Nursing Faculty Focus Group Results

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Executive Summary

Background

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

This study was designed to collect data in order to present a more accurate picture of nurses in both rural and urban areas of North Dakota and compare these data with existing national data as well as to inform policy. Results from the first year of the study are available at http://medicine.nodak.edu/crh. During the second year of the study, data collection includes four projects. The facility survey was developed to provide a comprehensive picture of the nature of nursing employment and potential shortages throughout the state and to enable comparisons to be drawn between health care facilities; rural and urban areas and North Dakota and national data. The second project is a survey of registered nurses (RNs), licensed practical nurses (LPNs) and advanced practice nurses (APNs) throughout North Dakota. The third project is a survey of students, distributed to all nursing programs in the state, inquiring about career plans. The fourth project involves focus groups with nursing program faculty to examine program capacity and recruitment and retention issues of students and faculty.

Faculty Focus Group Results

Full-time and clinical faculty from eight nursing programs participated in separate focus groups conducted using Interactive Video Network (IVN) or on-site. [Dickinson State University, Jamestown College, MedCenter One College of Nursing (Bismarck), Minot State University, North State College of Science (Wahpeton), Tri-College University (Fargo/Moorhead), United Tribes Technical College (Bismarck), University of North Dakota (Grand Forks)].

- Participating faculty were female, Caucasian, average age of 51 and taught nursing for an average of 16 years. Average annual salary for participating faculty was $45,888, slightly below the national average of $47,900. The majority held Master's degrees in a variety of areas and listed their clinical specialty as nursing education. Almost half are tenured and are Assistant Professors. Faculty drive an average of 7 miles to teach at their nursing program and 11 miles to teach at their clinical site.

- Faculty work an average of 55 hours per week in classroom/teaching, mentoring/advising, clinical teaching, administrative, research and service activities. Half of faculty felt overwhelmed about their current workload and indicated they have no additional time for writing or research activities. 22% are extremely satisfied with their current position.

- One-third have taught course on-line but have had technical difficulties including lack of training/support or problems with outdated equipment. One-quarter have taught courses using an interactive video network system (IVN) and have also had difficulties including classroom noise, hookup problems and organizational problems.

- When discussing expansion of clinical sites several issues emerged including difficulty finding clinical sites for specialty education and competition for sites from programs in North Dakota and Minnesota. Also, faculty spend significant time setting up new sites, arranging for contracts, building relationships with sites, scheduling and supervising students. Solutions may include increasing the use of trained preceptors and setting up clinicals in new areas such as home health and with community organizations. Barriers to incorporating more rural clinical sites include housing costs for students, traveling in hazardous weather, the quality of the experience with a limited number of patients and adequate supervision by nurses.

- Faculty identified many barriers to scheduling clinical experience at alternative times (evenings, nights, weekends, holidays). Adding additional teaching responsibilities and alternative times would overburden faculty. Faculty suggested that using trained preceptors could assist during these times. Also, students may have difficulty finding child care, holding down jobs during these alternative times and be limited in their participation in extracurricular activities. Faculty also expressed concern about the quality of the clinical experience students may have on alternative shifts. Although certain shifts may have unique opportunities (nights in the ER), others would not have enough patients or staff interaction to give students a quality experience.

- Programs are in need of funding for more disposable supplies, virtual simulators and beds in order to allow all students experience in refining clinical skills. Several programs currently have adequate supplies, but if enrollment increases they would not. Some programs could use more lab space, classrooms with instructional technology and faculty office space.

- Most of the programs are using some information technology including online websites with information about courses, simulation CDs, electronic conferencing and interactive video networks. The few programs that have not used technology do not have the equipment/support or their college emphasizes traditional classroom instruction.

- Programs are engaged in a variety of recruitment activities ranging from follow-up phone calls to interested students to nursing camps for 5th and 6th graders.

- Many programs currently have faculty vacancies. Problems include finding faculty with the required master's degree, the desired specialty area and teaching experience. A few programs have received no applications for their open positions. Barriers to finding qualified faculty include low salary, climate, workload and the lack of opportunities for pursuing advanced level degrees.

- Strategies for preventing faculty loss due to retirement included allowing faculty to teach part-time or part-year with health insurance benefits. Retired faculty could serve as outreach or on-line course instructors. Retired faculty could also serve as mentors and tutors.

- Most programs do not have a formal means to encourage students to pursue faculty careers. Faculty have recruited particular students who show potential, have assigned lectures to students and discussed future plans with departing students. One program includes information about a faculty career at their nursing camp for 5th and 6th graders. One suggestion is to hire former students as lab assistants to help give them some teaching experience and to encourage them to think about a faculty role.

NORTH DAKOTA NURSING NEEDS STUDY INTRODUCTION

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FACULTY FOCUS GROUP RESULTS

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DEMOGRAPHICS

- **GENDER**

  100% were female.

- **AGE**

  The average age was 51.2 years with 34% of the faculty aged 50 years or younger and 66% age 51 or older.

- **RACE**

  98% were Caucasian and 2% were American Indian/Alaskan native.

- **EDUCATION**

  18% had a doctoral degree in education administration, nursing adult health, higher education or teaching and learning.

  80% had a master's degree in nursing education, rural nursing, counseling and guidance, child development, community health nursing, adult health, psychiatric and mental health, nursing management/administration, community heath nurse, public health, medical/surgerical, maternal child family nursing or perinatal nursing.

  2% had an advanced practice nurse certificate in adult heath, certified nurse midwife, medical/surgical, or pediatric practicum.

  45% had a bachelor's degree in nursing, education or Indian studies.

  8% had an associate's degree in nursing or medical secretary.

  12% of faculty intend to pursue another degree in the future including a Doctorate of Philosophy in Education or a Master of Science in Nursing.

- **CLINICAL SPECIALTY**

  The most frequent specialty (ies) was nursing education (49%) (see figure 1). The least frequent specialties included women's health, rural health, and acute care.

  Figure 1: Area of Clinical Specialty
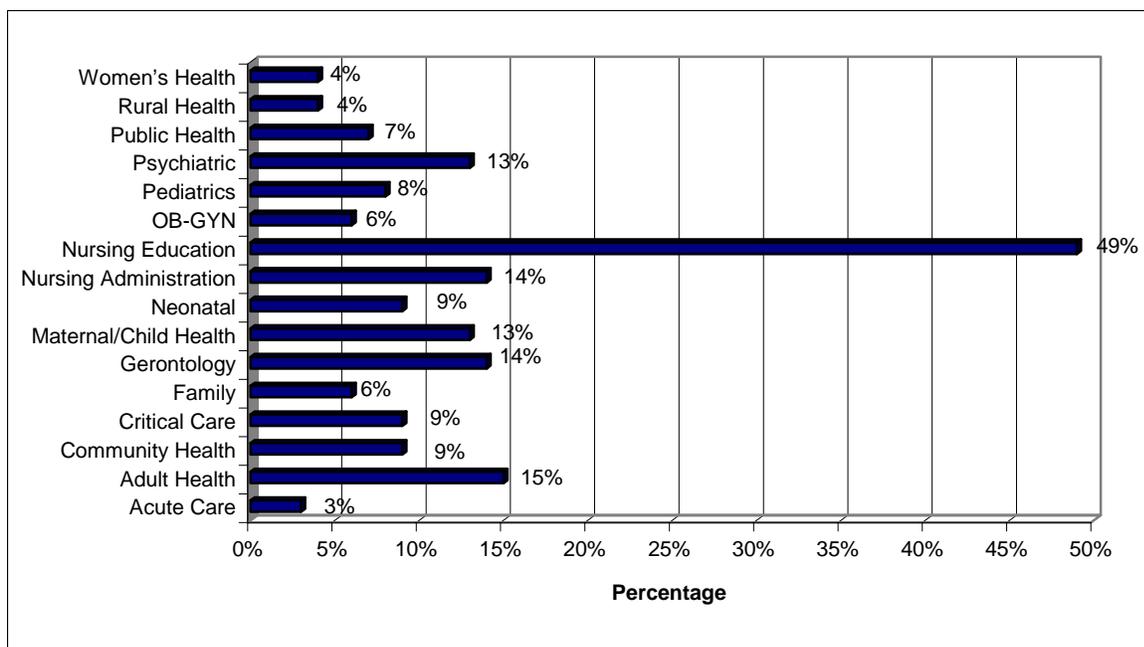
- **ANNUAL SALARY**

Average salary was $45,888. 45% of faculty had a salary between $40,000 and $49,999 (see figure 2). This was slightly below the national average of $47,900 (National League for Nursing, 2003). Most faculty were employed for nine-month terms each year (57%) with 28% employed twelve months.

Figure 2: Annual Salary

Salary Range	Percentage
$100,000+	3%
$90,000 - $99,999	0%
$80,000 - $89,999	5%
$70,000 - $79,999	3%
$60,000 - $69,999	5%
$50,000 - $59,999	13%
$40,000 - $49,999	45%
$30,000 - $39,999	20%
$20,000 - $29,999	5%
$10,000 - $19,999	3%
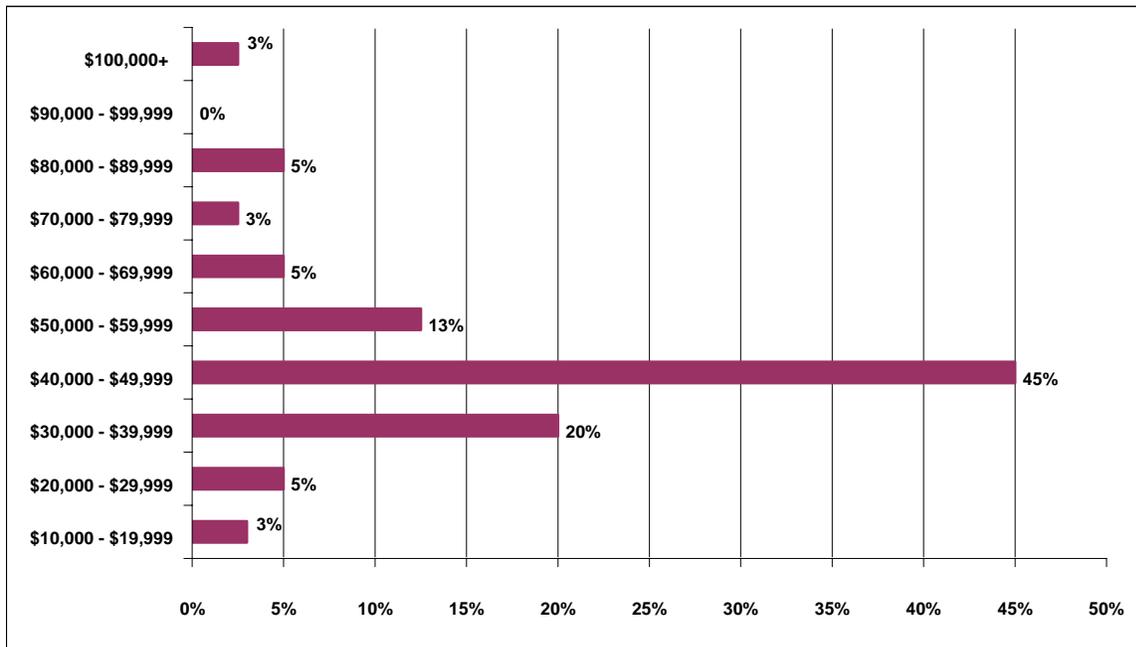
- **NUMBER OF YEARS TEACHING NURSING**

Faculty taught an average of 16 (1-40) years in nursing. They planned to continue teaching nursing an average of 9 (1-30) years with an average retirement year of 2015 (2000-2050).

- **FACULTY POSITION CHARACERISTICS**

88% were full-time faculty.

18% were instructors, 44% assistant professors, 22% associate professors and 10% professors.

46% were tenured, 12% were on tenure track, 12% were on a non-tenured track and 30% indicated there was no tenure system at their institution

29% indicated instructing in a LPN program, 65% in an RN program and 18% in an Advanced Practice or graduate education program.

- **COMMUTING**

    Faculty drove an average of seven miles (0-55 miles) one-way to teach at their nursing program and drove an average of eleven miles (1-65 miles) one-way to teach at clinical sites.

WORKLOAD

- Faculty were asked to estimate the number of hours spent each week in various roles in their position (see table 1). They indicated a wide range of activities with the greatest average hours devoted to administrative duties followed by clinical teaching. Other duties included preparation time and grading, course updates, professional meetings, professional organizations and lectures, on-line teaching and student assignments. Total average work hours per week was 55 hours.

    Table 1: Faculty Workload

Activity	Range	Average
Classroom/teaching	2-24	7
Mentoring/advising	0.5-35	6
Clinical Teaching	0-32	15
Administrative	0-40	16
Research	1-25	5
Service	0.1-20	6

- When asked what they thought about their current workload; 50% responded they felt overwhelmed; were overworked and had excessive workloads that allowed no additional time for writing or research. 38% responded their workload was fair and manageable; they were always busy, but able to get things finished. 13% would like a larger workload, enjoy the challenges of the job and may pursue additional research.

- 22% are extremely satisfied and 48% are moderately satisfied with their current position (see figure 3).

    Figure 3: Faculty Satisfaction with Current Position
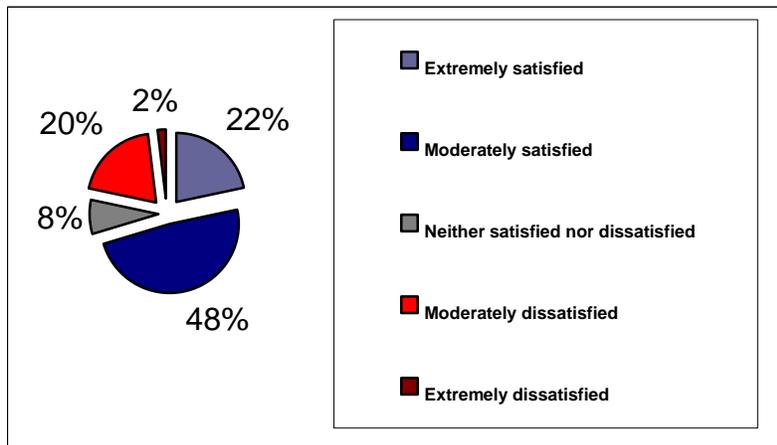
USE OF TECHNOLOGY TO TEACH ON-LINE COURSES

- 30% of faculty teach online courses. 18% of faculty used online courses to supplement classroom teaching or taught part-time using IVN, and 9% tutored students enrolled in online courses. Problems with online courses included technical difficulties (55%) due to a lack of training/support or using outdated equipment. Having summer training classes on how to use equipment was suggested.

- When faculty were asked to indicate barriers to teaching an online course they indicated they did not have adequate training to conduct courses online (44%), their program was not conducive to online teaching, students did better with face-to-face mentoring (44%) and they do not have the opportunity to teach online (11%). 18% felt that they would loose personal contact with students through online classes.

- When asked what preparation they had for teaching online courses, 50% indicated they had received some formal training from either in-service programs or workshops.

USE OF TECHNOLOGY TO TEACH IVN COURSES

- 25% have taught courses using polycom or IVN systems. Difficulties included technical problems due to noise or hookup problems (50%), and organizational problems such as difficulty in getting classes prepared ahead of time and getting handouts to students in time (17%).

- When asked to indicate barriers to teaching IVN courses faculty indicated they had problems with or limited/no access to the IVN system (63%). 36% indicated that there was a low demand for IVN courses and were not currently teaching IVN courses.

FACULTY RECRUITMENT AND RETENTION

- Barriers to finding qualified faculty include geographic location and climate (17%), low salary levels compared to nurses working in clinical settings (45%), excessive workload with too many hours doing class preparation and advising, an expectation to do research (12%) and the lack of opportunities for advanced degree courses required for faculty positions (27%).

- Changes that would increase faculty recruitment and retention include more opportunities for advancement and additional degrees with mentoring (22%), an increase in salaries or other benefits such as more flexible hours (32%), a decrease in workload or developmental leave for education (12%), improvement in work environment and distance to major medical centers (5%).

SHORTAGE SOLUTIONS

- Solutions to nursing shortages in clinical settings include: increasing autonomy and professional development (32%); increasing salary/benefits and shorter shifts and flexible hours (22%); improvement of working conditions including a more positive work environment, and encouraging teamwork (46%). Other strategies included increasing the number of students in lecture classes and promoting nursing to high school students.

- Solutions to nursing shortages in educational settings include: increased opportunity for advancement and availability of additional education in rural areas (29%); increasing salary/benefits, (36%); decrease in workload and flexible hours (29%); and providing opportunities for nurses to obtain master's degrees by "growing your own" (7%).

FOCUS GROUP DISCUSSION RESULTS

Expanding Clinical Sites

- Scheduling Issues

  Many comments reflected a shortage in available clinical sites and issues surrounding scheduling. In particular, finding clinical sites for specialties such as pediatrics and hospital sites for LPN students, along with a lack of patients in a geographic area have been problematic. In addition, funding cuts, changes in staffing and work atmosphere have resulted in the frequent closing of sites to students. Also, for some programs there are a limited number of health care facilities in the area, forcing the use of clinical sites in larger cities. This is also a concern when trying to provide different clinical experiences during a four-year nursing program. Many sites can only take one or two students resulting in faculty supervising several facilities to cover clinical education. Significant time is required to set up new clinical sites, arrange contracts, build a relationship with the site, schedule students and supervise students. Faculty also have difficulty scheduling clinical sites around other classes.

  A solution may be to increase the use of preceptors at clinical sites if they are properly trained in instructional techniques and prepared to assist in instruction. Clinical facilities could identify staff with an aptitude for teaching, include them in some instructional technique training and include preceptoring in their job description with some release time from direct patient care. However, there was a concern that the nurse preceptors themselves are overworked and would have a difficult time adding more students to their workload. Faculty are also setting up clinical sites in new areas such as home health and with community organizations, and long term care facilities in order to expand the number of clinical sites available.

- Rural Site Issues

  Several programs working on incorporating more rural sites have run into logistical barriers. These include the cost of housing for students when an overnight stay is required at a rural site, the distance required to travel to the sites in hazardous weather, adequate supervision with a limited number of nurses available as preceptors and faculty supervising multiple sites in geographically disperse areas. Some public health agencies require students to be residents in the community, limiting the availability of some sites. Concern was also expressed regarding the limited availability of patients and conditions in rural sites.

  Solutions include offering a room and board supplement to students at rural clinical sites. Also, experienced associate degree RN nurses could be offered the opportunity to attend a bachelor degree RN program in exchange for serving as preceptors.

- Competition with Other Programs

  A few faculty expressed problems with competition for clinical sites with other nursing programs. This is especially apparent in the large cities such as Fargo/Moorhead where multiple programs in North Dakota and Minnesota are using the available hospitals. This has resulted in some programs losing the clinical site or limitation on the days that the program is able to schedule students. Many of the facilities do not have a priority system so they try to accommodate everyone who asks. These locations are also frequently used to provide specialty experiences.

Alternative Clinical Site Scheduling

- Faculty Issues

  Several issues were raised regarding using alternative clinical times (evenings, nights, weekends, holidays) for clinical education. Faculty already carry a significant workload. One of the benefits of having a faculty position is working during the day with weekends and evenings off. Faculty expressed concern with working holidays. Having clinicals at other times may add to workload as faculty teach during the daytime and then would have to supervise clinicals in the evenings, nights and/or on weekends. A few faculty thought that with some creativity these shifts might fit in with their learning objectives. Faculty discussed summer clinicals, however most faculty are employed nine months and consequently programs would have to have financial resources to support summer faculty employment.

  Use of preceptors during alternative times could help alleviate faculty problems, but preceptors are also overworked and "burned out" in the larger facilities. Concerns about preceptors knowing learning objectives and achieving Institute of Medicine goals were also raised.

- Student Issues

  Concerns were raised about students with children/family being able to obtain day care for alternative shifts. Having students attend classes during the day and do clinicals at night without breaks was also a concern. Also, some students have outside jobs which they schedule at night and on weekends around their school schedule. Using alternative shifts also limits student's ability to participate in extracurricular activities.

  Some programs have asked for student volunteers to take weekend clinical shifts and haven't had trouble filling slots. Faculty thought that if students were notified in advance and if shifts are rotated throughout their program (i.e., not always night shifts or all holidays) they would be able to adjust their schedules. This would allow students to have some time off during their program.

- Quality of Clinical Experience

  Concern regarding the quality of the clinical experiences students received on alternative shifts was also expressed. This included that the students don't enjoy late shifts and feel they are not getting the same interaction with other staff that they would during the day time. There was also a concern about having enough patients to generate a quality experience.

Faculty did feel that alternative shifts were a realistic part of a nursing career and some programs have used the first four hours of the evening shift to expose students to the types of activities that occur during that shift. Also, certain alternative shifts (such as nights or weekends) provide unique opportunities (e.g., more activity in the emergency room). Some programs also noted that alternative shifts are the only ones available for their students due to other programs using the same clinical site.

Lab Space and Equipment

- Equipment Issues

  Issues included using outdated computer software and hardware and other equipment that is not representative of what students will use when they are employed. Programs function with the minimum amount of disposable supplies due to budget constraints. There isn't enough supplies for all students to practice a particular skill; some have to observe their classmates which may not result in the same experience. Some programs have arrangements with local hospitals to use specialized equipment such as defibrillators, oscilloscopes, intravenous pumps, ventilators, although hospitals don't normally have learning equipment (such as simulators). Sometimes this equipment has to be transported to the program resulting in wear and tear on the equipment. Frequently the equipment loaned to the academic program has been maintained and calibrated, reducing faculty time. Also, disposable supplies for the borrowed equipment generates an expense (e.g., IVs, catheters).

  Programs have a variety of older simulators or mannequins such as electrocardiogram and pressure wave monitors. Equipment requires having people available to order and maintain the equipment. More beds and virtual simulators are needed, but some of these items cost up to $100,000 each. Some faculty feel they have adequate equipment for their current enrollment, but will not if they increase the number of students in their program. Some programs are also sharing computers with other departments or computers are available only during limited hours.

- Space Issues

  Some faculty felt they currently have adequate lab space, but will not if they increase program enrollment. Concerns about adequate space included not only having enough lab space but also scheduling space for many different classes. During each semester there are times when labs are fully in use. Some of the programs have outgrown the buildings they are housed in, including a need for larger lecture rooms; newer learning technology; multi-purpose lab space and faculty office space. Also, labs could be used during the days and evenings using the lab twice to increase capacity.

Use of Information Technology to Outreach Courses

- 63% of programs indicated they are or have used information technology to outreach courses. Programs range from using Blackboard or Webct (an online website connected with their courses), simulation CDs, electronic conferencing, to full courses on IVN. Some programs teach traditional courses on campus, and also broadcast over IVN to other locations so students don't have to drive. Some programs use a combination of IVN along with classroom time for the same course. Some programs conduct clinical experiences for students at a distance by hiring faculty from the local area. Some programs have

an on-campus coordinator, an outreach instructor who is present for the IVN classes and an outreach clinical instructor.

Issues include obtaining funds for outreaching IVN courses to other areas and noise at the outreach site. IVN courses also require more preparation time and organizing classes ahead of time. Sometimes, course preparation is done during the summer without pay. Concern was also raised about the availability of nurses in the community to serve as preceptors or faculty to provide clinical instruction.

Some programs have not used information technology. Some programs do not have the equipment available or the support needed. One program is housed in a college that emphasizes traditional classroom instruction and does not have support for doing IVN or online courses. Faculty also indicated that workload was a barrier to developing classes for IVN or online with a lack of time and money for the needed preparation.

- Technical Issues

  Some programs have very good technical support including a technician in the IVN room when they are holding a class. Support has also included a technician that comes to the department each week and meets individually with faculty to update courses.

  Issues included the lack of technical support during evening or early morning classes, fees for technicians, and differences in equipment availability (e.g., slow connections, dial-up modems, firewalls preventing access from websites)

- Faculty Training

  Some programs indicated they have received training on using information technology. Training included weekly online sessions, web-based classes, workshops, instruction booklets and training on using powerpoint.

Student Recruitment Issues

- Programs are doing a variety of recruitment activities such as visiting local elementary and high schools, holding recruitment fairs, offering web sites, campus visits, career days, visiting Girl Scout troops, follow-up phone calls to interested students, health class tours, job shadowing, and nursing camps with fifth and sixth graders, including hands-on nursing activities. Some programs have nursing students visit elementary school and as ambassadors at job fairs. Some programs have encouraged faculty to visit high schools. A suggestion was made that programs have a strategic plan regarding recruitment and focus on increasing recruitment of Native American and Hispanic students.

- Many of the programs have more applicants than they can accept and have instituted waiting lists. A few programs have increased the number of students to offset program attrition or have added additional programs to increase student numbers. A few programs have open enrollment, accepting everyone who applies. A few programs indicated interest in more applications to their program, especially students with a GPA of 3.0 or above.

- Concerns were expressed about high school preparation of students, counseling about the nursing field, and planning high school courses to prepare students for nursing program enrollment. Students also seem to be busier, working more hours outside of the program and have family responsibilities. There are also problems with getting students into prerequisite courses and conflicting course schedules.

Recruitment of Qualified Faculty

- Many programs currently have open faculty positions. Barriers to filling positions included not receiving any applications, applications from individuals without the required master's degree, no applications from specialty areas such as maternal/child health, community health, mental health, or applicants with teaching experience. There is also a need for adjunct faculty and faculty at clinical sites. One school is expanding its program and anticipates hiring more faculty. Two programs have no faculty vacancies. These programs attribute their lack of vacancies to their administration's ability to offer good contracts and tenure track positions.

  Programs would like to find more doctorally-prepared faculty. Getting all current faculty master's or doctoral-prepared as required by regulations will be assisted by an increased availability of master's degree programs.

- Some programs stated they had a sufficient number of faculty for specialty courses, but no backup. Community and public health nursing are not being adequately covered in programs. A few programs are having difficulty recruiting mental health, maternal/child health and obstetrics/gynecology faculty. Some of the specialty areas are covered by cross-trained faculty or by clinical faculty. Programs also indicated a need for more clinical instructors in specialty areas.

- Barriers to finding qualified faculty included lower salaries than in clinical settings, master's degree requirement, and finding faculty to teach master's and doctoral level classes. Solutions include tuition waivers for faculty, nurse educator graduate programs available through IVN and using alternative scheduling such as part-time faculty who also work part-time in clinical settings.

Barriers to Obtaining Full Professor Status

- Some of the programs do not have a structure in their college/university that supports promotion to rank of professor. Barriers identified were teaching workload preventing research activity, lack of research funding, publications or education (doctorate required) necessary for promotion, lack of research mentors and academic isolation, lack of competitive salary or benefit associated with promotion to higher ranks, time-consuming application process, no financial support to obtain more education, and that older faculty are not interested in going back to school. Suggestions included having doctoral level programs available during the summer months along with tuition reimbursement, stipends or grants.

Preventing Faculty Loss Due to Retirement

- Faculty indicated that retaining retirement age faculty could be encouraged by offering part-time or part-year positions (with health insurance). Retired nurses and faculty could also serve as outreach instructors. However, heavy reliance on part-time faculty could result in the advising and organizational load falling on a smaller group of full-time faculty. Faculty who have developed online courses may

want to continue those past retirement as they aren't as physically demanding as traditional classes. One program incorporated a retired faculty member into their program as a volunteer mentor and tutor. Having older faculty as mentors was also endorsed by other programs, but they didn't know how they would be able to pay them if they are not teaching classes. A database of retired nurses interested in assisting in teaching would also be useful.

Some faculty indicated plans to delay retirement because they wouldn't have health insurance. Also, In-services should be provided for all faculty on teaching and/or the use of technology in the classroom. Some programs have lost faculty who returned to clinical environments because they missed working with patients or didn't like the faculty workload.

Encouraging Students to Become Faculty

- Most programs do not have a formal means to encourage students to become faculty. A few programs do have graduate education programs and faculty roles and related requirements are discussed. Master's degree programs have traditionally trained students to work in clinical settings (e.g., nurse practitioner or clinical nurse anesthetist) and not education settings. Faculty have tried to recruit specific students who show great potential for faculty roles. Some faculty have also assigned teaching assignments to their students. One program included a station at their nurse camp with fifth and sixth graders where they talked about faculty roles.

  There are federal faculty loan repayment programs for nurses who agree to teach. A suggestion was to expand on that program and offer traineeships during graduate school where students would have tuition waivers, stipends, and book allowances in exchange for agreeing to teach nursing. It was also suggested that former students could be hired as lab assistants to help give them some teaching experience and to encourage them to think about faculty roles.

REFERENCES

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

Nursing Faculty Focus Group Survey

1. Please indicate your gender ☐ Female ☐ Male

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

3. Please check your Racial/ethnic group

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

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

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

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

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

8. Please indicate your academic rank.

☐ Instructor ☐ Assistant Professor ☐ Associate Professor ☐ Professor ☐ Other _____

9. Please indicate your tenure status.

☐ Tenured   ☐ On tenure track   ☐ On a non-tenure track ☐ There is no tenure system.

10. Please indicate the type(s) of education program(s) for which you are an instructor.

☐ LPN   ☐ RN   ☐ Advanced Practice, Graduate Education   ☐ Other _____

11. How many miles do you drive one way to teach in the nursing program? _____

If you also drive to clinical sites please indicate how many miles you drive one way to them? _____

12. Please estimate the average number of hours each week you spend for each type of contact with students and other types of activities which comprise your workload.

Classroom/teaching _____
Mentoring/advising _____
Clinical teaching _____
Administrative _____
Research _____
Service (ex. Committees- Departmental and College/University wide) _____
Other (please specify _____) _____

13. How do you feel about your current workload?

14 Do you teach online courses? ☐ Yes   ☐ No
If yes, what difficulties did you have when you began teaching online courses and what solutions did you find?

If no, what barriers have prevented you from teaching online courses?

15 What preparation or training have you had for teaching online courses?

16. Do you teach courses using polycom or IVN systems? ☐ Yes   ☐ No

      If yes, what difficulties did you have when you began teaching courses using polycom or IVN and what solutions did you find?

      If no, what barriers have prevented you from teaching polycom or IVN courses?

17. What is your annual salary? _____   ☐ 9 month   ☐ 12 month

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

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

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

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

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

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

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

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

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

26. Any other comments?

Thank you for completing our survey.

Thank you for agreeing to participate in our discussion today. My name is Patricia Moulton, and

I am facilitating this discussion as part of the North Dakota Nursing Needs Study. I will be

asking you questions about training capacity, recruitment and retention issues. We will begin by

discussing student issues and then will discuss faculty issues. Halfway through our time today, I

will switch our discussion to faculty issues, in order to ensure that we get through these questions

as well. Our whole purpose here today is for you to voice your opinions. I understand that you

may not agree on all issues and I welcome all comments and thorough discussion. If I need to

interrupt, it will only be to ensure that we can cover all our topics within our time frame. We can

always return to a discussion if time allows. At the end of our discussion today, a brief

questionnaire will be distributed which will include space for you to write any further comments

you may have. Confidentiality is an important aspect of this process and although this session is

being audio taped it is only for assistance in writing a summary report and no names will be

included in the report. Does anyone have any questions? Thank you for being here and let's

begin.

Icebreaker question: Let's go around the room and let everyone introduce themselves
        with their first name and why you decided to become a nursing faculty member.

Student Issues

1. A limitation in expanding admissions cited in last years faculty survey was not having
        enough clinical facilities. However, our survey of employers indicated that they could
        increase the number of students. What actions could be taken overcome those barriers
        and to increase the number of clinical sites especially in rural areas?
        Prompts:
                Have you attempted to set up new clinical sites?
                Did you encounter any problems?

2. What do you think about having students do clinical practice on evening, night, weekend or holiday shifts in order to increase capacity (I know some already do)?
   Prompts:
   What issues would surround doing this, i.e. faculty compensation, rotation etc.?
   What about heavier reliance on clinical preceptors?

3. Do you have adequate lab space and equipment to teach your classes?
   Prompts:
   Do you have any ideas about how to increase lab space?
   What about using information technology such as web based programs and simulators?

4. Are you using information technology to outreach courses? What barriers and solutions have you identified in doing this?
   Prompts:
   Are you providing training to faculty to teach to a course on-line, or over IVN?
   How would you ensure that students receive clinical training?
   How do students become socialized to practice nursing in online courses?

5. What are you currently doing to promote your nursing program to prospective students?
   Prompts:
   What could be done to increase promotion?
   Do you have a committee?

Faculty Issues

1. A constraint to expanding admissions cited last year was not having enough qualified faculty. What barriers are you facing?
   Prompts:
   Do you have budgetary lines to hire new faculty?
   Have you tried hiring and have been unsuccessful? If yes, why?
   What ideas do you have concerning increasing the number of qualified faculty available?

2. From last year's faculty survey we found that fewer faculty in North Dakota are full professors as compared to Midwest states and national numbers. What barriers are preventing faculty from obtaining full professor status?
   Prompts:
   Is this related to the number of faculty with doctoral degrees?
   Is this related to barriers in obtaining tenure?
   What ideas do you have to increase the number of professors?

3. From those faculty who responded last year, none indicated a specialty area of OB/GYN or neonatal. Have you attempted to recruit a faculty member with this specialty?
   Prompts:
   > How are these classes being covered?
   > Very few also indicated public health, rural health and women's health.
   > Have you tried recruiting in these areas?
   > Are there other areas of expertise that you have concerns about?

4. The projected loss of faculty due to retirement will have a large impact on the ability of nursing programs to educate students. Do you have any ideas on how to prevent this loss?
   Prompts:
   > What about having alternative roles such as mentoring, grant writing or part-time instruction?
   > What about the loss of faculty due to reasons other than retirement?

5. For RN and graduate programs: Do you have formal means to encourage students to become faculty? Do you plan to start graduate programs that focus on preparing nurses for faculty roles?

6. Do you have any ideas about what is contributing to the shortages in the nursing workforce?

7. Do you have any other comments/concerns?

Thank you for participating in our discussion group. I will now hand out a short questionnaire. There is a space on the bottom of the page in which you can indicate any other concerns or comments you might have.