

## The North Carolina Nursing Pipeline—A Lack of Nursing Educators is at the Heart of the Shortage

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North Carolina is heavily reliant on the North Carolina Community College System (NCCCS) to educate the nurses entering the workforce each year. In the 2021 academic year, 48% of nursing graduates were from Associate Degree in Nursing (ADN) programs. According to the North Carolina Board of Nursing, of the 2628 ADN graduates in 2021, North Carolina community colleges tested 2337 RN candidates with 1937 passing the NCLEX-RN on the first attempt. NCCCS Practical Nursing programs tested 547 candidates with 499 passing the NCLEX-PN on the first attempt [1]. Associate degree programs across the state, including those at independent colleges as well as in the community college system, reported 7688 qualified applicants in 2021, with 4345 admitted and 3855 enrolled [1]. The number of qualified applicants continues to increase each year, yet the number of students admitted remains much the same. The reason lies in the number of available faculty in the community college system [1].

Historically, many qualified candidates are not admitted to pre-licensure nursing programs due to the lack of available open seats in a program, which is directly influenced by the availability of faculty to teach them [2]. This is not a new concern, but with the ever-increasing need for nurses in the workforce, the increasing shortage of nursing faculty threatens to worsen an already troubling outlook [3]. Faculty vacancies in ADN programs in North Carolina increased from just 78 in 2019 to 163 in 2021 [1]. National nursing educator vacancy rates increased from 6.5% in 2020 to 8% in 2021 [4]. The 2020 American Association of Colleges of Nursing (AACN) report cites several key reasons for faculty shortages: increasing average age of faculty members and associated increasing retirement rates, high compensation in other settings that attract current and potential nurse educators, and an insufficient pool of

graduates from master's and doctoral programs [5]. The National Advisory Council on Nurse Education and Practice (NACNEP) calls the faculty shortage a "long-standing crisis threatening the supply, education, and training of registered nurses," and recommends federal efforts as well as a coordinated private-public response to address the shortage [6].

Frequently, I get calls from nursing program directors about the need for more faculty. I recently got a call from a nursing school director who said, "I need help. Two of my three full-time faculty members have resigned. They can make more money and work less hours as travel nurses." This is an increasingly common occurrence. High compensation attracts many potential nursing educators to other settings [6]. Nursing faculty in many of the state's community colleges are at the breaking point. They are working diligently to educate the state's next class of nurses in the face of a labor shortage that few have seen in their lifetimes. While students continue to seek out nursing education, fewer nurses are seeking a career in teaching students.

Erin Fraher of the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill recently stated: "there is indeed a nursing faculty shortage in the state of North Carolina" [3]. While a shortage has been seen in the university system, community colleges often see an even larger deficit. Community colleges are limited in the amount they can pay new faculty. Over the past year, many colleges have tried new recruitment and retention efforts with little success. Even with advanced degrees and more experience, nursing faculty who teach in community colleges are paid less than their peers and sometimes even less than their new graduate nurses [7]. Nursing faculty are also retiring in large

numbers. With the average age for nursing faculty at more than 50 years, yet another wave of retirements is looming. All of this, at a time when demand for nurses is high [5].

Since the start of the COVID-19 pandemic, we have seen an increasing number of nursing faculty retirements and resignations within NCCCS [3]. Speaking with nursing faculty directors and program directors in the community college system, the reasons stated for the increasing number of nursing faculty resignations include the aging workforce and better opportunities available to nursing instructors elsewhere. Many nursing faculty have joined thousands of other nurses in seeking out high-paying travel nurse opportunities, leaving the educational space completely to return to the clinical workforce [4]. Travel nurse salaries have exceeded nursing salaries overall and offer an opportunity that many of our faculty members cannot refuse [7]. The loss of nursing faculty from the community college system leaves many of the colleges with fewer available full-time staff. Part-time and clinical faculty are also in short supply, with many clinical faculty members unable to take on more work in the areas that are short-staffed. Community colleges already have a system in which faculty work across a variety of specialty areas, both in the classroom and in the clinical setting. Many clinical faculty members are registered nurses who come from local hospital systems. The pandemic resulted in fewer clinical nurses being available to do clinical education rotations for local colleges.

While many hospitals use travel nurses and agency nurses to make up the shortage of clinical nurses, many traditional ADN programs find travel nurses not to be a good option because they can be cost-prohibitive, and the transient nature of this workforce is not ideal for teaching clinical students. Travel contracts also do not align with semester clinical schedules. Our clinical partners, hospitals, and long-term-care facilities often choose not to utilize their travel nurses for clinical education experiences. For dependable clinical faculty, many community colleges look for nurses who work in permanent, traditional roles in their community hospital systems. Current North Carolina Board of Nursing guidelines require a student-to-faculty ratio of 10 students to 1 clinical faculty member [8]. Many

nursing faculty find that 10 to 1 is a difficult ratio to manage, resulting in students receiving less instructor input and less successful clinical learning. In conjunction with the didactic nursing faculty shortage, we are less able than ever to provide lower-ratio clinical experiences to our students.

An ideal clinical rotation would be led by a clinical faculty member who is experienced and knowledgeable in the specialty in which the rotation takes place. It is also helpful for the clinical faculty member to have knowledge and experience on the clinical unit. The 2021 Appropriations Act (Session Law 2021-180) appropriates a new funding source for recruitment and retention of community college faculty in high-demand fields. The total allocation is \$8,660,000 for FY 2021-2022, available July 1, 2021, to June 30, 2022, and \$12,320,000 for FY 2022-2023, available July 1, 2022, to June 30, 2023 [9]. These funds were distributed to the colleges for recruitment and retention of faculty in high-demand fields, including nursing and health sciences programs. The funds are to be dispersed at the discretion of college leadership. Examples of approved uses of these funds include faculty retention bonuses, faculty recruitment sign-on bonuses, as well as monies available for faculty continuing education. Colleges will track and verify use of these funds for recruiting and retention, along with a justification for each use [9]. While these funds were greatly appreciated and helpful at the local college level, work still needs to be done to improve nursing faculty salaries.

Community college faculty salaries are significantly lower than surrounding university salaries [9]. Community college nursing faculty salaries are also significantly lower than local clinical nursing salaries, meaning that many times new graduate nurses will enter the workforce making the same amount or more than their nursing faculty [7]. Nursing faculty must maintain clinical and academic competence with advanced degrees and continuing education, while facing an increasing workload in the classroom and clinical areas without a significant increase in pay. In addition to seeing many community college nursing faculty return to the clinical workforce, we have seen many move to open positions at local universities.

Our workforce is continuing to age, meaning that many community college faculty have chosen to retire instead of meeting the challenges of this increasingly complex work environment. Faculty positions are often filled by experienced nurses who are age 50 or older, meaning the cycle of impending retirements will continue [10]. Nursing program directors are responsible for oversight of the nursing programs and the nursing faculty, as well as accreditation and regulatory affairs. Having experienced program directors is necessary for program success, but increasingly, nursing program directors are leaving nursing education due to the complexity of managing program requirements, stress, and long work hours. The challenges facing the NCCCS are well known at both the system level and among our legislative representatives. The latest state budget allocated \$1.31 billion to the NCCCS for the 2021-2022 academic year and \$1.34 billion for 2022-2023 [11]. The budget did not specifically address challenges in nursing programs but did include a 5% salary increase over two years for community college personnel. It also included, for the first time, over \$20 million to recruit and retain faculty in high-need areas [11].

We have faced nursing shortages in the past, but never with quite the scenario we face today. Continuing to educate competent, well-equipped nurses will require a statewide effort with government and industry leaders collaborating to meet the needs of nursing education. There is no quick fix. Only a well-planned, systemic effort to educate, empower, and pay nursing faculty will maintain our nursing pipeline into the next decade. **NCMJ**

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