



Center for
Rural Health

University of North Dakota
School of Medicine & Health Sciences

North Dakota Nursing Faculty Survey Results

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*Connecting resources and knowledge to strengthen
the health of people in rural communities.*

Table of Contents

Executive Summary	3
North Dakota Nursing Needs Study Introduction	5
Faculty Survey Results	6
Demographics	6
Student Loan Debt	10
Continuing Education	11
Faculty Development Boot Camp.....	12
Employment	12
Salary	18
Outside Employment	19
Job Satisfaction	20
Retirement.....	22
Nurse Faculty Intern Study	23
Additional Comments	24
Survey Conclusions.....	25
Specific Policy Recommendations	26
Faculty Survey Method	26
Faculty Survey References.....	27

Executive Summary

Background

The Nursing Needs Study was recommended, in 2001, by the North Dakota State Legislature (NDCC Nurse Practices Act 43-12.1-08.2) to address potential shortages in nursing supply. Specifically, the North Dakota Board of Nursing was directed to address issues of supply and demand for nurses, including issues of recruitment, retention, and utilization of nurses. To respond to this request, the North Dakota Board of Nursing contracted with the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences.

This study, initiated in 2002, was designed to obtain an accurate and complete picture of nurses in rural and urban areas of North Dakota, compare North Dakota's trends to national trends, and inform institutional and public policy. The study, currently in its sixth year, is approved to continue until 2012 by the Board of Nursing. This study will continue to provide valuable information about the nursing workforce through a 10-year period of time.

Faculty Survey Results

This report includes results from a faculty survey in which a total of 122 of 199 faculty responded. The on-line survey which resulted in a response rate of 61.3% was designed to elicit information regarding faculty demographics, continuing education, employment and salary, job satisfaction, and retirement plans.

❖ Demographics

In comparison with national and regional data, North Dakota has a smaller percentage of Instructor, Associate Professor and Professor ranked nursing faculty and approximately the same percentage of Assistant Professors. Male nursing faculty is on the rise compared with 2003. North Dakota nursing faculty are younger than five years ago. Nursing faculty from a minority group has increased from less than 1% in 2003 to 3.5% but is less than the national average and slightly less than the regional average. Approximately the same percentage of nursing faculty in North Dakota have earned a doctoral degree as compared to both national and regional data, however the percentage has declined from 2003.

❖ Continuing Education

Over half of nursing faculty intend to pursue another degree which has increased from 2003. Barriers to pursuing an additional degree include age, lack of time, cost and family commitments. A vast majority of the faculty indicated they would be interested in attending a faculty development boot camp if one was offered and suggested topics such as curriculum development, teaching strategies, evidence-based practice, test preparation, clinical simulation and utilization of current technology, critical thinking, students and faculty workload, and dealing with difficult students.

❖ **Employment**

Most faculty have full-time positions. The majority of faculty in LPN programs are Clinical Faculty and Instructors. In RN programs most faculty are Assistant Professors and in Advanced Practice/Graduate programs most faculty are Associate Professors and Professors. Faculty most frequently indicated nursing education, adult health, acute care and community health as one of their clinical specialties.

❖ **Salary**

The average monthly salary of faculty on a 9-month contract is higher than faculty average monthly salaries on 10-month and 12-month contracts. Within one-year and Associate Degree Nursing Programs, faculty salaries are at or above national and regional averages. However, within baccalaureate and graduate nursing programs, faculty salaries are less than the national and regional average and those with doctoral degrees indicates even greater disparity. Over half of faculty have been contacted by a recruiter for positions out of state with significantly higher salaries and full benefits, some including housing allowances.

❖ **Job Satisfaction**

Although most faculty are moderately to extremely satisfied with their faculty positions, faculty as a group indicate they are not as satisfied as they were in 2003.

❖ **Retirement**

Approximately, one-third of the faculty are planning to retire by 2017 and approximately three-fourths by 2026.

North Dakota Nursing Needs Study Introduction

Health personnel shortages can negatively impact health care quality, through reduced health care access, increased stress on providers, and the use of under-qualified personnel. Also, shortages can contribute to higher costs by raising compensation levels to attract and retain personnel and by increasing the use of overtime pay and expensive temporary personnel. Workforce shortages, while a problem for the entire health care system, are likely to be most severe for rural/frontier regions and medically needy population groups such as the elderly. North Dakota has 41 designated medically underserved areas, and 81 percent of North Dakota's 53 counties are designated as partial or whole county health professional shortage areas. North Dakota also has the highest proportion of residents aged 85 and older, the age group with the greatest need for healthcare services. In North Dakota, this cohort is predicted to double in size by 2020.

Nurses are an integral part of the health care system providing nursing services to patients requiring assistance in recovering or maintaining their physical and/or mental health (North Dakota Healthcare Association, 2002). In the United States, nurses comprise the largest group of health care providers. The ability to provide accessible, high quality care depends on the availability of a nursing workforce with the requisite skills and knowledge. Over the past few years, research studies have identified clear relationships between nurse staffing and patient outcomes. For example, lower nurse staffing in hospitals has been linked to longer hospital stays for patients, as well as a number of complications such as pneumonia (e.g., Aiken, Clarke, Sloane, Sochalski, & Silber, 2002). Directly challenging the health care system's ability to provide quality patient care is a growing national and international disparity in nursing workforce supply and demand. North Dakota is not immune to this problem.

The Nursing Needs Study was recommended, in 2001, by the North Dakota State Legislature (NDCC Nurse Practices Act 43-12.1-08.2) to address potential shortages in nursing supply. Specifically, the North Dakota Board of Nursing was directed to address issues of supply and demand for nurses, including issues of recruitment, retention, and utilization of nurses. To respond to this request, the North Dakota Board of Nursing contracted with the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences.

This study, initiated in 2002, was designed to obtain an accurate and complete picture of nurses in rural and urban areas of North Dakota, compare North Dakota's trends to national trends, and inform institutional and public policy. The study, currently in its sixth year, is approved to continue until 2012 by the Board of Nursing. This study will continue to provide valuable information about the nursing workforce through a 10-year period of time.

This report details the results of a survey of all nursing education faculty in the state.

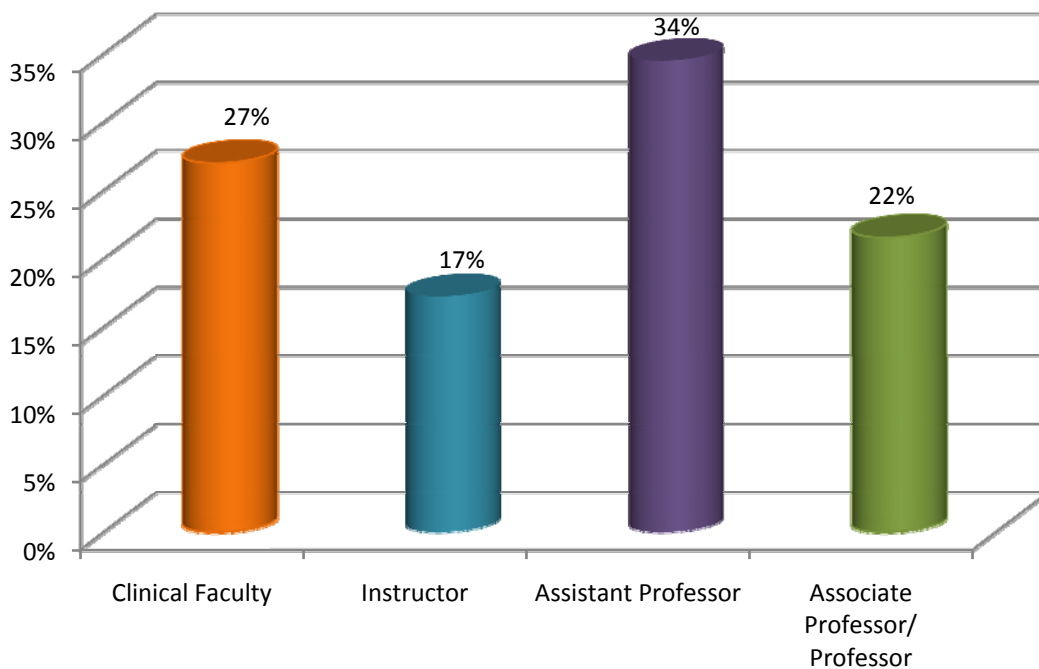
Faculty Survey Results

North Dakota faculty completed a 60-question on-line survey which included questions on 122 faculty demographics, continuing education, employment, job satisfaction, retirement, and what changes may improve the nursing education workforce as a whole.

❖ Demographics

- The greatest number of faculty indicated they are Assistant Professors which is similar to national numbers. However, North Dakota has less Associate Professors and Professors (see Figure 1). The National League for Nursing (2006) report of the faculty census survey found that across the United States 31.3% of faculty are Instructors, 33.6% are Assistant Professors, 34.9% are Associate Professors and Professors. In Midwest states, 31.8% are Instructors, 33% are Assistant Professors, 35% are Associate Professors and Professors combined.

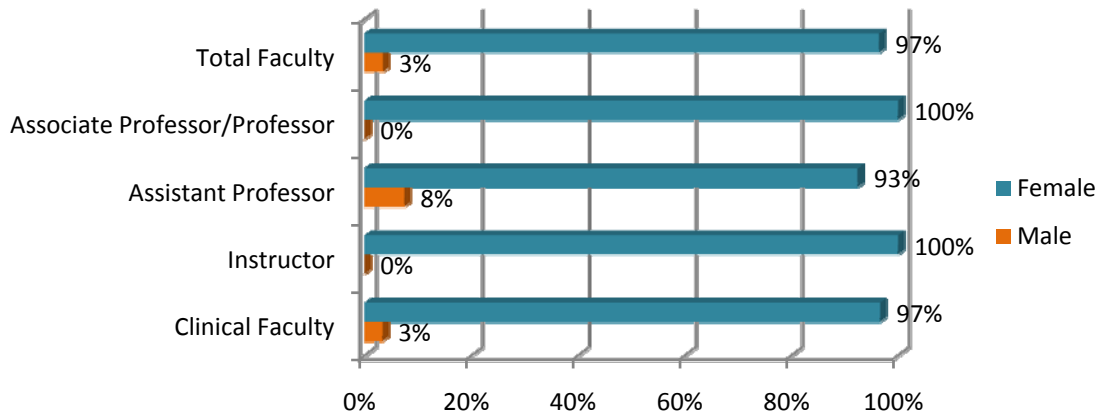
Figure 1: Faculty by Academic Rank



- Barriers that exist that prevent faculty from obtaining full professor status include but are not limited to obtaining a doctorate degree, money, time and energy, amount of research required, personal choice, length of time in position, family obligations, and having few faculty at professor level who can mentor newer faculty.

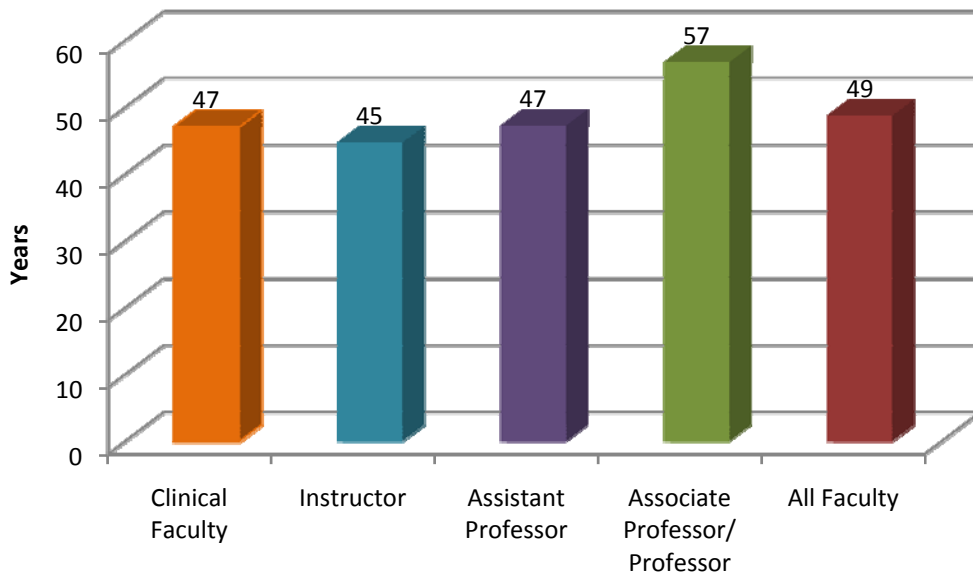
- 100% of Instructors, Associate Professors and Professors are female. 97% of Clinical Faculty are female and 93% of Assistant Professors. Overall, 3% of nursing faculty are male (see Figure 2). In 2003, less than 1% of the faculty were male. The National League for Nursing (2006) report of the faculty census survey found that across the United States 4.9% of faculty are male and in Midwest states 3.9% are male.

Figure 2: Gender by Academic Rank



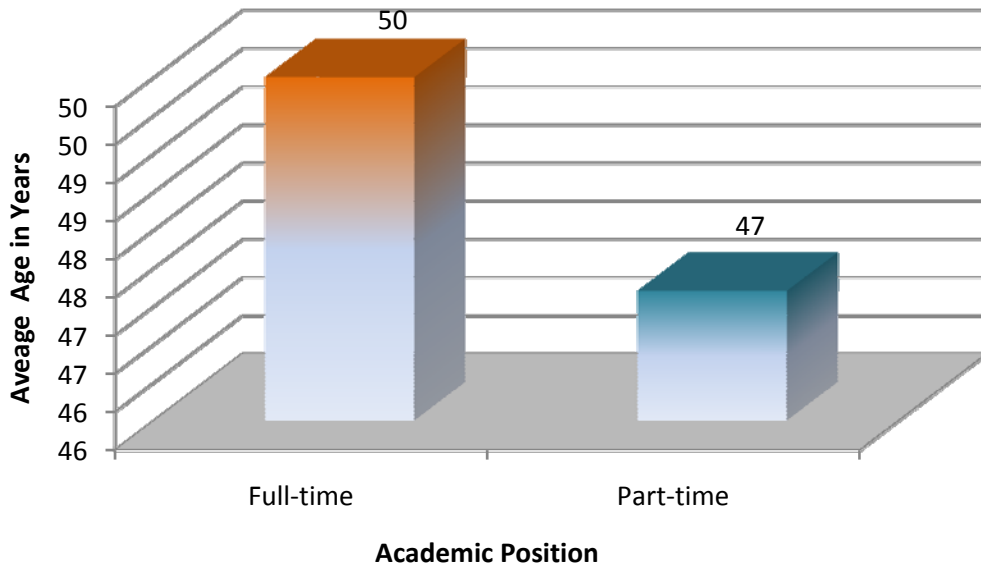
- With the exception of Clinical Faculty, average age increases by rank; Instructor (45 years), Assistant Professor (47 years), and Associate Professor/Professor (57 years). The average age for all faculty is 49 years compared to 51 years in 2003. 63% are between 45-60 years old compared to 70% in 2003 (see Figure 3). The National League for Nursing (2006) report of the faculty census survey found that across the United States 62.7% of faculty are 45-60 years old and in the Midwest states 63.4% are 45-60 years old.

Figure 3: Average Age by Rank



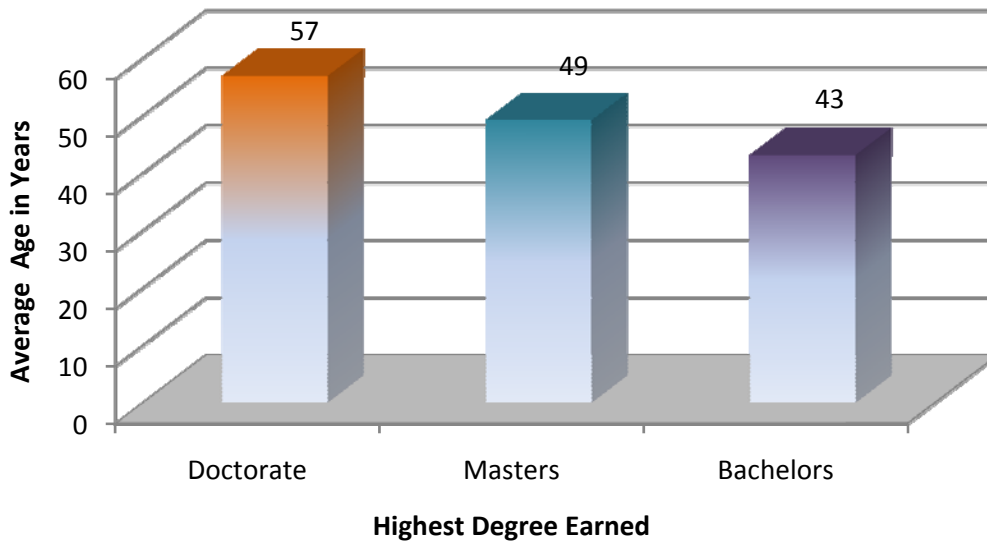
- Average age for full-time faculty members is 50 and part-time 47 years (see Figure 4).

Figure 4: Average Age Full-time or Part-time Position



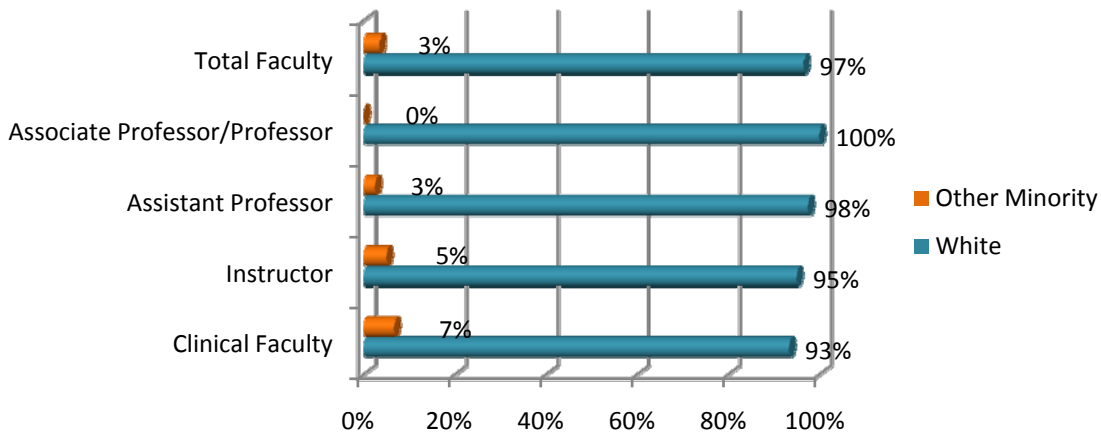
- The average age of faculty increases by highest degree earned; bachelors (43 years), masters (49 years), and doctorate (57 years) (see Figure 5).

Figure 5: Average Age by Highest Degree Earned



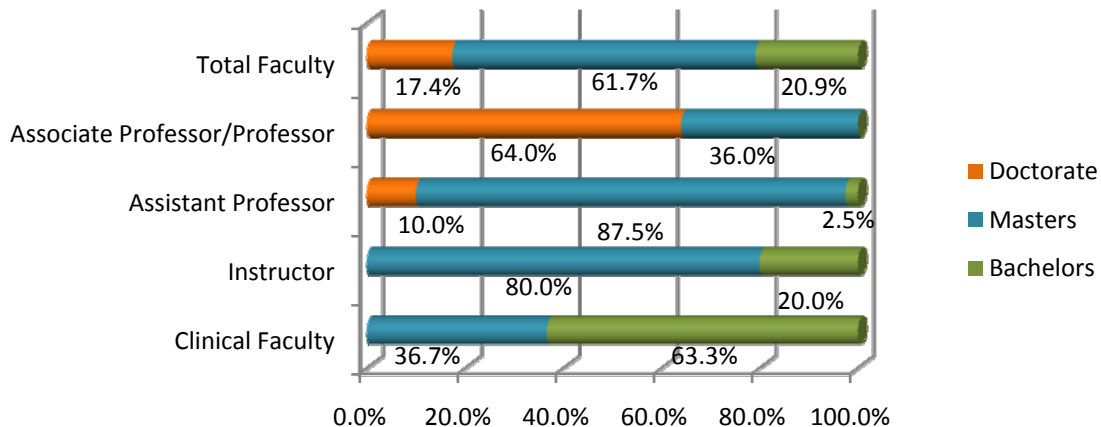
- 93% of Clinical Faculty, 95% of Instructors, 98% Assistant Professors, and 100% Associate Professors and Professors are White, not of Hispanic origin. Less than 4% of all nursing faculty in North Dakota are of a minority group (see Figure 6). In 2003, less than 1% of all faculty were of a minority group. The National League for Nursing (2006) report of the faculty census survey found that across the United States, 86% of nursing faculty are White and in Midwest states 95% are White.

Figure 6: Ethnicity by Academic Rank



- Overall, 17.4% of faculty have a doctorate degree, 61.7% a masters degree and 20.9% a bachelors degree. There were no instructors or clinical faculty that had earned a doctoral degree (see Figure 7). In 2003, 25% of all faculty had earned a doctoral degree, 67% a masters degree and 3% a baccalaureate degree. The National League for Nursing (2006) report of the faculty census survey found that across the United States, 16.31% of faculty have a doctorate degree, 66.2% a master’s degree and 16.03% a baccalaureate degree. In Midwest states, 17% have a doctorate degree, 62.9% a master’s degree and 19.87% a baccalaureate degree.

Figure 7: Highest Degree Earned by Academic Rank

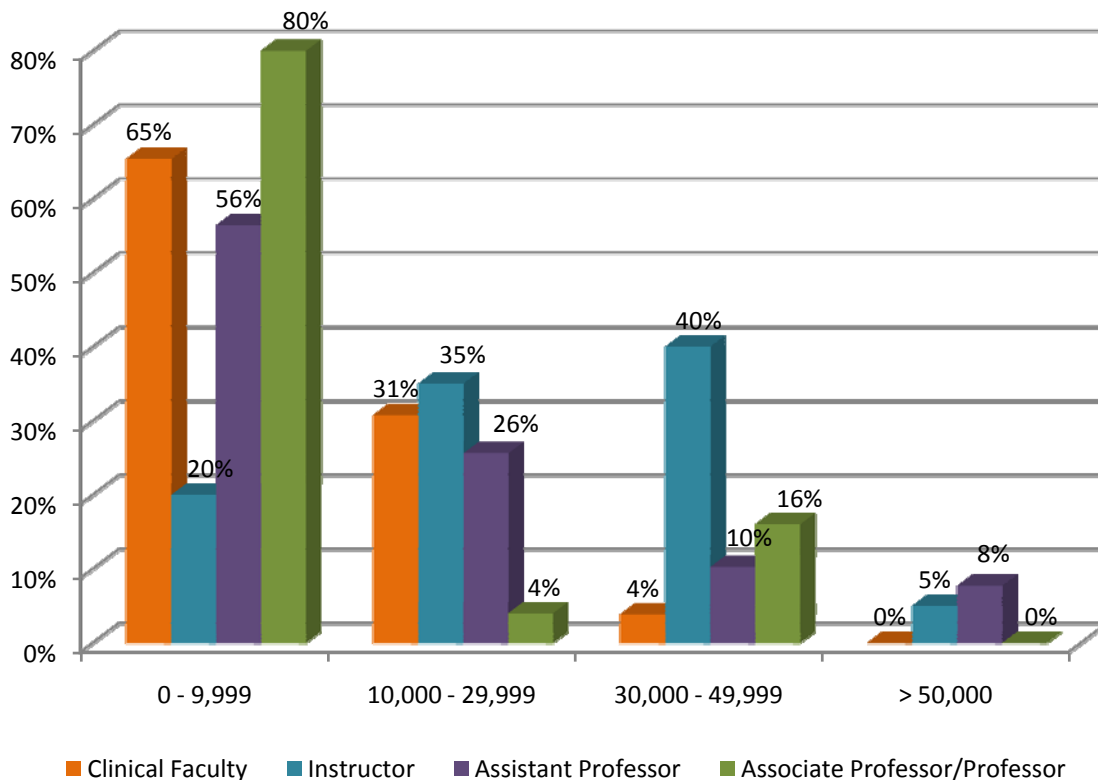


- Of faculty that have a doctorate degree, 37% indicated their degree was in nursing, 26% in education, 19% in teaching and learning, 7% in public health, and 12% in other categories including community health, and physiology.
- Of faculty that have a masters degree, 97% indicated their degree was in nursing of which 47% did not indicate a specialty, 16% indicated nursing education, 8% nurse practitioner, 6% maternal child health, and other.
- Of faculty that indicated they had a bachelors degree, 95% indicated their degree was in nursing. The remaining 5% stated their degree was in science, university studies and vocational education.

❖ **Student Loan Debt**

- 80% of Associate Professors and Professors indicated their student loan debt was less than \$10,000 followed by 65% of the Clinical Faculty, 56% of the Assistant Professors and 20% of Instructors (see Figure 8). 75% of Instructors had student loans ranging from \$10,000 to \$49,999.

Figure 8: Student Loan Debt Incurred for Graduate Training

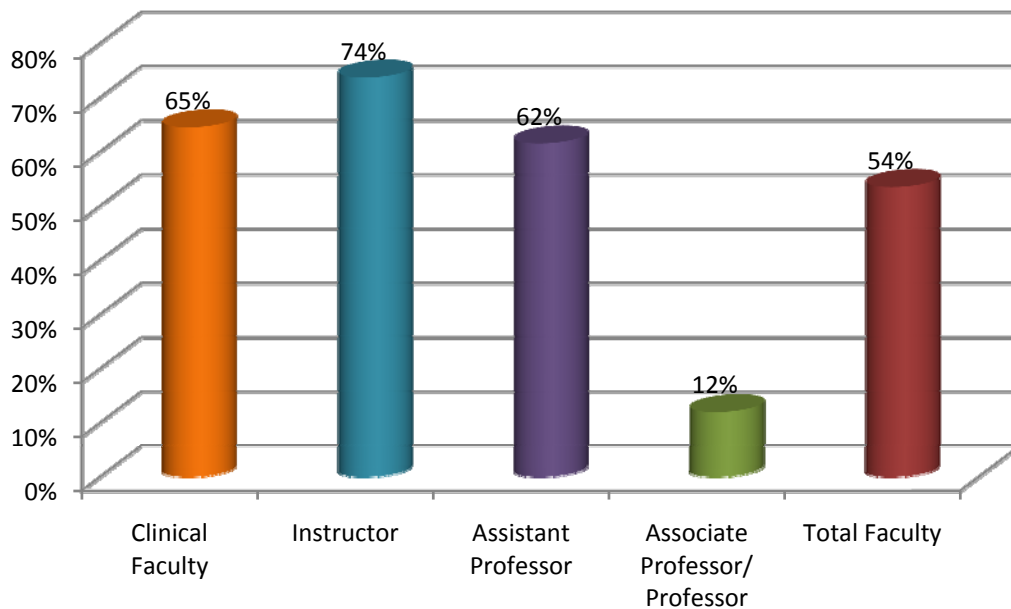


- 23% indicated they had student loan repayment assistance of which 33% indicated the Board of Nursing provided loan repayment assistance followed by 22% employer/hospital, 15% higher education, and 29% were unsure or indicated other sources (e.g. federal grant, Social Services, and State’s Department of Health).
- 45% indicated their spouse had incurred student loan debt of which 75% indicated the debt was less than \$10,000.

❖ **Continuing Education**

- Overall, 54% of nursing faculty intend to pursue another degree in the future (see Figure 9). In 2003, 37% of faculty planned to pursue another degree.

Figure 9: Intention of Pursuing Additional Academic Degrees



- Current age, lack of time, money, and family commitments were the most often stated barriers to pursuing a doctoral degree. Other barriers included lack of reward, ability to utilize degree, health status and personal choice not to pursue degree.

➤ *Faculty Development Boot Camp*

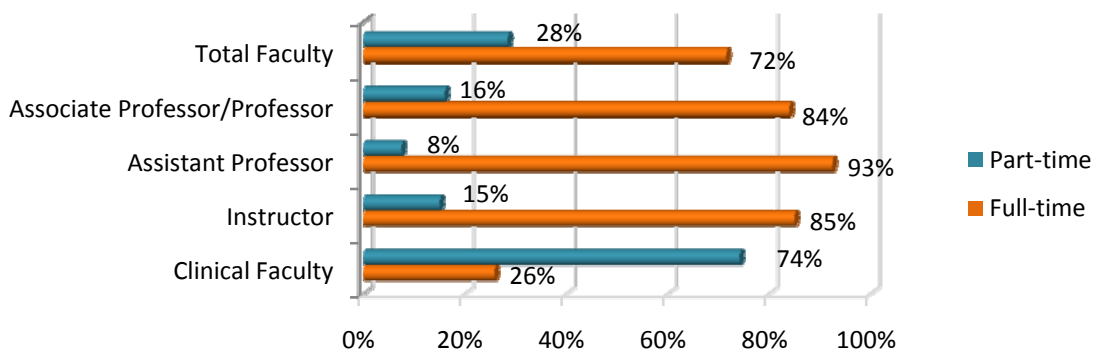
72% of the faculty indicated they would be interested in attending a faculty development boot camp if one was offered. 98% indicated they would be willing to pay a small fee (less than \$50) for registration and for continuing education credits if a faculty development boot camp was offered. Topics faculty would be interested in should there be a faculty development boot camp include

- curriculum development
- teaching strategies
- evidence-based practice
- test preparation
- clinical simulation and utilizing technology including distance education
- critical thinking
- student and faculty workload
- dealing with difficult students
- Why tenure is important
- Research opportunities
- Fringe benefits
- Educational differences between AD and BSN programs
- Education and collaborative resources
- Recruitment and retention of students and clinical sites
- Classroom management
- Capturing the audience
- Specialty topics
 - ◆ Public Health Nursing Capacity
 - ◆ Geriatrics
 - ◆ Mental Health

❖ **Employment**

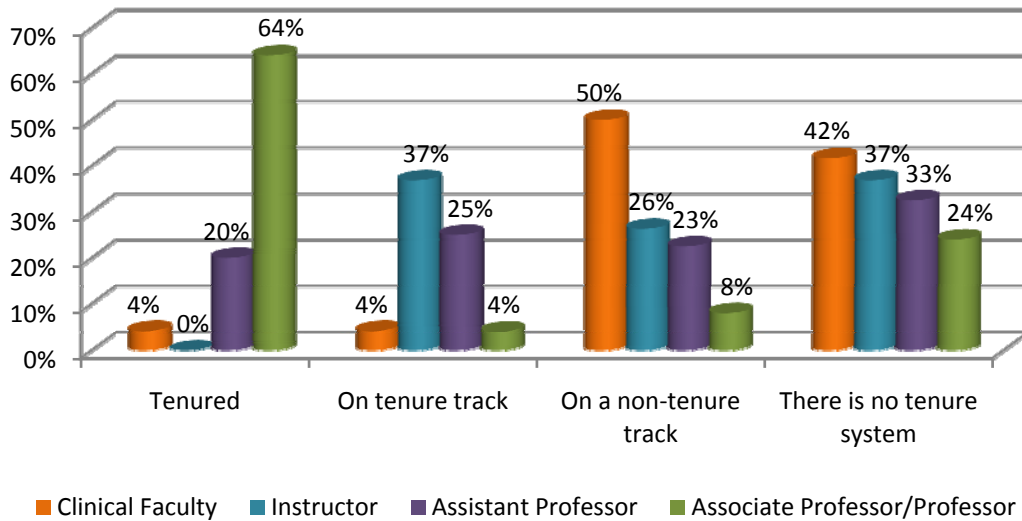
➤ 72% of faculty have full-time positions. The National League for Nursing (2006) report of the faculty census survey found that across the United States ,55% of faculty have full-time positions (see Figure 10).

Figure 10: Full-time/Part-time Faculty Position by Rank



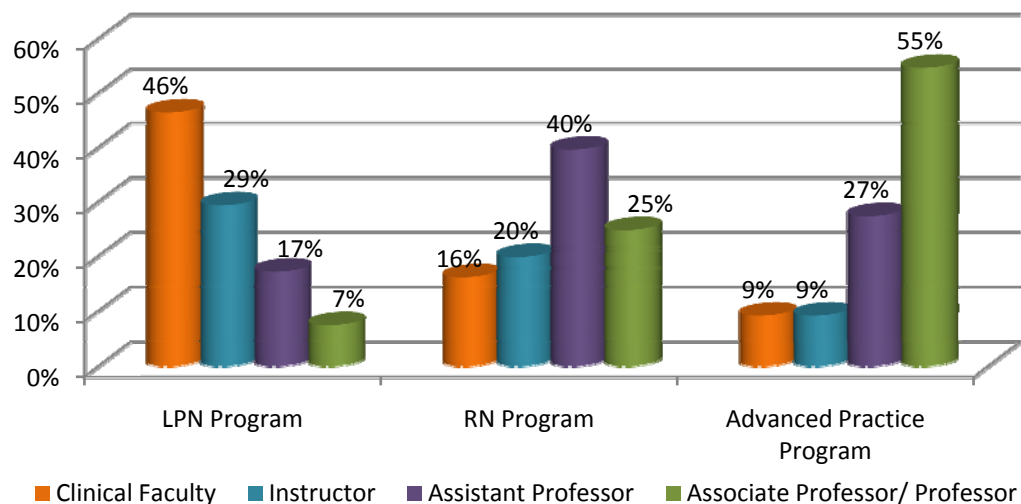
- 64% of Associate Professors and Professors are tenured, 37% of Instructors are on a tenure track, 92% of Clinical Faculty are either on a non-tenure track or where there is no tenure system (see Figure 11).

Figure 11: Tenure Status by Academic Rank



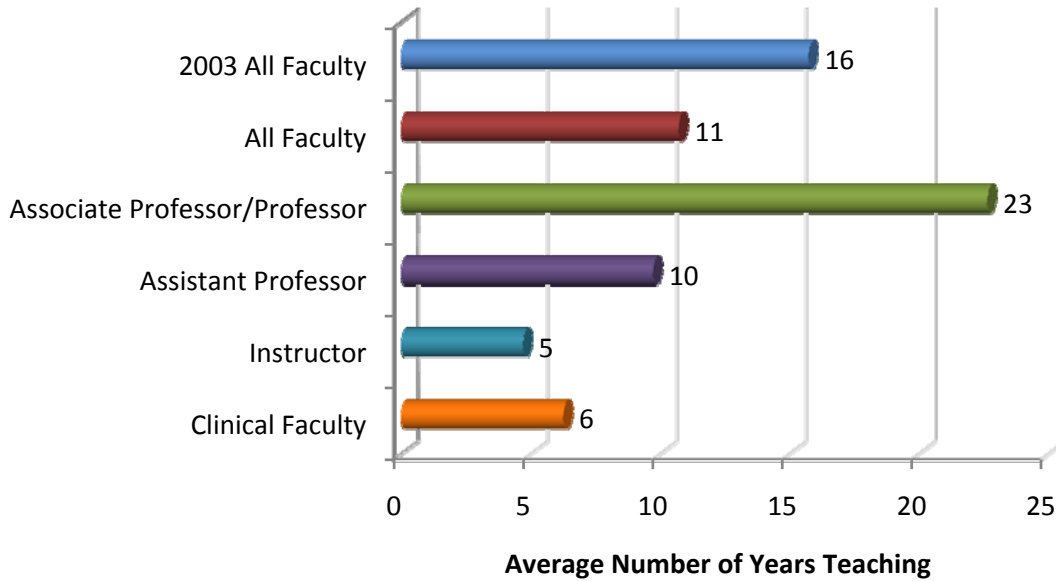
- Barriers preventing faculty from obtaining tenure include but are not limited to the amount of research and publications required, degree requirements, time constraints, amount of time in position, administrative support, age, cost to institutions, institutions not offering tenure, and not working full-time.
- 46% of faculty in LPN programs are Clinical Faculty, 40% of faculty in RN programs are Assistant Professors and 55% of faculty in Advanced Practice Programs are Associate Professors and Professors (see Figure 12). Several faculty members taught in more than one type of educational program.

Figure 12: Academic Rank by Program Type



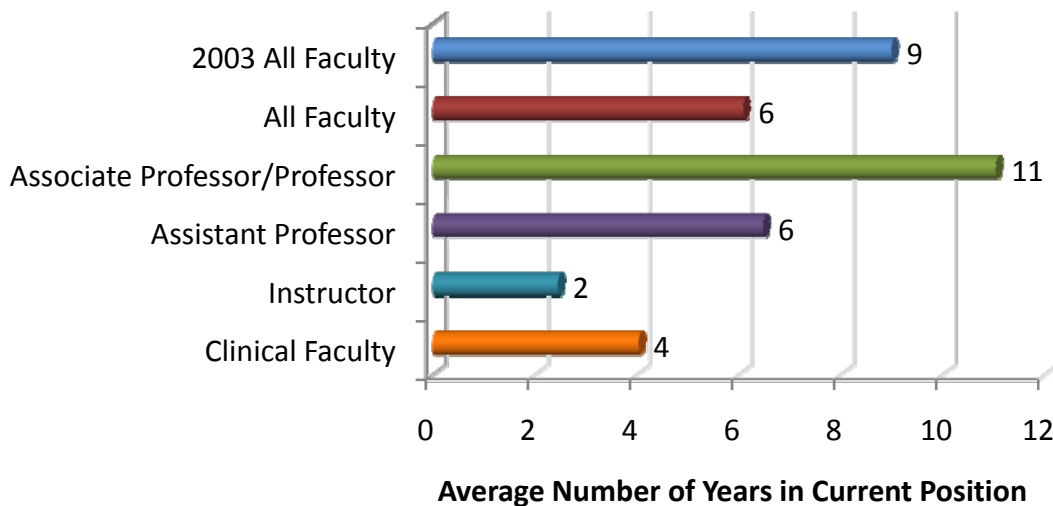
- As expected, Associate Professors and Professors taught the greatest average years in nursing education (23 years) (see Figure 13). Overall, all faculty averaged 11 years teaching nursing education compared to 16 years in 2003.

Figure 13: Average Years in Nursing Education



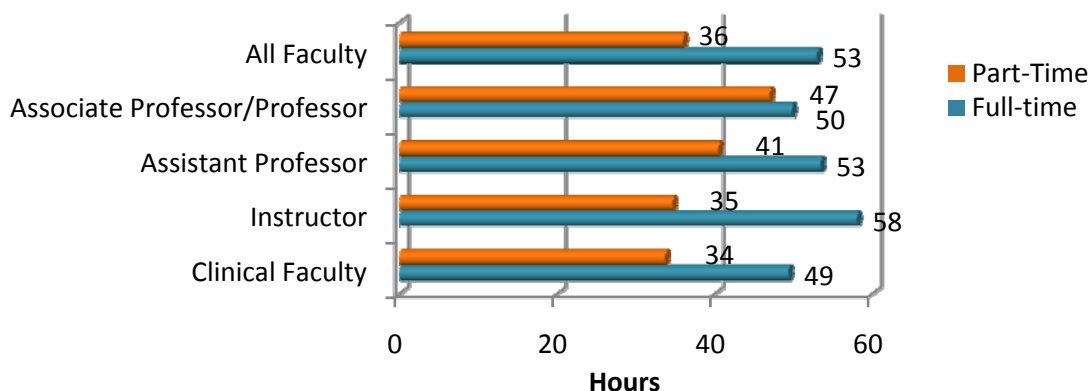
- Overall, all faculty averaged 6 years in their current position compared to 9 years in 2003 (see Figure 14).

Figure 14: Average Number of Years in Current Position



- Full-time faculty average 53 hours each week for their faculty position. Part-time faculty average 36 hours per week (see Figure 15).

Figure 15: Workload Hours by Rank



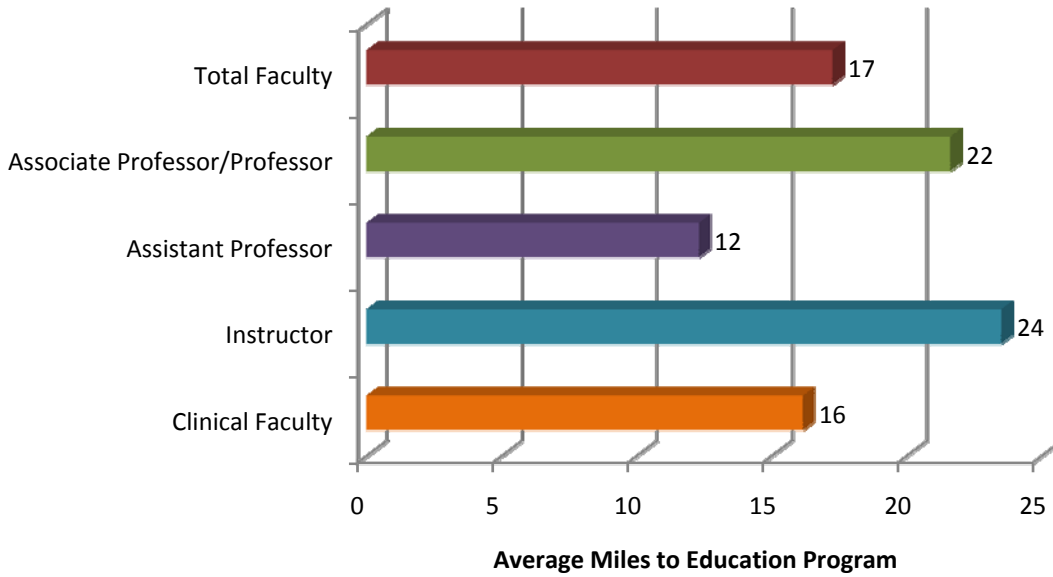
- Overall, faculty spend the most time teaching in a clinical setting (10.3 hours for full-time and 11.4 hours for part-time) and the least amount on faculty development and student recruitment (see Table 1). When asked to specify amount of hours on certain tasks, full-time faculty average 67.3 hours and part-time 54.4 hours.

Table 1: Average Workload Hours Per Week by Academic Rank and Task

	Clinical Faculty		Instructor		Assistant Professor		Associate Professor/Professor		All Faculty Average	
	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time
Teach Nursing Theory in Classroom	4.4	4.3	5.3	3.3	5.1	6.0	4.9	5.3	5.0	4.5
Teach Laboratory Skills	10.8	6.2	4.6	2.3	4.7	2.0	3.0	NA	5.2	5.0
Teach in a Clinical Setting	10.4	12.1	11.6	8.7	10.7	14.0	5.7	4.5	10.3	11.4
Prepare for Teaching	8.0	4.1	10.8	8.0	10.0	4.3	7.8	9.8	9.5	5.2
Evaluate Learning	6.9	6.5	6.8	6.7	7.4	4.7	3.2	4.0	6.2	6.1
Advise and/or Counsel Students	4.4	3.1	5.6	2.3	4.5	3.7	5.5	3.5	3.2	5.0
Recruit Students	1.0	1.0	2.7	NA	2.6	2.0	2.3	3.0	2.4	2.4
Provide Service to the College	3.7	3.2	2.6	1.5	2.8	1.5	4.5	5.5	3.3	3.3
Provide Program Coordination	2.8	3.1	6.7	1.5	4.8	6.0	9.4	9.8	6.3	4.8
Committee Responsibilities	1.8	1.6	2.7	1.0	3.3	1.5	4.1	3.3	3.2	1.9
Research Activities	3.6	1.0	6.1	NA	3.8	1.0	4.4	1.0	4.5	1.0
Faculty Development	2.3	2.1	2.6	1.0	2.2	2.0	1.9	1.3	2.2	1.3
Other	4.0	1.7	3.7	NA	4.1	NA	10.8	4.0	6.0	2.5
Total Hours Worked/Week	64.0	50.0	71.9	36.3	65.9	48.7	67.3	54.8	67.3	54.4

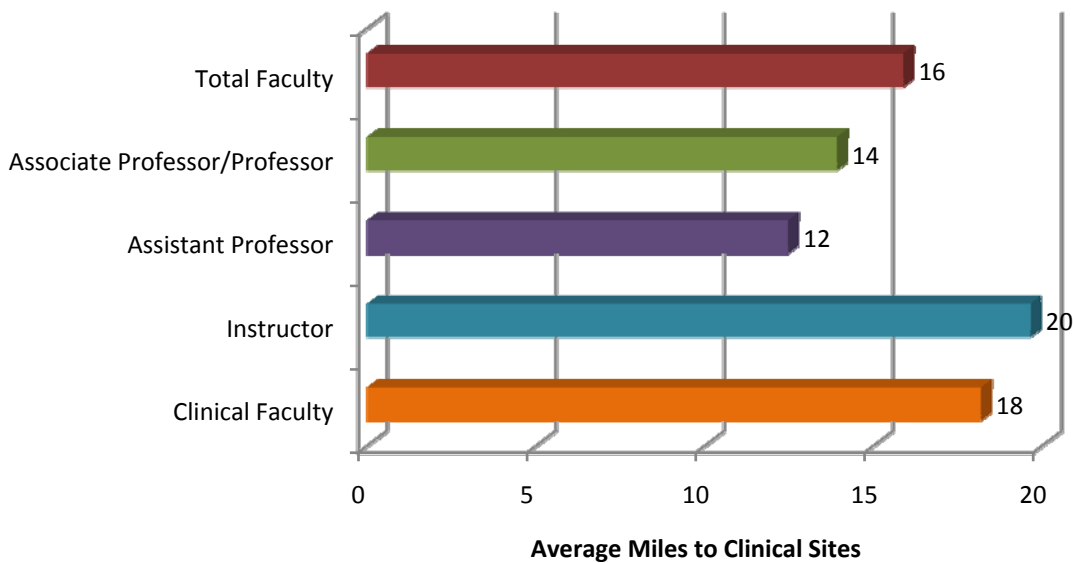
- On average faculty drive 17 miles each way to teach in their nursing education program (see Figure 16).

Figure 16: Average Miles to Teach in Nursing Education Program



- 72% of the faculty indicated they drive to clinical sites. On average, they drive 16 miles each way (see Figure 17).

Figure 17: Average Miles to Clinical Sites



- Faculty were asked to indicate their clinical specialties. (Faculty were allowed to indicate more than one.) The most often indicated specialties were nursing education (17%), adult health (11%) and acute care (10%). Few indicated women’s health (2%) and nursing administration (3%). In 2003, faculty most often indicated their specialty as nursing education (20%), critical care (14%) and adult health (12%). Again in 2003, no faculty indicated their specialty as OB-GYN or Neonatal.

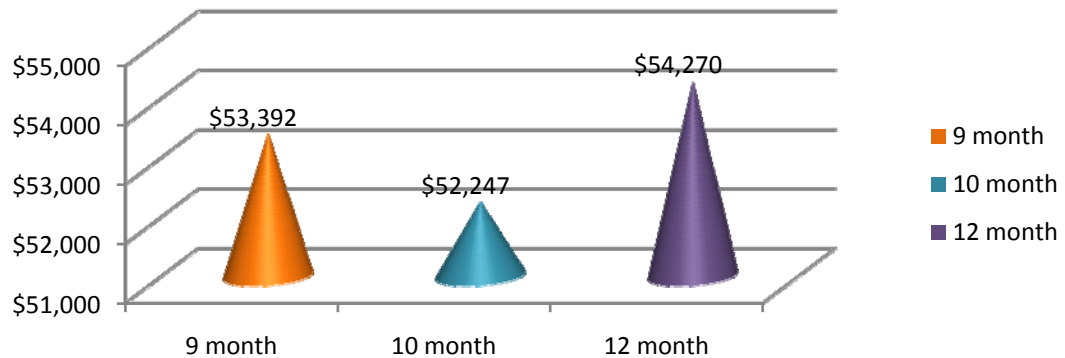
Table 2: Faculty Clinical Specialty

	Clinical Faculty		Assistant Professor			Associate Professor		Professor		All Faculty	
	2008	2003	2008	2003	2008	2003	2008	2003	2008	2003	2008
Acute Care	17%	5%	12%	5%	7%	3%	8%	11%	0%	6%	10%
Nursing Administration	2%	0%	0%	8%	6%	7%	4%	11%	0%	7%	3%
Adult Health	11%	10%	19%	14%	9%	24%	4%	0%	20%	12%	11%
Nursing Education	18%	20%	16%	14%	13%	24%	24%	22%	10%	20%	17%
Community Health	5%	10%	7%	5%	4%	17%	8%	0%	10%	8%	5%
OB-GYN	6%	0%	2%	0%	4%	0%	2%	0%	0%	0%	4%
Critical Care	6%	30%	14%	11%	6%	3%	4%	11%	0%	14%	7%
Pediatrics	0%	0%	0%	5%	5%	0%	6%	11%	20%	4%	4%
Family	2%	5%	7%	11%	7%	7%	4%	0%	10%	6%	5%
Psychiatric	5%	0%	0%	3%	4%	3%	4%	11%	10%	4%	4%
Gerontology	14%	0%	5%	5%	3%	0%	0%	22%	0%	7%	5%
Public Health	2%	0%	2%	0%	5%	10%	6%	0%	0%	3%	4%
Maternal/child health	3%	10%	5%	8%	7%	0%	6%	0%	10%	5%	6%
Rural Health	5%	5%	5%	3%	7%	0%	2%	0%	10%	2%	5%
Neonatal	3%	0%	0%	0%	5%	0%	6%	0%	0%	0%	4%
Women’s Health	0%	0%	0%	3%	4%	0%	4%	0%	0%	1%	2%
Other	3%	5%	7%	5%	5%	0%	6%	0%	0%	3%	5%

❖ **Salary**

- The average salary of faculty on a 9-month, 10-month and 12-month salary term respectively is \$53,392 (\$5,932/month), \$52,247 (\$5,225/month) and \$54,270 (\$4,523/month).

Figure 18: Salary



- Based on a separate survey of the nursing education programs, the average salaries for faculty, Instructors (\$41,752), Assistant Professors (\$47,678) and Associate Professors (\$57,840) are equivalent or higher than regional or national averages for one-year and ADN Nursing Programs (see Table 3). The National League for Nursing (2006) report of the faculty census survey found the national average salary of Instructors, Assistant Professors and Associate Professors based on an Academic Year to be \$43,000, \$45,000 and \$51,731 respectively.

Table 3: Average Salary by Rank for One-Year and ADN Programs

Academic Year Average Salary by Rank for One-Year and ADN Programs			
	North Dakota	Midwestern Region	National
Instructor**	\$41,752	\$41,760	\$43,000
Assistant Professor	\$47,678	\$43,850	\$45,000
Associate Professor	\$57,840	\$48,171	\$51,731
Professor		\$53,856	\$57,000

* There were no programs that indicated salaries for doctorally prepared faculty

** For programs that indicated 12-month contract salaries, they were converted to academic year equivalent salary

- The average salaries for faculty of baccalaureate and graduate degree programs for nondoctoral faculty, Instructors, Assistant Professors, and Associate Professors, are \$43,397, \$48,410, and \$53,415 respectively which is slightly less than the national averages of \$48,681, \$51,255, and \$56,567 respectively according to the American Association of Colleges of Nursing 2006-2007 Salaries of Instructional and Administrative Nursing Faculty. Professors with a doctoral degree have an average salary of \$61,034 compared to a national average of \$84,875 (see Table 3).

Table 4: Average Salary by Rank and Degree for Baccalaureate and Graduate Degree Programs

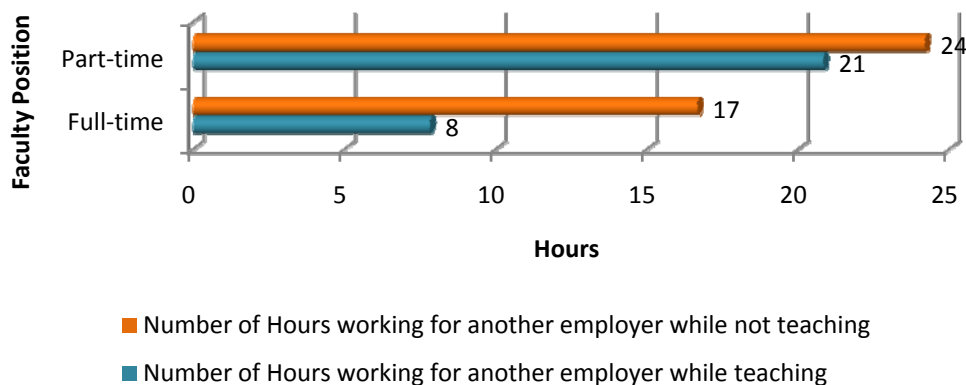
Academic Year Average Salaries for Baccalaureate and Graduate RN Programs By Rank and Degree				
		North Dakota	Midwestern Region	National
Instructor	Doctoral		\$54,128	\$52,000
	Nondoctoral	\$43,397	\$46,369	\$48,681
Assistant Professor	Doctoral	\$56,501	\$60,000	\$61,321
	Nondoctoral	\$48,410	\$49,161	\$51,255
Associate Professor*	Doctoral	\$65,389	\$66,927	\$70,000
	Nondoctoral	\$53,415	\$54,799	\$56,567
Professor	Doctoral	\$61,034	\$79,895	\$84,875
	Nondoctoral		\$67,395	\$66,969

* Programs that indicated greater than 10-month contract salaries were converted to academic year equivalent salary and averaged

❖ Outside Employment

- Full-time faculty employed outside of their teaching position work an average of 8 hours per week while teaching and 17 hours per week while not teaching. Part-time faculty that have employment outside of their teaching position, work an average of 21 hours per week while teaching and 24 hours per week while not teaching. (see Figure 19).

Figure 19: Hours per Week Working for Another Employer



➤ *Out of State Recruitment*

In the past year, 52% of the faculty indicated they have been contacted by a recruiter with information about a faculty position at another program out of state. Faculty indicated that offers (\$75,000 - \$100,000) generally were significantly higher than the current salaries they were receiving. Other benefits, in addition to the higher salary, included housing allowances between \$50,000 and \$300,000 and full benefits including health, dental, vision and retirement. Other faculty indicated they did not get the specifics as they were not interested at the time or they did not meet the required education level of having a doctorate degree. Some examples of faculty offers include:

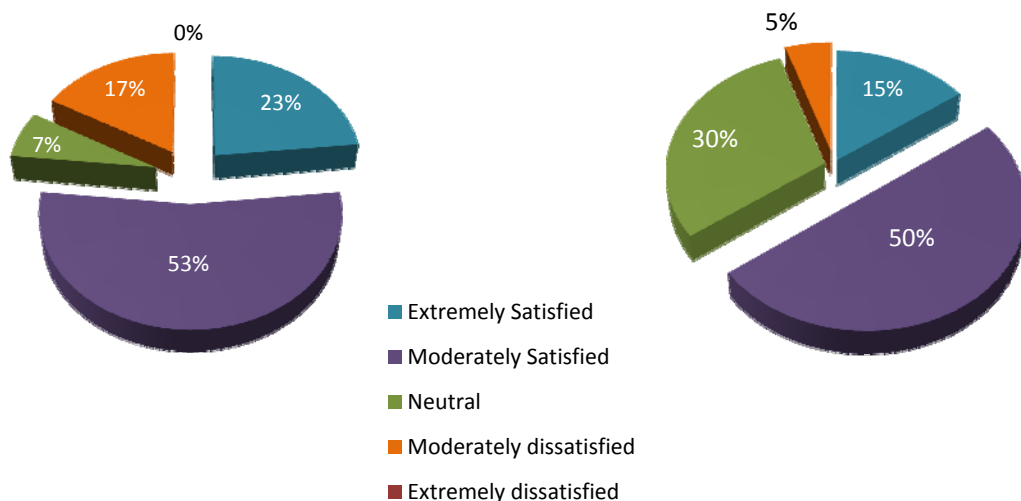
- ◆ “\$34.00 hour for clinical teaching”
- ◆ “\$100,000 for 9-month full-time position with guarantee of no summer work required. It also came with the guarantee of no work on weekends and holidays. The hours were guaranteed at an average of 8 a day and no evenings or nights required. I also would not have to obtain a terminal degree to maintain employment.”
- ◆ “salary \$90,000/year plus \$300,000 allowance for housing
- ◆ “about \$25,000/year increase”

❖ **Job Satisfaction**

- 76% of Clinical Faculty and 65% of Instructors are moderately or extremely satisfied with their faculty position (see figure 20). In 2003, 79% of Instructors were either moderately or extremely satisfied with their faculty position.

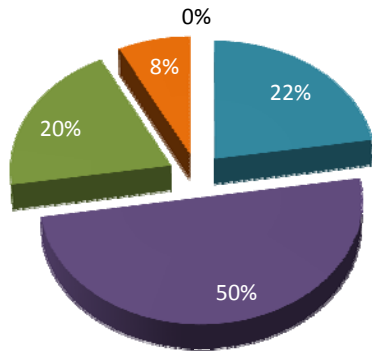
Figure 20: Clinical Faculty Job Satisfaction

Instructor Faculty Job Satisfaction

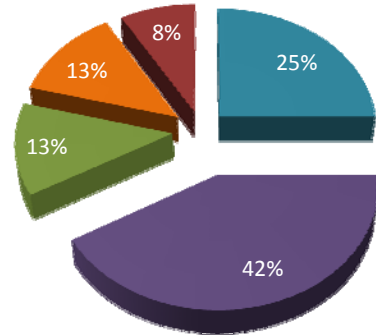


- 73% of Assistant Professors and 67% of Associate Professors and Professors are moderately or extremely satisfied with their faculty position compared to 77% of Assistant Professors and 83% for Associate Professors and 100% for Professors in 2003. (see figure 21).

Figure 21: Assistant Professor Job Satisfaction



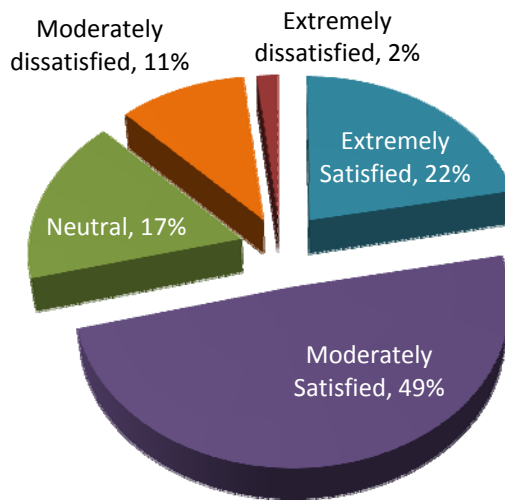
Associate Professors and Professors Job Satisfaction



■ Extremely Satisfied
 ■ Moderately Satisfied
 ■ Neutral
 ■ Moderately dissatisfied
 ■ Extremely dissatisfied

- Overall, 71% of all faculty are moderately or extremely satisfied with their faculty position (see Figure 22).

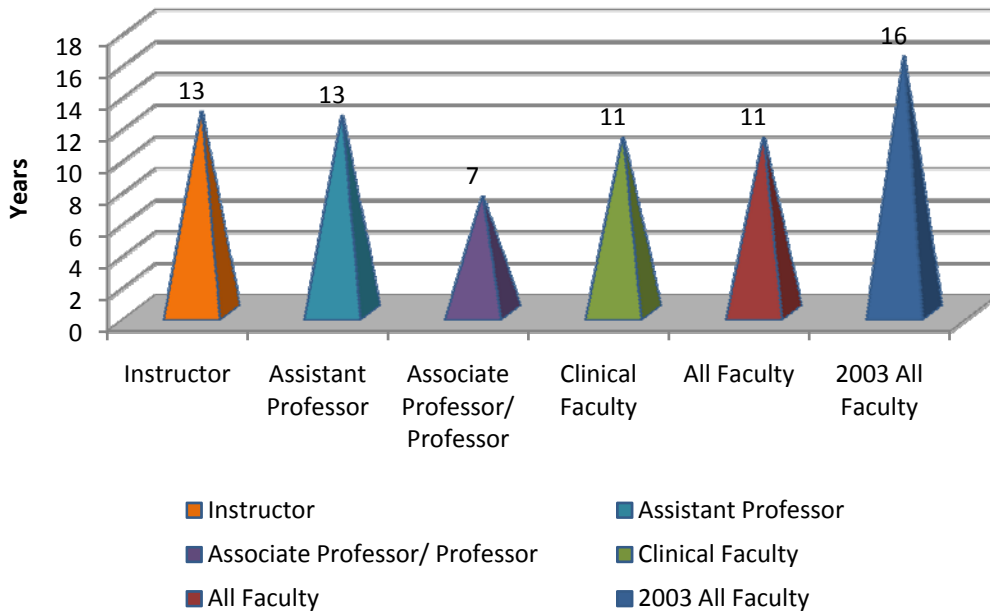
Figure 22: All Faculty Job Satisfaction



❖ **Retirement**

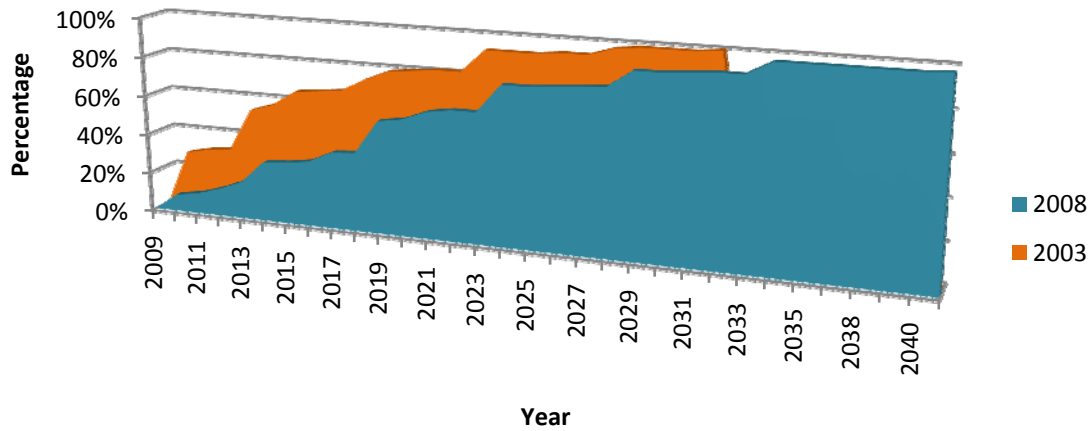
- Faculty plan to continue teaching for an average of 11 more years compared with 16 years in 2003 (see Figure 23).

Figure 23: Average Years Planning to Continue Teaching



- Figure 24 displays the cumulative percentage of faculty for when they plan to stop teaching nursing. 30% plan to stop teaching by 2013, 57% by 2018 and 99% by 2033. In 2003, 30% planned to stop teaching by 2010, 57% by 2013 and 99% by 2028.

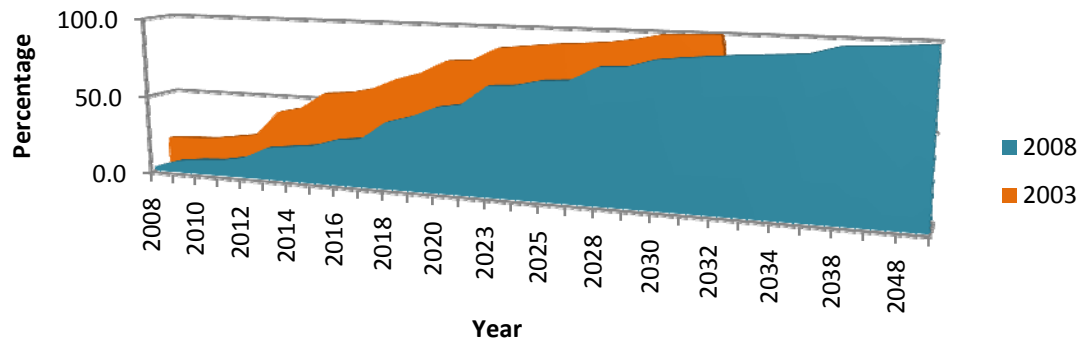
Figure 24: Cumulative Percentage of When Faculty Plan to Stop Teaching Nursing



Note. Years with missing data were filled in with the median of the surrounding years.

- Figure 25 displays the cumulative percentage of faculty planning to retire. 41% indicated they plan to retire by 2018 and 80% by 2030. In 2003, 41% indicated they plan to retire by 2013 and 80% by 2021. The difference between when faculty plan to stop teaching and when they plan to retire may be due to other career plans prior to retirement (ex. administration).

Figure 25: Cumulative Percentage of When Faculty Plan to Retire

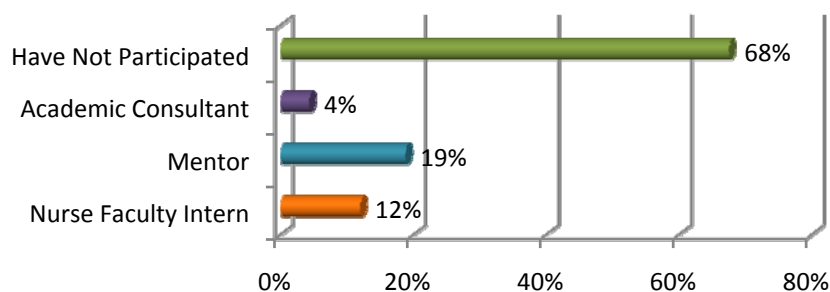


Note. Years with missing data were filled in with the median of surrounding years.

❖ Nurse Faculty Intern Study

- Overall, 68% of all faculty have not participated in the Nurse Faculty Intern Study. 12% indicated they were a nurse faculty intern, 19% were a mentor and 4% were an academic consultant (see Figure 28).
 - Faculty indicated they felt the Nurse Faculty Intern Program is an effective way to mentor nurses into faculty positions and that it is an important asset to nursing education. Other positive comments included that it was a great idea, very effective, beneficial to beginning teachers, promotes continuing education and that it is essential for fostering potential new faculty and to serve students needs.
 - Faculty indicated a need to improve communication in that the mentor needs to be aware of what the expectations of the intern are. Other dissatisfaction with the program related to the complexity and amount of paperwork involved.

Figure 28: Nurse Faculty Intern Study



❖ Additional Comments

- Faculty were asked if they had any additional comments on the nurse faculty workforce in North Dakota. Below is a summary of their comments:
 - Faculty see greater cohesiveness amongst the programs with more of a feeling of working together. Faculty seem to be very busy and very dedicated attempting to provide the best learning environment possible for students. Faculty are willing to help mentor and assist new faculty. Faculty are dedicated to teaching and learning and committed to their community.
 - Overwhelmingly, faculty indicate they are overworked and underpaid and the North Dakota faculty nurse workforce does not meet present day needs. In addition, the aging faculty workforce also seems to be a major concern. As one stated, “Faculty are getting older with less interest in becoming educators for the younger workforce. Educational requirements for nursing faculty is burdensome and often difficult and overwhelming for working faculty to fit into their already busy schedules. Educational reimbursement for working nursing faculty needs to include monetary funds for on-line programs. Faculty workloads are generally too heavy and compensation is not equitable to current market trends. The off campus hours of correcting papers and completing evaluation documents is often not considered in faculty contracts. “ Some suggestions and comments to help entice nurses into nursing education and retain our current educators include:
 - ◆ Higher salaries
 - Need to keep pace with general nursing practice salaries.
 - Faculty indicated FNPs and Nurse Anesthetists make a higher salary and therefore it is difficult to entice students to go into nursing education.
 - Compensate for evaluation and preparation hours.
 - ◆ Better networking system
 - Grants and/or tuition assistance to pursue further education with lack of masters and doctorally prepared nurses available.
 - ◆ Allow faculty educators to have a voice with management when workload is too heavy.
 - “Expectation of faculty to be actively involved in research and clinical practice is daunting and unrealistic. It scares faculty and new prospects away”.
 - Allow time to non-tenure track faculty for research as is done with tenure track faculty at some programs.
 - ◆ Begin mentoring young nurses while they are students for nursing education.
 - Look at recruiting rural nurses who are pursuing online graduate degrees at an out of state institution.
 - Look at “growing our own” faculty.
 - ◆ Hold faculty development workshops.
 - ◆ More than 60% of the position should be teaching.
 - ◆ Add support services to assist with work.
 - ◆ The new generation of faculty has a different work ethic/standard than current generation and therefore “a new paradigm will have to emerge in order for them to be retained in the workforce of academia”.

- ◆ Allow current faculty to be retained or “grandfathered” in when they don’t meet new qualification guidelines.
 - As indicated by one faculty, “I am aware of the push for Doctoral staff. I feel that in the state of North Dakota, it is not practical to expect all doctoral prepared faculty.”

Faculty Survey Conclusions

Most faculty are extremely or moderately satisfied with their faculty position. However, compared to 2003 they have become more dissatisfied. Faculty feel they are overworked and underpaid. Enhancing benefits such as tuition reimbursement opportunities for furthering their education, in addition to addressing salary issues, will assist in the recruitment and retention of nursing faculty. It is difficult to recruit nurses into nursing education when nurse practitioners and nurse anesthetists can make a higher salary.

When asked how many hours per week each faculty member worked and then asked how many hours per week each faculty member worked on specified tasks, there was a disconnect in total hours for full-time and part-time faculty. The total list of average hours per week increased by 26% for full-time faculty and 50% for part-time faculty when asked to indicate the amount of hours spent on specific tasks.

The average salaries of faculty within the one-year and associate degree nursing programs are at or above national levels. The salaries of faculty within baccalaureate and graduate nursing programs are lagging slightly behind national levels. Faculty with doctoral degrees have the greatest disparity compared to national averages. Due to missing program surveys, these numbers may be over-estimated for one-year and associate degree nursing programs and under-estimated for baccalaureate and graduate nursing programs.

North Dakota has younger faculty than five years ago resulting in a less steep retirement slope over the next 10-15 years. However, retaining current faculty is a concern as recruiters from out of state are targeting them.

Faculty indicate the nurse intern study program is a great idea and very helpful to young faculty, however there are some suggestions for improvement. Communication and paperwork seem to be the biggest barriers for success.

Faculty also indicated they believe offering a faculty boot camp would be beneficial and would be willing to pay a small registration fee to attend. Many indicated topics such as curriculum development, teaching strategies, evidence-based practice, clinical simulation and utilization of technology, and critical thinking as suggestions for such a boot camp.

Specific Policy Recommendations:

- ❖ Examine current benefit packages including tuition assistance for those pursuing a higher degree.
- ❖ Examine salaries that would be more commensurate with actual workload.
- ❖ Examine new recruitment and retention strategies for nursing faculty.
- ❖ Offer an annual faculty development boot camp focusing on curriculum development, teaching strategies, evidence-based practice, test preparation, clinical simulation and utilization of technology, etc.

Faculty Survey Method

An on-line survey was developed to provide a comprehensive picture of the current nurse faculty workforce and to enable comparisons to be drawn between the North Dakota nurse faculty workforce from 2003 as well as national data where appropriate. North Dakota nursing faculty completed a 60-question on-line survey which addressed issues including faculty demographics, continuing education, employment, job satisfaction, retirement, and what changes may improve the nursing workforce as a whole. Questions were derived from a survey by the New York Center for Health Workforce Studies (2001), a telephone survey by the North Carolina Center for Nursing (2001), a survey by the Idaho Commission on Nursing and Nursing Education (2002), a survey by the Southern Regional Education Board (2001), a survey by the Iowa Department of Public Health of Iowa's Nursing Faculty and Nursing Education Programs (2004), a survey by the Colorado Center for Nursing Excellence regarding the Colorado Nursing Faculty Supply and Demand Study (2004) and a survey by the American Association of Colleges of Nursing on the Salaries of Instructional and Administrative Nursing Faculty (2006-2007).

In addition to this faculty survey, we queried nursing education programs regarding faculty salaries. This is presented in Tables 3 and 4 on pages 18 and 19 respectively. The salary averages here were derived from the eight nursing education programs (North Dakota State College of Science, Dickinson State University, Sitting Bull Community College, Dakota Nursing Program, Jamestown College, Minot State University, University of Mary, and Med Center One) that responded to this survey.

E-mail addresses for faculty were derived from the North Dakota nursing program websites or from the program's themselves. Participants received a request to complete an on-line survey via e-mail in March, 2008 with a second request to those that did not respond in May, 2008. This survey resulted in a 61.3% (122/199) response rate.

Percentages were calculated using the total number of nurse faculty that completed each item and rounded to the nearest percentile or tenth of a percentile. Where possible, data are compared with national numbers as well as 2003 survey numbers. When appropriate, data was divided by academic rank. Academic rank was compressed into four categories: Clinical Faculty, Instructor, Assistant Professor, and Associate Professor/Professor.

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