

February 3, 2022  
 Testimony on the Nurse Workforce  
 House Committee on Health Care  
 Respectfully Submitted by  
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Honored Health Care Committee and Chair Representative William Lippert,

In 2015, nurse faculty from across the state at every college in Vermont with a RN program were interviewed about their perceptions, and lived experience when transitioning from a clinical role, to education. Even then, nursing was in trouble, and that was not the beginning. Prior to this:

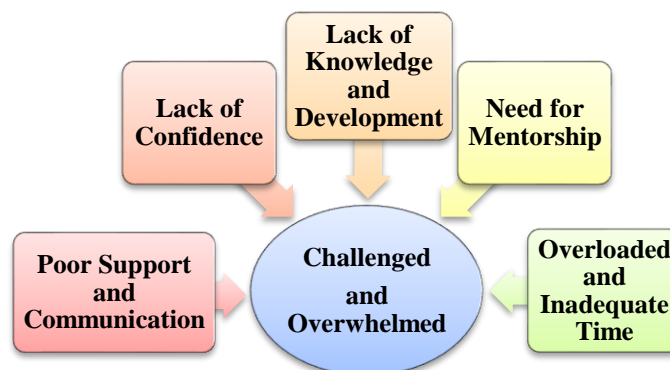
- Clinicians transitioning to the educator role felt overwhelmed<sup>1</sup>. New faculty feel anxious and inadequate<sup>7,4,6</sup> Transition to the faculty role is difficult, frightening, overwhelming, awful, & stressful<sup>14</sup>.
- 76% of nursing program respondents attributed the need to turn away applicants as due to the faculty shortage<sup>8</sup>.
- The ability to replenish faculty was inadequate despite recruitment from clinical departments, with large numbers retiring<sup>5,13</sup>. Clinical faculty without sufficient education have greater development needs and often lack teaching experience and education<sup>12</sup>.
- There was a \$40,000-\$60,000 gap between what is paid a mastered-prepared faculty and what they earn in a clinical setting<sup>10</sup> and larger gaps are reported<sup>8</sup>.
- A survey of 603 schools found 58% reported full-time vacancies, 72% have insufficient funds to hire new faculty<sup>1</sup>.

Roberts (2015) research confirmed the need for improved support and communication as 93% of faculty experienced challenges with comments by multiple faculty such as *tossed to the wolves, trial by fire, extremely difficult. being lost, thrown into it...overwhelmed* and 87% lacked confidence.

Transition to academia from clinical practice was difficult, and 73.3% did not believe they saw the big picture. Many found the academic culture threatening. All those interviewed felt mentorship helped. It was the most frequent strategy recommended. Another theme for faculty was that 100% felt overloaded by the workload, with many nurse educator comments such as:

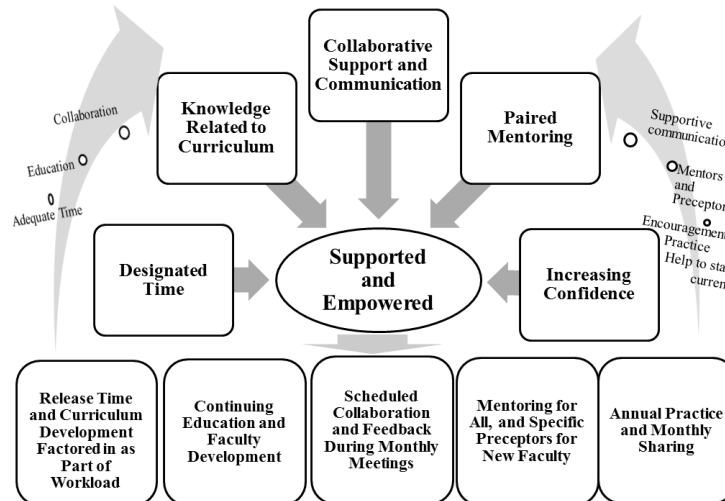
*Extremely challenging. Oh my God! Workload... working all evening, all Saturday, all Sunday... not getting any rest. Sunday starting from scratch... never got ahead.* All referred to inadequate time.

Some recommended strategies in Roberts research included adjusting workload, practicing skills, thoughtful mentor selection, time release for work on curriculum, preferably reimbursed, factored into workload. Collaboration and feedback and a safe environment to disagree was also suggested. The descriptive middle range theory *Challenged and Overwhelmed* emerged from the data and clarifies understanding of what educators face in academia. The onslaught of challenges can become overwhelming. Faculty who were expert nurses, struggled to achieve expectations they did not know existed.



***Middle-Range Theory: Challenged and Overwhelmed***

The *Supported and Empowered* model Roberts created depicts five areas : education, mentoring, practice, time, and collaboration and feedback to fortify the five themes affecting the educator, transforming the five deficient areas noted in the theory *Challenged and Overwhelmed*, into positive influences:



***Supported and Empowered: Model of Understanding to Support Faculty’s Growth and Competence***

By 2018 over 80,000 eligible nursing applicants were denied admission in undergraduate and graduate nursing programs<sup>9,2</sup>. A *Special Survey on Vacant Faculty Positions* noted 1,637 faculty vacancies in a survey of 892 nursing schools<sup>2</sup>.

By 2022 the situation is more dire. The NACNEP (2020) recalled factors affecting the supply of nurse faculty, such as non-competitive salaries, high workloads, poor understanding and respect for the faculty role and reported prior steps were insufficient to increase and improve the nurse faculty workforce, and failing to address the shortage of clinical preceptors. Nurse faculty vacancy rates and retirements have increased. The influx of travel nurses has made the salary gap enormous. The Secretary of HHS and Congress made recommendations to allocate funding for programs to increase nurse faculty and preceptors, and to develop a nurse residency program to improve faculty recruitment, preparation, development, and retention<sup>9</sup>. The creation of a national center devoted to nursing education and the development of nurse faculty and clinical preceptors could pilot innovative projects to support the development and promote the recruitment and retention of diverse nurse faculty; improve the image of nurse faculty. Academic-practice partnerships could be encouraged and coordinated, supporting nurse faculty employment, advancement and more. We can begin to collaborate locally, sharing best practice.

Nursing must be perceived as an attractive profession. We must make it so, or people will not remain nurses. Then, promote it, starting young. Reduce workload, provide mentors, support preceptors and give frontline nurses psychosocial support. Nurse employers can no longer be permitted to force overtime shifts when nurses have families at home needing care. Violence to nurses must be addressed. Nurse educators need to receive more than a beginner nurse salary, or recruitment and retention is problematical. Adequate personal protective equipment must be easily available and meet standards that prevent harm. Never before has a profession been expected to put themselves in harms way for long periods with substandard protection, such as reusing N95 masks or using cloth masks when better was not available in areas where

an airborne disease was prevalent. Thank you legislators for supporting nurses, even when our nation at times has failed us. We must solve this, for without adequate nurses, more people die

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(confirms another study [full article](#) )