

**Interim Health Services Committee Testimony
July 27, 2016
Bismarck, ND**

**Representing CUNEA
(College and University Nursing Education Administrators)
Chair: Dr. Carla Gross (Associate Dean, NDSU SON)**

I'd like to provide information to support the policy brief requesting funding to develop a faculty loan forgiveness program and increase faculty salaries in order to recruit and retain nursing faculty.

Currently, the nursing shortage in our state is not caused by lack of interest in the nursing profession. We have more applicants for our nursing programs than slots available, so students are turned away. CUNEA has made efforts to assure that all applicant slots are filled in each nursing program across the state. Currently, we are communicating closely to let each other know which programs have slots that are unfilled. Applicants that are not admitted are advised of the openings in other programs as well as alternative plans to get a nursing degree. In addition, we are working with the ND Center for Nursing to develop a site on their webpage to provide information and links to apply to any of the nursing programs in the state in order to make the application process as easy as possible in information readily accessible. Programs can also provide updates on this website regarding the number of positions available.

It would seem that the easiest solution to dealing with the nursing shortage would be to accept more students into the program ... as the policy brief indicates, nursing programs have increased in size dramatically since 2002. But it's not as easy as it sounds to simply keep increasing in size. Since the programs are practice oriented, nursing education requires an adequate number of faculty, clinical instructors, preceptors, and clinical sites. All of these are challenging. But one of the biggest barriers to expanding nursing programs is the lack of qualified faculty. Without adequate faculty, we will not be able to take in more students. The entire nation is experiencing a critical shortage of faculty due to a variety of reasons:

#1. Other advance degree career options are often considered more attractive and lucrative. E.g. nurse anesthetist, nurse practitioner, nurse midwives, nurse administrators. We cannot compete with the salaries they make.

#2. Although the hours can be more flexible, the responsibilities of faculty are never ending – can never punch out/ get off the clock.

For these reasons, nursing programs across the state have difficulty filling faculty positions. For example:

The Dakota Nursing Program in Bottineau has one full time position that they have not been able to fill for the past year.

Minot State was able to fill four positions this year, which is unusual. They had been working with staff nurses helping them complete a MS degree with the plan to pursue a faculty position. They anticipate 4 to 5 retirements next year – they have no prospects for those positions.

NDSCS has filled their positions but have unqualified faculty. All are working on MS/graduate degrees. Competing with hospitals who also need MS prepared nurses and will pay \$30,000 - \$35,000 more per year.

UND College of Nursing had a 1.1 million dollar cut in the budget for the upcoming year. The cut was taken from unfilled faculty positions funded from appropriated dollars. They currently have 3 full time faculty positions open – a DNP faculty and 2 PhD faculty. Recruitment of doctoral nursing faculty requires higher salaries than they can currently offer.

NDSU is in the middle of a hiring freeze and have three positions that we cannot fill at this time. Two of these are faculty positions in our Family Nurse Practitioner/ DNP program on the Bismarck site that we have not been able to fill. If we cannot fill them once the hiring freeze is over, we will no longer be able to accept FNP/DNP students in Bismarck.

In addition to full time faculty, programs have to hire adjunct faculty to meet teaching needs, especially for clinical instructors. E.g. Dickenson State hires 3-6/ year, NDSU hires 16 – 18 clinical instructors each year to meet their needs. These adjunct faculty are also balancing another job or are in graduate school.

As far as recruiting faculty, although job openings are posted nationally, it is rare that we receive out-of-state applicants. In order to recruit faculty, we need salaries that are competitive with those in the practice setting to make the positions appealing.

Another effort we use to obtain and retain qualified faculty, is a “grow your own” methodology. The greatest success we've had over the years is to encourage students and nurses who express an interest in teaching to pursue a master's degree. Once they are hired as faculty members, they are then encouraged to pursue doctoral education. This requires additional time and workload on their part and tuition costs. A faculty loan forgiveness program and higher salaries will help to encourage and reward these efforts.

Next I'd like to address the Preceptor Policy Brief

Advance practice nurses have been identified as an important profession to fill the gaps in our health care system, primarily primary care and providing care in underserved and rural areas. We have three universities in ND that prepare advance practice nurses. One of our biggest struggles is obtaining preceptors for our students, for a variety of reasons:

- Healthcare organizations have increased the productivity expectations of the primary care providers due to changes in reimbursement for healthcare services. This increases workloads so that serving as a preceptor on top of these expectations becomes unmanageable.
- There's been an increase in regional and online programs which has increased the demand for preceptors.
- Health care organizations are currently reimbursed for the hours that physicians serve as preceptor for medical students. They are less likely to serve as a preceptor for advance practice nurses since there is no reimbursement.
- Healthcare systems and independent practitioners across the United States are now seeking financial compensation for preceptor services e.g. \$200/week per student. This would greatly increase the costs of nursing education and increase the need for additional legislative funding.

CUNEA is highly supportive of the solutions outlined in the policy brief to provide some form of reimbursement for preceptors including:

- An income tax credit to preceptors based on the number of hours and number of rotations,
- Financial reimbursement to preceptors of the three North Dakota Advanced Practice Registered Nurse programs that are completing their clinical experience at a healthcare organization within North Dakota, similar to South Dakota's plan
- And loan repayment for APRNs that graduate and stay in our state to work for a period of time.

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