West Virginia;
- (6) Promote nursing careers through educational and scholarship programs, programs directed at nontraditional students and other workforce initiatives;
- (7) Explore solutions to improve working environments for nurses to foster recruitment and retention;
- (8) Explore and establish loan repayment and scholarship programs designed to benefit nurses who remain in West Virginia after graduation and work in hospitals and other health care institutions;
- (9) Establish grants and other programs to provide financial incentives for employers to encourage and assist with nursing education, internships and residency programs;
- (10) Develop incentive and training programs for long-term care facilities and other health care institutions to use self- assessment tools documented to correlate with nurse retention, such as the magnet hospital program;
- (11) Explore and evaluate the use of year-round day, evening and weekend nursing training and education programs;
- (12) Establish a statewide hotline and website for information about the center and its mission and nursing careers and educational opportunities in West Virginia;
- (13) Evaluate capacity for expansion of nursing programs, including the availability of faculty, clinical laboratories, computers and software, library holdings and supplies;
- (14) Oversee development and implementation of education and matriculation programs for health care providers covering certified nursing assistants, licensed practical nurses, registered professional nurses, advanced nurse practitioners and other advanced degrees;
- (15) Seek to improve the compensation of all nurses, including nursing educators; and
- (16) Perform such other activities as needed to alleviate the nursing shortage in West Virginia.

§30-7B-5. Board of directors.

(a) The West Virginia center for nursing shall be governed by a board of directors consisting of the following thirteen members:

- (1) One citizen member;
- (2) Two representatives from the West Virginia board of examiners for registered professional nurses, as follows:

- (A) One representing a bachelor and higher degree program; and
- (B) One representing an associate degree program;
- (3) One representative from the West Virginia board of examiners for licensed practical nurses;
- (4) One representative from the West Virginia nurses association;
- (5) One nurse representing a rural health care facility;
- (6) Two representatives of employers of nurses, as follows: (A) One director of nursing; and
- (B) One health care administrator;
- (7) Two registered professional staff nurses engaged in direct patient care;
- (8) One licensed practical nurse engaged in direct patient care; and
- (9) Two ex officio members, as follows:
 - (A) The secretary of the department of health and human resources or a designee;
- and
- (B) A representative from the workforce development office.
- (b) Before the first day of July, two thousand four, the governor, by and with the consent of the Senate, shall appoint the eleven citizen members as follows:
 - (1) The following members for an initial term of two years:
 - (A) One representative from the West Virginia board of examiners for registered professional nurses representing an associate degree program;
 - (B) One representative from the West Virginia board of examiners for licensed practical nurses;
 - (C) One nurse representing a rural health care facility;
 - (D) One director of nursing; and
 - (E) One registered professional staff nurse engaged in direct patient care;
 - (2) The following members for an initial term of four years:
 - (A) One citizen member;
 - (B) One representative from the West Virginia board of examiners for registered professional nurses representing a bachelor and higher degree program;
 - (C) One representative from the West Virginia nurses association;
 - (D) One health care administrator;
 - (E) One registered professional staff nurse engaged in direct patient care; and
 - (F) One licensed practical nurse engaged in direct patient care.
 - (d) After the initial terms expire, the terms of all the members shall be four years, with no member serving more than two consecutive terms.
 - (e) The board shall designate a chairperson. Six members shall constitute a quorum.

§30-7B-6. Board's powers and duties.

The board of directors shall have the following powers and duties:

- (1) Employ an executive director and other personnel necessary to carry out the provisions of this article;
- (2) Determine operational policy;
- (3) Seek and accept public and private funding;
- (4) Expend money from the center for nursing fund to carry out the purposes of this article;
- (5) Propose rules for legislative approval in accordance with the provisions of article three, chapter twenty-nine of this code to implement the provisions of this article;

(6) Impanel an advisory committee of stakeholders to provide consultation to the board; and

(7) Do such other acts as necessary to alleviate the nursing shortage in West Virginia.

§30-7B-7. Reimbursement for expenses.

The board members shall serve without compensation, but may be reimbursed for actual and necessary expenses incurred for each day or portion thereof engaged in the discharge of official duties in a manner consistent with guidelines of the travel management office of the department of administration.

§30-7B-8. Special revenue account.

(a) A special revenue account known as the "center for nursing fund" is hereby established in the state treasury to be administered by the board to carry out the purposes of this article.

(b) The account shall be funded by:

(1) Assessing all nurses licensed by the board of examiners for registered professional nurses, pursuant to section eight-a, article seven of this chapter, and the board of examiners for licensed practical nurses, pursuant to section seven-a, article seven-a of this chapter, a supplemental licensure fee not to exceed ten dollars per year; and

(2) Other public and private funds.

(c) Beginning the first day of January, two thousand six, and continuing at least two years, a minimum of an equivalent of one third of the funding from the annual supplemental licensure fees shall be used for loan and scholarship programs.

§30-7B-9. Reports.

The center shall report annually to the joint committee on government and finance on its progress in developing a statewide strategic plan to address the nursing shortage in West Virginia, along with drafts of proposed legislation needed to implement the center's plan.

§30-7B-10. Continuation.

The West Virginia center for nursing shall continue to exist until the first day of July, two thousand eight, unless sooner terminated, continued or reestablished pursuant to the provisions of article ten, chapter four of this code.

Appendix B

New Data Confirms Shortage of Nursing School Faculty Hinders Efforts to Address the Nation's Nursing Shortage

Almost 3,000 Qualified Students Turned Away from Graduate Nursing Programs; Enrollments Rise in Accelerated and RN-to-Baccalaureate Programs

[Read Enrollment Success Stories and Challenges to Future Growth](#)

WASHINGTON, DC, March 8, 2005 - According to new survey data released today by the American Association of Colleges of Nursing (AACN), enrollments in entry-level baccalaureate programs in nursing increased by 14.1 percent in fall 2004 over the previous year. This enrollment increase is even greater than AACN's preliminary data released on December 15, 2004 which showed a 10.6 percent increase. Despite this significant gain, more than 32,000 qualified applications were turned away from baccalaureate and graduate nursing programs last year, including almost 3,000 students who could potentially fill faculty roles.

AACN's findings are based on responses from 590 nursing schools (85.9 percent) in the U.S. and its territories that grant baccalaureate- and/or graduate-degrees. ***AACN data reflects actual counts reported in fall 2004 by nursing schools, not projections or estimates based on past reporting.*** The survey found that total enrollment in all nursing programs leading to the baccalaureate degree was 147,170, up from 126,954 in 2003. Within this universe, 112,180 students were enrolled in entry-level baccalaureate nursing programs.

AACN determines enrollment trends by comparing data from the same schools reporting in both 2003 and 2004. Data show that nursing school enrollments are up in all regions of the United States. The greatest increase was found in the North Atlantic states where enrollments in entry-level baccalaureate programs rose by 21.5 percent. Enrollments in the Midwest, South and West increased by 12.5 percent, 12.2 percent and 10.2 percent, respectively.

"Increasing enrollment in baccalaureate programs is a key first step to addressing the nation's diminishing supply of nurse educators," said AACN President Jean E. Bartels, PhD, RN. "Since the overwhelming majority of nurses with master's and doctoral degrees began their education in baccalaureate programs, efforts to overcome the faculty shortage must focus on boosting enrollment in four-year nursing programs."

Graduate Enrollments and Nurse Faculty Shortage

The latest AACN survey found that both enrollments and graduations increased in master's and doctoral degree nursing programs last year. Enrollments in master's degree programs rose 13.7 percent (4,929 students) bringing the total student population to 42,751. In research-focused doctoral programs, enrollments increased by 7.3 percent (229 students) with the total student population at 3,439. Ending a downward trend, the number of graduates from master's degree and doctoral programs

increased slightly in 2004 by 6.9 percent (669 students) and 2 percent (8 students), respectively.

"Since the doctoral degree is the desired credential for a nurse educator, an increase of only 8 additional graduates last year is very disappointing news," said Dr. Bartels. "AACN will continue to work with the larger healthcare community to advocate for more federal funding for doctoral level education and with nurse educators to identify creative ways to expand enrollments at the graduate level."

One innovative program that is gaining momentum and helping to bring younger faculty into nursing is the Baccalaureate to Doctoral degree program. These accelerated programs provide an efficient pathway to careers as nurse educators, researchers, and leaders for highly motivated students. Intense clinical experiences are embedded in these 4-5 year graduate programs, which build on the solid foundation provided in baccalaureate programs. AACN's latest survey shows that 49 Baccalaureate to Doctoral programs are available nationwide, up from 45 programs in 2003, with an additional 12 programs under development.

Raising the Level of Nursing Education

Given the calls for a better educated nurse workforce, AACN is pleased to see more registered nurses (RN) pursuing baccalaureate level education. RN-to-Baccalaureate programs enable nurses prepared with a diploma or associate's degree to earn a baccalaureate degree and enhance their clinical skills. From 2003 to 2004, enrollment in RN-to-Baccalaureate programs increased by 6.2 percent or 1,826 students, which marks the second year of enrollment increases. This trend is encouraging since the National Sample Survey of Registered Nurses (U.S. Dept. of Health and Human Services) found that only 17.4 percent of nurses educated in associate degree programs go on to complete a four-year nursing degree program.

"As educators, we must encourage all nursing students to further their education in the interest of providing the best nursing care possible," said Geraldine "Polly" Bednash, PhD, RN, FAAN, executive director of AACN. "Unfortunately, most nurses who enter the workforce through pre-baccalaureate programs do not advance their education beyond the minimal preparation required for licensure. AACN is committed to working with nurse educators at all levels to send a message that education makes a difference in care delivery and is key to career advancement." Currently, there are 628 RN-to-Baccalaureate and 137 RN-to-Master's Degree programs available at U.S. nursing schools, many of which are offered completely online.

Interest Runs High in Accelerated Programs

For the second year, AACN collected data on accelerated nursing programs, which transition adults with baccalaureate and graduate degrees in other fields into nursing. Accelerated baccalaureate programs may be completed in 12-18 months and provide the fastest route to RN licensure for individuals with a prior degree. These intense programs have high admission standards, require continuous study without session breaks, and incorporate the same number of clinical hours as traditional programs.

Last year, 22 new accelerated baccalaureate programs were launched, bringing the nationwide total to 151 programs. This total represents a 43.8 percent increase since fall 2002 when 105 such programs existed. AACN's latest survey found that 6,090 students are enrolled in accelerated baccalaureate programs, up from 4,794 students in 2003. The number of program graduates nearly doubled with 2,422 graduates in 2004 compared to 1,352 in 2003. In the 41 accelerated master's degree programs now available, 2,666 students are enrolled and 542 students graduated last year. In addition to the existing programs, 66 new accelerated programs are under development, including 46 baccalaureate and 20 master's degree programs.

"For career changers who have already completed a four-year degree, accelerated programs provide the most efficient educational path to careers in professional nursing," said Dr. Bednash. "AACN encourages partnerships between nursing schools and practice settings that facilitate the growth of accelerated programs and provide more financial assistance to students." Last year alone, nurse employers including Tenet Healthcare, Carondelet Health Network, North Carolina Baptist Hospital, Duke University Health System, and many others actively supported the development and growth of accelerated nursing programs.

Students Turned Away Despite Nursing Shortage

Though interest in baccalaureate and graduate nursing education programs is high, not all qualified applications are being accepted at four-year colleges and universities. In fact, AACN's survey found that 32,797 qualified applicants were not accepted at schools of nursing last year due primarily to a shortage of faculty and resource constraints. Within this total, applicants turned away include 29,425 from entry-level baccalaureate programs; 422 from RN-to-Baccalaureate programs; 2,748 from master's programs; and 202 from doctoral programs.

The top reasons reported by nursing schools for not accepting all qualified students into entry-level baccalaureate programs, include insufficient faculty (76.1 percent), admissions seats filled (75 percent), and insufficient clinical teaching space (54.5 percent). In the 2004-2005 academic year, 122,194 completed applications were received at schools of nursing with 84,002 meeting admission criteria and 54,577 applications accepted. The application acceptance rate was 44.7 percent.

"Given the nation's diminishing supply of nurse faculty, it's particularly disturbing to see that almost 3,000 qualified applicants were denied entry into graduate nursing programs last year," said Dr. Bartels. "Efforts to address the faculty shortage will fail unless we can ensure that all qualified nursing students seeking graduate education can be accommodated."

In response to qualified students being turned away from nursing schools, AACN is engaged in efforts to advocate for legislation that benefits nursing education, including increased funding for federal Nursing Workforce Development programs. The organization strives to identify best practices related to nursing program expansion and share this knowledge with the full body of nursing schools. AACN actively seeks collaboration on initiatives to address the nursing shortage, which include working with

Johnson & Johnson's Campaign for Nursing's Future and the Nurses for a Healthier Tomorrow coalition.

"A successful solution to the shortage of RNs and nurse faculty will require a collaborative effort on the part of the nursing profession, the health care system, the federal government, and all stakeholders," said Dr. Bartels. "Together, we must remove barriers to nursing careers, provide incentives for nurses to advance their education, and create practice environments that encourage professional development and foster nurse retention."

Despite the challenges, nursing schools across the country are finding creative ways to expand student capacity and accommodate more students. Many schools are forming partnerships with clinical agencies to support mutual needs and bridge the faculty gap. Other strategies include lobbying for continued state and federal monies, launching accelerated programs, and stepping up efforts to expand diversity and recruit new populations into nursing. For some examples of how individual nursing schools have expanded enrollment despite facing challenges, see <http://www.aacn.nche.edu/Media/NewsReleases/2005/enrollments05.htm#successtories>.

About the AACN Survey

AACN's 24th Annual Survey of Institutions with Baccalaureate and Higher Degree Nursing Programs is conducted each year by the association's Research Center. Information from the survey forms the basis for the nation's premier database on trends in enrollments and graduations, student and faculty demographics, and faculty and deans' salaries. AACN's survey is based on actual counts, not projections or estimates.

The AACN survey is a collaborative process involving two of the nation's leading advanced practice nursing organizations. For the seventh year, AACN has jointly collected data on nurse practitioner programs with the National Organization of Nurse Practitioner Faculties. In a parallel initiative, AACN collects information on clinical nurse specialist programs with the National Association of Clinical Nurse Specialists.

Complete survey results are compiled in the following reports:

- 2004-2005 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing
- 2004-2005 Salaries of Instructional and Administrative Nursing Faculty in Baccalaureate and Graduate Programs in Nursing
- 2004-2005 Salaries of Deans in Baccalaureate and Graduate Programs in Nursing

For more details or to order a data report, see <http://www.aacn.nche.edu/IDS/datarep.htm>.

The American Association of Colleges of Nursing is the national voice for university and four-year-college education programs in nursing. Representing more than 580 member

schools of nursing at public and private institutions nationwide, AACN's educational, research, governmental advocacy, data collection, publications, and other programs work to establish quality standards for bachelor's- and graduate-degree nursing education, assist deans and directors to implement those standards, influence the nursing profession to improve health care, and promote public support of baccalaureate and graduate nursing education, research, and practice. Web site:
<http://www.aacn.nche.edu>

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