

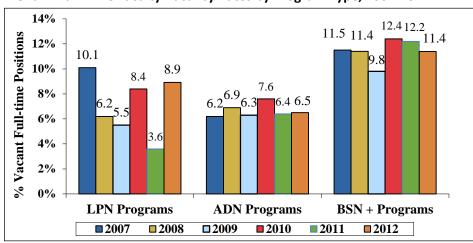
Florida Nurse Faculty Supply and Demand: Academic Year 2011-2012

The information below represents the **key findings** regarding the faculty workforce in Florida's nursing education system. Information relates to the faculty workforce and recommendations to assure adequacy of the education system to meet nurse employer needs. Trend analysis is provided for 2007 through 2012 when available.

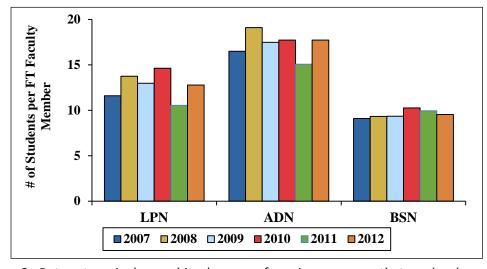
Separations (AY 2011-2012) and Anticipated New Full-Time Positions (over next two years)

Program Type	Number of Separations	Anticipated New Full-Time Positions
LPN	65	97
ADN	147	218
BSN and higher	55	86
Totals	267	400

Trend in Full-Time Faculty Vacancy Rates by Program Type, 2007-2012



Trend in Number of Enrolled Students Per Full-Time Filled Faculty Position



- The Center contacted 325 schools, 63 more than last year.
- Center survey response rates are 59%, resulting in an incomplete picture of education but allowing for trend identification.
- Faculty vacancy rates in BSN and higher programs are consistently high, currently 11.4%.
- 394 new full-time faculty were hired, schools anticipate 400 new full-time positions over the next 2 years.
- The ratio of enrolled students to full-time faculty has increased in both LPN and ADN programs, potentially indicating an increased faculty workload.
- National influence on Florida's education needs
 - Patient Protection and Affordable Care Act will increase demand for health care providers
 - IOM report The Future of Nursing: Leading Change,
 Advancing Health promotes that all nurses achieve higher levels of education with seamless academic progression.

Recommendations

 A consistent, long-term data collection, analysis, and reporting system must be in place and adequately funded to provide critical information on which to base funding and policy decisions.

- 2. Return to a single, combined survey of nursing programs that can be shared by the appropriate state entities.
- 3. Develop strategies to reduce faculty vacancy rates, particularly when considering need versus actual budgeted positions.
- 4. Create incentives for nurses to seek advanced education to build a nurse faculty pipeline.



Florida Nurse Faculty Supply and Demand: Academic Year 2011-2012

Background

The Florida Center for Nursing (Center) has surveyed the state's nursing education programs yearly since 2007. The goals of the Center's nurse education survey are to characterize trends in nursing education and the nurse faculty workforce. Given that this is the Center's sixth annual survey, the richness of the data and information are enhanced by the ability to report trends in results. Trending data enables outcome monitoring and identification of promising practices for replication. Thus change, or the lack of it, becomes evident and provides the opportunity to consider the effect of interventions, such as efforts to increase production of new graduates to enter the workforce.

The Center envisions the data collection, analysis, and subsequent reports to have multiple benefits to stakeholders, such as: schools can use the data for academic decision making, to strengthen grant applications, to plan for faculty demand and student expansion; policy makers can use the data to guide funding decisions and to plan strategic use of resources. This report focuses on faculty data from the Center's survey of nursing education programs for Academic Year (AY) 2011-2012, highlights analysis of trends in results over the years of data collection, and provides faculty demand information from the academic employers. Additional information on Florida's nursing education programs and the Florida Center for Nursing Education Survey can be found in the companion reports.

Data Source

Data for this report are from the 2012 Florida Center for Nursing *Survey of Nursing Education Programs*. In October 2012, a survey link was emailed to the Dean or Program Director of all nursing education programs in the state of Florida. In responding, Deans and Directors provided data on the faculty and student populations as of September 30th, 2012 and on program capacity for Academic Year (AY) 2011-2012.

Nursing education programs are identified from the Board of Nursing website, which maintains an updated database of Licensed Practical Nurse (LPN), Associate Degree in Nursing (ADN-RN) and pre-licensure Bachelor's in Nursing (BSN) programs. Neither the Board of Nursing nor the Office of Program Policy Analysis and Government Accountability (OPPAGA) track nursing programs that do not lead to a new license, such as RN-BSN programs. Thus the Center identified RN-BSN, Master's, and Doctoral programs after receiving specific information on these programs from responding schools. Eight online nursing education programs were identified by the Center (from participation in previous years' surveys) and were also contacted to provide education data.



An updated list of all nursing programs in Florida was downloaded from the Board of Nursing in August 2012. A total of 325 schools (147 LPN, 139 ADN, 31 BSN, 8 online) were asked to complete the survey. Two schools did not have contact information, thus were not included in the survey. Compared to AY 2010-2011, 63 more schools (3 pre-licensure BSN, 33 ADN, 26 LPN programs, 1 online program) were contacted this year.

A total of 193 programs responded to the survey, giving an overall response rate of 59 percent (Table 1). The response rate varied by program type: 61 percent within LPN programs, 54 percent within ADN programs, 84 percent within pre-licensure BSN and higher degree programs, and 25 percent within the online programs. The response rate also varied among state schools (82%) and private schools (52%). More detail on the response rates among state and private nursing programs can be found in Appendix Table A1.

Table 1. Response Rates for Florida's Nursing Schools, AY 2011-2012

Type of Program	Total # of Schools	Schools Approved 9/2011 – 8/2012	Responding Programs	Response Rate
RN-BSN	N/A	N/A	21	N/A
BSN & higher	31	3	26	84%
Online only	8	1	2	25%
ADN	139	33	75	54%
LPN	147	26	90	61%
Total	325	63	193	59%

Data in this report are from the responding schools. Survey respondents reported a total number of 21,720 students enrolled in LPN, ADN, or pre-licensure BSN nursing programs, and 9,341 students enrolled in RN-BSN, Master's or Doctoral nursing programs as of 9/30/2012. This number is an undercount of the actual number of enrolled nursing students, because the response rate from schools was lower than 100 percent.

Results

Overview of Responding Programs

Table 2 provides detail of the programs and curriculum options available in Florida's nursing schools as of September 30, 2012, based on survey responses. The survey was sent to all programs recognized by the BON which included **63 new programs** this academic year (26 new LPN programs, 33 new ADN programs, three new pre-licensure BSN programs, and one new online program). Twenty-four of these new programs responded to our survey, most were very recently approved and had not admitted their first class of students by October 2012. It is important to note that pre-licensure ADN and BSN nursing programs increase the supply of RNs, whereas post-licensure programs (e.g., RN-BSN, Master's, Doctoral) advance the education level of already licensed RNs and increase the supply of ARNPs.



LPN programs are the most numerous, with 90 programs responding to the survey. Five of these programs reported a bridge curriculum that moves students with some health sciences training (e.g., a certified nursing assistant) through the program more rapidly. Thirteen LPN programs were new and reported they did not have students.

Seventy-five ADN programs responded, of which 34 offer a bridge curriculum that moves LPNs or paramedics through the RN program more quickly. Sixty-two ADN programs had a traditional curriculum, and seven had no students.

Of the 26 pre-licensure BSN programs participating, 11 offer a second-degree curriculum – often called an accelerated program – for students with a baccalaureate degree in another discipline, and 23 had a generic curriculum. Two new pre-licensure BSN programs have not enrolled their first classes.

RN-BSN programs, which move associate degree or diploma prepared RNs to the baccalaureate level, are the most numerous type of post-licensure programs (BSN and higher). State colleges offering the ADN are increasingly offering this post-licensure mobility curriculum, as are online-only programs. Numerous online-only RN-BSN programs are offered throughout the United States, enabling students located anywhere to continue their education. The Center only surveys programs that are based in Florida, as they will have the largest number of Florida-based students. Efforts to collect data from out-of-state programs operating in Florida have generally not been successful.

Two programs with an online-only curriculum responded to the survey. One program had post-licensure only (RN-BSN, Master's) and one is an LPN-BSN program. Several online programs reported it was difficult to isolate Florida students for reporting purposes as the programs teach students from all over the country.

Many of the state's universities offer graduate degrees in nursing. Sixteen schools offered a master's degree in nursing (MSN) program and nine offered doctoral programs. Five schools reported they have a nurse anesthetist curriculum, and two schools offer a nurse midwife curriculum.

In addition to degree-granting programs, 28 schools reported having certificate programs. Twelve schools offer a Nurse Educator certificate program, and four offer a nurse practitioner (NP) certificate program.



Table 2. Programs and Curriculum Options Reported by Respondents in AY 2011-2012

	Number
Pre-licensure Programs	
LPN Programs	
Number of LPN Programs Responding	90
- No students yet	13
- Generic/Traditional Curriculum	75
- Bridge Curriculum	5
ADN Programs	
Number of ADN Programs Responding	75
- No students yet	7
- Generic/Traditional Curriculum	62
- Bridge Curriculum	34
Pre-licensure BSN Programs	
Number of BSN Programs Responding	26
- No students yet	2
- Generic/Traditional Curriculum	23
- 2 nd Degree Curriculum	11
Post-licensure and Certificate Programs	
RN-BSN Program (Post-licensure)	21
MSN Programs	16
- Advanced Registered Nurse Practitioner	13
Curriculum	13
Nurse Practitioner Program	
<u>-</u>	12
Nurse Anesthetist Program	12 5
Nurse Anesthetist Program	5
Nurse Anesthetist Program Nurse Midwife Program	5 2
Nurse Anesthetist Program Nurse Midwife Program - Nurse Educator Curriculum	5 2 9
Nurse Anesthetist Program Nurse Midwife Program - Nurse Educator Curriculum - Leadership/Management Curriculum	5 2 9 6
Nurse Anesthetist Program Nurse Midwife Program - Nurse Educator Curriculum - Leadership/Management Curriculum - Clinical Nurse Specialist Curriculum	5 2 9 6 3
Nurse Anesthetist Program Nurse Midwife Program - Nurse Educator Curriculum - Leadership/Management Curriculum - Clinical Nurse Specialist Curriculum - Clinical Nurse Leader Curriculum	5 2 9 6 3 4
Nurse Anesthetist Program Nurse Midwife Program - Nurse Educator Curriculum - Leadership/Management Curriculum - Clinical Nurse Specialist Curriculum - Clinical Nurse Leader Curriculum Doctoral Programs	5 2 9 6 3 4
Nurse Anesthetist Program Nurse Midwife Program Nurse Educator Curriculum Leadership/Management Curriculum Clinical Nurse Specialist Curriculum Clinical Nurse Leader Curriculum Doctoral Programs Ph.D. Curriculum	5 2 9 6 3 4 9 7
Nurse Anesthetist Program Nurse Midwife Program Nurse Educator Curriculum Leadership/Management Curriculum Clinical Nurse Specialist Curriculum Clinical Nurse Leader Curriculum Doctoral Programs Ph.D. Curriculum DNP Curriculum	5 2 9 6 3 4 9 7
Nurse Anesthetist Program Nurse Midwife Program Nurse Educator Curriculum Leadership/Management Curriculum Clinical Nurse Specialist Curriculum Clinical Nurse Leader Curriculum Doctoral Programs Ph.D. Curriculum DNP Curriculum Certificate Programs	5 2 9 6 3 4 9 7 9

Note: The number of curriculum counts exceeds the number of program counts because many programs offer multiple curriculum options.

Table 3 shows the National League for Nursing Accrediting Commission (NLNAC) or Commission on Collegiate Nursing Education (CCNE) accreditation status of programs in AY 2011-2012. The NLNAC offers accreditation for all programs of study, while the CCNE limits accreditation to only



BSN and higher programs. Achieving national accreditation indicates a program's ability to meet recognized quality standards related to the academic curriculum and faculty qualifications. Schools that have not yet admitted students cannot have achieved accreditation. LPN programs were the least likely to report being accredited (91% were not accredited). Almost half of ADN programs and all but one of the BSN programs reported being accredited. Within ADN programs, 74 percent of state schools are accredited compared to 24 percent of private schools (Appendix Table A2).

Table 3. Accreditation Status in AY 2011-2012 by Program Type

Accreditation Status	LPN N (%)	ADN N (%)	BSN N (%)
No students yet enrolled	13	7	2
Not accredited	70 (91%)	39 (57%)	1 (4%)
Accredited by NLNAC and/or CCNE	7 (9%)	29 (43%)	23 (96%)
Accreditation Type			
NLNAC accredited	7 (9%)	29 (43%)	3 (12.5%)
CCNE accredited	n/a	n/a	17 (70.8%)
Accredited by both NLNAC and CCNE	n/a	n/a	3 (12.5%)

^{*}Schools with no students yet were not counted in the accreditation.

Faculty Information

To gauge the current level of demand for nurse faculty, deans and directors were asked to report the number of filled and vacant faculty positions as of September 30, 2012. Table 4 shows these numbers by program type and full vs. part-time positions. Responding programs reported a total of 1,559 full-time and 1,440 part-time faculty positions were filled on that date, while 147 full-time and 72 part-time positions were vacant. Many schools do not budget positions for part-time instructors, instead hiring as needed. Schools had the option of reporting "Not Applicable" for budgeted and vacant part-time positions, although all were asked to enter the number of filled part-time positions. Thus, reported part-time vacancies do not accurately reflect the current need for part-time employees. Responding schools reported over 500 more full-time positions and part-time filled positions in AY 2011-2012 compared to AY 2010-2011 (a 22% increase). This increase may result from new programs hiring more faculty or from different programs responding to the survey from year to year.



Table 4. Filled and Vacant Faculty Positions, and Needed but Not Budgeted Faculty Positions as of 9/30/2012, by Program Type

Program Type	Filled Faculty Positions		Vacant Faculty Positions		Needed but Not Budgeted
	full-time	part-time	full-time	part-time	full-time
LPN	325	276	29	34	86
ADN	707	727	46	37	118
BSN and higher	527	437	72	1	72
Total	1,559	1,440	147	72	276

Note: There is some overlap in the faculty data by program type. For example, a school with an ADN program and a BSN program does not split out the faculty into the program type, and faculty may teach in both programs. Thus there is overlap between the program type categories. Faculty are only counted once.

Faculty vacancy rates¹ in responding schools vary by type of nursing program (Figure 1). Responding LPN school faculty vacancy rates have been inconsistent over the past 6 years. Last year LPN faculty vacancy rates increased by 5 percentage points, and are now 8.9 percent. Vacancy rates in ADN programs have remained fairly steady over time, and are currently 6.5 percent. Vacancy rates in BSN and higher programs have consistently been the highest, now at 11.4 percent, illustrating continuous unmet demand for qualified faculty applicants.

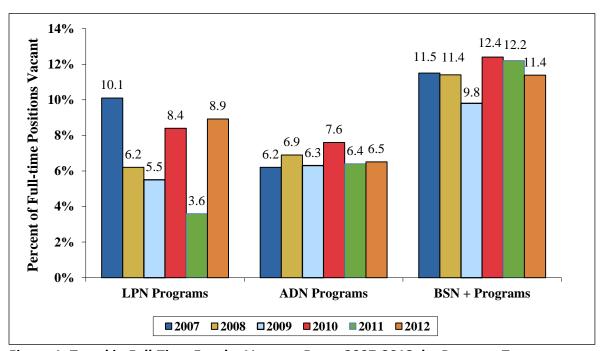


Figure 1. Trend in Full-Time Faculty Vacancy Rates 2007-2012, by Program Type

¹ Full-time position vacancy rates are calculated as: (\sum FT positions vacant / \sum FT positions budgeted) *100.



In addition to actual vacancies, program directors were asked to report the number of full-time positions they would add to meet the needs of their current student population if funding were available. Actual vacant positions measure economic demand for nurse faculty – the number of faculty members schools are willing to employ given the salaries they must pay those employees and the current budgets. In contrast, the question about hypothetical positions measures perceived *need* for nurse faculty – the desired number of faculty members without respect for available funding. The economic reality is that many nursing programs cannot afford to staff at levels they consider desirable or appropriate. Figure 2 shows that vacancy rates incorporating perceived need would be 14 percentage points higher for BSN (and higher) programs, 16 percentage points higher for ADN programs, and 26 percentage points higher for LPN programs than actual vacancy rates. Deans and directors reported that 86 additional LPN faculty, 118 additional ADN faculty, and 72 additional BSN (and higher) faculty positions were needed but not budgeted as of September 30, 2012 (Table 4). This variance in needed versus actual positions may have a significant impact on faculty retention and/or satisfaction with their roles due to a long-standing expectation for fewer people to do the work of more.

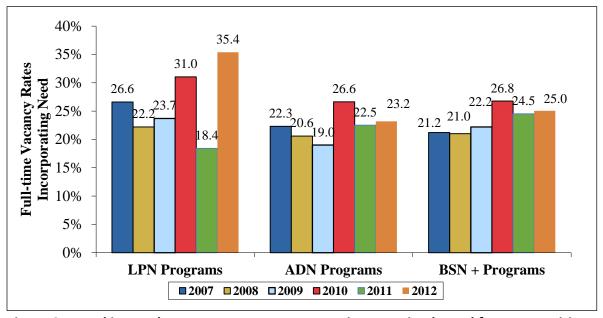


Figure 2. Trend in Faculty Vacancy Rates Incorporating Perceived Need for New Positions

In an effort to gauge faculty workload, the Center considers the number of students served by each full-time faculty member. In AY 2011-2012, the number of students served by each full-time faculty member within both LPN and ADN programs increased (Figure 3). Again, this increase points toward a "do more with less" philosophy, as faculty members are taking on more work. The ratio of students to full-time faculty member increased by two students in LPN programs and by 2.5 students in ADN programs last year. The ADN student to faculty ratio remains higher than the ratios for both LPN and BSN programs. The BSN student to faculty ratio has been decreasing slightly since 2010. Variations in faculty counts between LPN, ADN, and BSN programs are due to differences in role expectations other than direct student effort.



Faculty may be required to meet research, scholarly work, and service requirements, in addition to the more traditional lecture and clinical instruction.

Ratios of students to faculty are not intended to measure overall program quality or adequacy of faculty staffing for classroom or clinical instruction, because they do not tell the whole story when it comes to providing clinical oversight of student nurses in delivering patient care. They represent only the mathematical relationship between the number of enrolled students and full-time faculty members. Classroom and clinical instruction are pivotal times when faculty mentoring and correcting of behaviors for patient safety and quality are critical. High student to faculty ratios assume learning is the same among all students, and may actually contribute to less learning or unsafe practices without the proper guidance. There is no established proper ratio, but rather a range that takes into account individual learning needs and styles as well as the complexity of patient conditions and scenarios encountered by students.

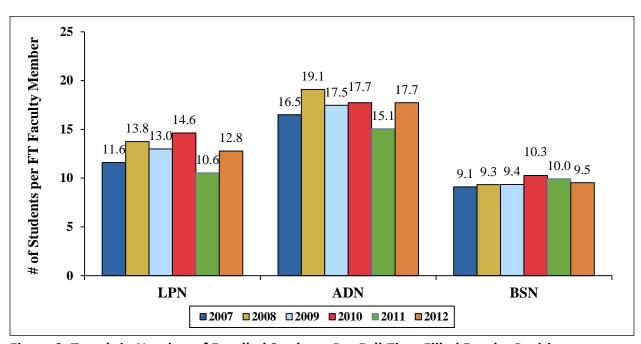


Figure 3. Trends in Number of Enrolled Students Per Full-Time Filled Faculty Position

Responding nursing programs reported hiring a total of 394 new full-time and 537 new part-time faculty during the AY 2011-2012 (Table 5), which is 45 more full-time and 129 more part-time faculty than were hired in AY 2010-2011 (a 13% increase in full-time new faculty hired). The trend in increased faculty hiring has been ongoing since the 2009-2010 academic year. These new faculty are hired by both new schools and expanding existing programs. The newly hired faculty also replaced those who left during the past year, and in the last year (AY 2010-2011), schools reported 105 vacant full-time faculty positions. The length of time to fill vacant positions was nearly 11 weeks for full-time and 5 weeks for part-time vacancies, which remained about the same as AY 2010-2011.



Table 5. New Faculty Hired in Academic Year 2011-2012, by Program Type

Program Type		er of New ty Hired	Average W Faculty V	
1 Togram Type	full-time	part-time	full-time	part-time
LPN	101	144	6.9	4.3
ADN	215	254	7.2	4.3
BSN and higher	78	139	24.8	6.1
Totals	394	537	10.6	4.7

The survey asked program deans and directors how many full-time faculty members separated from their programs for any reason during the last academic year. A total of 267 full-time faculty members separated from nursing programs during AY 2011-2012 (Table 6). The number of separations reported is 19 higher than last year, but the overall median turnover rate (9.5%) is similar to the turnover rate for AY 2010-2011. This academic year, the median turnover remained the same within LPN programs, decreased in BSN programs, and increased in ADN programs.

Table 6. Full-time Faculty Separations and Turnover Rates for AY 2011-2012

		Turnover Rate in Quartiles		
Program Type	Number of Separations	25 th percentile	50 th percentile (median)	75 th percentile
LPN	65	0	6.7	50.0
ADN	147	0	14.3	30.4
BSN and higher	55	2.2	9.3	15.9
Totals	267	0	9.5	33.3

Note: A school's turnover rate was computed as: (# of AY 2011-2012 separations / # of filled positions as of 9/30/2012)*100

Table 7 describes the education distribution of faculty members employed as of September 30, 2012. BSN and higher programs employed proportionately more full-time faculty educated at the doctoral level (about 61% of all faculty), while 79 percent of ADN full-time faculty were educated at the master's level. LPN programs employed a mix of education levels: 38 percent had a master's in nursing, and 36.5 percent had a bachelor's degree in nursing. Across all program types, most part-time and adjunct faculty have bachelor's or master's degrees.



Table 7. Full and Part-time Faculty Education Distributions, by Program Type

	LPN	ADN	BSN +
	Programs	Programs	Programs
Full-time Faculty	%	%	%
Doctorate in Nursing	1.5%	7.3%	47.1%
Non-nursing Doctorate	2.4%	4.5%	13.6%
Masters in Nursing	37.9%	77.0%	38.0%
Non-nursing Masters	10.6%	2.6%	0.9%
Bachelors in Nursing	36.5%	8.1%	0.2%
Non-nursing Bachelors	4.1%	0.1%	0.2%
Diploma or AS in Nursing	7.1%	0.3%	0.0%
Part-time/Adjunct Faculty	%	%	%
Doctorate in Nursing	1.4%	2.6%	18.8%
Non-nursing Doctorate	2.4%	2.1%	6.6%
Masters in Nursing	24.1%	55.5%	63.6%
Non-nursing Masters	7.7%	4.9%	1.3%
Bachelors in Nursing	47.9%	33.4%	9.7%
Non-nursing Bachelors	4.5%	1.1%	0.0%
Diploma or AS in Nursing	11.9%	0.4%	0.0%

A major concern regarding the faculty supply is the age of the faculty population. As Figure 4 shows, a large proportion of faculty members are nearing retirement age. Twenty-one percent of BSN full-time faculty members are over the age of 60. Nurse educators are older than the average nurse - the average age of all RNs in Florida is 48.8 years, and the average age of all LPNs is 46.8 years. ^{1,2} The average age of full-time faculty members was 51 to 52 years, depending on the program type, and average faculty age has remained about the same since 2007. However, it is a positive note that the responding nursing education programs report about 40 percent of full-time faculty members under the age of 50. In the under 40 age group, the percentage of faculty members increased by 4.5 percent in ADN programs and by 2.3 percent in BSN (and higher) programs, relative to AY 2010-2011.



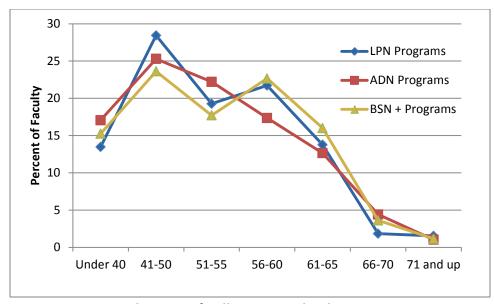


Figure 4. Age Distributions of Full-Time Faculty, by Program Type

Figure 5 shows trends in faculty age distribution from 2008-2012. The age distribution is quite similar over all four years, but shows a trend since 2010 in the increasing percentage of faculty younger than age 40 and age 41-50.

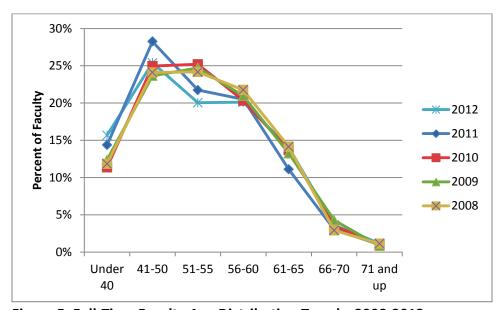


Figure 5. Full-Time Faculty Age Distribution Trends, 2008-2012

Faculty members over age 60 are expected to begin retirement within five years. The Center asked program directors to tell us how many faculty members had retired during AY 2011-2012. A total of 35 retirements were reported last academic year, down slightly from 40 reported



retirements during AY 2010-2011. Given the age distribution of current faculty members, we can expect the number of retirements to steadily increase over the next several years.

Finally, Table 8 shows the number of new faculty positions program directors expect to budget over the next two academic years. Responding schools indicated they expect to create 400 new full-time faculty positions and 445 new part-time faculty positions. If these projections are realized, LPN programs would grow their faculties by about 41 percent over the next two academic years, ADN programs would increase by 27 percent and BSN (and higher) programs would increase their faculties by 22 percent. Faculty growth is at least partly dependent on economic recovery and funding for the schools. Furthermore, the Center believes this faculty workforce growth may be understated, as it reflects only those programs responding to the survey.

Table 8. New Faculty Positions Expected Over Next Two Academic Years

	LPN Programs	ADN Programs	BSN+ Programs
New Full-time Positions Expected	97	218	86
New Part-time Positions Expected	152	165	128
Total New Faculty Members Needed	249	383	214
% Growth Over Current Positions	41.4%	26.7%	22.2%

Note: Respondents may not be certain that their requests for additional budget lines for faculty will be approved by their college or university.

Barriers to Program Expansion

Deans and Directors within all types of pre-licensure nursing programs reported that "limited clinical sites" was the most common barrier to admitting more students (70% of BSN, 49% of ADN programs, 60% of LPN, Figure 6). Compared to 2010-2011, there was a 10 percent increase in pre-licensure BSN schools reporting limited clinical sites, but a 14 percent decrease in ADN schools reporting limited clinical sites. Sixty-three percent of pre-licensure BSN programs reported lack of funds to hire faculty as a barrier, and 33 percent reported a lack of qualified faculty applicants.



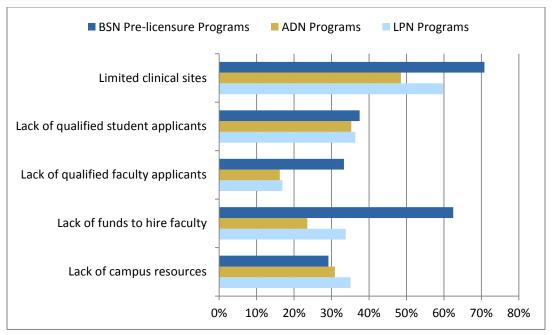


Figure 6. Barriers to Pre-Licensure Program Expansion, AY 2011-2012

Barriers to post-licensure program expansion are shown in Figure 7. Almost 80 percent of doctoral programs reported a lack of qualified student applicants, and 22 percent reported lacking qualified faculty applicants. This is a big increase from AY 2010-2011, when only 18 percent of doctoral programs reported lacking qualified students and nine percent reported lacking qualified faculty applicants. Limited clinical sites and faculty shortage were reported as barriers by over half of responding MSN programs – 56 percent reported lacking funds to hire faculty (increased from 33% in AY 2010-2011) and 56 percent reported lacking qualified faculty applicants (increased from 17% in AY 2010-2011). Fewer than 20 percent of MSN programs reported that a lack of qualified student applicants was a significant barrier to program expansion. No doctoral program reported lacking campus resources as a barrier to expansion.



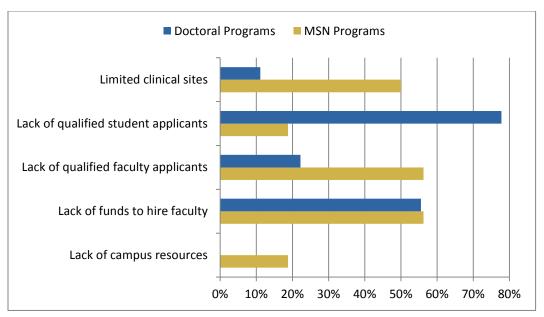


Figure 7. Reported Barriers to Post-Licensure Program Expansion, AY 2011-2012

Discussion

The number of pre-licensure nursing programs in Florida has grown tremendously since AY 2009-2010. The Center's survey was sent to **63 new programs** this academic year (26 new LPN programs, 33 new ADN programs, three new pre-licensure BSN programs, and one new online program), up from 59 new programs in AY 2010-2011 and 27 new programs in AY 2009-2010. Nursing program Deans and Directors report that limited clinical sites, lack of funds to hire faculty, and lack of qualified faculty applicants are barriers to program expansion. These barriers were most evident in pre-licensure Bachelor's programs and graduate programs. The Center's reports have consistently stated that nursing programs' capacity to grow may be very close to reaching a bottleneck imposed by limited fiscal, human, and clinical resources, given the recent growth in nursing programs. The Center maintains its position statement from last year: It is crucial to evaluate the impact of these new programs, in terms of student quality, cost-benefit analysis of the programs, health industry assessment of the program's graduates' ability to meet employment needs, and the impact on an already significant nurse faculty shortage. Thus far, these objective evaluations of new programs have not occurred.

Of continued concern for sustainable growth in nursing education are the ongoing high faculty vacancy rates (particularly in BSN and higher programs) combined with the expected number of new faculty needed. Faculty vacancy rates have remained consistently high in BSN programs (currently 11.4%), but increased sharply in LPN programs to 8.9 percent. When perceived need for new positions is taken into account, faculty vacancy rates range from 35 percent in LPN programs to 25 percent in BSN programs. Responding schools reported that as of September 30, 2012 they had 147 full-time and 72 part-time vacant faculty positions. Schools also reported 400 new full-time faculty positions and 445 new part-time faculty positions are expected to be



created over the next two years. In addition, the student to faculty ratio is increasing in LPN and ADN programs, indicating that faculty workload is increasing. The aging faculty workforce and future retirements suggest that it is important for educational institutions to begin faculty succession planning. We anticipate these vacancy numbers, future retirements, and consequent need for new faculty would be much higher if all of the state's nursing programs responded to the Center's survey. The large number of nursing faculty needed in the future suggests that we will need more nurses with graduate degrees in nursing education, and suggests competition for faculty among Florida's nursing programs. A consolidated database of open faculty positions might improve the search process both for nurses looking for faculty positions and for schools trying to recruit faculty.

The response rate to the Center's survey was 59 percent, a slight increase from the 55 percent response rate for AY 2010-2011. A high survey response rate with school data that accurately represent the students and faculty in *all* nursing schools in Florida is necessary for accurate strategic nurse workforce planning. Specifically, data regarding nurse faculty are used to plan for future faculty workforce needs resulting from new and expanding nursing programs and the anticipated retirements of older faculty, and ensuring new faculty are appropriately educated to fill the expected new and vacated positions. Florida's nurse education programs should be required to provide appropriate data to the Center in order to continue strategic workforce planning initiatives.

Prior to 2010, the Center conducted the annual education program survey in partnership with the Florida Board of Nursing (BON). During that period, participation rates were near 100% as the BON component of the survey was mandatory and, though the Center's portion was voluntary, the vast majority of programs found the joint survey approach convenient for providing responses to the Center survey items as well. As a result of legislative action taken in 2009, the mandatory reporting requirement changed radically such that the BON only requires reports from programs that are not nationally accredited. Consequently, as of 2010, the BON, OPPAGA and the Center each conduct separate survey and reporting efforts. Florida statute mandates all programs participate in data collection by the Office of Program Policy Analysis and Government Accountability (OPPAGA) for a five year period ending in 2015; however, the data elements collected by OPPAGA are very limited. Nurse educators in Florida are asked to complete multiple surveys annually: the Center's workforce survey (voluntary participation); the mandatory OPPAGA survey; the BON annual report (for programs without national accreditation); and surveys required by national accrediting bodies. Deans and Directors of programs had asked that the state entities (FCN, BON, OPPAGA) return to a single, combined survey as was done prior to 2010. The Center has extended its willingness to coordinate the process and distribute appropriate datasets to each of the state entities, as was done previously. The Center believes that interagency collaboration is key to improving efficiency and reducing redundancy.

Two national activities that will influence health care delivery in Florida are the *Patient*Protection and Affordable Care Act (PPACA) and the Institute of Medicine (IOM) report – The

Future of Nursing: Leading Change, Advancing Health.³ Signed into law March 2010, the PPACA



will increase access to health care, which will in turn increase demand for health care providers. The IOM report, also released in 2010, identifies 5 primary focus areas to achieve the overall goal to support efforts to improve the health of the U.S. population through the contributions nurses can make to the delivery of care. Specific to education and nurse faculty, the IOM report recommends doubling the number of nurses with a doctoral degree by 2020 in order to respond to the growing demand for nurse faculty. Florida had 132 nursing doctoral graduates in AY 2011-2012, along with 576 students enrolled in DNP programs, 301 students enrolled in PhD nursing programs, and 392 students enrolled in a MSN Educator certification programs. Given the future shortage of nurses prepared to assume faculty roles, the increase in MSN Educator and PhD student enrollment is good news.

Recommendations

The Center puts forward the following research and policy recommendations related to Florida's nursing education program faculty. These recommendations are not intended to be for the Center alone to implement, but can be used as a starting point for other groups working to make valuable contributions to the nurse workforce.

- 1. A consistent, long-term data collection, analysis, and reporting system must be in place and adequately funded. The Florida Legislature established the Florida Center for Nursing in 2001 to address issues related to the nursing shortage in Florida. Number one of the three mandates given in statute (FS 464.0195) is to develop a strategic statewide plan for nursing manpower in this state by:
 - Establishing and maintaining a database on nursing supply and demand in the state, to include current supply and demand, and future projections; and
 - Selecting from the plan priorities to be addressed.

To achieve this mandate, the Center needs fiscal resources and the authority to collect appropriate data. Florida's legislature should put in place a sustainable funding mechanism for the Center to accomplish its statutory mandate and require nurse education programs within the state to provide appropriate data for analysis.

- 2. Return to a single, combined survey of nursing programs, as was done prior to 2010, that can be shared by the appropriate state entities (FCN, BON, OPPAGA). The Center has extended its willingness to coordinate the process and distribute appropriate datasets to each of the state entities, as was done previously. The Center believes that interagency collaboration is key to improving efficiency and reducing redundancy.
- 3. Develop strategies to reduce faculty vacancy rates, particularly when considering need versus actual budgeted positions. The economic reality is that many nursing programs cannot afford to staff at levels they consider desirable or appropriate. Faculty vacancy rates incorporating need are 14 to 26 percentage points higher than are the actual number of budgeted positions. This variance in needed versus actual positions may have a significant impact on faculty retention and/or satisfaction with their roles due to a long-standing expectation for fewer people to do the work of more.



4. Create incentives for nurses to seek advanced education, from RN to BSN and into graduate study for education or a doctoral degree (DNP, PhD), to assist existing nurses to further their education and build a nurse faculty pipeline. As the nurse population at large and, specifically, the faculty workforce retires, the need for adequately educated nurses to move into faculty roles is essential. Center surveys have shown an ongoing high vacancy rate for faculty in baccalaureate and higher programs. This is also consistent with the recommendations of the IOM report to advance the education of nurses³, specifically to achieve 80% of employed RNs having a baccalaureate degree in nursing or higher degree and to double the number of doctoral prepared nurses by 2020.

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Appendix

Table A1. Response Rates, AY 2011-2012

School Type	Number of Schools	Number of Responding Schools	Overall Response Rate	State Schools Response Rate	Independent Schools Response Rate
LPN	147	90	61%	82%	50%
ADN	139	75	54%	74%	48%
BSN and higher	31	26	84%	100%	76%
Total	317	191	59%	82%	52%

Note: The two online-only programs are not included in this table.

Table A2. Nursing Program Accreditation Status by State or Private School, AY 2011-2012

School Type	State Schools	Private Schools
LPN Programs		
Not Accredited	36	34
Accredited	6	1
Total	42	35
ADN Programs		
Not Accredited	6	33
Accredited	17	12
Total	23	45
BSN (pre-licensure) Programs		
Not Accredited	0	1
Accredited	10	13
Total	10	14