

House Joint Memorial 40: The Impact of a Shortage of Nursing Instructors on the Status of Nursing in New Mexico

**Convened by the NM Higher Education
Department, Board of Nursing, and NM
Center for Nursing Excellence**



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EXECUTIVE SUMMARY

New Mexico faces a healthcare crisis. If state institutions are not able to expand the capacity of nursing education programs – which currently turn away several hundred qualified applicants each year - to educate, train and produce more nurses, there will be an estimated shortage of 5,000 nurses by the year 2020 (New Mexico Center for Nursing Excellence, January, 2009). The main barrier to increasing the capacity of nursing programs is their ability to recruit and retain nursing faculty within a competitive nursing marketplace. Faculty positions are demanding yet offer low salaries when compared to advanced clinical practice. In many cases, faculty positions earn a lower salary than the RN's they produce.

At the same time, members of the House Joint Memorial 40 (HJM40) Task Force were acutely aware of the fiscal crisis nationally and within New Mexico, and their own responsibility to find a “way forward” at a time when additional state funding would be difficult or impossible to secure. Therefore, the recommendations of the HJM40 Task Force focus on laying foundational pieces upon which the capacity of nursing institutions will expand.

Creating Structures for Accountability and Transparency

Regardless of all previous efforts to increase and enhance the compensation of nursing faculty, faculty salaries remain uncompetitive in the marketplace, creating the single greatest barrier to recruitment of faculty. There is no current existing structure to track funding allocations within public institutions and whether nursing programs are receiving the funding that is intended. Structures for reporting and tracking funding for nursing education as well as a general system for gathering data on the status of nursing in the State of New Mexico are critical to any future efforts.

A competitive salary benchmark for nursing educators needs to be established by which state government, educational institutions, and other nursing stakeholders are held accountable for adequately compensating nursing faculty. Once structures for transparency and accountability are established, strategic recommendations can be made for additional funding and/or funding streams required to address the problem.

Recommendations (High Priority):

- 1) The Higher Education Department (HED) convene a task force [page 15] to analyze all state funding for nursing education and:**
 - **Develop a system for transparency of all funding directed towards nursing education;**
 - **Create an annual reporting mechanism to monitor nursing education funding streams;**
 - **Establish competitive nurse educator salary benchmarks; and**
 - **Recommend changes and/or enhancements to current funding streams for nurse education and, if necessary, recommend additional funding and/or incentives for nursing educators based on benchmarks.**
- 2) The legislature adopts the national nursing minimum data set to track the status of nursing in New Mexico, which includes nursing education, supply, and demand data.**

Establish New Educational Models

The HJM40 Task Force recognized that there is a pressing need to tackle the difficult and complex problem of creating a statewide plan for nursing education – one that makes new efficiencies possible through institutional collaboration, shared curriculum, sharing of resources and faculty, and the expansion of communication and distance learning technologies.

Recommendation (High Priority):

Nurse educators, supported by the HED develop a statewide plan for nursing education that includes:

- **Removal of barriers to multi-institution collaboration, including sharing of faculty and students;**
- **The development of new faculty (faculty pipeline enhancement);**
- **A focus on preparing nurses for health management, disease prevention, and health informatics;**
- **A shared, statewide curriculum;**
- **Development of a statewide infrastructure for online courses and distance learning; and**
- **Development of partnerships to extend nursing faculty capacity, such as regional mobile simulation labs [Long-term].**

Identification, Support and Mentoring of Future Faculty

Administration and faculty within institutions need focus on identifying those students with teaching qualities, and mentor them towards an educational career. Retention of new faculty requires ample orientation, mentoring and community support. A statewide effort to identify and share best practices for nurse faculty recruitment and retention and community/school partnerships will establish the foundation for this work.

Recommendation:

Determine, publish and promote best practices for:

- **Schools to identify, encourage, and mentor nursing students towards a career in nursing education [page 18]; and**
- **School/community partnerships to support and retain nursing faculty [page 17].**

Promoting the Future of Nursing

Nursing is becoming a leader in acute, preventative, chronic, transitional, and end-of life care. Nursing is critical to the future economic health of New Mexico and needs to be promoted as a respected and critical profession.

Recommendations:

- **Articulate the economic benefit of nursing to health organizations, private industry, and communities [page 17];**

- **Promote the future role of nursing in chronic disease management, end-of-life care, transitional care, health management, and disease prevention as well as acute care [page 17]; and**
- **Develop/adopt models to promote nursing in New Mexico's schools (primary, secondary, post-secondary) and for displaced and second career workers [page 18].**

BACKGROUND ON NURSING FACULTY CRISIS

New Mexico ranks 50 out of 51 states in the number of registered nurses per 100,000 people - 600/100,000 vs. the national average of 836/100,000. (Kaiser Family Foundation, 2009)

According to projections from the New Mexico Center for Nursing Excellence (NMCNE) 2009 Annual Report, there is a current shortage of more than 1,000 Registered Nurses (RN) and Licensed Practical Nurses (LPN) in New Mexico, and these numbers will grow to a shortage of 2,800 by 2015 and nearly 5,000 by 2020. (New Mexico Center for Nursing Excellence, January, 2009) Although the number of RNs and LPNs in New Mexico is increasing, the current rate of increase is not great enough to meet the projected future demand.

A survey of New Mexico nursing education programs conducted for this House Joint Memorial revealed that out of 1942 qualified applicants¹, New Mexico's nursing programs had the capacity to accept 1702 students. **Nearly 20% of qualified nursing program applicants were turned away and left to pursue other career paths.** [See "Appendix 3: Selected Nursing Data for 2009 " on page 28]

If all qualified applicants could be accepted into nursing programs, this would make a significant contribution to meeting the shortage – but this is not enough. In order to meet the future demand, nursing education programs must not only increase capacity to meet current demand, but increase the capacity of nursing schools in order to meet the future health needs of New Mexico. In fact, projections by the NMCNE indicate that to meet our future need, we would need nearly twice that number of enrolled nursing students [See Appendix 4: Projected Need For Entry to Practice Nursing Faculty on page 29].

Addressing the nursing shortage is multifaceted and complex. One of the greatest hurdles is recruiting and retaining nursing instructors. As summarized in a recent "Health Affairs" article:

"...tens of thousands of future nurses are being turned away at their career thresholds each year because nursing schools are stretched beyond their capabilities" [emphasis added] (Cleary, McBride, McClure, & Reinhard, 2009, p. 634)

THE PRIMARY BOTTLENECK: ADEQUATE NURSING FACULTY

The HJM 40 Task Force attempted to identify the number of nursing faculty needed in the future through two different approaches. To establish a consistent terminology, the HJM 40 Task Force chose to use the term "faculty full time equivalent" when discussing numbers of faculty.

Faculty Full Time Equivalents (FFTEs): Because each school defines full time faculty differently, the HJM 40 task force chose to accept each school's definition of full time by using the term Faculty Full Time Equivalents. One full time faculty member as reported by any given school was considered one FFTE. Part time faculty was considered to be 0.5 of an FFTE.

¹ "qualified applicants" are applicants who met the minimum standards for acceptance into each nursing program.

A survey of New Mexico's schools by the HJM40 Task Force reported a projected need statewide for 171 additional faculty FFTE's to supplement the existing pool of 262.5 FFTE's. (HJM40 Task Force, 2009) This is a total cohort of 431 nurse educators for the state. This estimate reflects the faculty needed for both entry to practice and graduate programs. It also expresses several current pressures: 1) the need to expand the number of nursing students accepted into nursing programs, 2) the existing shortage of nursing faculty, even at current enrollment, and 3) the projected retirements of existing faculty.

As voiced by many administrators and faculty who were members of this HJM40 Task Force, a difficult faculty work environment and workload has been caused by the effort to accommodate the great demand with existing faculty – but this short term response will likely result in even faster retirement, turnover, and burnout among nursing faculty.

How many additional faculty members would be needed to meet New Mexico's future demand for nurses?

To give HJM40 Task Force members a defensible scenario, the NM Center for Nursing Excellence (NMCNE) created estimates for the numbers of additional nursing students and faculty that would need to be currently registered and teaching in nursing programs to meet the projected nursing workforce shortage.

Starting with the number of nurses needed in the workforce in 2020, the Center for Nursing Excellence estimates, conservatively, that:

- An additional 469 students would need to be enrolled each year statewide to meet future demand for nurses in New Mexico.
- An enrollment of 3,025 students needs to be maintained each year through 2020. This is an increase of approximately 20% student enrollment from 2008 levels. Again, these numbers reflect maintaining New Mexico's rank at the bottom, nationally, of RN's per capita.

Using the current student/faculty ratio of 9.7:1 (using Faculty Full-Time Equivalent (FFTEs)) to project the additional faculty needs, the Center for Nursing Excellence estimates that:

- An additional 48 FFTE's, distributed among full-time and part-time faculty, would need to be added to the existing faculty pool to accommodate a 20% expansion in nursing students.
- At a minimum, a faculty cohort of 311 FFTE needs to be maintained each year through 2020 to support the additional student enrollment projected.

Why the difference between the higher projections self-reported by nursing programs (431 FFTEs) and the NMCNE estimate (311 FFTEs)? The self reported school estimates include graduate faculty where the NMCNE estimates only include faculty required for ADN and BSN entry-to-practice programs. The NMCNE figures underestimate the number of faculty needed to produce future faculty. The higher self-reported school estimates may also be due to: 1) each school's desire to meet the market demand rather than having a coordinated statewide view, 2) the expectation of each program for faculty retirements and attrition in the near future, and 3) the need by each program to fill currently empty faculty positions.

As these projections would need to begin immediately to meet future demand, they do not present a realistic hypothetical. With successful efforts, the expansion of nursing and nursing education will be charted with an increasing curve. What is important to note is that the most effective responses to the shortage in nursing and nursing faculty members are the responses that happen in the near future. The longer it takes to increase the capacity of our nursing education institutions, the more dramatic the rate of increase will need to be 4, 7 or 10 years down the road.

CHALLENGES TO THE RECRUITMENT AND RETENTION OF NURSING FACULTY

What makes faculty positions difficult to fill and maintain can be attributed to a group of challenges, identified by the HJM40 Task Force:

- 1. Faculty compensation that is not competitive with the salaries of clinical RNs, much less that of advanced practice nurses, nursing specialists, and nurse practitioners;**
- 2. A weak educational pipeline for the development of new faculty, including the need to increase graduate faculty to produce MSN, DNP and PhD graduates eligible to fill faculty positions;**
- 3. Educational models that prohibit collaboration among institutions, sharing of faculty and students, standardization of curriculum, and new uses of information technology, and**
- 4. A difficult faculty environment that fails to attract, encourage, and mentor new faculty.**

COMPETITIVE SALARY

There is clearly an intrinsic value in nursing education for current faculty members, but this intrinsic value does not overcome the relatively low compensation of nursing faculty in New Mexico when compared to similarly-educated clinical nurses - and even when compared to the salaries of new nurses that the faculty members are producing. This single factor creates the greatest challenge for administrators in nursing programs to recruit and retain faculty.

A survey conducted as part of HJM40 in summer of 2009 highlighted both the intrinsic value of the profession and troubling problem of low compensation. Nurse faculty members are clearly committed to teaching, to advancing the nursing profession, and to producing successful nurses. Many have a desire to “give back” to the profession, and many mentioned a need to have a wider impact than one-by-one work with patients. As expressed in one comment:

“Contributing to client care at the bedside was great but it just wasn't enough. If I could impart my wisdom and knowledge to others who would also provide bedside care then I could really make an impact on more people. Nursing is a gift and with that gift comes a tremendous responsibility - it is more than a job.”

The negative comments from nursing faculty in the survey had mostly to do with compensation. With the exception of nurses who are completing their career by joining nursing faculty after a full clinical career, several nursing faculty noted the personal challenge between pursuing their desire to teach and securing adequate income:

“I am a new nurse educator finishing the MSN program in nursing education. I have not made the switch to full time teaching due to the negative financial implications that taking a full time instructor would present... I will continue to teach part time as needed as I feel it is imperative to do so, but I cannot afford to do this full time at this point in my life.”

When compared to the compensation of a master’s-educated nursing faculty member with a master’s-educated nurse in clinical practice, the disparity is disheartening. For example, a Nurse Practitioner (one of many areas of advance practice nursing that require masters-level education) makes 50-60% more than a nursing faculty member with similar education and experience.

Perhaps the most troubling disparity is between nursing faculty and the salaries of the RN’s they produce. The average starting salary of a faculty member with a minimum MSN is \$43,990, which is *less* than the average starting salary of an ADN or BSN-educated RN of \$47,010. [See “Appendix 5: New Mexico Public Faculty Salary Comparison” on page 30] As stated by Joynt & Kimball, “The nursing shortage has led to significant increases in salaries for nurses in clinical practice, while nurse faculty salary growth has remained flat.” (2008)²

Nursing faculty do not fare well when compared to other academic faculty within the same institutions.³ The salaries of nursing faculty members are less than geography, math, science and history teachers. (see “Appendix 5: New Mexico Public Faculty Salary Comparison” on page 300). As was pointed out by HJM40 Task Force members, this salary difference does not reflect the respective workloads, as full-time nursing faculty members are doing clinical supervision, research, and maintaining clinical practice in addition to academic classroom teaching.

Even if nurses who have a passion or gift for teaching are properly identified and recruited, salary provides a great disincentive to pursue it, and a great challenge for nursing program administrators to overcome.

While the need to increase faculty salaries became clear, how to fund the salary increases did not. What became evident through the task force discussions was that there was no transparency of funding allocations within schools. Before specific strategies for increasing salaries can be developed, there needs to be transparency for all nursing education funding.

WEAK FACULTY DEVELOPMENT PIPELINE

The push to produce nurses to meet healthcare needs has resulted in a proliferation of associate degree in nursing programs around the state, housed largely in our community colleges and proprietary schools. [see “Appendix 2: New Mexico’s Public Higher Education Nursing Programs” on page 20] In New Mexico, 61% of nurses enter practice with an associate degree, 11% with a

² Reasons why market forces have been unable, up to this point, to affect nursing faculty salaries was not the focus of the workgroup; however, literature attributes this to institutional sluggishness, politics within academia, and traditional views of nursing as a less-respected profession.

³ Proprietary schools reported average salaries slightly higher than in public schools, but the HJM40 Task Force did not attempt to compare benefit packages between public and private institutions to discover whether public and private institutions were competitive with each other.

diploma, and 28% with a bachelor degree. (New Mexico Center for Nursing Excellence, January, 2009, p. 1)

Nursing faculty require a minimum MSN degree, and therefore, a healthy pipeline requires that a significant portion of students pursue graduate degrees in nursing. The movement towards ADN and LPN degrees as a pathway to the nursing profession has been good news for producing RNs – creating a shorter timeline and greater statewide accessibility - but not good news for addressing the faculty shortage. Students who enter the profession through a BSN are four times more likely to pursue graduate degrees than students who enter through an ADN - 16.8% versus 4.3% nationally. (Joynt & Kimball, 2008, p. 11)

Those who pursue graduate degrees have a number of well-paid options within the nursing profession, other than teaching. Competition from other advanced areas of clinical practice, nursing administration, and various positions in the healthcare industry makes recruitment of faculty extremely difficult. (see Figure 1: Nursing faculty pipeline on page 12)

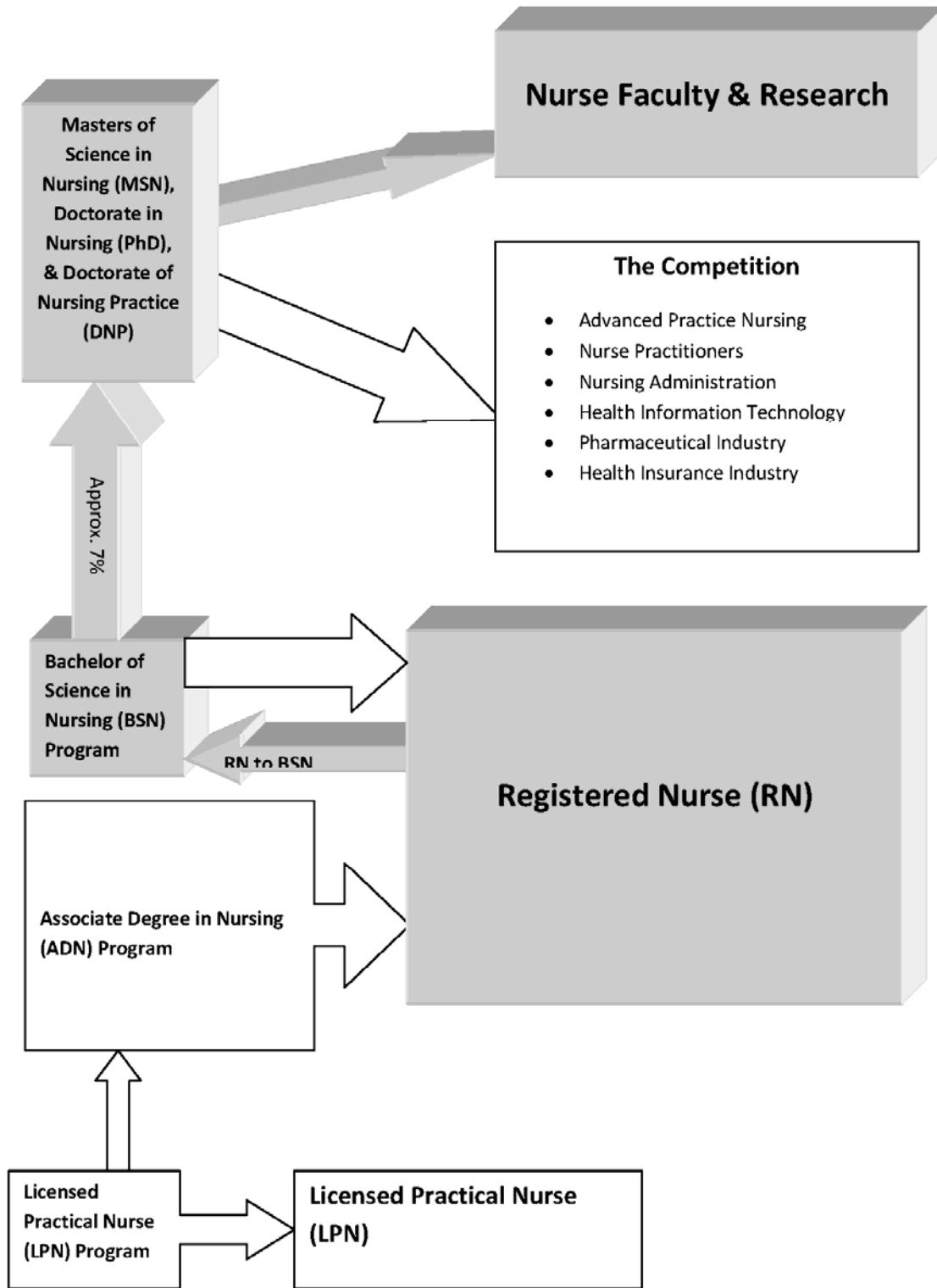
Recent developments to address this pipeline issue are the creation of accelerated BSN⁴ and RN to BSN programs. These educational tracks encourage existing RNs and successful students from other disciplines a fast way to obtain the BSN.

Addressing this basic pipeline issue – creating an adequate pool of MSN or PhD nurses – is critical, but will not make a difference if educational careers within nursing are not promoted. HJM40 Task Force members spoke of the particular attributes and skills inherent in good teachers, and that more could be done to identify students with these attributes early on in their schooling. With proper encouragement and mentoring, the number of these nurses seeking careers in education will likely increase.

Finally, HJM40 Task Force members recognized that too many new nursing faculty leave an educational career early through a lack of orientation, mentoring and organizational support once they enter a teaching position. Discussion among HJM40 Task Force members led to the immediate inclusion of a mentoring program as one of the qualities the Higher Education Department will encourage within New Mexico's schools of nursing.

⁴ Accelerated BSN programs are directed at students with existing degrees in other fields of study.

FIGURE 1: NURSING FACULTY PIPELINE



EDUCATIONAL MODELS

“Sharing faculty, curriculum, simulation facilities, clinical placement systems, and even common state or regional student admission portals....will be the necessary wave of the future.” (Cleary, McBride, McClure, & Reinhard, 2009, p. 639)

Given the economic climate nationally and in New Mexico, the HJM40 Task Force was especially interested in new educational models that would make better use of existing faculty and facilities. The idea is that new efficiencies can be gained through the development of a statewide curriculum that decreases faculty prep time (lesson planning, scenario development, etc.), sharing of faculty to make the best use of the expertise that exists, regional sharing of facilities such as simulation labs, and the use of web-based education for common core curriculum which reduces faculty burden.

The creation of robust distance-learning infrastructure could help with faculty recruitment and retention in additional ways. Experienced faculty who are at retirement age might extend their careers with a flexible educational model that would allow them to teach specific subject matter to a wider audience, or from a location other than a specific school of nursing. Such a model might also attract younger nurses to education, who may be attracted to cutting-edge educational models. In any case, the development of an integrated statewide plan and distance learning infrastructure will aid in the accessibility of new students to nursing, even in remote areas of New Mexico.

Currently, each educational institution is responsible for the development of its own nursing curriculum, maintaining faculty with skills and knowledge to cover the breadth of this curriculum, and the development of facilities and clinical rotations to serve its students. This creates much inefficiency:

- Nursing instructors are required to cover many different subjects as well as manage and supervise clinical rotations;
- Faculty with specialized expertise are required to cover basic curriculum subjects as well;
- Faculty in each institution spends time developing lesson plans, including time-intensive aspects such as developing clinical scenarios;
- Each institution is required to update their classroom and clinical educational models as the field develops, creating differences statewide and demanding faculty time in each institution to keep up-to-date; and
- Expensive and technically-complicated solutions, such as simulation labs, are out of reach for some institutions, maintaining reliance on faculty.

FACULTY ENVIRONMENT

“...nurses who have chosen to work as faculty often find heavy workloads in academia, balancing a full load of teaching, research, clinical practice, clinical supervision of students and other activities.” (Joynt & Kimball, 2008, p. 12)

The challenge of addressing a difficult faculty environment relates mostly to the retention of faculty. New faculty members are introduced to an already overburdened system, and many of the faculty and administrators in the HJM40 Task Force lamented the loss of new faculty in the first year or two. A welcoming and encouraging support structure is missing in many of our public institutions.

The needs identified by the HJM40 Task Force members were the development of sufficient orientation and mentoring programs for new faculty, ongoing professional support systems (especially in rural areas), and the reduction of faculty workloads, especially through the assistance of graduate assistants and clerical staff.

A great deal of work can be done to identify and promote new collaborations between nursing institutions and community stakeholders to support and innovate nursing education.

“By bringing together organizations with shared interests and working to identify common goals and action steps, each organization contributes its unique resources in a way that both advances its organizational goals and the broader goals of the partnership. Consumers of health care are Nursing’s most natural and powerful allies and should be actively engaged in advocacy efforts at local, state and national levels.” (Joynt & Kimball, 2008)

More and more, nursing plays a key part in the functioning of many healthcare organizations, private corporations of all stripes, and directly providing health care services to consumers. Community partnerships have happened nationally in the following areas in regards to educating new RNs, and could be used as models for community partnerships to support the development and support of nursing faculty (Joynt & Kimball, 2008, p. 17):

- Students in accelerated BSN entry programs are financially supported by healthcare organizations in return for a term of service within that organization;
- Working with workforce development to direct displaced workers towards nursing education;
- Partnering with Chambers of Commerce and economic development to direct additional funding to nursing education for the support of faculty salaries and infrastructure;
- Partnerships between institutions to deliver coordinated curriculum and distance-learning;
- Hospitals providing clinical space and financial assistance for students in return for a employment once they graduate; and
- Creation of centralized systems for clinical placement.

This partial list from the referenced white paper shows a tremendous amount of innovation that can be brought to nursing education, which will remove institutions from individual silos, reduce faculty workload – especially in the management of clinical placements for students, and even create additional revenue streams for education from a host of potential stakeholders.

HJM40 TASK FORCE RECOMMENDATIONS

HIGH PRIORITIES

High priority recommendations identified by the HJM40 Task Force are those priorities that should be undertaken in the coming year, as they create a basis for all future efforts to address faculty recruitment and retention. These recommendations can be accomplished with minimal funding.

TRANSPARENCY, BENCHMARKS, AND ADDITIONAL FUNDING STREAMS

To ensure appropriate resources for nursing education, including regionally competitive salaries for nurse educators, the HJM40 Task Force recommends:

HED convene a task force to conduct a comprehensive analysis of all state funding provided for nursing education (to include funding formula, education expansion grants, line item appropriations) to develop the following:

- **Transparency for all funding directed towards nursing education;**
- **An annual reporting mechanism to monitor nursing education funding streams;**
- **Nurse educator salary benchmarks for New Mexico based on national data (AACN, NLN), educational level and experience, market forces, and regional cost of living;**
- **Recommendations for changes and/or enhancements to current funding streams to more directly support competitive salaries for nurse educators, nursing programs operations, and nursing program expansion based on benchmarks; and**
- **Recommendations for additional funding and/or incentives for nursing educators based on benchmarks (ex. tax credits for nurse educators).**

[Such a task force would include representatives from the Higher Education Department, Council of University Presidents, budget/finance offices from New Mexico's nursing programs, Center for Nursing Excellence, Legislative Finance Committee, Legislative Council Service, Department of Workforce Solutions, New Mexico Independent Community Colleges, New Mexico Association of Community Colleges, and faculty and director representatives from schools of nursing.]

NEW EDUCATIONAL MODELS TO PROMOTE EFFICIENCY

To share faculty resources, increase faculty satisfaction, increase the retention of experienced faculty through a flexible educational model, and create new efficiencies for the teaching of core curriculum as well as specialized areas of nursing, the HJM40 Task Force recommends:

HED is funded to lead and implement the following:

- 1. The development of a statewide plan for nursing education involving multiple institutions of nursing education, with a focus on:**
 - a. Support for the development of nurses into nursing faculty (RN to BSN, BSN to PhD, and BSN to DNP programs);**

- b. A focus on acute care as well as chronic disease management, end-of-life care, transitional care, health management, disease prevention, and health informatics technology;
 - c. Development of a statewide curriculum for nursing education;
 - d. Technology (simulation and tele-educaton) to enhance education and promote efficiencies of resources; and
 - e. Removing barriers to innovations in education (ex. providing for seamless admissions; possibility of dual enrollment in AD and BSN programs; early entry to MSN or PhD programs; institutional sharing of faculty and resulting accounting issues).
2. Following the development of a statewide plan for nursing, the development of
- a. Statewide infrastructure for online courses and distance learning;
 - b. A central curriculum resource website; and
 - c. Recommendations for a cross-institutional funding and accounting system to support partnerships between nursing programs.

[Such work should include the participation of the Legislative Finance Committee, statewide nursing articulation HJM40 Task Force, Board of Nursing, nursing faculty and program administrators, the Nursing Council, hospitals and clinical sites, and institutional IT departments.]

NURSING DATA TRACKING SYSTEM

To track the progress of recruiting and retaining nursing faculty, the HJM40 Task Force recommends:

The legislature adopt the national nursing minimum data set, developed by the National Forum of Nursing Workforce Centers, in order to track the nursing profession in New Mexico⁵, and for HED to participate in the national nursing minimum data set for education by developing and maintaining a system of data collection for nursing education to include student and faculty data.

[This work has begun through a collaborative between HED, the Board of Nursing, and the Center for Nursing Excellence]

⁵ The National Forum of Nursing Workforce Centers minimum nursing dataset includes information on education, workforce, and demand.

LONG-TERM PRIORITIES

Long-term priorities are those priorities that can wait a year to be undertaken, and/or are efforts that may continue several years or indefinitely into the future.

PROMOTE ECONOMIC BENEFIT OF NURSING

To articulate the economic benefit of nursing to the state and justify appropriate funding from state and local government and private industry for nursing education, the HJM40 Task Force recommends:

A task force to study and report on the economic benefit of nursing, both in terms of being a valuable source of well-paying jobs in New Mexico and the health savings for government, communities, and private industry of having nurses providing continued care across the life span (acute, preventative, chronic, transitional, and end-of life care) in all New Mexico communities.

[The likely convener of this HJM40 Task Force is the Center for Nursing Excellence in partnership with the Robert Wood Johnson Center for Health Policy.]

PROMOTE BEST PRACTICES FOR COLLABORATION

To attract and retain high-quality nursing faculty through both financial and non-financial incentives provided by communities, the HJM40 Task Force recommends:

Create a taskforce to study and determine best practices for school and community partnerships to attract and retain nursing faculty. (ex. encourage contracts between hospitals and educational institutions where nursing staff are retained on hospital salary and benefits while “loaned” to educational institution; partnerships between nursing education programs and community health centers.)

[The likely convener of this HJM40 Task Force is the Nursing Council, in partnership with the Center for Nursing Excellence and including hospital associations, home care associations, advocacy organizations such as AARP, and community health center groups.]

ENHANCE NURSING EDUCATION INFRASTRUCTURE THROUGH PARTNERSHIPS

To create efficiency in nursing education infrastructure, the HJM40 Task Force recommends:

The development of a strategy and partnerships to enhance nursing education infrastructure, such as mobile simulation labs that can be used at multiple sites within a region.

[Likely partners include HED, nursing schools, Nursing Council, industry]

IDENTIFICATION AND MENTORING OF NURSES THROUGH THE PIPELINE

To enhance the nursing educator pipeline, the HJM40 Task Force recommends:

Schools of nursing, employers of nurses and other stakeholders identify, encourage and mentor:

- a. Promising nursing students towards a career path toward becoming nursing faculty;**
- b. Nurses who are outstanding student preceptors to consider becoming nurse faculty; and**
- c. Mature or retired nurses to consider becoming nurse faculty as an opportunity to extend their careers.**

[Likely partners include HED, nursing programs, and employers.]

PROMOTION OF THE NURSING PROFESSION

To promote nursing as a career, the HJM 40 Task Force recommends:

- a. Expose New Mexico's children at all levels (primary, secondary, and post secondary) to careers in nursing; and**
- b. Work with Workforce Investment Boards, Workforce Solutions, employers, and industry to consider nursing for displaced workers and/or as second career options.**

[Likely partners include HED, Public Education Department and school districts, Workforce Investment Boards, Nursing Council, employers]

APPENDIX



The Legislature
of the
State of New Mexico

49th Legislature, 1st Session

LAWS 2009

CHAPTER _____

HOUSE JOINT MEMORIAL 40

Introduced by

REPRESENTATIVE ELEANOR CHÁVEZ



REPRESENTATIVE JONI MARIE GUTIERREZ
REPRESENTATIVE LUCIANO "LUCKY" VARELA
REPRESENTATIVE JEFF STEINBORN
REPRESENTATIVE DANICE PICRAUX
REPRESENTATIVE ROBERTO "BOBBY" J. GONZALES
REPRESENTATIVE JACK E. THOMAS
REPRESENTATIVE PATRICIA A. LUNDSTROM
REPRESENTATIVE ANTONIO LUJAN
REPRESENTATIVE KAREN E. GIANNINI
REPRESENTATIVE BENJAMIN H. RODEFER
REPRESENTATIVE BRIAN F. EGOLF, JR.
REPRESENTATIVE NATHAN P. COTE

1 A JOINT MEMORIAL

2 REQUESTING THE BOARD OF NURSING TO COLLABORATE WITH THE NEW
3 MEXICO CENTER FOR NURSING EXCELLENCE, THE HIGHER EDUCATION
4 DEPARTMENT AND OTHER AGENCIES AND ORGANIZATIONS TO STUDY THE
5 IMPACT OF A SHORTAGE OF NURSING INSTRUCTORS ON THE STATUS OF
6 NURSING IN NEW MEXICO.

7
8 WHEREAS, the United States and New Mexico are
9 experiencing a shortage of nurses; and

10 WHEREAS, according to a report, *2008: Status of Nursing*
11 *in New Mexico*, published by the New Mexico center for nursing
12 excellence, despite an increase in the number of registered
13 nurses in New Mexico over the last five years, the supply of
14 nurses is not meeting the demand; and

15 WHEREAS, this report states that the vacancy rate for
16 registered nurses in acute care hospitals is ten and seven-
17 tenths percent compared to a national vacancy rate of eight
18 percent; and

19 WHEREAS, according to the university of New Mexico's
20 bureau of business and economic research, the rate at which
21 nurses retire is expected to rapidly accelerate over the next
22 fifteen years, peaking in the year 2020, raising the question
23 of whether the nursing education system has the capacity to
24 bring new registered nurses into the work force as rapidly as
25 current nurses retire; and

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1 WHEREAS, according to the university of New Mexico's
2 bureau of business and economic research, the number of
3 qualified applicants accepted to nursing school declined
4 between 2004 and 2005, with only forty-eight percent of
5 qualified applicants being accepted to New Mexico schools in
6 2005; and

7 WHEREAS, if this trend were to continue, it would
8 suggest that schools may have maximized their ability to grow
9 their programs within the current system, structure and
10 funding sources; and

11 WHEREAS, the New Mexico center for nursing excellence
12 reports that twenty-one percent of associate degree nursing
13 programs and twenty-two percent of bachelor of science nursing
14 programs are funded with non-recurring, soft funds; and

15 WHEREAS, the center also reports that associate degree
16 nursing programs have a ten percent faculty vacancy rate, and
17 bachelor of science nursing programs have a thirteen and five-
18 tenths percent faculty vacancy rate, and on average, twenty-
19 five percent of all nursing faculty will retire within five
20 years; and

21 WHEREAS, salaries for associate degree nursing faculty
22 averaged forty-four thousand four hundred sixty-two dollars
23 (\$44,462) in 2007 compared to a community equivalent salary of
24 seventy-one thousand five hundred dollars (\$71,500) for an
25 associate degree nurse; the salary for a full-time masters of

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1 science nursing faculty was seventy-six thousand four hundred
2 dollars (\$76,400) compared to a comparably educated clinical
3 nurse in the community of eighty thousand dollars (\$80,000)
4 during the same time period; and

5 WHEREAS, in a survey of New Mexico nurse educators from
6 public colleges and universities conducted by the center, all
7 six programs that responded identified the lack of permanent
8 funding as either a major barrier or a moderate barrier to
9 increasing enrollment into nursing programs; and

10 WHEREAS, the disparity between the wages paid to
11 practicing nurses and the average wage paid to full-time
12 nursing faculty can lead to faculty being drawn out of
13 academia and into the practice of clinical nursing; and

14 WHEREAS, over time, the lack of sufficient faculty leads
15 to a bottleneck in the nursing education system with qualified
16 applicants being turned away, or being put on waiting lists
17 for admission; and

18 WHEREAS, there is a need for an assessment of factors,
19 including appropriate salaries, that are necessary to attract
20 nurses into teaching roles to enable schools of nursing to
21 admit enough qualified applicants to address the nursing
22 shortage in the state; and

23 WHEREAS, a long-term plan is needed to ensure that the
24 state's schools of nursing have sufficient faculty to admit,
25 educate and graduate nurses to join the state's health care

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1 workforce; and

2 WHEREAS, the board of nursing is charged with
3 facilitating the continued improvement of nursing education
4 programs and with evaluating programs of nursing with regard
5 to standards and rules;

6 NOW, THEREFORE, BE IT RESOLVED BY THE LEGISLATURE OF THE
7 STATE OF NEW MEXICO that the board of nursing be requested to
8 collaborate with the New Mexico center for nursing excellence,
9 the higher education department and other agencies and
10 organizations to study the impact of a shortage of nursing
11 instructors on the status of nursing in New Mexico; and

12 BE IT FURTHER RESOLVED that the study identify the
13 funding that would be necessary to hire and retain an adequate
14 number of nursing faculty at public colleges and universities;
15 the number of qualified applicants who are turned away or put
16 on waiting lists for admission to nursing schools; the factors
17 that would entice current faculty facing retirement to remain
18 on the faculty; the factors that would entice nurses who have
19 retired from clinical practice to join the faculty of nursing
20 schools; and other factors that are determinants of the
21 success of a school of nursing at educating a sufficient
22 number of nurses to meet the demand in the state; and

23 BE IT FURTHER RESOLVED that the study identify and
24 recommend long-term, sustainable solutions to the shortage of
25 nursing instructors at the state's schools of nursing; and

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1 BE IT FURTHER RESOLVED that the university of New Mexico
2 school of nursing, the New Mexico state university school of
3 nursing, an association representing community colleges and an
4 association representing associate degree schools of nursing
5 participate in the study; and

6 BE IT FURTHER RESOLVED that the findings and
7 recommendations of this study be presented to the interim
8 legislative health and human services committee by November 1,
9 2009; and

10 BE IT FURTHER RESOLVED that copies of this memorial be
11 transmitted to the board of nursing, the secretary of higher
12 education and the New Mexico center for nursing excellence.

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S/ BEN LUJAN
BEN LUJAN, SPEAKER
HOUSE OF REPRESENTATIVES

S/ STEPHEN R. ARIAS
STEPHEN R. ARIAS, CHIEF CLERK
HOUSE OF REPRESENTATIVES

S/ DIANE D. DENISH
DIANE D. DENISH, PRESIDENT
SENATE

S/ LENORE M. NARANJO
LENORE M. NARANJO, CHIEF CLERK
SENATE

APPENDIX 2: NEW MEXICO'S PUBLIC HIGHER EDUCATION NURSING PROGRAMS

Doctor of Philosophy in Nursing	University of New Mexico New Mexico State University
Master's Degree in Nursing	University of New Mexico New Mexico State University
Baccalaureate Degree Completion Programs	University of New Mexico New Mexico State University Eastern New Mexico University Western New Mexico University New Mexico Highlands University Northern New Mexico College
Baccalaureate Degree Programs	University of New Mexico New Mexico State University
Associate Degree Programs	San Juan Community College University of New Mexico – Gallup Central New Mexico Community College Santa Fe Community College Western New Mexico University Dona Ana Community College New Mexico State University - Alamogordo
Career Ladder Programs (1 year LPN; 2 year ADN)	New Mexico Junior College New Mexico State University – Carlsbad Luna Community College Northern New Mexico College Clovis Community College Central New Mexico Community College
Licensed Practical Nurse Programs (LPN)	Central New Mexico Community College

(New Mexico Higher Education Department, 2009)

APPENDIX 3: SELECTED NURSING DATA FOR 2009 (HOUSE JOINT MEMORIAL 40 TASK FORCE)

2009-2010 New Mexico Nursing Data*	School A	School B	School C	School D	School E	School F	School G	School H	School I	School J	School K	School L	School M	School N	School O	School P	School Q	School R	Totals	
Student Enrollment Data:																				
Qualified Applicants	434	83	124	148	43	16	7	33	60	60	405	22	106	68	50	not avail.	241	42	1942	
Applicants Accepted	434	83	52	148	88	42	5	31	55	60	344	21	69	55	50	not avail.	133	32	1702	
Full-Time Faculty Data																				
Professor								1	2	7	3					2	7	1	23	
Associate Professor			1					1	3		7	3		2			7	4	28	
Assistant Professor			1	1				1	3		9	4	4	2				12	5	42
Instructor	18	10	6	1	5	5		2	1		6		6					21		81
Other		1			1			1	0					3	5					11
Total Full-Time Faculty	18	11	8	2	6	5		6	9	7	25	7	10	7	5	2	47	10	185	
Full-Time Faculty Educational Level																				
Doctorate		1	1	1							11	0	0	0				24	0	38
Masters Degree	18	6	2	1	5			5	8	5	13	3	6	5	3	2	23	5	110	
Bachelors Degree		4	5		1	58		1	1	2		4	4	1	2		273	5	361	
Other (Specify)						0			0				0	1				13	0	14
Full-Time Salary Data																				
Doctorate		86,000	57,813	75,000		47,220					73,665	50,901						76,491		avg sal 66,727
Masters Degree	40,140	48,000	45,399	47,000	54,000	42,366		45,000	48,000	49,405	53,523	39,916	57,450	48,983	60,000	65,000	59,725	60,466	50,845	
Bachelors Degree		45,000	43,201		51,000			42,000	45,000	44,961		36,892	55,350	42,055	55,000				52,473	46,630
Expected Full-Time Faculty Retirement																				
Within 2 years						2			1		2			2	1		3		11	
Within 5 years (inclusive)	3	2			1	2		2	2		4	1	3	5	3		5	2	35	
Estimated Full-Time Faculty Need																				
Est. Full-Time Faculty Need	24		4	5	1				18	8	10	1	16	9		1	14	2	113	
Part-Time Faculty																				
Adjunct	25		19	5	2	5	2		5			3		19	12			17	5	119
Other					1		1	2			28								4	36
Total Part-Time Faculty	25	0	19	5	3	5	3	2	5	0	28	3	0	19	12	0	17	9	155	
Part-Time Faculty Educational Level																				
Doctorate	2		1				2				4									9
Masters Degree	11		2	5	1	1	1	1	1		23	2		9	1	2	2	2	64	
Bachelors Degree	12		13		1	4		1	4		1	1	6	7	4		4	6	64	
Other			3											2	6		2	1	14	
Part-Time Faculty Salary Data																				
Adjunct Salary (MSN)	12,000						51,000	24,000	25,000		25,174									27,435
Adjunct Salary (PhD)							75,000													75,000
Compensation by Semester/Course																3,000	5,452	4,000	4,151	
Compensation by Credit			963	567	620	550					646		720						678	
Compensation by Hour						30						39		33					34	
Estimated Part-Time Faculty Need																				
Est. # of Part-Time Faculty Need	32		4		2	0	2		6			1	10	21		2	35	1	116	

*Specific schools have been made anonymous in this report. For more information, contact the Center for Nursing Excellence.

APPENDIX 4: PROJECTED NEED FOR ENTRY-TO-PRACTICE NURSING FACULTY

The following calculations to determine the number of entry-to-practice⁶ faculty required to meet the demand for RN's has been developed by the Center for Nursing Excellence at the request of the HJM 40 Task Force. These calculations are conservative in that they do not account for retirement or attrition of RN's or faculty nor increasing the current level of RNs per capita⁷ and they are based upon the current student:faculty ratio of 9.7:1.

	Current (2008)	2020 Target	Total Increase (2008-2010)	Additional Need Each Year Throughout NM's Public Nursing Education Institutions	Total Cohort to be Maintained Each Year (2009-2010)
RNs in the Workforce	13,059 ⁸	18,000	4,941	--	--
Enrolled Students in Nursing Programs to Meet Workforce Needs⁹	2556 ¹⁰		5,628	469	3,025
Faculty Needed for Enrolled Students¹¹ (based on 9.7/1 student/faculty ratio)	262.5 FFTEs ^{11, 12}			48 FFTE's	310.5 FFT E's

⁶ "Entry to practice" refers to programs that produce RNs, and excludes advanced degree faculty and programs.

⁷ NM Ranks 50 our of 51 states for nurse per 100,000 population (600 nurses/100,000 population), Kaiser Family Foundation. These estimates assume maintaining the status quo and are based on HRSA projected demand.

⁸ New Mexico Board of Nursing data.

⁹ Assumes: 60% of new licensures by examination; 70% of enrolled students graduate; 82% of graduates/candidates pass the licensure examination.

¹⁰ HED 2009 report on nursing program expansion grant funding – includes RN and LPN programs.

¹¹ These estimates do not include faculty required for graduate nursing education such as nurse practitioners, midwives, educators and other masters and doctoral nursing programs., or in-kind contributions of hospital staff serving as clinical faculty paid by hospitals.

¹²Faculty Full Time Equivalent (FFTE): One full time faculty as reported by a school is one FFTE; part time is 0.5 FFTE

APPENDIX 5: NEW MEXICO PUBLIC FACULTY SALARY COMPARISON

	Entry	Mean	Median	Exp.	75%
Nursing Instructors ^{13,14}	¹⁸ \$43,990.00	\$57,570.00	\$54,920.00	\$64,370.00	\$66,130.00
Registered Nurses	\$47,010.00	\$61,830.00	\$61,190.00	\$69,250.00	\$72,770.00
Nurse Practitioner (Santa Fe) ¹⁵	1data not available	data not available	data not available	data not available	\$84,002.00
Nurse Practitioner (ABQ)	data not available	data not available	data not available	data not available	\$72,567.00
Geography teachers	\$48,150.00	\$63,040.00	\$61,320.00	\$70,490.00	\$73,360.00
Health specialty teachers	\$40,710.00	\$57,760.00	\$54,700.00	\$66,290.00	\$71,460.00
Math/Science	\$46,290.00	\$64,250.00	\$62,990.00	\$73,240.00	\$76,520.00
History teachers	\$47,570.00	\$61,240.00	\$61,260.00	\$68,070.00	\$71,250.00

(House Joint Memorial 40 Task Force, 2009)

¹³ Entry level nurse instructors are experienced nurses with a minimum of a masters degree in nursing.

¹⁴ All figures for post secondary instructors taken from NM Department of Workforce Solutions, Economic Research and Analysis Bureau, Occupational Employment Statistics, <http://www.dws.state.nm.us/eds/EDS200902/PAGE0064.HTM> in May 2009

¹⁵ Figures for nurse practitioner in Santa Fe and Albuquerque are from salary.com

**APPENDIX 6: NEW MEXICO PROPRIETARY SCHOOL FULL-TIME FACULTY
SALARY SURVEY**

Three of four New Mexico proprietary schools responded to the NM Center for Nursing Excellence Survey, and gave anonymous reports

	ADN	BSN	MSN
School A	\$57,000	\$60,000	\$65,000
School B	\$55-65,000	\$65-75,000	\$75-90,000
School C	\$50-60/hr		

(House Joint Memorial 40 Task Force, 2009)

APPENDIX 7: NATIONAL LEAGUE FOR NURSING NATIONAL SALARY SURVEY

National League for Nursing (2006)

9 month salaries

Associate Degree Programs:

(n = 501)

	Min	Max	Median
Professor	\$36,792.00	\$93,880.00	\$57,000.00
Assoc Prof	\$25,000.00	\$87,533.00	\$51,731.00
Assist Prof	\$20,000.00	\$80,000.00	\$45,000.00
Instructor	\$18,000.00	\$71,000.00	\$43,000.00
Other	\$2,500.00	\$58,931.00	\$35,212.00

Bachelor Degree and Higher Programs

(n = 256)

Professor	\$42,500.00	\$116,000.00	\$72,625.00
Assoc. Prof	\$37,700.00	\$105,349.00	\$60,000.00
Assist Prof	\$32,962.00	\$74,367.00	\$50,000.00
Instructor	\$3,400.00	\$245,000.00	\$44,633.00
Other	\$2,500.00	\$65,650.00	\$39,550.00

**APPENDIX 8: AMERICAN ASSOCIATION OF COLLEGES OF NURSING (AACN)
NATIONAL SALARY SURVEY**

American Association of Colleges of Nursing
Salary Survey
2008-2009 (2009, pp. 11-13)

Academic Calendar	min	max	50th percentile
Professor			
doctoral	\$40,909	\$268,837	\$92,179
non doctoral	\$53,008	\$186,367	\$75,502
Assoc Prof			
doctoral	\$34,466	\$159,217	\$75,559
non doctoral	\$35,836	\$163,227	\$61,000
Assist Prof			
doctoral	\$27,818	\$149,278	\$66,414
non doctoral	\$25,843	\$144,277	\$55,727
Instructor			
doctoral	\$27,450	\$98,182	\$58,000
non doctoral	\$28,500	\$147,273	\$52,975

Calendar Year	min	max	50th percentile
Professor			
doctoral	\$50,000	\$328,579	\$112,663
non doctoral	\$64,788	\$227,782	\$92,280
Assoc Prof			
doctoral	\$42,125	\$194,599	\$92,350
non doctoral	\$43,800	\$199,500	\$74,556
Assist Prof			
doctoral	\$34,000	\$182,451	\$81,173
non doctoral	\$31,586	\$176,338	\$68,111
Instructor			
doctoral	\$33,550	\$120,000	\$70,889
non doctoral	\$34,833	\$180,000	\$64,747

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