

EDITORIAL

Encouraging Difficult Conversations in Mitigating Nursing Faculty Shortages

Fomentar conversaciones difíciles para mitigar la escasez de profesores de enfermería

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Multiple suggestions have been proposed to address the worldwide nursing shortages^{1,2}. Unfortunately, the shortages not only continue today but are growing at an alarming rate. While we maintain advocacy for an interdisciplinary approach in the recruitment, hiring, and retention of nursing faculty, expanding upon this approach is needed. As we continue to experience critical shortages in the nursing profession, due in large part to nursing faculty shortages, the aim of this paper is three-fold: 1) to provide updated data describing the scope and impact of the nurse and nursing faculty shortages; 2) to address multiple impacting reasons for nursing faculty shortages, including non-competitive salaries in academia, high workloads and the culture of unpaid and underpaid labor in academia, shortages of doctorally prepared faculty and possible inadequacies in knowledge of teaching skills, including learning theories, assessment and evaluation, and curriculum development; and 3) to provide important recommendations to mitigate nursing faculty shortages.

The Scope and Impact of the Nurse and Nursing Faculty Shortages

In the U.S., nursing employment opportunities are projected to increase at a more rapid rate (9%) than for all occupations, at least through 2026³. Employment projections for the fields of health care and social assistance sector published by the U.S. Department of Labor suggest rapid growth, accounting for approximately 45% of all new jobs between 2022 and 2032, adding approximately 2.1 million jobs. Moreover, the largest projected growth for occupations typically requiring a master's degree are nurse practitioners⁴. As such, from where will the needed pool of registered nurses and nurse practitioners be obtained without doctorally prepared nursing faculty?

A scarcity of nursing faculty alongside a growing demand for registered nurses and nurse practitioners is concerning. The national nurse faculty vacancy rate was 8.8% in 2022, with 2,166 full-time vacancies and the need to create 128 additional faculty positions^{5,6}. In 2021, 91,938 qualified nursing school applicants were turned away due in large part to nursing faculty shortages, leading to a limited number of nursing graduates⁶. It has been suggested that limited faculty may lead to limited students, as well as a possible decline in the quality of nursing education programs³.

Addressing Multiple Impacting Reasons for Nursing Faculty Shortages

It has been postulated that knowing the root causes of a problem is important in achieving a workable solution⁷. Therefore, any effort to decrease nursing shortages must first involve understanding what is causing the shortages in the first place. In other words, we need an answer to the question: What are the main drivers of nursing faculty shortages?

The current scholarly research documents several reasons for the nursing faculty shortages, including non-competitive salaries in academia^{5,6,8,9}, high faculty workloads^{5,6,8}, the culture of unpaid and underpaid labor in academia^{8,10}, shortages of doctorally prepared faculty^{5,6,8}, including the aging nursing workforce^{3,11}, and the possible inadequacies in the knowledge of teaching skills⁸ to be among the main drivers of nursing faculty shortages. Next, we will explore each of these issues and provide possible suggestions.

Non-Competitive Salaries in Academia

The impact of salary discrepancies between clinical practice to nursing faculty salary is among the major challenges in hiring nursing faculty. Clinical practice environments continue to entice qualified practitioners with higher salaries. In a study of nursing faculty in the United States, 100% of respondents stated that compensation was an important issue as they chose where to work given that salary discrepancies between academic and clinical settings can vary as much as \$40,000 per annum⁸. Further, the median nurse salary in 2021 was \$120,000 for advanced practice registered nurses (APRNs)⁹ contrasted by an average salary in March 2022 of \$87,325 for Master's prepared nursing school professors⁶.

What Can Be Done: Faculty salary inequities must be addressed to not only keep up with the demand for nurses by increasing nursing education enrollment numbers but also to increase needed nursing faculty. While few enjoy difficult conversations regarding salary, the truth must be faced: salaries for nursing faculty are inequitable. A difficult conversation "is anything you find hard to talk about"¹². Anyone involved in addressing nursing shortages, including college administrators, university faculty, and

state legislators, among others, needs to engage in difficult conversations to decrease salary discrepancies between academic and clinical nurses⁸. Moreover, it is important to discuss salary with the actual faculty *involved* in the disparities. Our faculty members are smart, critical thinkers – they are a treasure trove of knowledge and experience, and their inclusion in the mitigation of salary inequities is integral to possible solutions¹³.

Additional possible strategies for mitigation include:

- Providing tuition reimbursement for degree-seeking individuals. This step will decrease the amount of debt incurred by degree-seeking individuals
- Providing tuition reimbursement for continuing education would enable individuals to maintain their credentials while decreasing financial hardships associated with those fees.
- Allowing continuing education hours to be awarded for serving in “expected” roles in academia.

High Faculty Workloads and the Culture of Unpaid and Underpaid Labor in Academia

Excessive workloads for nursing faculty can result in an unhealthy work-life balance, including job dissatisfaction. Moreover, the expectation of unpaid and underpaid labor exists in academia. Researchers have concluded that “Faculty find themselves unequal to the task of scholarship and research because of heavy workloads and additional obligations due to the nurse faculty shortage” (p. 3)⁸. Indeed, faculty from a clinical environment may not consider publishing and university committee requirements alongside the primary responsibilities of teaching in the classroom and clinical environments⁸.

What Can Be Done: Encouraging difficult conversations is needed to address unpaid and underpaid labor, as discussed above. It has been suggested that we need to move beyond cultural limitations regarding discussions of money and instead focus on the reality that academic faculty members are called upon to do jobs for which they are not paid. Even though faculty may do this work because they enjoy it, there is no reason why they should not be paid for it¹⁰. Possible solutions include:

- Consideration of how many additional hours in committee work, conducting research, writing and submitting manuscripts for publication, and serving on peer-review committees, among other tasks, are equitable.
- Providing on-campus opportunities for guest lectures in faculty areas of expertise.

- Providing opportunities for conducting research, such as providing release time.
- Lastly, are additional units of pay for scholarly research, submissions and publications, committee involvement and leadership, and mentorship possible? If additional pay is not possible, once again, discuss *with faculty* how this can best be resolved. Providing faculty with a voice in possible solutions *directly involving them* encourages equitable solutions.

Shortages of Doctorally Prepared Faculty

For the first time since 2001, enrollment in master’s and PhD nursing programs is down⁶. Equally concerning is the fact that “thousands of qualified applicants to graduate nursing programs are turned away each year”⁶. In 2021, the American Association of Colleges of Nursing (AACN) found that over 9,500 qualified applicants were not admitted to master’s programs, and an additional 5,169 qualified applicants were denied admission to doctoral programs in the U.S.⁶. Furthermore, most available employment positions for nursing faculty require or prefer doctorally prepared candidates. This is particularly troublesome at a time when academic programs are not producing as many doctorally trained nurses, making it challenging to fill teaching positions⁸. Furthermore, better-paying positions in clinical settings or other industries are enticing doctorally educated workers who would have otherwise pursued academic positions¹⁴. As we’ve learned, higher salaries and a work-life balance are among the reasons for being “drawn” to opportunities outside of academia.

Another “elephant in the room”⁸ is the fact that the average age of nursing faculty in the United States places them close to retirement. It is expected that one-third of our nursing faculty currently teaching in bachelor of science in nursing (BSN) or master of science in nursing (MSN) programs are planning to retire by 2025¹¹; thus, the shortage of doctorally prepared faculty will continue.

What Can Be Done: Here again, difficult conversations are needed. Asking current and potential faculty for possibilities in mitigating the shortages of doctorally prepared faculty is important. Will increased faculty salaries be possible? Will it be possible to offer flexible work policies and scheduling for faculty? Can we “grow our own” in terms of recruiting master’s level students to enroll in our doctoral programs? Can we provide additional financial aid for these students? Currently, initiatives are indeed in place to support the nurse and nursing faculty shortages, including the U.S. Department of Health and Human Services plan to add \$26.5 million in the Nurse Faculty Loan Program (NFLP)¹⁵.

The NFLP is designed to provide low-interest loans to nursing students with the possibility of having most of it cancelled (up to 85%) if they work as full-time faculty upon graduation¹⁵. Can we reach out to other possible sources of scholarship funding, including our alumni? Additional philanthropic organizations?

Lastly, we continue to advocate for interdisciplinary collaboration^{2,14}. Interdisciplinary and interprofessional collaboration between college departments, including the departments of business, statistics, psychology, and education, among others, is a possible solution to mitigating the nursing faculty shortages.

Possible Inadequacies in Knowledge of Teaching Skills

A possible solution to mitigate the growing nursing faculty shortages includes the recruitment and hiring of nursing professionals with clinical expertise, though clinical expertise does not necessarily include teaching expertise. Indeed, subject matter expertise does not equal teaching expertise in any area of academia.

What Can Be Done: As noted, the academic role is multifaceted, and the demands upon our faculty are continually increasing. Providing additional training and education in learning theories, assessment and evaluation, and curriculum development (while providing compensation to faculty teaching these courses) can be beneficial. In addition, interdisciplinary and interprofessional departments within the college may be possible avenues (e.g., Department of Education, Centers for Teaching Excellence, etc.).

Conclusion

The current scholarly research documents the shortages of professional nurses and nursing faculty and, perhaps most importantly, the shortage of professional nurses cannot be addressed until we take collective action to address the nursing faculty shortages. Mitigating the shortage of nurses requires a change in the execution of recruitment and retention strategies for nursing faculty. Mitigating the multiple impacting reasons for faculty shortages is critical, and our aim was to provide tangible answers to the question: "What Can Be Done?"

As we've learned, encouraging and engaging in difficult conversations is needed to mitigate nursing faculty shortages and, as a result, mitigating nurse shortages. Difficult conversations regarding inequitable faculty salaries, high workloads and the academic culture of unpaid and underpaid labor, a shortage of doctorally prepared faculty, and possible inadequate knowledge of teaching skills are needed. Moreover, a culture of accountability is integral

in mitigating nursing faculty shortages. People who are accountable constantly seek to improve themselves while finding equitable and innovative solutions to problems without placing blame upon others⁷. Indeed, undertaking a fact-finding approach while brainstorming possible solutions is key in mitigating the nursing faculty shortages.

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