

PROPOSAL FOR A SCHOOL OF NURSING

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I. PREFACE AND CONTEXT

Rutgers University--Camden proposes to create a School of Nursing to be located on the Camden campus. Currently, Nursing is a department within Rutgers-Camden College of Arts and Sciences (CCAS), where it has been housed for 39 years.

Our baccalaureate program is approved by the New Jersey Board of Nursing and accredited by the Commission on Collegiate Nursing Education (CCNE). For the four decades since the department was created, we have been regarded as an outstanding provider of baccalaureate nursing education in southern New Jersey and the Delaware Valley. Our proposed expansion will enable us to become a major force in local and regional health care and a sustainable center of excellence in nursing education, research, and service for the people of southern New Jersey and the Delaware Valley, and beyond the region. We expect this new School of Nursing to become a major player in the vibrant public research university community of Rutgers-Camden and enhance its intellectual, professional, urban, public service, and global missions. A comprehensive School of Nursing also contributes to the University's intention to increase its impact and influence in southern New Jersey.

The Nursing Shortage

This proposal is especially timely given this nation's -- and the region's -- severe nursing shortage. For example, Buerhaus and colleagues (2009) project that the nursing shortage will grow to 260,000 registered nurses by 2025. This shortage will affect every state. In New Jersey, there will be a need for 40,000 additional nurses by 2020 (Reinhard, Wright, & Cook, 2007). The *Nursing Shortage Fact Sheet* published by the American Association of Colleges of Nursing (AACN, 2009b) lists numerous indicators of the current and projected nursing shortage and contains a link to research reports that support the validity of these indicators (see Appendix A). The *Nursing Shortage and New Jersey Fact Sheet* published by the New Jersey Nursing Initiative (NJNI, 2009) contains New Jersey-specific information (see Appendix B).

Major contributors to the current nursing shortage across the nation include insufficient resources to accept growing numbers of qualified applicants to nursing programs and the corresponding shortage of qualified nurse faculty. Moreover, a wave of faculty retirements is expected across the country as faculty age continues to climb (AACN, 2009a). (See Appendix C). Also affecting the shortage are the increasing number of older Americans with complex medical and nursing needs and an aging nursing workforce. Buerhaus estimates that "in a few short years four out of 10 nurses will be over the age of 50 and we are not replacing them" (Smith, 2009). Among findings from a 2009 statewide survey of the nursing workforce in New Jersey (Flynn, 2007) were that the average registered nurse (RN) in New Jersey is 50 years old. The average age for New Jersey nurse faculty is 55 years (NJNI, 2009). Approximately one third of New Jersey RNs will be retiring over the next ten years and more than 23,000 replacement RNs will be needed by 2016 just to maintain the current nurse supply. Each year many qualified students are turned away from New Jersey nursing schools due to limitations in

schools' capacities. Prominent among the limitations are difficulties in recruiting and retaining nursing faculty.

Although the current economic recession has alleviated the severe nursing shortage in some parts of the country, experts believe that this is a temporary occurrence due to both an influx of part-time nurses in hospital positions to meet hard pressed family income needs, and postponed retirement of older nurses. Moreover, in March 2009, the U.S Bureau of Labor Statistics reported that the healthcare sector of the economy continued to grow despite steep job losses in nearly all major industries. Hospitals, long-term care facilities, and ambulatory care settings added 27,000 new jobs in February 2009, a month when 681,000 jobs were eliminated nationwide (US Bureau of Labor Statistics, 2009). Of compelling interest is the fact that even locally, the complexities of contemporary health care environments, acuity of patients, and standards of nursing practice are driving nursing administrators to build a professional nursing work force prepared at minimum with the Bachelor of Science in Nursing (BSN) degree.

The Affordable Care Act

Passage of The Affordable Care Act (ACA) in March 2010 and its provisions for health care reform (www.healthreform.gov/index1.html) is an additional consideration. One impetus for passage of this legislation was the estimated 45 million Americans without health insurance at some point during each year. Although full implementation of the ACA is currently under debate, its implementation will add this formerly uninsured population to the already burdened health care system. This will undoubtedly increase in a major way the need for additional baccalaureate prepared nurses; advanced practice nurses prepared at the graduate level in many clinical specialties, including primary care; and the academic and research faculty (PhD) needed to prepare all these nurses as well as develop the knowledge base of the discipline.

The Future of Nursing

On October 5, 2010, the Institute of Medicine (IOM) of the National Academies issued a consensus report from a 2-year initiative to chart the future of nursing. The report, *The Future of Nursing: Leading Change, Advancing Health* (IOM, 2010), delineates critical strategies for meeting America's health care needs over the next 25 years. Emphasis is placed on the need for collaboration among nurses, government, businesses, health care organizations, professional associations, and the insurance industry to ensure that the health care system provides consumers with seamless, affordable, quality, accessible care that leads to improved health outcomes. The report acknowledges that the nursing profession, with more than 3 million members, is the largest segment of the nation's health care workforce. Also acknowledged is the fact that nurses work on the front lines of patient care. Hence, nurses are vital to the realization of the objectives of the ACA. Nevertheless, a number of barriers must be overcome to ensure that nurses are well positioned to lead change and advance health. To this end, four key recommendations are identified in the IOM (2010) report:

- Nurses should practice to the full extent of their education and training.

- Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
- Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States.
- Effective workforce planning and policy-making require better data collection and information infrastructure.

More specific recommendations for higher levels of nursing education and training include residency training for entry into nursing practice or a new nursing specialty or role; increasing the percentage of nurses who attain a bachelor's degree to 80% by 2020; and doubling the number of nurses who pursue doctorates. Removal of regulatory and institutional obstacles, including limits on nurses' scope of practice, is also recommended so that the health system can reap the full benefit of nurses' knowledge and skills in patient care.

The Robert Wood Johnson Foundation (RWJF) has committed 10 million dollars to the implementation of recommendations in the IOM (2010) report; New Jersey is one of five states selected by the RWJF for pilot programs. Approval of our proposal for a comprehensive School of Nursing will position us to seek funding from the RWJF and other major federal and foundation sources for graduate programs and other initiatives that address these recommendations.

The Demand for Nursing Education in Southern New Jersey

Southern New Jersey's cities, suburbs, and rural areas are currently in a period of rapid population growth. Although the largest employers of professional nurses are typically hospitals and nursing homes, health care settings in this region that require professional nursing staff also include assisted living facilities, rehabilitation facilities, home care agencies, hospice and palliative care agencies, public health agencies, institutional and community-based mental health centers, corporations, and schools. Affiliation agreements exist between the Department of Nursing and some of these types of settings. The doors have already been opened for faculty research at some of our clinical agency affiliates, including Cooper University Hospital, where one of our faculty members holds a shared position as Clinical Assistant Professor (Rutgers) and Coordinator of Nursing Research (Cooper).

The CCAS Department of Nursing consistently turns away many qualified applicants to our upper division (junior/senior year) pre-licensure BSN track. For example, in AY 2008-09 only 41 of 125 qualified applicants could be admitted to the Fall 2009 class; in AY2009-10 only 40 of 178 qualified applicants could be admitted. About 40 students graduate annually. Eighty pre-licensure students (40 juniors and 40 seniors) is the maximum that can be enrolled. The department has begun to remedy this situation by initiating a four-year pre-licensure BSN track that admitted its first class in Fall 2010. The current upper division track will be phased out with the graduating class of 2013 when all upper division students will have completed degree requirements. With additional resources, we plan to gradually increase enrollment in the four-year track from 50 for the first two years to 75 students per year until we eventually are able to

accommodate 300 pre-licensure BSN students by 2015-16. Even with limited advance publicity, we received over 120 qualified applications for the inaugural class. We enrolled 37 of these applicants, and 18 of these students were invited to join the Rutgers-Camden Honors College.

Many of our graduates have the ability and interest to become advanced practice nurses, nurse educators, nurse administrators and nurse scientists. However, the advanced nursing degrees required to move into these positions fuels the decades-old practice of southern New Jersey nurses migrating across the river to Philadelphia universities because Rutgers-Camden, their alma mater, provides no graduate nursing education programs for them. Many of these nurses never return because they are hired in the Philadelphia job market and pursue higher education there. We can ill afford this continuous nursing brain drain from the region. The citizens of southern New Jersey and the variety of hospitals and other health care and educational institutions that need professional nurses to fulfill their mission deserve high quality, advanced degree nursing programs at Rutgers-Camden.

The market in which Rutgers-Camden competes is the Philadelphia metropolitan region, not northern New Jersey. Although we understand that questions might be raised concerning the need for a second comprehensive School of Nursing within the University, we are convinced that the proposed School of Nursing on the Rutgers-Camden campus will be a tremendous asset both to the state and to the university. Typically, graduate students in nursing are fully employed professionals; many also have parental and other family responsibilities. Enrollment at Rutgers-Newark College of Nursing programs is prohibitive for southern New Jersey nurses who seek higher education. The distance is too great. Even with hybrid courses (some distance learning, some in-class), Newark is generally not an option. Moreover, the professional networks and markets of northern and southern New Jersey are quite different. While we are in the same state, Rutgers-Newark and Rutgers-Camden are located in distinct regions. Graduate students have much to share by establishing colleague reference groups with classmates, and given a familiar milieu, attach themselves to and identify with their own place within the University. A comprehensive School of Nursing on the Camden campus also offers the potential for building a strong southern New Jersey graduate alumni base that can open doors to regional clinical agency placements and future employment opportunities for all our students. New Jersey's only comprehensive research university need not be limited to a single School of Nursing. The legal and business communities throughout New Jersey have long felt the advantages of two complementary but independent Law Schools and Business Schools. We see similar advantages in the development of an independent School of Nursing on the Camden campus.

Our Vision

The current mission of the CCAS Department of Nursing is to prepare professional nurses who are critical thinkers and outstanding providers of evidence-based health promotion, disease prevention, rehabilitation, and care of sick and dying patients across the life span in the southern New Jersey region, statewide, nationally, and globally. Currently, the Department of Nursing has one degree-granting program (BSN) with three components: the original upper division pre-licensure track, to which students are admitted in the junior year after completing

requisite courses; an RN-to-BSN track for registered professional nurses, to which students are admitted after completing a diploma or associate degree program and obtaining RN licensure; and a newly initiated (AY 2010-11) four-year pre-licensure track, to which students are admitted in the freshman year. The original upper division pre-licensure track will be phased out by 2013.

The new School of Nursing at Rutgers--Camden is intended to become a major force in local and regional health care by offering, in addition to undergraduate programs, graduate education that will produce leaders in clinical nursing practice as well as top-tier nurse educators, administrators, scholars, and scientists for the people of southern New Jersey and beyond. Although the School will begin with undergraduate programs that are already in place, planning for graduate programs will commence as soon as the school is up and running -- initially for selected clinical master's programs and/or a doctor of nursing practice program, informed by our recent southern New Jersey nursing surveys. When these programs are underway and stabilized, planning for a nursing PhD program will ensue. We envision this transition in three phases (see Appendix D). The first phase will be the creation of the school and the development of undergraduate programs:

Phase 1:

Phase 1. In AY 2010-11, we admitted 37 students to the inaugural class of our four year pre-licensure baccalaureate nursing program. This allows space for 13 student transfers from other nursing programs (with appropriate prerequisites) at the sophomore level for AY2011-2012. The four-year program will increase admissions gradually up to a maximum of 75 students annually; by AY 2015-16 the targeted enrollment of 300 pre-licensure baccalaureate students will be reached (see Appendix E).

In concert with modification of the pre-licensure BSN track, prompted by rapid advances in scientific knowledge and technologies, we have had a marked increase in enrollment in our baccalaureate program for RN students at the Rutgers-Camden campus and at our satellite site started at Atlantic Cape County Community College in Fall 2009. We have advanced from less than 10 students (in 2007) to almost 100 students (as of September 2010) and anticipate the addition of a satellite site at Camden County Community College in AY 2011-12.

Planning for Phases 2 and 3 will begin upon approval of the new school and will be implemented upon the successful implementation of Phase 1:

Phase 2. To prepare future leaders in advanced clinical nursing practice, education, and administration, graduate programs will be developed in targeted clinical specialties with functional minors that are most needed in the southern New Jersey region. An initial enrollment of 10-12 students in AY2015-16 will gradually increase to 25-30 as the programs become stabilized and clinical placement sites are developed.

Phase 3 – In synchrony with development of graduate programs in clinical practice with education, administration, business, or policy minors, a Nursing PhD program will be initiated in 2016-17 . PhD education prepares nurse scientists and scholars to influence health care through the conduct of research to develop knowledge for the discipline and through the

education of future nurse scholars and scientists. We aim to gradually enroll up to 12 students annually, depending upon the interests of students and our faculty resources for dissertation support. Our vision is to recruit students with the ability to become top tier nurse scientists and scholars who will find attractive and meaningful academic positions.

II. THE SCHOOL OF NURSING AT RUTGERS–CAMDEN: AN INTEGRAL ELEMENT OF THE RUTGERS-CAMDEN VISION

A School of Nursing will benefit the Camden campus, and the entire university, in a number of ways. For example, in addition to the sustainable income benefit of a larger enrollment of undergraduate students in required non-nursing courses (e.g., basic sciences and humanities), each graduate nursing program will require non-nursing support courses such as advanced pathophysiology, statistics, advanced research methods, pedagogical skills, principles of management, and budgeting. We have had informal discussions with Rutgers-Camden faculty regarding interdisciplinary collaboration on functional minors or dual degrees. This could occur in areas such as business administration, computer science, and public administration. Doctoral students in Nursing could take required support or cognate courses in such areas as childhood studies, informatics, history, psychology, anthropology or biology on the Camden campus, or, if not available, on the New Brunswick campus.

Additionally, we believe that a comprehensive School of Nursing will be more attractive to the necessary cadre of both young and seasoned nurse scientists that we must recruit to fill tenure track faculty positions. Funding agencies such as the National Institute of Nursing Research (NINR) and the Robert Wood Johnson Foundation (RWJF) are also more likely to view applications from a School of Nursing more favorably than those originating from an undergraduate Department of Nursing that is one of many structural units in a liberal arts college; this is because a School of Nursing would be more likely to have the necessary resources and milieu to support and retain committed nurse scientists. For the same reason, major funding from the Health Resources and Services Administration (HRSA) for nursing education and research would more likely be awarded to a School of Nursing with a graduate program. This funding is available through Title VIII of the Public Health Service Act and is likely to continue because of the government's interests in advanced nursing practice, health services, and nursing workforce issues.

Rutgers-Camden is the only research-intensive University in the entire southern part of the state – eight counties (see Appendix F) – that offers an undergraduate nursing program. A clinical professional program such as Nursing has different characteristics and needs than the more traditional programs within Camden College of Arts and Sciences (CCAS). A clinical professional program has different budgetary requirements, different administrative staff roles and responsibilities, additional external regulatory and accreditation demands over and above the Middle States requirements, and faculty role responsibilities that differ from those of traditional CCAS faculty. For example, each student has a nursing faculty advisor, not only for academic issues but also to assist with the transformation from layperson to professional nurse. This transformation entails assuming responsibility for the care of other human beings, often in the throes of health crises. Nursing faculty are actively involved in external and internal

recruitment of students and clinical faculty; negotiation for clinical practicum sites; supervision of clinical part-time faculty at practicum sites; and clinical instruction in live patient settings. As well, nursing students are qualitatively different from other undergraduates on campus. Nursing students, for example, must have criminal background checks; health clearances and a variety of immunizations required by state and clinical agencies; professional liability insurance; and their own transportation to clinical sites. In addition, a School of Nursing would have a dean who be actively involved in campus decision making.

Creation of the School of Nursing at Rutgers-Camden is a key element in the development of the Camden campus into a comprehensive small research institution. Not only would the new school put Nursing at Rutgers-Camden in the professional nursing mainstream, it would create another school on the Camden campus with the potential to develop a national and international reputation. We intend for the School of Nursing to become nationally and internationally respected for excellence in research and professional nursing practice.

Despite constant challenges, the city of Camden has been undergoing major positive changes in the past two decades. The growth of the Rutgers-Camden campus and development of an adjacent academic health sciences campus that includes Cooper University Hospital, Cooper Medical School of Rowan University, The Coriell Institute, and Cooper Cancer Institute, are valuable resources for nurse scientists and clinicians. Rutgers-Camden nursing faculty, and eventually our PhD students, can and should be active players in the developing academic health science enterprise. We have already collaborated with scientists in these institutions on clinical studies in such areas as prostate cancer, breast cancer, urban health, and health promotion in the post-partum period. As we grow, we look forward to building partnerships based on the research interests and expertise of current and future faculty and the availability of major federal and foundation funding.

It is our intent to start a graduate program in 2015-16 (master's and/or Doctor of Nursing Practice) eventually admitting 25-30 students annually, depending on new faculty lines, faculty specialization, other university resources, and federal funding opportunities. A hybrid model of course presentation is planned. With support from the Academic Excellence Fund (AEF), in 2008, we contracted with the Bloustein Center for Survey Research, Rutgers-New Brunswick, to survey chief nursing officers in a variety of health care settings in the eight counties of southern New Jersey. Our goal was to obtain administrators' projections of the need for nurses with selected advanced clinical practice specializations, research expertise, and advanced education for various educational and administrative roles. Also, also with the Bloustein Center, we surveyed registered nurses in the eight counties of southern New Jersey to determine their interests in graduate study for advanced practice nursing specialties, advanced nursing roles, and careers in science and academe. The results are in the final stages of analysis and findings will soon be released. Although we do not yet have final survey results, we can hypothesize from preliminary data and our collective knowledge of the region, clinical agency contacts, and national trends that the first graduate program offerings will likely be in: Gerontology/ Adult Health and Illness; Pain Management/Palliative/ End-of-Life Care; Community Health Nursing; and Nursing Administration.

Nursing PhD Programs prepare nurse scholars to influence health care through: 1) research and other knowledge development for the discipline of nursing, 2) education of future generations; and 3) national and international leadership. We aim to initiate a PhD program starting with a maximum of 10-12 students in 2016-17. PhD areas of concentration and support/cognate courses will be determined from our surveys and other data, faculty expertise, and federal and foundation funding opportunities. Again, a hybrid model of course presentation will be used. Given the level of ability of our undergraduates, we also envision the possibility of a BSN-to-PhD Program with the master's degree in passing for superior baccalaureate graduates. This would enable earlier entry into the workforce with the terminal degree in hand, as is the case in most other disciplines. Another possibility is a Doctor of Nursing Practice (DNP)-to-PhD bridge program for nurses who hold the DNP, a clinical degree, and wish to become scientists and academicians.

III. DEPARTMENTAL SCOPE

As stated previously, the Department of Nursing currently offers one degree-granting (BSN) program with three components: an upper division pre-licensure track that will be phased out by 2013; a four-year pre-licensure track started in AY 2010-11; and an RN-to-BSN track. Upon successful completion of these courses of study, the BSN degree is awarded.

Recent updates in the *Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and recruitment of a cadre of experienced, doctorally-prepared nursing faculty prompted a systematic review of the upper division pre-licensure curriculum during AY 2007-08 and 2008-09. Substantial revisions were determined necessary, which culminated in the design of the four-year pre-licensure program. The four-year BSN curriculum was approved by the Rutgers-Camden Faculty Senate and New Jersey Board of Nursing; the inaugural class was enrolled in AY 2010-11. Nursing courses start in the first year, with science, arts, and humanities courses integrated throughout the curriculum.

The RN-to-BSN Program is a post-licensure degree completion program. The RN student is admitted with an Associate's degree or a hospital school diploma and awarded 33 credits for attainment of the RN license and up to 64 credits for transfer courses. A minimum of 30 credits must be taken at Rutgers University. The required RN-to-BSN courses can be completed full-time in one calendar year, although most RN students are employed and attend university part-time. Enrollment in the RN-to-BSN Program has grown from less than 10 in Fall 2007 to approximately 100 in Fall 2010. This rapid increase in enrollment can be attributed to several factors, including, for example, our RN-to-BSN students now have mostly separate courses rather than being integrated into courses with pre-licensure students. The RN-to-BSN curriculum has been revised and updated. A tenure track faculty member now directs the RN-to-BSN Program and oversees the academic advisement of all RN students. A hybrid model of course delivery has been implemented, which is more accommodating to employed nurses' needs. In addition, the program was initiated on the campus of Atlantic Cape Community College (ACCC) in Fall 2009.

In 2009, in order to meet a regional need and responsibility for community service, the Department of Nursing restored the School Nurse Certification Program that had been dormant

for many years. The part-time PhD faculty director, Dr. Kathleen Frame, applied for and received full accreditation for the program from the New Jersey Department of Higher Education. A baccalaureate degree is required for entry into the School Nurse certification program. Surprisingly, a number of aspirants to School Nurse Certification have enrolled in our RN-to-BSN Program to complete degree requirements; hence, the School Nurse Certification Program has been a feeder for our RN-to-BSN Program. In the future, it is likely that some newly certified school nurses will be attracted to our proposed graduate programs.

IV. ADDITIONAL POTENTIAL PROGRAMATIC ACTIVITIES

Clinical simulation laboratories are an integral part of nursing education today. With the complexity of patient care in hospitals, nursing homes, other health care facilities, and community-based settings, nursing students must be prepared as well as possible within the safe and non-threatening environment of a clinical simulation laboratory before entering the real world of clinical practice and caring for live patients. Simulation laboratories involve: high technology with advanced computer applications; patient simulators of various types for infants, children, women during labor and delivery, and other adult females and males; flexibility to create scenarios that require assessment and decision-making in various life-like patient care situations; and clinical testing to monitor students' progress. A simulation lab is supervised by a certified simulation nurse educator. Simulation labs are crucial to the clinical education of pre-licensure students in undergraduate programs, as well as to graduate programs that prepare advanced practice nurses. The cost of one patient simulator (Laerdal; Meti) is roughly \$200,000. We look forward to having a state of the art clinical simulation laboratory as one item within a new School of Nursing building. However, we need dedicated space and equipment to teach basic skills and provide simulated clinical practice experience for our current students, especially as our total pre-licensure student numbers will increase from 80 to 300 total students by AY2015-16. We have been working with the Rutgers University Foundation to seek funding for a temporary clinical simulation laboratory that would accommodate at least 40 students (4 groups of 10) and their Instructors at one time. Such a setting would be immediately useful for current students and temporarily meet our needs until an expanded state of the art laboratory in a new building is constructed. The state of the art simulation equipment would be transferable to a new building.

At this time, we are awaiting administrative approval to obtain consultation from a highly respected and well known architect of nursing buildings (Jonathan Fishman of *Richter Cornbrooks & Gribble Architects*, Baltimore, MD), who wishes to share his experiences, assist us to determine our needs relative to a nursing building, and offer preliminary advice. With Chancellor Pritchett, we have formed an Advisory Group of distinguished nursing leaders, health service providers, and scholars in the region. We will seek their advice as we proceed with the transition from department to comprehensive School of Nursing and search for funds to construct a state of the art building to house the School.

V. DIVERSITY

Students. The Department of Nursing is committed to fostering a diverse student body with access for potential students who are historically underrepresented due to previous education

deficits. For example, in Fall 2009, the heritages of our 79 pre-licensure students included 9 Asian, 6 Black or African American (not of Hispanic origin), 8 Hispanic or Latino, 5 Native Hawaiian or Pacific Islander, and 51 White (not of Hispanic origin). Also, 10 of the 79 were males. Of the 40 students enrolled in Rutgers-Camden's RN to BSN Program as of September 2009, 10 were Black or African American (not of Hispanic origin), 1 Hispanic or Latino, 3 Hawaiian or other Pacific Islander, and 26 White (not of Hispanic origin). Thus, students from ethnic minorities comprised 35% of the student body in both our pre-licensure and RN-to-BSN programs. This is well above the 24% national average of minority graduates from basic nursing programs (National League for Nursing, 2009).

Although our programs have increased in diversity in recent years, including an increase in Asian-American students and males, we recognize that we need to make a special effort to recruit and sustain more African-American and Hispanic minority students from the city of Camden and other needy areas. However, we cannot accomplish this without providing mentorship for each student who needs assistance to successfully complete the program. We need to develop and implement an Educational Opportunity Fund (EOF) Program for nursing students at Rutgers-Camden. Also, occasionally we have international students or native students (even with prior college experience) who require the support of an *English as a Second Language* (ESL) Program. Some need special assistance with critical reading, improvement in written English, or achievement of a level of verbal communication ability that enables them to interact safely and effectively with patients, families, and health care staff. An ESL Program on the Rutgers Camden campus is being developed and is crucial to the success of these students.

Faculty. Currently, only one of our full time faculty is from an historically underrepresented group. As faculty lines increase for a comprehensive School of Nursing, we will have the opportunity through national faculty searches to interest more minorities to apply for faculty positions at Rutgers-Camden.

VI. DEGREES CONFERRED

Presently, the BSN is the only degree conferred.

VII. FACULTY

Currently, the Department of Nursing has ten full-time instructional faculty members. Of these, six hold the PhD degree and four hold master's degrees. In addition, Dr. Carol Germain, a nurse scholar and scientist with extensive experience in nursing education administration, holds a part-time administrative appointment as Director of Nursing Program Development. Dr. Kathleen Frame, a PhD-prepared school nurse practitioner, also holds a part-time administrative appointment as Director of the School Nurse Certification Program.

Table 1 lists all full-time instructional faculty members. All six full-time PhD-prepared faculty have joined the Department since Fall 2007. One, Associate Professor Dr. Joanne Robinson, is the only tenured faculty member and is also the Department Chair. The second, Dr. Carole-Rae Reed, is Clinical Assistant Professor and holds a shared position (50/50) with Cooper University

Hospital as Coordinator of Nursing Research. The third, tenure track Assistant Professor Dr. Bonnie Jerome-D'Emilia, specializes in health policy and health services research and directs the RN to BSN Program. The fourth, tenure track Assistant Professor, Dr. Patricia Suplee, joined us in Fall 2009 to fill a long vacant position in Health Care of Women and the Childbearing Family. Two additional PhD tenure track faculty joined us in September 2010: Dr. Marcia Gardner fills a long vacant position in Nursing of Children; the other, Dr. Robert Atkins, founder of an award-winning youth development program in Camden, holds a joint appointment with the Department of Childhood Studies and brings expertise in school nursing and public health.

Four experienced full-time clinical instructors teach both classroom and clinical courses; three are enrolled in doctoral programs. In addition to classroom and clinical teaching, one clinical instructor also coordinates the RN-to-BSN Program started in September 2009 on the Atlantic Cape Community College campus.

Table 1. Full-time Faculty, Department of Nursing, Rutgers-Camden

Name	Title	Tenure Status	Faculty Role/ Clinical Specialty	Highest Degree/ Field
J.P. Robinson	Associate Professor; Dept. Chair	Tenured	Admin, teaching, research/ gerontology, urology	PhD, Univ. of Penn; Nursing
R. Atkins	Assistant Professor, Nursing & Childhood Studies	Tenure track; joint appointment	Teaching, research/ public health, school nursing	PhD, Temple Univ; Public Health Education
M. Gardner	Assistant Professor	Tenure track	Teaching, research/ pediatrics	PhD, Univ of Penn; Nursing
B. Jerome- D'Emilia	Assistant Professor; Director, RN to BSN Program	Tenure track	Admin, teaching, research/ public health, health care admin	PhD, Virginia Commonwealth Univ; Health Services Research
P. Suplee	Assistant Professor	Tenure track	Teaching, research/ women's health	PhD, Univ. of Penn; Nursing
S. Burrell	Clinical Instructor	Clinical track (non-tenure)	Teaching, clinical practice/ clinical nurse specialist - oncology	MSN, Widener University; Nursing Education
N. Cresse	Clinical Instructor	Clinical track (non-tenure)	Teaching, clinical practice/ geriatric nurse practitioner	MS, Rutgers Univ; Nursing - Adults & the Aged
C. Reed	Clinical Assistant Professor (Rutgers)/	Clinical track (non-tenure);	Teaching, clinical practice, research/	PhD, Univ. of Penn;

	Coordinator of Nursing Research (Cooper Univ. Hospital)	joint appointment	psych-mental health nurse practitioner	Nursing
N. Sulik	Clinical Instructor	Clinical track (non-tenure)	Teaching, clinical practice/community health nursing, certified school nurse	MSN, La Salle Univ; Community Health Nursing
N. Powell	Instructor; Coordinator, RN-to-BSN Program, Atlantic Cape Community College	Non-tenure	Admin, teaching, clinical practice; certified nurse midwife	MS, Richard Stockton College; Nursing

By regulation of the New Jersey Board of Nursing, the faculty-student ratio in clinical settings can be no more than 1:10; a few acute care facilities require ratios of 1:8 or 1:6. Thus, we must also hire a large number of well prepared part time clinical faculty on a regular basis to teach and supervise students in clinical courses in various health care settings. Each clinical nursing course has a doctorally prepared faculty as Course Director and a full-time clinical instructor who serves as clinical coordinator, providing oversight of students and instructors in course-related clinical settings.

VIII. ALUMNI (BSN)

There is no active association of nursing alumni within the Department of Nursing although there are informal social linkages. Alumni of the Department of Nursing belong to the Rutgers-Camden Alumni Association. Launching a comprehensive School of Nursing would provide a unique opportunity for contact with Rutgers-Camden nursing alumni, who may be interested in supporting the growth and development of a School of Nursing through endowments, naming opportunities, or other means of generating external funding. Potential donors (and funding agencies) with allegiances to nurses and nursing may be more inclined to donate to an autonomous, comprehensive School of Nursing rather than a small department within a liberal arts college. Recently, the estate of the late founding Chair of the Department of Nursing, Dr. Alice Boehret, made a bequest of \$200,000 for nursing student scholarships.

IX. COMPARISON TO TOP SCHOOLS

As a small undergraduate program, we cannot compare Rutgers-Camden with "top" schools. Establishment of a School of Nursing on the Rutgers-Camden campus would put us on the road to becoming a top school and situate us to take advantage of new nursing funding initiatives that will be forthcoming with health care reform. We must be prepared with professional nurses at the baccalaureate, master's, and doctoral levels to provide the services that southern New Jersey people need and deserve.

X. ADMINISTRATIVE ORGANIZATION/RESOURCES/BUDGETARY IMPLICATIONS

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APPENDIX A:
Nursing Shortage Fact Sheet



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Nursing Shortage Fact Sheet

The U.S. is in the midst of a shortage of registered nurses (RNs) that is expected to intensify as baby boomers age and the need for health care grows. Compounding the problem is the fact that nursing colleges and universities across the country are struggling to expand enrollment to meet the rising demand for nursing care. The **American Association of Colleges of Nursing (AACN)** is working with schools, policy makers, nursing organizations, and the media to bring attention to this healthcare crisis. AACN is leveraging its resources to enact legislation, identify strategies, and form collaborations to address the nursing shortage. To keep stakeholders abreast of current statistics related to the shortage, this fact sheet has been developed along with a companion Web resource: www.aacn.nche.edu/Media/shortageresource.htm.

Current and Projected Shortage Indicators

- In the July/August 2009 *Health Affairs*, Dr. Peter Buerhaus and coauthors found that despite the current easing of the nursing shortage due to the recession, the U.S. nursing shortage is projected to grow to 260,000 registered nurses by 2025. A shortage of this magnitude would be twice as large as any nursing shortage experienced in this country since the mid-1960s. In the article titled *The Recent Surge In Nurse Employment: Causes And Implications*, the researchers point to a rapidly aging workforce as a primary contributor to the projected shortage. <http://content.healthaffairs.org>
- On July 2, 2009, the U.S. Bureau of Labor Statistics (BLS) reported that the healthcare sector of the economy is continuing to grow, despite significant job losses in nearly all major industries. Hospitals, long-term care facilities, and other ambulatory care settings added 21,000 new jobs in June 2009, a month when 467,000 jobs were eliminated across the country. As the largest segment of the healthcare workforce, RNs likely will be recruited to fill many of these new positions. In September 2009, the BLS confirmed that 544,000 jobs have been added in the healthcare sector since the recession began. www.bls.gov/news.release/pdf/empsit.pdf
- In the November 26, 2008 *Journal of the American Medical Association*, workforce analyst Dr. Peter Buerhaus stated: "Over the next 20 years, the average age of the RN will increase and the size of the workforce will plateau as large numbers of RNs retire. Because demand for RNs is expected to increase during this time, a large and prolonged shortage of nurses is expected to hit the US in the latter half of the next decade." <http://jama.ama-assn.org>
- According to a report released by the American Health Care Association in July 2008, more than 19,400 RN vacancies exist in long-term care settings. These vacancies, coupled with an additional 116,000 open positions in hospitals reported by the American Hospital Association in July 2007, bring the total RN vacancies in the U.S. to more than 135,000. This translates into a national RN vacancy rate of 8.1%. www.ahapolicyforum.org/ahapolicyforum/reports and http://www.ahcanca.org/research_data/staffing/Pages/default.aspx

- In March 2008, The Council on Physician and Nurse Supply, an independent group of healthcare leaders based at the University of Pennsylvania, called for 30,000 additional nurses to be graduated annually to meet the nation's healthcare needs, an expansion of 30% over the current number of annual nurse graduates. www.physiciannursesupply.com
- According to the latest projections from the U.S. Bureau of Labor Statistics published in the November 2007 *Monthly Labor Review*, more than one million new and replacement nurses will be needed by 2016. Government analysts project that more than 587,000 new nursing positions will be created through 2016 (a 23.5% increase), making nursing the nation's top profession in terms of projected job growth. www.bls.gov/opub/mlr/2007/11/art5full.pdf
- Based on finding from the *Nursing Management Aging Workforce Survey* released in July 2006 by the Bernard Hodes Group, 55% of surveyed nurses reported their intention to retire between 2011 and 2020. The majority of those surveyed were nurse managers. <http://www.amnhealthcare.com/News.aspx?id=15444>
- In April 2006, officials with the Health Resources and Services Administration (HRSA) released projections that the nation's nursing shortage would grow to more than one million nurses by the year 2020. In the report titled *What is Behind HRSA's Projected Supply, Demand, and Shortage of Registered Nurses?*, analysts show that all 50 states will experience a shortage of nurses to varying degrees by the year 2015. <http://bhpr.hrsa.gov/healthworkforce/reports>
- According to a November 2004 Web exclusive of *Health Affairs*, Dr. Peter Buerhaus and colleagues found that “despite the increase in employment of nearly 185,000 hospital RNs since 2001, there is no empirical evidence that the nursing shortage has ended. To the contrary, national surveys of RNs and physicians conducted in 2004 found that a clear majority of RNs (82%) and doctors (81%) perceived shortages where they worked.” www.healthaffairs.org

Contributing Factors Impacting the Nursing Shortage

Nursing school enrollment is not growing fast enough to meet the projected demand for RNs.

Though AACN reported a 2.2% enrollment increase in entry-level baccalaureate programs in nursing in 2008, this increase is not sufficient to meet the projected demand for nurses. HRSA officials state that “to meet the projected growth in demand for RN services, the U.S. must graduate approximately 90 percent more nurses from US nursing programs.” www.aacn.nche.edu/IDS and <http://bhpr.hrsa.gov/healthworkforce/reports/behindrnprojections/index.htm>

A shortage of nursing school faculty is restricting nursing program enrollments.

- According to AACN's report on *2008-2009 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing*, U.S. nursing schools turned away 49,948 qualified applicants from baccalaureate and graduate nursing programs in 2008 due to insufficient number of faculty, clinical sites, classroom space, clinical preceptors, and budget constraints. Almost two-thirds of the nursing schools responding to the survey pointed to faculty shortages as a reason for not accepting all qualified applicants into their programs. www.aacn.nche.edu/IDS
- According to a study by the Southern Regional Board of Education (SREB) in February 2002, a serious shortage of nursing faculty was documented in 16 states and the District of Columbia. Survey findings point to a 12% shortfall in the number of nurse educators needed. Unfilled

faculty positions, projected retirements, and the shortage of students being prepared for the faculty role pose a threat to nursing education over the next five years. www.sreb.org

The total population of registered nurses is growing at a slow rate.

According to the latest *National Sample Survey of Registered Nurses*, the total RN population has increased at every 4-year interval in which the survey has been taken since 1980. Although the total RN population increased from 2,696,540 in 2000 to 2,909,357 in 2004, this increase (7.9%) was comparatively low considering growth between earlier report intervals (i.e. the RN population grew 14.2% between 1992 and 1996). In 2004, an estimated 83.2% of RNs were employed in nursing. <http://bhpr.hrsa.gov/healthworkforce/rnsurvey04>

With fewer new nurses entering the profession, the average age of the RN is climbing.

- With the average age of RNs projected to 44.5 years by 2012, nurses in their 50s are expected to become the largest segment of the nursing workforce, accounting for almost one quarter of the RN population. www.jbpub.com/catalog/9780763756840
- According to the 2004 *National Sample Survey* released in February 2007 by the federal Division of Nursing, the average age of the RN population in March 2004 was 46.8 years of age, up from 45.2 in 2000. The RN population under the age of 30 dropped from 9.0% of the nursing population in 2000 to 8.0% in 2004. <http://bhpr.hrsa.gov/healthworkforce/rnsurvey04>

Changing demographics signal a need for more nurses to care for our aging population.

- According to the July 2001 report, *Nursing Workforce: Emerging Nurse Shortages Due to Multiple Factors* (GAO-01-944), a serious shortage of nurses is expected in the future as demographic pressures influence both supply and demand. The future demand for nurses is expected to increase dramatically as the baby boomers reach their 60s and older. www.gao.gov
- According to a May 2001 report, *Who Will Care for Each of Us?: America's Coming Health Care Crisis*, by the Nursing Institute at the University of Illinois College of Nursing, the ratio of potential caregivers to the people most likely to need care, the elderly population, will decrease by 40% between 2010 and 2030. Demographic changes may limit access to health care unless the number of nurses grows in proportion to the rising elderly population. www.uic.edu/nursing

Insufficient staffing is raising the stress level of nurses, impacting job satisfaction, and driving many nurses to leave the profession.

- In the March-April 2005 issue of *Nursing Economic\$*, Dr. Peter Buerhaus and colleagues found that more than 75% of RNs believe the nursing shortage presents a major problem for the quality of their work life, the quality of patient care, and the amount of time nurses can spend with patients. Looking forward, almost all surveyed nurses see the shortage in the future as a catalyst for increasing stress on nurses (98%), lowering patient care quality (93%) and causing nurses to leave the profession (93%). www.medscape.com/viewpublication/785_index
- According to a study in the October 2002 *Journal of the American Medical Association*, nurses reported greater job dissatisfaction and emotional exhaustion when they were responsible for more patients than they can safely care for. Dr. Linda Aiken found that "failure to retain nurses contributes to avoidable patient deaths." www.nursing.upenn.edu/news/detail.asp?t=2&id=23

High nurse turnover and vacancy rates are affecting access to health care.

- In September 2007, Dr. Christine T. Kovner and colleagues found that 13% of newly licensed RNs had changed principal jobs after one year, and 37% reported that they felt ready to change jobs. These findings were reported in the *American Journal of Nursing* in an article titled “Newly Licensed RNs’ Characteristics, Work Attitudes, and Intentions to Work.” www.ajnonline.com
- In July 2007, a report released by the PricewaterhouseCoopers’ Health Research Institute found that though the average nurse turnover rate in hospitals was 8.4%, the average voluntary turnover for first-year nurses was 27.1%. This report is titled *What Works: Healing the Healthcare Staffing Shortage*. www.pwc.com
- In March 2005, the Bernard Hodes Group released the results of a national poll of 138 health care recruiters and found that the average RN turnover rate was 13.9%, the vacancy rate was 16.1% and the average RN cost-per-hire was \$2,821. www.hodes.com

Impact of Nurse Staffing on Patient Care

Many recent studies point to the connection between adequate levels of registered nurse staffing and safe patient care.

- A growing body of research clearly links baccalaureate-prepared nurses to lower mortality and failure-to-rescue rates. The latest studies published in the journals *Health Services Research* in August 2008 and the *Journal of Nursing Administration* in May 2008 confirm the findings of several previous studies which link education level and patient outcomes. Efforts to address the nursing shortage must focus on preparing more baccalaureate-prepared nurses in order to ensure access to high quality, safe patient care. www.aacn.nche.edu/Media/FactSheets/NursingWrkf.htm
- In March 2007, a comprehensive report initiated by the Agency for Healthcare Research and Quality was released on *Nursing Staffing and Quality of Patient Care*. Through this meta-analysis, the authors found that the shortage of registered nurses, in combination with an increased workload, poses a potential threat to the quality of care. Increases in registered nurse staffing was associated with reductions in hospital-related mortality and failure to rescue as well as reduced length of stays. In settings with inadequate staffing, patient safety was compromised. www.ahrq.gov/downloads/pub/evidence/pdf/nursestaff/nursestaff.pdf
- Published in the March 2006 issue of *Nursing Economic\$,* a comprehensive analysis of several national surveys on the nursing workforce found that majority of nurses reported the RN shortage is negatively impacting patient care and undermining the quality of care goals set by the Institute of Medicine and the National Quality Forum. www.medscape.com/viewarticle/525650
- In an article published in the September/October 2005 issue of *Nursing Economic\$,* Dr. Peter Buerhaus and associates found that the majority of RNs (79%) and Chief Nursing Officers (68%) believe the nursing shortage is affecting the overall quality of patient care in hospitals and other settings, including long-term care facilities, ambulatory care settings, and student health centers. Most hospital RNs (93%) report major problems with having enough time to maintain patient safety, detect complications early, and collaborate with other team members. www.medscape.com/viewpublication/785_index

- In November 2004, results from the National Survey on Consumers' Experiences with Patient Safety and Quality Information were released and found that 40% of Americans think the quality of health care has worsened in the last five years. Consumers reported that the most important issues affecting medical error rates are workload, stress or fatigue among health professionals (74%); too little time spent with patients (70%); and too few nurses (69%). This survey was sponsored by the Kaiser Family Foundation, the Agency for Healthcare Research and Quality and the Harvard School of Public Health. www.kff.org/kaiserpolls/pomr111704pkg.cfm
- A shortage of nurses prepared at the baccalaureate level is affecting health care quality and patient outcomes. In a study published September 24, 2003 in the *Journal of the American Medical Association (JAMA)*, Dr. Linda Aiken and her colleagues at the University of Pennsylvania identified a clear link between higher levels of nursing education and better patient outcomes. This extensive study found that surgical patients have a "substantial survival advantage" if treated in hospitals with higher proportions of nurses educated at the baccalaureate or higher degree level. In hospitals, a 10% increase in the proportion of nurses holding BSN degrees decreased the risk of patient death and failure to rescue by 5%. <http://jama.ama-assn.org>
- A survey reported in the December 12, 2002 issue of the *New England Journal of Medicine* found that 53% of physicians and 65% of the public cited the shortage of nurses as a leading cause of medical errors. Overall, 42% of the public and more than a third of U.S. doctors reported that they or their family members have experienced medical errors in the course of receiving medical care. <http://content.nejm.org>
- An October 2002 study in *JAMA* found that more nurses at the bedside could save thousands of lives each year. Researchers at the University of Pennsylvania determined that patients who have common surgeries in hospitals with low nurse-to-patient ratios have up to a 31% increased chance of dying. The study found that every additional patient in an average hospital nurse's workload increased the risk of death in surgical patients by 7%. Having too few nurses may actually cost more given the high costs of replacing nurses and caring for patients with poor outcomes. www.nursing.upenn.edu/news/detail.asp?t=2&id=23
- In *Health Care at the Crossroads*, a report released in August 2002 by the Joint Commission (JC), the authors found that a shortage of nurses in America's hospitals is putting patient lives in danger. JC examined 1,609 hospital reports of patient deaths and injuries since 1996 and found that low nursing staff levels were a contributing factor in 24% of the cases. www.jcaho.org
- According to a study published in the *New England Journal of Medicine* in May 2002, a higher proportion of nursing care provided by RNs and a greater number of hours of care by RNs per day are associated with better outcomes for hospitalized patients. This extensive study was conducted by Drs. Jack Needleman and Peter Buerhaus. <http://content.nejm.org>

Strategies to Address the Nursing Shortage

- In February 2009, Senator Richard Durbin (D-IL) introduced the **Nurse Education, Expansion and Development Act (NEED Act)**. If passed, the NEED Act would amend Title VIII to authorize Capitation Grants (formula grants) for nursing schools to increase the number of faculty and students. Capitation grants have been effective in addressing past nursing shortages. Representative Nita Lowey (D-NY), who has championed the *NEED Act* since 2004, plans to reintroduce the bill later this spring. www.aacn.nche.edu/Government/pdf/CapGrants.pdf

- In February 2009, academic and healthcare leaders from 47 states gathered in Baltimore for the 2009 Nursing Education Capacity Summit to help identify and advance strategic solutions to the nursing shortage. Sponsored by the Center to Champion Nursing in America, HRSA and the U.S. Department of Labor, participants shared best practices related to strategic partnerships and resource alignment; policy and regulation; increasing faculty capacity and diversity; and redesigning educational curricula. www.championnursing.org
- Many statewide initiatives are underway to address both the shortage of RNs and nurse educators. For example, in September 2008, Pennsylvania Governor Edward G. Rendell announced that the state's investment of \$750,000 to address the nursing shortage would be matched by at least \$870,000 in private-sector funds. This public-private partnership yielded new money for schools to hire more nurse faculty and educate more students. For a listing of other state-based initiatives, see www.aacn.nche.edu/Publications/issues/Oct06.htm and www.aacn.nche.edu/Media/PartnershipsResource.htm
- Nursing schools are forming strategic partnerships and seeking private support to help expand student capacity. For example, Shenandoah University in Virginia announced in November 2008 that the school of nursing formed a partnership with Inova Health System to support the school's accelerated BSN program. Through a two-year agreement, Inova will award \$7,500 scholarships to up to 55 students who make an employment commitment to Inova after graduation. The health system will also contribute \$500,000 to fund new classrooms, skills/simulation labs and/or administrative spaces and provide additional clinical rotation slots at three Inova hospitals. For details on similar initiatives, see www.aacn.nche.edu/Media/PartnershipsResource.htm.
- In July 2007, PricewaterhouseCoopers released a report titled *What Works: Healing the Healthcare Staffing Shortage* which advanced several strategies to address the nursing shortage, including developing more public-private partnerships, creating healthy work environments, using technology as a training tool, and designing more flexible roles for advanced practice nurses given their increased use as primary care providers. www.pwc.com
- In an article published in the June 2006 *Health Affairs* titled "Hospitals' Responses to Nurse Staffing Shortages," the authors found that 97% of surveyed hospitals were using educational strategies to address the shortage of nurses. Specific strategies include partnering with schools of nursing, subsidizing nurse faculty salaries, reimbursing nurses for advancing their education in exchange for a work commitment, and providing scheduling flexibility to enable staff to attend classes. The paper ends with a call for more public financing support to expand enrollment capacity at schools of nursing. <http://content.healthaffairs.org/cgi/content/abstract/25/4/W316>
- In June 2005, the U.S. Department of Labor (DOL) awarded more than \$12 million in grant-funding through the **President's High Growth Job Training Initiative**, \$3 million of which will help to address the nurse faculty shortage. In total, the DOL has committed \$43 million to the health care workforce through the High-Growth program. Details on all grant-funded programs are posted at www.doleta.gov/BRG/Indprof/Health.cfm.
- In February 2002, Johnson & Johnson launched the *Campaign for Nursing's Future*, a multimedia initiative to promote careers in nursing and polish the image of nursing. This multimillion dollar effort includes television commercials, a recruitment video, a Web site, brochures, and other visuals. In 2007, Johnson & Johnson generously committed to extending this winning campaign for another five years. www.discovernursing.com

Last Update: September 28, 2009

APPENDIX B:
The Nursing Shortage and New Jersey

The Nursing Shortage and New Jersey

May 5, 2009

New Jersey is facing a very real and very serious health care crisis – growing long-term registered nurse and nurse faculty shortages that, in some way, will affect every person and every institution in the state. There are not enough faculty to educate all the nurses New Jersey needs to provide quality health care for the state's residents. As a result, qualified nursing students are being turned away. With many nursing professors approaching retirement, not enough people in the nurse faculty "pipeline" to replace them, and growing demand for nurses to care for an aging population with chronic conditions, the crisis is likely to worsen in coming years.

Nursing Shortage by the Numbers

- As of 2007, New Jersey had a 17 percent shortfall of nurses. The 111,440 actively licensed RNs in the state are not enough to meet the demand.¹
- Although the nursing shortage has seemed to temporarily decrease in today's struggling economy, the long-term workforce projections for New Jersey still show a shortfall of at least 40,000 nurses by 2020.²
- In a 2007 statewide study of registered nurses, 53 percent of direct care nurses reported there were not enough nurses on staff in their institution to provide quality patient care.³
- There is currently a seven percent vacancy rate for nurse faculty in New Jersey.⁴ With the economic crisis worsening, institutions may choose to eliminate vacant positions, which would exacerbate the faculty shortage in the future. Nurse faculty position cuts will result in fewer students being accepted into nursing schools, including graduate programs that would educate the next generation of nurse faculty.

Not Enough Nurses in the Pipeline

- There are currently a total of 5,695 students enrolled in schools of nursing, with 2,146 new students enrolled this year.⁵
- In order to meet the projected future health care needs of the state, New Jersey needs to triple the annual number of nursing school graduates from 2000 per year to 6,000 per year.⁶

Nurse Faculty Shortage

- The American Academy of Nursing committee on the preparation of the nursing workforce of 2006 reported that the nurse faculty pipeline problem is at the heart of the growing nursing shortage. There are not enough nurse faculty in the pipeline in New Jersey to educate

the nursing workforce of the future.⁷ As a result, qualified nursing school candidates are being turned away.

- Many nurse faculty members are approaching retirement. The average age for New Jersey nurse faculty is 55.⁸ In the next five years, 74 full time faculty members teaching in New Jersey nursing programs are expected to retire.⁹

Changing Demographics and Growing Needs

- A nursing workforce shortage will make it impossible for New Jersey's health care system to meet the health care needs of its residents. With 1.1 million residents over age 65 in 2007 rising to an estimated 1.8 million in 2020,¹⁰ the aging population, as well as the growing number of individuals with chronic illness such as obesity, diabetes, asthma and heart disease, will pose a challenge to the state's ability to provide quality care.

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1. Susan Reinhard, Barbara Wright, Mary Ellen Cook, *New Jersey's Nursing Faculty Workforce: A Technical Report for the Robert Wood Johnson Foundation*. January 2007
 2. Susan Reinhard, Barbara Wright, Mary Ellen Cook, *New Jersey's Nursing Faculty Workforce: A Technical Report for the Robert Wood Johnson Foundation*. January 2007
 3. Linda Flynn, *The State of the Nursing Workforce in New Jersey: Findings from a Statewide Survey of Registered Nurses*, The New Jersey Collaborating Center for Nursing, 2007. Available at: http://njccn.org/pdf/Flynn_Survey_Report.pdf [1].
 4. Dickson, Geri I., NJ Collaborating Center for Nursing, 2009.
 5. NJ Collaborating Center for Nursing, *Enrollment Data From all NJ Nursing Schools as of October 15, 2008*.
 6. Susan Reinhard, Barbara Wright, Mary Ellen Cook, *New Jersey's Nursing Faculty Workforce: A Technical Report for the Robert Wood Johnson Foundation*. January 2007
 7. Susan Reinhard, Barbara Wright, Mary Ellen Cook, *New Jersey's Nursing Faculty Workforce: A Technical Report for the Robert Wood Johnson Foundation*. January 2007
 8. Dickson, Geri L., *Setting the Stage: The New Jersey Nurse Shortage*, August 2007.
 9. Dickson, Geri I., NJ Collaborating Center for Nursing, 2009.
 10. Dickson, Geri I., *Setting the Stage: The New Jersey Nurse Shortage*, August 2007.

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Source URL: <http://www.njni.org/factsheet/nursing-shortage-and-new-jersey>

Links:

[1] http://njccn.org/pdf/Flynn_Survey_Report.pdf

APPENDIX C:
Nursing Faculty Shortage Fact Sheet



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Nursing Faculty Shortage Fact Sheet

Faculty shortages at nursing schools across the country are limiting student capacity at a time when the need for professional registered nurses continues to grow. Budget constraints, an aging faculty, and increasing job competition from clinical sites have contributed to this crisis.

To minimize the impact of faculty shortages on the nation's nursing shortage, the **American Association of Colleges of Nursing (AACN)** is leveraging its resources to secure federal funding for faculty development programs, collect data on faculty vacancy rates, identify strategies to address the shortage, and focus media attention on this important issue.

Scope of the Nursing Faculty Shortage

- According to AACN's report on *2008-2009 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing*, U.S. nursing schools turned away 49,948 qualified applicants from baccalaureate and graduate nursing programs in 2008 due to an insufficient number of faculty, clinical sites, classroom space, clinical preceptors, and budget constraints. Almost two-thirds of the nursing schools responding to the survey pointed to faculty shortages as a reason for not accepting all qualified applicants into baccalaureate programs. www.aacn.nche.edu/IDS
- According to a *Special Survey on Vacant Faculty Positions* released by AACN in August 2009, a total of 803 faculty vacancies were identified in a survey of 554 nursing schools with baccalaureate and/or graduate programs across the country (70.2% response rate). Besides the vacancies, schools cited the need to create an additional 279 faculty positions to accommodate student demand. The data show a national nurse faculty vacancy rate of 6.6%. Most of the vacancies (90.6%) were faculty positions requiring or preferring a doctoral degree. The top reasons cited by schools having difficulty finding faculty were noncompetitive salaries compared to positions in the practice arena (32.2%) and a limited pool of doctorally-prepared faculty (30.3%). www.aacn.nche.edu/IDS
- Worsening faculty shortages in academic health centers are threatening the nation's health professions educational infrastructure, according to a report by the Association of Academic Health Centers released in July 2007. Survey data show that 94% of academic health center CEOs believe that faculty shortages are a problem in at least one health professions school, and 69% think that these shortages are a problem for the entire institution. The majority of CEOs identified the shortage of nurse faculty as the most severe followed by allied health, pharmacy and medicine. www.aahcdc.org/policy/reports/AAHC_Faculty_Shortages.pdf
- According to a study released by the Southern Regional Board of Education (SREB) in February 2002, a serious shortage of nurse faculty was documented in all 16 SREB states and the District of Columbia. Survey findings show that the combination of faculty vacancies (432) and newly budgeted positions (350) points to a 12% shortfall in the number of nurse educators needed. Unfilled faculty positions, resignations, projected retirements, and the shortage of students being prepared for the faculty role pose a threat to the nursing education workforce over the next five years. www.sreb.org

Factors Contributing to the Faculty Shortage

Faculty age continues to climb, narrowing the number of productive years nurse educators can teach.

According to AACN's report on *2008-2009 Salaries of Instructional and Administrative Nursing Faculty in Baccalaureate and Graduate Programs in Nursing*, the average ages of doctorally-prepared nurse faculty holding the ranks of professor, associate professor, and assistant professor were 59.1, 56.1, and 51.7 years, respectively. For master's degree-prepared nurse faculty, the average ages for professors, associate professors, and assistant professors were 58.9, 55.2 and 50.1 years, respectively. www.aacn.nche.edu/IDS

A wave of faculty retirements is expected across the U.S. over the next decade.

- According to an article published in the March/April 2002 issue of *Nursing Outlook* titled "The Shortage of Doctorally Prepared Nursing Faculty: A Dire Situation," the average age of nurse faculty at retirement is 62.5 years, and a wave of retirements is expected within the next ten years. In fact, the authors project that between 200 and 300 doctorally-prepared faculty will be eligible for retirement each year from 2003 through 2012, and between 220-280 master's-prepared nurse faculty will be eligible for retirement between 2012 and 2018. www.us.elsevierhealth.com/product.jsp?isbn=00296554
- According to the report *Oregon's Nursing Shortage: A Public Health Crisis in the Making* prepared by the Northwest Health Foundation in April 2001, 41% of the faculty in baccalaureate and higher degree programs in Oregon were projected to retire by 2005 with an additional 46% projected to retire by 2010. This retirement pattern will likely be experienced in other parts of the country as well. www.nwhf.org

Higher compensation in clinical and private-sector settings is luring current and potential nurse educators away from teaching.

According to the American Academy of Nurse Practitioners, the average salary of a nurse practitioner, across settings and specialties, is \$81,060. By contrast, AACN reported in March 2009 that master's prepared faculty earned an annual average salary of \$69,489. <http://nurse-practitioners.advanceweb.com> and www.aacn.nche.edu/IDS

Master's and doctoral programs in nursing are not producing a large enough pool of potential nurse educators to meet the demand.

- According to AACN's *2008-2009 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing* report, enrollment in research-focused doctoral nursing programs were up by only 0.1% or 3 students from the 2007-2008 academic year. www.aacn.nche.edu/IDS
- Efforts to expand the nurse educator population are frustrated by the fact that thousands of qualified applicants to graduate nursing programs are turned away each year. In 2008, AACN found that 5,902 qualified applicants were turned away from master's programs, and 1,002 qualified applicants were turned away from doctoral programs. The primary reason for not accepting all qualified students was a shortage of faculty. www.aacn.nche.edu/IDS

Strategies to Address the Faculty Shortage

- In the July/August 2009 *Health Affairs*, Dr. Linda Aiken and colleagues call for adapting federal funding mechanisms (i.e. Title VIII and Medicare) to focus on preparing more nurses at the baccalaureate and higher degree levels. This policy emphasis is needed to adequately address the growing need for faculty and nurses to serve in primary care and other advanced practice roles. The researchers reported that new nurses prepared in BSN programs are significantly more likely to complete the graduate level education needed to fill nursing positions where job growth is expected to be the greatest. <http://content.healthaffairs.org>
- In February 2009, Senator Richard Durbin (D-IL) introduced the **Nurse Education, Expansion and Development Act** (NEED Act) into the 111th Congress. The NEED Act would amend Title VIII of the Public Health Service Act to authorize Capitation Grants (formula grants) for schools of nursing to increase the number of faculty and students. Capitation grant programs have been used to effectively address past nursing shortages. Representative Nita Lowey (D-NY), who has championed the *NEED Act* since 2004, plans to reintroduce the bill in late March. www.aacn.nche.edu/Government/pdf/CapGrants.pdf
- In the November/December 2008 issue of *Nursing Outlook*, Dr. Janet Allan and Jillian Aldebron assess a variety of efforts underway nationwide to alleviate the nursing faculty shortage, a primary driver of the larger nursing shortage. In the article, titled *A Systematic Assessment of Strategies to Address the Nursing Faculty Shortage, U.S.*, the authors highlight the most promising strategies in four domains - advocacy, educational partnerships, academic innovation, and external funding – and identify exemplars that are sustainable, and replicable. [www.nursingoutlook.org/article/S0029-6554\(08\)00266-2/abstract](http://www.nursingoutlook.org/article/S0029-6554(08)00266-2/abstract)
- On August 1, 2008, AACN was invited to testify at the National Platform Hearing of the Democratic National Committee and share nursing education's perspective on healthcare reform. In the testimony, AACN articulated the direct link between a robust nursing workforce and access to safe, quality, and affordable health care. AACN urged legislators to place addressing the nurse faculty shortage high on the Committee's priority list. www.aacn.nche.edu/Government/pdf/dnctestimony08.pdf
- On July 30, 2008, Representatives Tom Latham (R-IA) and Tammy Baldwin (D-WI) introduced the Nurses' Higher Education and Loan Repayment Act of 2008 (H.R. 6652). The legislation would provide current students and graduates of nursing master's and doctoral programs with reimbursement for student loans. Individuals receiving funding would be required to teach for four years in an accredited school of nursing. www.aacn.nche.edu/Media/NewsReleases/2008/HigherEdAct.html
- In February 2008, AACN and the Johnson & Johnson Campaign for Nursing's Future announced the first scholarship recipients for the newly created Minority Nurse Faculty Scholars program. Created to address the nation's shortage of nurse educators and the need to diversify the faculty population, this program provides financial support to graduate nursing students from minority backgrounds who agree to teach in a school of nursing after graduation. www.aacn.nche.edu/Media/NewsReleases/2008/J&JScholars.htm

- In February 2008, AACN held its annual inaugural Faculty Development Conference in Nashville, TN aimed at helping nurses transition to faculty roles in baccalaureate and higher degree programs. More than 250 new and future faculty attended this event titled "Transforming Learning, Transforming People." AACN plans to repeat this program in 2009. www.aacn.nche.edu/Conferences/08FacDev.htm
- Many statewide initiatives are underway to address both the shortage of registered nurses and nurse educators. In October 2006, AACN released an Issue Bulletin titled *State Legislative Initiatives to Address the Nursing Shortage* that describing dozens of these efforts, including comprehensive programs in Maryland, Kansas, Colorado, Illinois, and Utah. Specific strategies to address the faculty shortage include loan forgiveness programs, faculty fellowships, and salary supplements. www.aacn.nche.edu/Publications/issues/Oct06.htm and www.aacn.nche.edu/Government/StateResources.htm
- In February 2006, AACN and the California Endowment launched a scholarship and mentorship program to increase the number of minority nursing faculty in California. Through this program, nursing students from underrepresented backgrounds are eligible to receive up to \$18,000 in funding support to complete a graduate nursing degree. In exchange, students engage in leadership development activities and commit to teaching in a California nursing school after graduation. www.aacn.nche.edu/Media/CAEwinners9-07.htm
- In August 2005, the U.S. Secretary of Education designated nursing as an "area of national need" for the first time under the Graduate Assistance in Areas of National Need (GAANN) program. As a result of AACN's lobbying effort, a new funding stream for PhD programs in nursing was created. In April 2006, \$2.4 million in grant funding through the GAANN programs was awarded to 14 schools of nursing. www.ed.gov/programs/gaann/index.html
- In June 2005, AACN published an updated white paper titled *Faculty Shortages in Baccalaureate and Graduate Nursing Programs: Scope of the Problem and Strategies for Expanding the Supply*. This publication summarizes the faculty shortage issue, identifies factors contributing to the shortfall, and advances strategies for expanding the current and future pool of nursing faculty. The white paper includes an appendix with examples of successful strategies to address the faculty shortage suggested by schools at an AACN Hot Issues Conference. www.aacn.nche.edu/Publications/WhitePapers/FacultyShortages.htm
- In June 2005, the U.S. Department of Labor (DOL) awarded more than \$12 million in grant-funding through the President's High Growth Job Training Initiative, \$3 million of which will help to address the nurse faculty shortage. This latest round of funding brings the DOL's commitment to health care workforce through the High-Growth program to more than \$43 million. www.doleta.gov/BRG/Indprof/Health.cfm.
- In February 2004, Nurses for a Healthier Tomorrow (NHT), a coalition of 43 leading nursing and health care organizations, launched a new public awareness campaign to generate interest in careers as nurse educators. The campaign consists of four print advertisements and a flyer that may be downloaded for free from the NHT Web site; a career profile on the nurse educator that has been posted online; and a national public relations effort. For more information on the campaign and how you can support this work, see www.nursesource.org/campaign_news.html.

Last Update: September 28, 2009

APPENDIX D:
Timeline for Nursing Department Transition

Timeline:
Nursing Department Transition

PHASE 1

- AY 2010 – 11:** Enroll inaugural freshman class of 4-year pre-licensure BSN program
 Admit final class of upper division pre-licensure BSN program
 Develop graduate program (MSN and/or DNP); seek approvals
- AY 2012 – 13:** Open *School of Nursing*
 Open RN-to-BSN Program satellite site at Camden County Community College
 Seek funding for graduate program (HRSA)

PHASE 2

- AY 2015 – 16:** Achieve targeted enrollment (N=300) in pre-licensure BSN program
 Enroll inaugural class of graduate students
 Graduate final class of upper division pre-licensure BSN program
 Develop PhD program; seek approvals

PHASE 3

- AY 2016 – 17:** Enroll inaugural class of PhD students

APPENDIX E:

Projected Enrollment for Pre-licensure Baccalaureate Nursing Program

Projected Pre-licensure Baccalaureate Nursing Program Enrollment:

Academic Year 2009-10 to AY 2015-16

Academic Year	Freshmen	Sophomores	Juniors	Seniors
2009-10			40 new	40
2010-11	50 new		40 new	40
2011-12	50 new	50	40 new	40
2012-13	75 new	50	50	40
2013-14	75 new	75	50	50
2014-15	75 new	75	75	50
2015-16 (full capacity reached)	75 new	75	75	75

APPENDIX F:
Map of Southern New Jersey

Driving time midpoint



Press graphic

The Press last week asked readers where the dividing line was between northern and southern New Jersey. Few responses mirror the line marked by the midpoint in driving time between New York and Philadelphia, above.
