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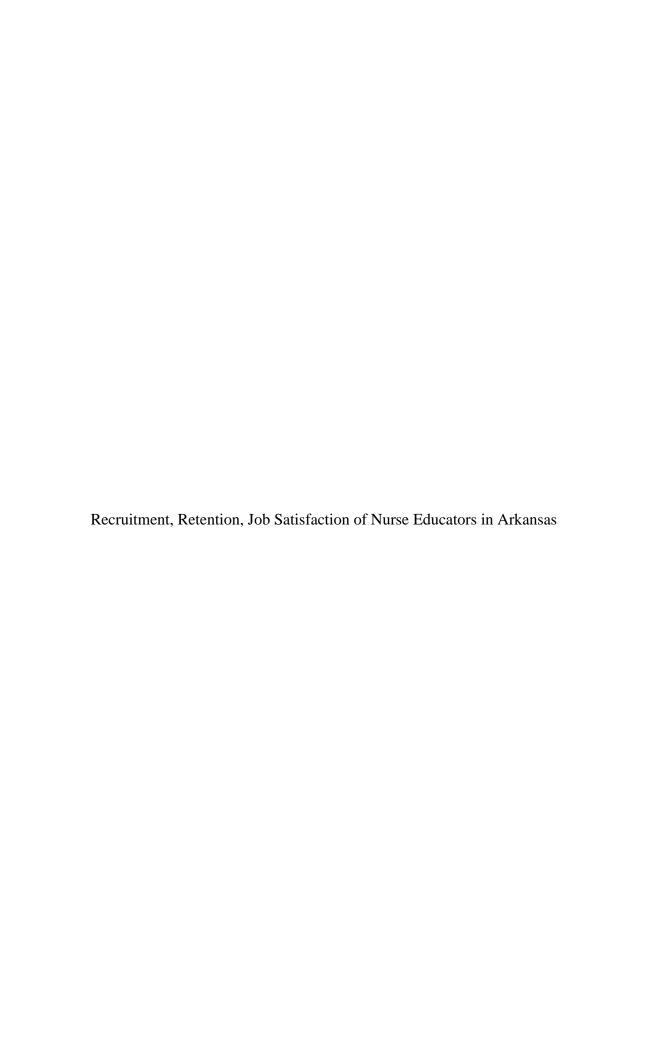


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Recruitment, Retention, Job Satisfaction of Nurse Educators in Arkansas

A dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of Education in Higher Education

by

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Abstract

Facing a crucial shortage of nurses and nurse educators, administrators of colleges and universities need to explore employment and individual characteristics that are related to recruitment and retention of nurse educators. Adding to the nurse and nurse educator shortage is the concern that the population of the United States is aging which creates a growing demand for more RNs. A further issue that complicates the nurse and nurse educator shortage is that nursing education is not producing enough RNs. Schools of nursing are positioned to have to prepare more new nurse graduates over the next decade in an effort to alleviate the nurse and nurse educator shortage.

The purpose of this descriptive survey study was to describe individual and employment factors that attract nurses to academia and factors that permit nurses to remain in academia. Full-time nurse educators who teach in associate, baccalaureate, diploma, masters, and doctoral programs in Arkansas were surveyed. The survey was distributed to 209 nurse educators with 104 completed surveys returned.

Results of the study indicated that autonomy and independence, balance with work and family life, teaching support, and administrative support were key indicators of job satisfaction. Nurse educators indicated that they are most likely to remain in academia if they have higher salaries, time off, and balance with work and family life. Additionally, nurse educators remarked that teaching, time off, and independence and autonomy as key indicators of recruitment to academia. Retirement, higher salary, and balance with work and family life were mentioned as reasons that nurse educators leave nursing education. Data analysis revealed no positive correlation between job satisfaction and reasons for leaving nursing education. Further study

suggests exploring the influence of creating job satisfaction in the work environment as a resolution to recruitment and retention of nurse educators.

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Chapter I

Introduction

The Context of the Problem

National attention has focused on the issue of the nurse and nurse educator shortage. By the year 2025, the United States is projected to experience a registered nurse shortage of 260,000 (Buerhaus, Staiger, & Auerbach, 2008, Bureau of Labor, 2012-2013). Additionally, the American Association of Colleges for Nursing (AACN) estimated that by 2020 the shortage of registered nurses (RNs) will reach 1.2 million due to the increased healthcare needs and nurse replacements (AACN, 2012). The seemingly simple solution to this shortage would be to increase the number of students accepted in and graduating from schools of nursing.

Findings from surveys conducted by AACN (2011) reported a 5.1% enrollment increase in entry level baccalaureate programs in nursing in 2011 yet this increase was not sufficient to meet the projected demand for nursing services. Yet another report from AACN in 2011-2012 acknowledged that the United States nursing schools turned away 75,587 qualified applicants from baccalaureate and graduate nursing programs due to inadequate number of faculty, insufficient clinical sites, deficient classroom space, budget constraints and lack of clinical preceptors. Nearly two-thirds of the nursing schools responding to the survey agreed that their programs were deficient in attracting qualified applicants (AACN, 2011-2012).

Equally important is that the nurse shortage contributes to the nurse educator shortage. AACN (2012), reported that a wave of nurses will be retiring within the next ten years. To add to this deficit, authors predicted that between 200 and 300 doctoral-prepared faculty will be eligible for retirement each year from 2003 through 2012. Additionally, master's-prepared nurses will be eligible for retirement between 2012 and 2018 (AACN, 2012). Currently, the

average age of doctoral-prepared faculty holding ranks of professor, associate professor, and assistant professor is 60.5, 57.1, and 51.5. For the master's-prepared faculty, the average ages for professors, associate professors, and assistant professors is 57.7, 56.4, and 50.9 (AACN, 2012).

As the nursing workforce is rapidly advancing toward retirement, the rate of faculty replacements is decreasing. If this shortage is not resolved, the shortage of nursing educators will subsequently contribute to the nursing shortage and negatively impact healthcare and the quality of healthcare delivered. The need for nurse educators is clear. Recruiting and retaining new nurses into academia is vital. Once these nurses consider joining the ranks of academia, what factors attract them and what factors permit them to stay in academia?

Statement of the Purpose

It is crucial that nursing find ways to solve the nursing and nurse educator shortage. Recruitment of new faculty and retention of seasoned faculty is a vital area of concern. It is generally believed that job satisfaction influences recruitment and retention in the job arena. According to the 2006 National League for Nursing (NLN) and the Carnegie Foundation Report, faculty workload, the work environment, faculty salaries, collegial environment, and lack of job satisfaction were identified as reasons for nurse educator shortage. Job satisfaction, recruitment and retention of nurse educators are areas of scarce research. If nursing is going to alleviate the nurse and nurse educator shortage, it is important to examine job satisfiers and job dissatisfies that impact recruitment and retention of nurse educators.

Statement of the Purpose

The purpose for conducting this descriptive study was to describe individual and employment factors that attract nurses to academia and factors that permit nurses to remain in academia.

Statement of Research Questions

- 1. What were the self-reported critical elements that nurse educators perceive to influence their decision to enter nursing education at the postsecondary level?
- 2. What were the self-reported critical elements that nurse educators perceive to influence their decision to leave nursing education at the postsecondary level?
- 3. What were the self-reported critical elements that nurse educators perceive to influence their decision to stay in nursing education at the postsecondary level?
- 4. What were the self-reported critical elements that nurse educators perceived to influence job satisfaction or job dissatisfaction?
- 5. To what extent was there a correlation between intent to leave nursing education and selected career variables that would cause nurse educators to leave?
- 6. Were there significant differences between reasons for leaving nursing education and time frame for leaving academia?

Definitions

Academia: The setting for a nurse who teaches in an institution of higher learning

Baby Boomers: Persons born between 1946 to 1964 (US Census Bureau, 2012)

Job Satisfaction: A person's perception of contentment with their role in teaching in schools of nursing

Registered Nurse. A person who has completed an associate, diploma, or baccalaureate

nursing program, successfully passed the NCLEX-RN and has licensure to practice nursing (Finkleman & Kenner, 2013)

Work Environment: A work setting in which policies, procedures and systems are designed so that employees are able to meet organizational objectives and achieve personal satisfaction in the work (Disch, 2002)

Assumptions

- 1. There were critical elements that nurses self-report that attract them to nursing education.
- 2. There were critical elements that nurses self-report that cause them to remain in nursing education.
- 3. There were strategies that will attract nurses to nursing education.
- 4. There were strategies that will cause nurses to remain in nursing education.
- 5. Nurse educators varied in their self-reported degree of job satisfaction.
- 6. Increased efforts to recruit and retain nurse educators was possible

Delimitations and Limitations

The scope of the study was limited to nurse educators from Associate, Baccalaureate, Masters, and Doctoral Programs in the state of Arkansas. This excluded input from the Practical Nursing and Diploma Program nurse educators in the state of Arkansas. The findings from the study was generalized to only nurse educators at institutions represented in the sample. The disbursement of the survey was limited to nurse educations who selected to participate.

Significance of the Study

The nurse and nurse faculty shortage emerged in the 1980's when student enrollment dropped and the number of faculty positions and number of prepared nurse educators declined (Hinshaw, 2001). Since 1993, the number of nurse educators under the age of 45 has steadily

declined (Buerhaus, Auerback, & Staiger, 2001; Buerhaus, Staiger, & Auerback, 2008). In 2007 the NLN/Carnegie National Survey of Nurse Educators calculated that 48% of nurse educators were age 55 and older (Kaufman, 2007b). Then in 2011-2012 AACN reported that "United States nursing schools turned away 75,857 qualified applicants from baccalaureate and graduate nursing programs in 2011 due to inadequate number of nursing faculty, insufficient clinical sites, insufficient classroom space, budget constraints, and lack of clinical preceptors" (AACN, 2011-2012, p. 1). Another survey, *Special Survey on Vacant Faculty Positions*, was made public in 2012 by AACN. The survey targeted baccalaureate and graduate nursing programs in the United States and reported a faculty vacancy rate of 1,181 among the 662 nursing programs surveyed. Further the programs indicated a need for an additional 103 faculty positions to accommodate the growing student demand (AACN, 2011-2012).

Accordingly, AACN (2012) remarked that the current United States nurse faculty vacancy rate is 7.6%. Of this vacancy rate, 88.3% are nursing education positions that require a doctoral degree (AACN, 2012). Interestingly, the average age of doctoral prepared nursing faculty is 53 and over 50 for master's prepared faculty (AACN, 2012). Moreover, the National League for Nurses (NLN) projected that 75% of the current nursing faculty are expected to retire by 2019. The climbing numbers of aging nurse educators cause a severe concern and challenge for schools of nursing as they plan to recruit and retain nurse educators. As a result of the nurse educator shortage combined with an inadequate supply of new nurses prepared to teach in academic setting, shortages are expected to escalate.

For administrators in schools of nursing, the challenge to recruit and retain nursing faculty is quite an obstacle. Administrators face barriers in hiring nurse educators to include factors such as low compensation in comparison to the private-sector, heavy workloads,

expectation to perform additional roles, and the availability of other career options (AACN, 2011-2012, Hinshaw, 2001, & Kaufman, 2007). Equally important is the factor that the private sector and clinical institutions lure current and potential nurse educators away from teaching. In 2013 the National Academy of Nurse Practitioners, noted the average salaries for a doctoral prepared practitioner to be \$96,807, \$92, 867 for the master's prepared nurse practitioner, and \$90, 965 for the bachelor's prepared practitioner (AANP, 2013). In comparison, salaries for the doctoral prepared nurse educator was \$82,005, \$72,028 for the master's prepared nurse educator (HRSA, 2012). For administrators the inability to offer competitive salaries is a major impediment in recruiting new nurse educators and retaining seasoned nurse educators.

As interested consumers of health, administrators of higher education institutions, and administrators of nursing programs search for the answer to the nurse and nurse educator shortage, an increased demand is emerging in the United States population. The rate of growth in the elderly population has exceeded the growth of the population of the country as a whole. The elderly population is the largest consumer of health care services and as person's age, so do the occurrences of chronic diseases and illnesses. This increase in the elderly population will place major challenges on healthcare providers to deliver quality health care. Coupled with this population is the group of Baby Boomers who will retire and experience health issues in the next few years. For nurses and nurse educators this growing population will require the provision of quality health care thus the need for nurses is critical. In order to prepare to meet the healthcare needs of the population, it is essential that we educate nurses who can provide quality care. For nurses to be prepared to care for this population, nurse educators must be available to educate the next generation of nurses.

Nursing literature has described the impact of the current and growing effect of the

nurse and nursing shortage; however, fewer studies have looked at the value of a healthy work environment in recruiting and retaining nursing faculty. Kuehn (2010) acknowledged that "a supportive, healthy work environment is one factor in caring for others and is crucial in recruitment and retention of nursing faculty" (p. 193). To examine closer the impact of working environment, it is important to examine job satisfaction. In 1959, Frederick Herzberg conducted research which led to the development of his Two-Factor Motivation Theory that is widely utilized today. For involved administrators of higher education and administrators of nursing programs, it is essential to discover what motivates persons to be satisfied or dissatisfied in their work. By utilizing Herzberg's satisfiers and working to relieve dissatisfies, there is possibly a solution to recruitment and retention of nurse educators.

Theoretical Framework of the Study

According to Herzberg (1966), a person has needs and different levels of motivation. Herzberg created a needs-based model to answer the question, "What do people want from their jobs" which was based on the variability of personal needs, and therefore motivation (Herzberg, Mausner, & Snyderman, 1993, p. 107). Thus, Herzberg's Two-Factor, or Motivational Theory, addressed motivation and satisfaction. The two-factor theory was tested by Herzberg based on individual interviews with 203 engineer and accountants. The subjects were asked to describe incidents at work that led them to feel satisfied or dissatisfied. From his interviews Herzberg established two categories or factors, motivators or intrinsic factors and extrinsic factors or hygiene needs. In additional, he looked at factors and attitudes of persons in the workplace and how these factors affected their motivation. From his research, Herzberg developed a theory of employee motivation that was based on job satisfaction. Herzberg's Two-Factor Theory, addressed the impact of motivation with job satisfaction or job dissatisfaction. Motivators were

cited as higher-order needs that originate within an individual. Motivators are intrinsic to the job, such as responsibility, independence of action, and recognition for accomplishing difficult tasks. These motivators promote satisfiers and job satisfaction for the person.

In contrast, the second set of factors, hygienic factors, are extrinsic and play a role in the worker's feelings of job dissatisfaction. The dissatisfactory elements are extrinsic job factors in the working environment, such as company policy, supervision, salary, interpersonal relations, and working conditions (Herzberg, 1966). These factors lack motivation and their absence or insufficiency results in a person's dissatisfaction with their job (Herzberg, Syptak, Marsland, & Ulmer, 1999).

Herzberg's work suggested that job satisfaction and dissatisfaction are not necessarily opposite concepts. "The opposite of satisfaction is not job dissatisfaction, but rather no job satisfaction; and similarly, the opposite of job dissatisfaction is not job satisfaction, but no dissatisfaction" (Kreitner, 1992, p. 389). However, to satisfy and motivate persons, the work itself must be meaningful.

By studying selected motivators of the nurse educator, Herzberg's Theory of Motivation served to identify and categorize recruitment and retention strategies that were used for nurse educators ranking of job satisfaction elements.

Chapter II

Review of the Related Literature

With nearly 3 million nurses, the United States has the largest professional nursing workforce in the world yet still does not produce enough nurses to meet the growing demand in the workplace (Aiken & Cheung, 2008). Further current and projected nursing shortage estimates reflect the fact that fewer people are entering the profession. By 2020, a decline in the number of available nurses will extend beyond the increased need for nursing services due to the aging of the Baby Boomer generation. The American Association of Colleges of Nursing (AACN) estimated that the shortage of registered nurses (RNs) will reach 1.2 million by 2020 due to increased healthcare needs and replacements (AACN, 2012). To compound this shortage, the emerging physician shortage will further exacerbate the nursing shortage as the boundaries in the scope of practice between physicians and nurses overlaps (Aiken & Cheung, 2008).

The national shortage of nurses has being addressed by organizations such as the AACN, the United States Department of Labor, Health, Resources and Service Administration (HRSA), and the Center to Champion Nursing in America (CCNA, 2012). In addition, many statewide initiatives have proceeded to address the nursing shortage of registered nurses and nurse educators. Many of the proposed solutions addressed the need to expand enrollment in nursing schools thereby increasing graduation rates of nurses. Increasing schools' enrollment presents issues with workplace conflicts and workplace job satisfaction. Schools of nursing will require substantial improvements in the development of positive professional working environments, the use of technology, and innovations to ease the physical load of care giving and providing job satisfaction in the recruitment and retention of future nurses in the workforce (Aiken, Cheung, 2008). To better understand the impact of the need for nursing education, the next narrative has

been divided into the following sections: Nursing Education Overview; Increased Demand for RN's, Reasons for the Nursing Shortage, Nurse Educator Shortage, and Reasons for the Nurse Educator Shortage.

Nursing Education: An Overview

As far back as 1869, Florence Nightingale, mother of nursing, proposed that nursing education take place in educational settings rather than in hospital settings. During this era, Nightingale's proposal was not widely accepted as most of the education of nurses took place in the hospital settings. As the century progressed, the American Nurses' Association House of Delegates passed a resolution that declared that the preparation of professional nurses begin at the baccalaureate level. When the proposal passed, nursing education slowly entered into academe during the 1980s. Since that time, the last two decades has experienced the period of greatest growth for university-based nursing education programs (Finkleman & Kenner, 2013).

At the present time, there are four educational pathways for nurses and two licensure categories. RN's are prepared in three types generic programs: baccalaureate programs that generally take four years; associate degree programs that usually take two to three years; and hospital diploma programs that normally take three years. The baccalaureate and associate degree programs are based in institutions of higher education. The diploma programs are based in hospitals and award a diploma upon completion of the program. This type of program lacks formal higher education credit and degree attainment. All RN programs are at the postsecondary level following a student's completion of twelve years of general education and a high school diploma. Currently, there are increasing numbers of programs of varying lengths where RNs can obtain additional education in the forms of associate, bachelors, and master's degrees. In addition, "fast track" programs are increasingly common and enable second career non-nurses

with baccalaureate or higher degrees in other fields to become nurses between 1-2 years (Aiken & Cheung, 2008). Following completion of one of the three types of nursing programs, nursing graduates take a national licensure exam to become registered in their state as an RN. Each graduate must be successful passing the exam in order to be licensed as an RN. Interestingly, each of the different RN programs takes the same RN exam for licensure.

Issues Contributing to Nurse Shortage

Increased Demand for RNs

The current shortage of nurses began in 1998 and is entering its fifteenth year, making it the longest nursing shortage in the past fifty years (Auerbach, Buerhaus, & Staiger, 2007).

According to AACN, the United States and other countries worldwide are experiencing a nursing shortage (2012). Between 2010 and 2020, there was an estimated 711,900 new jobs for registered nurses to be created due to the increased demands for healthcare services (United States Bureau of Labor Statistic, 2012-2013; Aiken & Cheung, 2008). The demand for nurses is projected to remain high due to economic growth, population growth, continuing trends of consumers investing disposable income in health services, aging of the population, an increasing prevalence of chronic illnesses, advances in medical services and technology, and threatening physician shortage. Growth is expected to be much faster than average in traditional hospital settings as well as in non-hospital settings such as home healthcare services and physicians' offices (United States Bureau of Labor Statistics, 2012-2013).

Fewer Entering the Profession

Recent and projected nursing shortages reflected the fact that fewer people are entering the profession of nursing. Together with the nursing shortage is the cyclic aspect to shortages, as RNs are more likely to work when the economy is doing less well (Keenan & Kennedy, 2003).

Projected shortages indicated that by 2020 there will be a decline in the number of available nurses and an increased need of nursing services due to aging of the Baby Boomer generation. "These changes suggest that it will be more difficult, and more costly, to respond to the future nurse shortage" (Keenan & Kennedy, 2003, p. 1).

Aging Nurses

The United States is projected to encounter a shortage of registered nurses that is expected to intensify as Baby Boomers age and the need for health care grows. Cited in the January 2012 issue of the "American Journal of Medical Quality", the shortage of registered nurses is predicted to spread across the country between 2009 and 2030. Likewise, the Bureau of Labor Statistic (2012) forecasted that by the year 2014 more than one million nurses will be needed to care for the aging population in the United States.

Aging of the US

The rate of growth of the elderly population has far surpassed the growth of the population of the country as a whole. In this century, the total population and the population less than 65 years of age has tripled. Moreover, the persons 65 years and older increased from 3.1 million in 1900 to 33.2 million in 1994 (Day, 2011). "Under the Census Bureau's middle series projections, the number of persons 65 and older is projected to more than double by the middle of the next century to 80 million" (Day, 2011, p. 4). By the year 2030, one in five Americans could be elderly as compared to one in eight Americans in 1994 (Day, 2011).

Patient Concerns

The nursing shortage and nursing faculty shortage must be viewed within the context of patient concerns. In 2013, the United States Census Bureau reported projections taken from the 2010 census. According to the projections, the population age 65 and older is expected to more

than double between 2012 and 2060, from 43.1 million to 92.0 million. The older population will represent just over one in five United States residents by the end of the period. The increase in the number of the oldest old is even more dramatic; those 85 and older and is projected to more than triple from 5.9 million to 18.2 million, reaching 4.3 % of the total population. Baby Boomers, defined as persons born between 1946 and 1964, number 76.4 million in 2012 and account for about one-quarter of the population. In 2060, when the youngest of the Baby Boomers will be 96 years old, and is projected to number around 2.4 million and represent 0.6 % of the total population (United States Census Bureau, 2012). The Baby Boomer generation will place tremendous strain and challenges with the need for specialized services and programs that will be required of an elderly population.

Changing Demographics

Earlier reports from the United States Department of Health and Human Services reported that the older population (persons 65 years or older) numbered 39.6 million in 2009. This population represents 12.9% of the United States population or about one in every eight Americans. By 2030, there will be about 72.1 million older persons, more than twice the number in 2000. People 65 years and older represented 12.4% of the population in the year 2000, but are expected to grow to be 19% of the population by 2030. This population will have health care needs and will require unique health care services (United States Department of Health and Human Resources, 2012).

Changes in demographics will tremendously impact the need for nurses in the future.

The older population is the largest consumer of health care services and currently has twice the number of physician contacts as those persons less than 65 year of age. Older Americans use more health care per capita than any other age group. Health care costs per capita have increased

and at the same time the Baby Boomer generation is rapidly approaching retirement age. From 1992 to 2008 the average annual health care costs for Medicare enrollees age 65 and older grew tremendously. In 1992, annual health costs for ages 65 to 74 was \$7,500 and grew to \$11,000 in 2008. The age group 75 to 84 annual health care costs in 1992 was \$11,000 and increased to \$17,000 in 2008. The oldest group, 85 and over, annual health care costs in 1992 was \$19,000 and extended to \$23,000. In addition, health care expenditures varied according to demographic characteristics. The average costs among non-Hispanic Blacks was \$19,839 in 2008 compared with \$15,362 among Hispanics. Low-income persons experienced higher health care costs; those with less than \$10,000 in income averaged \$21,924 in health costs whereas those with more than \$30,000 in income averaged only \$13,149. Also, costs varied by health status. Persons free of chronic conditions incurred \$5,520 in health care costs. Those with five or more condition incurred \$24,658. The average costs among residents of long-term facilities were \$61,318, compared with \$13,150 among community residents (Aging stats, 2008).

Decreased Quality of Care

As the nursing shortage has grown, quality patient care has become an issue. Aiken (2008) summarized patient issues related to the nursing shortage and eluded that when there is an increase in serious physiological complications there is also an inadequate numbers of nurses to provide care for patients. Additionally, Needleman indicated that inadequate nurse staffing was related to higher patient mortality rates. His data showed that the mortality risk for patients was about 6% higher on units that were understaffed as compared with units that were fully staffed (Needleman, Buerhaus, Pankratz, Leibson, Stevens & Harris, 2011). The authors also found that when a nurse's workload increases because of high patient turnover, mortality risk also increase (Needleman et al, 2011).

Quality patient care has become an even greater concern as the nursing shortage intensifies. Literature has supported the necessity to address the shortage via all possible venues, including recruiting and maintaining adequate number of qualified nurses. In an effort to increase the number of nurses, nursing faculty are needed to prepare current and future nurses. Without adequate faculty to educate nursing students, the next generation of nurses will be without nursing faculty (Falk, 2007).

Reasons Contributing to the Nursing Shortage

Reasons for the nursing shortage are comprehensive. The changes reflect shifts in the population demographics, the changing health care system, women's employment patterns, and nursing practice. "Together, these changes present challenges in recruiting new RNs and retaining existing RNs" (Keenan & Kennedy, 2003, p. 2). Some of the challenges include: increased demand as a result of the aging population, other career options, responses to health care cost, wages, work load and work environment (Keenan & Kennedy, 2003). Changing Demographics /Women's Employment Patterns

Nursing services will be in demand between 2000 and 2020 as the population grows by 18% and the over-65 population experience more health care needs (Keenan & Kennedy, 2003). Also, women in society have experienced changes in social and employment patterns. According to a study by Buerhaus (2001), employment patterns by women have changed in the past 30 years. His study indicated three trends in women's employment patterns. The first trend is that women have stopped entering a wide range of traditionally female-dominated occupations. The second trend is that women are interested in the male-dominated occupations of professional and managerial positions. The final trend is that women are less interested in taking courses in high school to prepare them for nursing. Buerhaus concluded that the nursing

shortage will continue increase until people are attracted and recruited to nursing (Buerhaus et al, 2001).

Changes in the Health Care System

In addition, "the growth of managed care in the 1990's created cost pressure, particularly in hospitals, which is the largest employer of RNs" (Keenan & Kennedy, 2003, p. 2). By the late 1990's, managed care RN wage and employment growth slowed at the national level. Thus, changes followed shifts in hospital payment systems which reduced spending and shortened hospital stays. Consequently, hospital RNs treated patients who were often sicker hence their work was more intensive. Then, in the 1990's, RN wages simply kept pace with inflation rates. Conversely, between 1982 and 1992, "RN inflation-adjusted mean wages increased by \$6,000" (Steinbrook, 2002, p. 3). Finally, in response to the health care cost pressure in the 1990's, hospitals reduced staffing and implemented mandatory overtime policies to ensure that RNs be available to work when the number of patients unpredictably increased. As a result, the workload for RNs increased, and their control over scheduling decreased. Rather than RN wages increasing to compensate for the additional workload, wages were flat. Literature has supported that an increased workload may affect the decision of nurses to enter, remain, or leave the nursing profession (Keenan & Kennedy, 2003).

Contributing Factors Impacting the Nurse Shortage

Most recently, the AACN (2011) studied the contributing factors that impact the nurse shortage. From the study, some of the factors surfaced: nursing school enrollment not growing quickly which restricts nursing program enrollments, the average age of the RN climbing, changing demographics, and insufficient staffing.

Increased Nursing School Enrollment

AACN (2011) reported a 5.1% enrollment increase in the entry-level baccalaureate programs in nursing in 2011 yet this increase was not sufficient to meet the projected demand for nursing services. Greater nursing school enrollments are essential, especially since the passage of the Patient Protection and Affordable Care Act in 2010. This act provides for more than 32 million Americans access to healthcare services. To accommodate the increase availability of healthcare services, there will be an increased demand for services provided by RNs and Advanced Practice Nurses (APRNs).

Shortage of Nursing Faculty

Another factor impacting the nurse shortage is the shortage of nurse educators. The AACN report on 2011-2012, *Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing*, stated that the United States nursing schools turned away 75,587 qualified applicants from baccalaureate and graduate nursing programs in 2011 due to inadequate number of faculty, insufficient clinical sites, lacking classroom space, budget constraints, and a shortage of clinical preceptors. Nearly two-thirds of the nursing schools that responded to the survey agreed that nurse educator shortages was a reason for not accepting all qualified applicants into their programs (AACN, 2011-2012). Another study was conducted by the Southern Regional Board of Education (SREB) in February 2002. This study documented a serious shortage of nurse educators in 16 states and the District of Columbia. Survey findings pointed to a 12% shortfall in the number of needed nurse educators. Additionally, the findings projected that unfilled faculty positions, projected retirements, and the shortage of students being prepared for the nurse educator role present a threat to nursing education in the next five years (SREB, 2002).

Moreover, the average age of the RN is mounting. The average age of RNs is projected to be 44.5 years by 2012 with nurses in their 50's being the largest segment of the nursing workforce and almost one-quarter of the RN population (Buerhaus, Staiger, & Auerbach, 2008). Changing Demographics

Still another factor that contributes to the nurse shortage is the changing demographics. According to the July 2001 report, *Nursing Workforce: Emerging Nurse Shortage due to Multiple Factors*, 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 60's and older. An additional report, *Who will care for us? America's coming health care crisis*, noted that the elderly population will be the most likely to need care, yet the ratio of potential caregivers will decrease by 40% between 2010 and 2030. Moreover, demographic changes may limit access to health care unless the number of nurses increases in proportion to the rising elderly population (SREB, 2002).

Job Satisfaction

A final factor that contributed to the nurse shortage is the impact that insufficient staffing has on job satisfaction and the reason for many nurses leaving the profession. In the article, *Nurse staffing, burnout, and health-care associated infections*, the authors identified a significant association between high patient-to-nurse ratios and nurse burnout with increased urinary tract and surgical site infections. In the study of Pennsylvania hospitals, the researcher found that increasing a nurse's patient load by one patient was associated with higher rates of infection. The authors concluded that reducing nurse burnout can improve both the well-being of nurses and the quality of patient care (Cimiotti, Aiken, Sloane, & Wu, 2012).

Shortage of Nurse Educator

The need for RNs in the United Sates continues to grow, yet the shortage of nurse educators in the nursing schools student enrollment is limited. Budget constraints, aging nurse educators, and increasing job competition from clinical sites have added to this crisis (AACN 2012).

According to a *Special Survey on Vacant Faculty Positions*, made public by AACN in October 2012, a total of 1,181 faculty vacancies were identified in a survey of 662 nursing schools with baccalaureate and /or graduate programs across the United States (a 78% response rate). In addition, schools alluded to the need to create an additional 103 faculty positions to accommodate the growing student demand. The current United States nurse educator vacancy rate is 7.6%. Of this vacancy rate, 88.3% are nurse educator positions requiring or preferring a doctoral degree. Schools cited the top reasons for having difficulty finding nurse educators to include: a limited pool of doctoral prepared nurse educators (32.9%) and noncompetitive teaching salaries compared to positions in the practice arena (27.6%).

An additional study by SREB in February 2002 identified the serious shortage of nurse educators in all 16 SREB states and the District of Columbia. The study indicated that the combination of educator vacancies (432) and newly budgeted positions (350) revealed a 12% deficit in the number of nurse educators needed. According to the study, unfilled nurse educator positions, resignations, projected retirements, and the shortage of students being prepared for the faculty role create a threat to the nursing education workforce over the next five years (SREB, 2002).

Recent data from the AACN (2012) confirmed that growth of nursing schools in the United States is being restricted due to the shortage of nurse educators. This shortage is driven by a

limited number of doctoral-prepared nurses and noncompetitive nursing salaries (AACN, 2012). Over the next 10 years, the nurse educator shortage is projected to balloon, and the demand for expert nurses will additionally increase in response to the healthcare reform. Due to this negative impact, policy makers and other stakeholders must take decisive action to maximize enrollment in nursing programs (AACN, 2012). If nursing school enrollment increases, the need for nurse educators also increases.

In 2012, the average age of a doctoral prepared professor of nursing was 60.5 years of age (AACN, 2012). In 2012, 8% of full-time nurse educator positions and 7% of part-time positions were vacant in 662 nursing programs around the country (Ingeno, 2013).

According to AACN (2012), with the average age of doctoral prepared nurse educator at 53 and over 50 for master's prepared educators, a significant number of nurse educators will be close to retirement age by 2014 (AACN, 2012). On average, full-time nurse educators retire at age 61.5 (AACN, 2012). The AACN (2012) and the National League for Nursing (2006) estimated that 75% of current nurse educators are expected to retire by 2019. Due to the crisis with the nurse educator shortage combined with an inadequate supply of new nurses prepared to teach in academic settings, shortages are expected to escalate.

Factors Contributing to the Nurse Faculty Shortage

Much interest has been given to defining the factors that contribute to the nurse faculty shortage. The factors identified as contributing to the nurse faculty shortage include: aging nurse educators, increased retirement over the next decade, higher compensation in clinical and private-sector, and lack of potential nurse educators to meet the demand (AACN, 2012, NLN, 2010).

Aging Nurse Educators

Nurse educators aging has been reported by several organizations. A recent report in 2011-2012 by AACN reported that the average age of doctoral-prepared nurse educator who holds the ranks of professor, associate professor, and assistant professor was 60.5, 57.1, and 51.5. For master's degree-prepared nurse educators, the average ages for professors, associate professors, and assistant professors was 57.7, 56.4, and 50.9 respectively.

An additional factor contributing to the nurse educator shortage is the wave of expected educator retirements. In the 2002 issue of *Nursing Outlook*, the average age at retirement was quoted as 62.5 years, and a wave of retirements is expected within the next ten years.

Furthermore, the authors predicted that between 200 and 300 doctoral-prepared nurse educators will be eligible for retirement each year from 2003 through 2012, and between 220-280 master's prepared nurse educators will be eligible for retirement between 2012 and 2018 (AACN, 2012).

Competition with the Private Sector

Another factor contributing to the nurse educator shortage is private sector and clinical institutions that lure current and potential nurse educators away from teaching. According to the American Academy of Nurse Practitioners (2013), the average salary of a nurse practitioner in 2012 for the doctorate prepared nurse practitioner was \$96,807, the master's prepared nurse practitioner was \$92,867, and \$90,965 for the bachelor's prepared nurse practitioner. In comparison, the salary for a doctoral prepared nurse educator was \$82,005 and a master's prepared nurse educator was \$72,028(HRSA, 2012). A final factor contributing to the nurse educator shortage is that there have not been enough potential nurse educators to meet the demand. In 2012, AACN found that 13,198 qualified applicants were turned away from master's

programs, and 1,156 qualified applicants were turned away from doctoral programs. The primary reason for not accepting the qualified applicants was shortage of nurse educators.

A similar study was conducted by the National League for Nursing (NLN) and the Carnegie Foundation Preparation for the Professions Program in 2006. The study addressed 32,000 nurses in 2005-2006 to identify and investigate factors that contributed to the nurse educator shortage. The study was conducted online and represented 25% of the nurse educators who taught in certificate and degree-granting programs among public and private institutions of higher learning throughout the United States. Results from the study indicated that aging nurse educators, overworked nurse educators who earn less than nurses entering clinical practice, and less than holders of advanced degrees in other academic disciplines were the main factors for the nurse educator shortage.

The NLN/Carnegie study focused on the present nurse educator staffing deficit and found that the deficit will increase as nurse educators reach retirement age. Forty-eight percent of nurse educators are age 55 and over. In contrast, only 35% of the United States academics and only 29% of health science faculty reported being over the age of 54. Surprisingly, one-half of nurse educators revealed that they expect to retire within the next 10 years, and one in five said they anticipate retiring within the next five years.

Workload

Full-time nurse educator's workload was also studied in the NLN/Carnegie study. Many of the educators indicated that they had administrative duties as well as teaching responsibilities, resulting in a 56-hour average work week (AACN, 2012). Additionally, 62% of the nurse educators worked outside of academia for an additional day each week or 7-10 hours. Furthermore, 45% of the nurse educators stated that they were dissatisfied with their current

workload (Kaufman, 2007). "Given the current nurse educator shortage, the question of how workload impacts job satisfaction, recruitment, and attrition remains highly relevant" (AACN, 2012, p.2). Of greater concern, more than one in four nurse educators said they were likely to leave their current job due to workload as being the motivating factor (Kaufman, 2007). Salaries

Salaries are a major issue for the recruitment and retention of nurse educators. The NLN *Nursing Data Review 2006-2007* identified that 41% of schools offering associate degrees and 34% of schools offering baccalaureate nursing degrees revealed the inability to offer competitive salaries (Kaufman, 2007). The inability to offer competitive salaries was a major barrier in recruiting new nurse educators. Moreover, the NLN/Carnegie study found that nurse educators earn only 76% of the salary that educators in other academic disciplines earn (Kaufman, 2007). Colleges and universities agree that nurse educator salaries are not competitive with nurses in clinical settings.

Respondents of the NLN/Carnegie Report mentioned more compensation as a motivator in their decision to likely leave their current job in the next year. Among respondents planning to leave in the next 5 to 10 years, salary was mentioned by one half but the most cited reason for departing was retirement (NLN, 2010).

In addition, nurse educators are being lured away to clinical and private-sector settings. A recent report by the American Academy of Nurse Practitioners (2013) quoted nurse practitioner salaries according to educational degree. In 2011, the nurse practitioner with a master's degree earned \$90,250 compared to the 2012 salary of \$92,867. Further, the nurse practitioner with a doctorate of nursing practice (DNP) was paid \$98,826 in 2011 compared to \$97,452 in 2012. The nurse practitioner with a doctorate of nursing science (DNSc) received

\$88,750 in 2011 and \$84,500 in 2012. The nurse practitioner with a doctorate in nursing (PhD) earned \$95,449 in 2011 and \$95, 577 in 2012. By contrast, AACN reported in March 2011 that master's prepared nurse educators earn an annual salary of \$72,028.

Supply and Demand

The final factor affecting the nurse educator shortage is that nursing is not producing enough potential nurse educators to supple the demand. In 2011, AACN found that 13,198 qualified applicants were turned away from master's programs and of these 1,156 were qualified applicants.

Recruitment and Retention of Nurse Educators

The nursing literature has detailed the impact of the current and looming effect of the nurse and nurse educator shortage. Currently, nursing programs have an excess of applicants, and each year many applicants are turned away. "According to AACN, in 2010 nursing programs turned away 54,991 qualified applicants, with two-thirds of the schools citing nurse educator shortages as the primary reason nursing students were denied admission" (Kuehn, 2010, p.1). In fact, nurse educator shortages have totaled 803 in nursing schools with baccalaureate and/or graduate degree programs (AACN, 2010). Likewise, nursing schools cited the need for an additional 279 nurse educator positions to meet the student demand (Kuehn, 2010). Further compounding the shortage is the fact that the average age of master's and doctoral-prepared nurse educator is over age 50, and more than 500 nurse educators are projected to retire by 2018 (AACN, 2008). In addition to aging nurse educators, other reasons for the nurse educator shortage are noncompetitive salaries compared to direct practice, limited number of doctoral prepared educators, and a nonsupporative working environment (Kuehn, 2010). Consequently,

the nursing shortage and student enrollment cannot be addressed until the nurse educator shortage is solved.

Healthy Work Environment

Studies have explored the impact of a healthy work environment in promoting patient safety, promoting excellence in nursing practice, and improving recruitment and retention of nurses (Brady, 2010). According to Kuehn (2010), "a supportive, healthy work environment is one factor in caring for others and is crucial in recruitment and retention of nurse educators" (p. 193). The impact of the work environment on nurse educator recruitment and retention was studied earlier in the clinical practice setting, but little has been accomplished recently to address the impact of the work environment on nurse educator's recruitment and retention (Brady, 2010).

The work environment has been studied as early as 2002. Disch (2002) termed healthy work environment as "a work setting in which policies, procedures and systems are designed so that employees are able to meet organizational objectives and achieve personal satisfaction in the work" (p. 3). According to Disch (2002), the definition emphasizes external factors that impact job satisfaction. The external factors focus on those things that are under the influence of the organization. Accordingly, further promotion of a healthy work environment in the academic setting is vital for the recruitment and retention of nurse educators.

One study by the American Association of Critical-Care Nurse (AACN) concluded that a healthy work environment promotes excellence in clinical practice. Additionally, AACN recognized six standards for establishing and sustaining healthy work environments based on evidence and professional practice standards. The six standards include: skilled communication, true collaboration, effective decision-making, appropriate staffing, meaningful recognition, and authentic leadership (AACN, 2005). The standards are designed to be used as a foundation for

creating a healthy work environment. Consequently, administrators and nurse educators need to have conversations regarding creating a healthy working environment in an effort to recruit and retain nurse educators.

Then, in 2005, the National League for Nursing (NLN) defined a healthful work environment for nurse educators as being essential to the promotion of quality nursing education. NLN surveyed nurse educators about individual, institutional, and leadership factors related to job satisfaction and productivity (Kuehn, 2010). Following the survey, NLN agreed to endorse the 2004 work of the Nursing Organization Alliance (NOA) to support nine healthy work environment elements. These elements embrace: a collaborative practice culture; communication rich culture; a culture with visible competent; a culture of accountability; presence of adequate numbers of qualified nurses; presence of visible, credible expert leaders; shared decision making at all levels; encouragement of professional growth and recognition of the value of nursing's contributions; and recognition of nurses in their meaningful contribution to practice (NOA, 2004). These essentials, in addition to the 2003 NLN study of educator role satisfaction, became the creation for the *Healthy Work Environment Tool Kit* (NLN, 2006). The tool kit was designed by NLN to be used by anyone who evaluates the healthy working environment. The tool kit addressed the following ten work-related areas: workload, salary, benefits, professional development, scholarship, collegial environment, role preparation, institutional support, recognition and marketing, and leadership (Brady, 2010).

Faculty Workload

Faculty workload is an area that is readily addressed in the literature. Kaufman (2007) remarked that nurse educators work approximately 56 hours weekly while classes are in session. The workload for nurse educators may include all or some of the following activities: teaching,

committee membership/participation, nursing practice, advising students, service, and research. In order for nurse educators to maintain a healthy working environment, workload and personal life must be balanced. For many nurse educators, workload may be calculated on clinical-contact hours rather than credit hours if a majority of the teaching takes place in the clinical setting. Traditionally, clinical contact hours are calculated at two to four clinical-contact hours for each one-hour credit of classroom instruction. Many nurse educators feel that the intensity of the clinical contact far exceeds the basic-science lab experience. In fact, many nurse educators experience an increased workload. This increased load is due to nurse educator shortages, increasing student enrollment, and frozen nurse educator positions (Brady, 2010). According to Kaufman the "NLN Carnegie Foundation Survey: *Nurse Educators: Compensation, Workload and Teaching Practices*, 45% of the survey nurse educators indicated that they were dissatisfied with their current workload and, in addition, 25% indicated workload as a motivating factor to leave their current position" (Kaufman, 2007, p. 297).

In the same way, NLN (2005) reported that the nurse educator workload is another indicator of educator burnout. For many nurse educators the work cannot be left at the office and the work is often completed at home. In contrast, nurses in the clinical setting do not take work home to complete, and their commitment lasts until their shift work is complete. Moreover, full-time nurse educators may take on additional assignments in classroom and clinical areas when educator vacancies are experienced. For full-time nurse educators, the additional workload increases the student-to- faculty ratio (Brady, 2010).

Faculty Salaries

The second element of the NLN tool kit was salary. For many academic settings, salary is a major challenge with recruitment and retention of nurse educators. Many academic settings

have considerably smaller salaries than salaries offered in clinical settings. Similarly, there may be inconsistencies among educators within the academic setting as well as within the nursing program. Surprisingly, Kaufman (2007) reported that according to the "NLN/Carnegie Foundation National Survey, salary was the least satisfied factor with their current job" (Kaufman, 2007, p. 225). In contrast, 53% of the nurse educators surveyed cited "more compensation" as the reason for planning to leave their current position (Kaufman 2007).

Faculty Benefits

The third element of the NLN tool kit was benefits. For nurse educators, benefits extend beyond salary. Educators often consider benefits to include: workspace, travel and scholarship distribution support, and other assets that support the educator's work. Educator sabbaticals and academic were also referred to as additional benefits (Brady, 2010).

Collegial Environment

Collegial environment was an additional element considered in the NLN tool kit. Brady (2006) observed that the collegiality of the environment requires support from administrators and the organization. For nurse educators, collegial relationships can present some challenges. These challenges can develop when educators conduct research, write grants or articles, or even become active in clinical practice. These activities can create a negative environment as often nurse educators compete for the same resources (Brady, 2010). Other issues that are often seen in the environment include: negative attitudes by short-timers, multiple generations in the workplace, student incivility, and disruptive behaviors.

Lack of Teaching Preparation

Due to the shortage of nurse educators, nurses from the clinical setting are often recruited to fill the vacant positions in academia. These nurses have clinical experience in teaching

patients but lack experience in teaching nursing students. For these nurses, becoming a novice educator and increasing their work time to 50-60 hours a week is a huge challenge. According to the National Institute for Occupational Safety and Health (2008), "novice educators may fall to prey to occupational stress, described as the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources or needs of the worker" (p. 1). For novice nurse educators, managing their time and preparing for their teaching role creates an intense environment.

Institutional Support

Institutional support is crucial for creating a healthy working environment. To gain institutional support, nursing programs should be visible within the institution. An additional component for creating a healthy working environment is that the nursing programs have adequate personnel, financial, physical and technological resources available (Brady, 2010). Similarly, institutional support is necessary as nurse educators need support for certifications and more advanced training. For nurse educators, this support promotes job satisfaction.

Scholarship

Depending on the type institution, scholarship should be supported. For many educators scholarship is a search for new knowledge that is supported by the institution. "Institutional support is necessary for functional congruence, which is defined as the capacity of a work environment to support instrumental tasks" (Dendaas, 2004, p. 16).

Job Satisfaction

A leader who is competent, credible and visible positively affects the healthy working environment and promotes educator satisfaction (NLN, 2005a). Leaders are very influential in determining the culture of the organization and promoting a healthy working environment. In

addition, educators experience job satisfaction when they are involved in decision making and given recognition (Brady, 2010).

Burnout

While it is essential to be aware of the factors that influence recruitment and retention of nurse educators, it is also vital to identify those factors that are associated with burnout and the intent to leave the nurse educator role. According to NLN (2005) salary, workload, and work hours are factors that contribute to burnout and intent of nurse educators to leave.

Salary

Salary is pertinent to nurse educator recruitment and retention. Depending on each state's economy, annual salary increases are minimal or even non-existent (Brady, 2007). In addition, new nurse educators coming from the clinical setting commands a higher salary at entry than educators with similar years of experience. For many nurse educators, salary inconsistencies are a point of job dissatisfaction.

Workload

Workload is another factor related to nurse educator job burnout. Several issues emerge to impact workload. Nurse educators often take work home to complete which could be a difficult transition for a nurse coming from the clinical setting. In addition, nurse educator vacancies affect workload. Often nurse educators are required to take on addition classroom and clinical assignments. This addition assignment impacts student-to-faculty ratio. Also, with the increase in student enrollment, competition has increased when securing clinical sites for the student's clinical experiences. For clinical nurses who have developed a collaborative relationship with the staff of the unit, having to relocate to another unit contributes to educator dissatisfaction (Brady, 2007).

Work Hours

The third factor affecting job burnout and intent to leave is work hours. For employees younger than 41, flexibility was ranked first in job importance and a value according to the Millennial Generation (Sherman, 2006). The academic year traditionally has been a period of 9 months. Many of nurse educators have enjoyed the time to take summers off or even use the time to work in clinical settings. At the same time, nursing programs have increased enrollment an often need to schedule classes during the summers. For some nurse educators, employment is contracted for 10, 11, or 12 months (Brady, 2007). Consequently, nurse educators do not have the flexibility to schedule vacations unless they coincide with the student's breaks. For many nurse educators, the lack of flexibility adds to job dissatisfaction and intent to leave.

Responding to the nursing shortage demands additional numbers of nurse educators to fill the vacant positions. It is vital that nurse educators be recruited and retained. The issues of salary, benefits, workload, role preparation, professional development, recognition, scholarship, flexibility, leadership, and communication must be addressed if there is any solution to the nurse and nurse educator shortage.

Job Satisfaction

In an effort to attract and retain nurse educators, educational institutions must invest in exploring strategic plans to promote job satisfaction and retention of nurse educators.

The concept of job satisfaction is important because it correlates with the retention of nurse educators and their intent to stay in education. In 1959, Frederick Herzberg conducted research that led to a theory of employee motivation based on job satisfaction (Herzberg, 1966).

Herzberg's research involved questioning 200 accountants and engineers. He asked the subjects to describe various job situations based on whether the situation caused them to feel

very good or very bad. The result of this research and similar studies, united Herzberg's views about motivation, and was used to develop the two-factor theory (Herzberg, 1966).

The two sets of factors associated with the two-factor theory address job satisfaction and/or job dissatisfaction and motivation. One set of the factors, referred to as hygienic factors, plays a role in worker's feelings of job dissatisfaction. Dissatisfies are extrinsic and include salary and working conditions. Dissatisfies can prevent job satisfaction, but often fail to promote significant levels of job satisfaction. Hygienic factors are external to the job task and form the environment in which the work is performed. In contrast, the second set of factors, referred to as motivators or satisfiers, contribute to the worker's feelings of job satisfaction. Motivators are intrinsic to the job as well as part of the job task. Herzberg identified motivators as being factors leading to self-motivation, job satisfaction, achievement, recognition, nature of the work itself, responsibility, advancement, and opportunity for growth. Herzberg concluded that when workers are satisfied, they experience self-motivation, enhanced performances, and increased productivity, enriched work (Herzberg, 1966).

Herzberg's work suggested that job satisfaction and dissatisfaction are not necessarily opposite concepts. "The opposite of satisfaction is not job dissatisfaction, but rather no job satisfaction; and similarly, the opposite of job dissatisfaction is not job satisfaction, but no dissatisfaction" (Kreitner, 1992, p.389). Herzberg suggested that using salary and other related benefits could eliminate job dissatisfaction. However, to satisfy and motivate employees, the work itself must be meaningful. Both groups of factors, intrinsic and extrinsic, must be present simultaneously to be most effective in promoting job satisfaction (Kreitner, 1992).

Researchers have addressed two questions over time. The questions that challenge administrators are "Why do people leave?" and "Why do they stay?" Until now, the answer to

these questions has been partially answered (Falk, 2007 & Yordy, 2006). More realistically, most people stay in their jobs if they are satisfied with their jobs and committed to their position and leave if they are not satisfied.

The concept of job satisfaction is important because it connects with the retention of nurse educators (Gui, Barribal, & While, 2009). Earlier studies have focused on the relationship between recruitment, retention, intention to leave, burnout, and job satisfaction. Yet few studies have focused on the impact of job satisfaction or its outcomes with nurse educators.

The study conducted by Plawecki & Plawecki in 1976 in Iowa addressed factors linked with attraction and retention of qualified nurse educators in professional nursing education programs in higher education. The study utilized Herzberg's Two-Factor Theory. descriptors were reworded to reflect related terms for nurse educators employed in institutions of higher education. "The motivators or intrinsic factors were identified as: recognition, the work itself, responsibility, advancement and possibility of growth" (Plawecki & Plawecki, 1976, p. 134). "In contrast, factors identified as hygiene factor or extrinsic were: the institution, its policies, administration, guidance, salary, interpersonal relationships, status, personal life, working conditions, and environment" (Plawecki & Plawecki, 1976, p. 134). The findings of the study revealed that work itself was the most important and salary was the least important in attracting and retaining nurse educators (Plawecki & Plawecki, 1976). When examining the responses, intrinsic actors were rated more important than extrinsic factors. "Although intrinsic factors played a more important role in influencing recruitment and retention than the extrinsic factors, extrinsic factors had an increased importance in influencing retention" (Plawecki & Plawecki, 1976, p. 135).

An additional research study was conducted by the Iowa Nurses' Association to identify factors which influenced nurse educators in Iowa schools of nursing to accept teaching positions in their particular institution. The Iowa Nurses' Association (1979) reported the following reasons that influenced nurse educators to accept teaching positions: location of husband's employment, proximity to parental home, person preference and preference to the Mid-West. "Other factors identified were: professional opportunities, the challenge offered by a specific program and the type of nursing education program" (p. 134).

Marriner and Craigie (1977) found that salary and geographical location as being the most important consideration when choosing a job (Gui, Barriball, & While, 2008). Other reasons considered to be important in order of their rank were: colleague's competency and congeniality, reputation of the school, autonomy, academic freedom and responsibility. "Respectfully, extrinsic factors were more important than intrinsic factors and the more satisfied a person was, the more likely that person was to remain with the institution" (Gui et al., 2008, p. 477).

Holland (1992) found that satisfaction with the job in general; present job, opportunities for promotion, pay and supervision were negatively related to the intent to leave (Plawecki & Plawecki, 1976, p. 476). Holland's 1992 study had a discrepancy regarding intent to leave which included factors related to present job, pay, opportunities for promotion, attempted scholarship, successful scholarship, employment, employment status, and total years experiences as a nurse educator.

Moody (1996) studied 285 nurse educators from 35 programs offering doctoral degrees in nursing. The study determined the relationship between nurse faculty job satisfaction and faculty member and organizational variables. Moody used the Job Descriptive Index (JDI) and the Job

in General Scale and found that longevity and tenure rated high in levels of job satisfaction. Additionally, tenured faculty was more satisfied with their pay but less satisfied with supervision. Satisfaction with higher pay was associated with the work itself, pay, opportunities for promotion and the job in general. The greatest satisfaction was noted with doctoral prepared faculty who taught in graduate programs and whose activities, goals and philosophies were congruent with the employing institutions.

Gormley (2001) examined various factors that influence job satisfaction of nurse educators in institutions of higher learning in the United States. Gormley used six studies that were published from 1976 to 1996 to conduct her meta-analysis study. Gormley's study results indicated that leadership traits, role conflict and ambiguity and autonomy had significant power in predicting job satisfaction. These traits correlate to Herzberg's Two-Factor Theory. Likewise, organizational climate and characteristics had little to no power in predicting job satisfaction.

A more recent survey was conducted by NLN Task Group on Recruitment and Retention of Nurse Educators (2005). The survey examined the effects of leadership, organizational and leadership traits on nurse educator job satisfaction and productivity. Results from the survey indicated that sense of commitment to work, strong sense of direction with students and colleagues as

individual factors associated with job satisfaction. Institutional traits included autonomy and a supportive and collegial work environment. The nurse educators believed that their leaders voiced a commonly held vision for the institutions and confidence in the institution's future. Of the 129 participants, 77.5% indicated that job satisfaction was of high importance in making retirement plans (NLN, 2005).

Chapter III

Methods

This descriptive study's purpose was to describe individual and employment factors that attracted nurses to nursing education and factors that permitted nurses to remain in nursing education. Job satisfaction variables were identified as indicators used to recruit and retain nurse educators. The study focused on full-time nurse educators whose primary assignment was teaching. The term nurse educator or nurse faculty was defined as a registered nurse teaching in a school or college of nursing in Arkansas. Primary assignment was defined as the area in which the nurse educator spends the majority of his or her time teaching.

The following section of the study addressed the survey sample, design, instrument, data collection, and data analysis.

Sample

The sample population for the study included full-time nurse educators whose primary assignment was to teach in associate, baccalaureate, masters, and doctoral nursing programs in Arkansas. The sample population was identified by the Arkansas State Board of Nursing (ARSBN) 2014 RN Approved Programs (Appendix 1). An additional document, 2012 Annual Report Summary of Registered Nurse Programs, was provided to the researcher by Tammy Claussen, Director of Education ARSBN. The document provided contact information of Deans and Directors of nursing programs in colleges and universities in Arkansas. The document also provided the approximate number of nurse educators teaching in the programs as well as vacant positions (Appendix 2). In Arkansas there are 15 ADN programs, 9 BSN programs, 5 MSN programs, 4 DNP and 1 PhD nursing program. From the report summary, the type program and the number of educators was compiled for the researcher's survey. Nurse educators from

diploma programs were excluded as there is only one program in Arkansas. Moreover, diploma nursing programs focus on bedside nursing and have little to no courses that are taught in a colleges or universities. This study focused on academic colleges and universities that offered ADN, BSN, MSN, DNP, and PhD degrees in nursing.

The sample population from masters and doctoral programs in Arkansas was located by the Credentialing Center for Nursing Education (CCNE). CCNE accredits nursing programs leading to a master's degree. CCNE also provided contact information of the chief nurse administrator of the program. From the information provided, the researcher contacted the administrator of the programs to determine the number of full-time nurse educators at their institution (Appendix 3).

Arkansas has one PhD program which is located the University of Arkansas Medical Center. The contact information was made available from CCNE. Arkansas has several DNP programs; however, several programs are so new that accreditation has not been received. The location and contact information for DNP administrators was available from the Arkansas State Board of Nursing. The researcher contacted the program Dean and Directors to determine the number of full-time faculty teaching in their programs.

Deans, associate deans, directors, and administrators whose primary assignments were administrative were excluded from the sample. To avoid any bias in the study, full-time nurse educators from the researcher's university were also excluded.

The nurse faculty shortage is nationwide and affects all degrees of nursing and nurse education (AACN, 2012). The review of the nursing literature provided ample documentation that the main shortage of nurses is the registered nurse (RN). The RN is the nurse who continues their education in masters and doctoral programs. This group of nurses included

nurses who entered teaching in nursing programs. The Institutional Review Board (IRB) from the University of Arkansas approved a sample size of 325 and an expected return rate of 30% or 97.5 completed surveys (Appendix 4).

Design

For this study the researcher selected the descriptive survey design. The purpose of a descriptive research study is to describe phenomena. "Descriptive studies are designed to gain more information about characteristics within a particular field of study" (Burns & Grove, 1987, p. 243). The descriptive approach may be used to identify problems with current practice or justify current practice. Furthermore, descriptive research studies can be either a case study or a descriptive survey. For this study a descriptive survey was utilized. A descriptive survey identifies or describes a concept by using questionnaires or interviews to collect data (Burns & Grove, 1987). "Surveys are used to describe a technique of data collection in which questionnaires (collected by mail or in person) or personal interviews are used to gather data about an identified population" (Burns & Grove, 1987, p. 250). This study utilized a survey to gather information and nurse educators' responses.

For this study, variables were described that attracted nurses to nursing education.

Additional variables described reasons why nurse educators remain in nurse education. Further variables described job satisfaction and motivation that attributed to recruitment and retention of nurse educators.

Instrumentation

The survey consisted of surveying full-time nurse educators in associate, baccalaureate, masters, and doctoral program in Arkansas. The population was full-time nurse educators whose primary assignment was full-time teaching. The survey was modified from the National Survey

of Full-Time Nursing Faculty in the United States (Appendix 5). The National Survey of Nurse Faculty was conducted during 2011-2012 by the national program office of Evaluating Innovations in Nursing Education (EIN) at the Center for State Health Policy, Rutgers University. The project was funded by Robert Wood Johnson Foundation (RWJ) in an effort to explore innovations in nursing education to address the national nurse educator shortage. The survey was sent to full-time faculty members teaching in over 270 nursing programs that were selected to be representative of all pre-licensure associate and baccalaureate degree programs. There were 3,120 questionnaires completed with a response rate of 78%. The questionnaire explored job satisfaction and attitudes of nurse educators toward their work-life schedule.

The researcher modified the National Survey of Nurse Educators to support research gained from the review of the literature and created the Survey of Full-time Nurse Educator's Perception of Elements of Influence to Enter and Remain in Nursing Education (Appendix 6).

The beginning of the survey, Part 1, contained 4 questions that addressed characteristics of the respondents. The questions investigated the nurse educator's highest educational attainment, the type institution employed, the type students taught, and the length of their career as a nurse educator. Part 2 of the survey covered variables related to job satisfaction as a nurse educator. A 5-point Likert Scale was used with 1=least important and 5=most important. The questions covered the following topics: support from administration, fairly divided workload among faculty, adequate teaching support, flexibility with work and family life, autonomy and independence, salary, benefits, advancement, office space, and necessary equipment and supplies. These variables also supported Herzberg's Two-Factor Motivational Theory.

Additionally, these variables were used as indicators of satisfiers and dissatisfies in the work environment that was used in the researcher's survey.

Part 3 of the survey assess reasons that a nurse would enter nursing education. The questions were rated using a 5-point Likert Scale with 1=least important and 5=most important. The questions comprised questions regarding teaching, time off, work environment, salary and benefits, support from administration, advancement, and being autonomous and independent.

Part 4 of the survey requested the nurse educator to predict how soon they intend to leave nursing education. A range of next 1 year, next 5 years, and next 10 years was offered as an option.

Part 5 of the survey covered reasons that a nurse educator would leave nursing education. A 5-point Likert Scale was used where 1=least important and 5=most important. Part 5 related to questions about higher salary, workload, advancement, retirement, and balance with work and family life.

The credibility of a research instrument is vital to the collection of reliable and valid data. Reliability refers to "a measure of the amount of random error in the measurement technique and is concerned with characteristics of dependability, consistency, accuracy and comparability (Burns & Grove, 1987, p. 291). Validity refers to "the extent to which the instrument actually reflects the concept being examined" (Burns & Grove, 1987, p. 293). The survey instrument used in this study was based on design factors and content contained in the National Survey of Nurse Faculty and Herzberg's Two-Factor Motivational Theory, but due to modifications no data was established on reliability or validity.

Collection of Data

The researcher attended the Nurse Administrator of Nursing Programs in Arkansas (NANEP) spring meeting in Little Rock, Arkansas March 7, 2014 (Appendix 7). The researcher addressed deans, directors, and administrators of nursing programs in Arkansas. The purpose of

the study was discussed as well as the process of completing and submitting the surveys from the full-time nurse educators. Following the address, survey packets were distributed to nursing program deans, directors, and administrators of associate, baccalaureate, masters, and doctoral programs in Arkansas. The deans, directors and administrators were directed to disburse the survey packets to full-time nurse educators at their school of nursing. Each packet contained a letter that explained the purpose of the survey and an invite to participate in the study (Appendix H). Each of the deans, directors and administrators were asked to collect the completed surveys within two weeks and mail to the researcher in a provided stamped envelope.

The anticipated return completed surveys were approximately 100. Fink (2009) noted that follow-up and reminders during the administration of the survey is extremely important in promoting response rate. Additionally, the timing and number of contacts, follow-ups and reminders had to be respectful while still encouraging participation. Since the return rate was lower than 100 at the end of the first week, the researcher sent a follow-up email to the deans, directors and administrators of the participating nursing programs requesting a second collection of completed surveys in one week. A final reminder was sent by email to the deans, directors, and administrators who did not respond the first two times (Appendix 9). After the desired number of surveys was completed, a thank you notification was sent by email to deans, directors, and administrators in the participating colleges and universities.

Data Analysis

The survey was made available to the nurse educators via the program's dean, director or administrator. Nurse educators received a letter that cited the purpose of the study and the process for submission of the completed survey. Full-time nurse educators in associate, baccalaureate, masters, and doctoral programs of nursing in Arkansas were the target population.

The survey time frame for completion was two weeks. The nurse educators were asked to return the completed survey to their dean, director, or administrator who would place the survey in a stamped envelope to mail to the researcher. Data from the survey was analyzed using the Statistical Package for the Social Sciences (SPSS).

Questions 1-4 on the survey addressed characteristics of the respondents. Questions addressed the highest level of education of the nurse educator, the type students taught, the type institution employed and the length of time teaching as a nurse educator. For the characteristics of the respondents, measures of central tendency were used. Central tendency provides a statement of the nature of the data (Burns & Grove, 1987). Three measures of central tendency were used: mean, median, and mode. Measures indicated the frequency of time employed as a nurse educator, the median number employed in associate, baccalaureate, masters, and doctoral programs. Additionally, information was obtained as to the type institution and the type students taught.

Questions 5-14 on the survey addressed how satisfied the nurse educator was with their job. These questions supported the research question-what are the self-reported critical elements that nurse educators perceive to influence their job satisfaction or dissatisfaction. For this part of the study frequency distribution was used. Each of the variables was coded on a distribution indicated by the Likert scale using 1-5. The tally gave a clear picture of variables that nurse educators reported as being critical elements to influence their job satisfaction or dissatisfaction. Supporting Burns & Gove (1987), standard deviation was used to "understand the dispersion within a distribution with a distribution and in interpreting the relationship of a particular score to the distribution" (p.468).

Questions 15-21 explored variables that would attract a nurse to nursing education.

Research question #1 questioned the nurse educators as to how they perceived critical elements that impact their decision to enter nursing education at the post-secondary level. This question employed a Likert scale for the nurse educators to select. The scale indicated levels of importance ranging from 1-5. Measures of central tendency were used to calculate the mode, median, and mean of the nurse educator's responses.

Questions 22-24 addressed the nurse educator's intent to leave nursing education.

Research question #5 addressed a correlation between intent to leave nursing education and selected career variables (job satisfaction) that impacted a nurse educator leave academia. Fink (2009) suggested the use of Pearson's r correlation to establish relationships between the variables. For research question #5, a frequency rate was used to categorize the estimated time that the nurse educator intended to leave nursing education.

Following with questions 25-29, the nurse educators conveyed reasons that nurse educators leave nursing education. Research question #2 addressed how the nurse educator perceived elements that would influence them to enter nursing education. The nurse educators responded using a Likert Scale indicating the importance of the variables. Frequency rate and measures of central tendency was used to indicate and range the most important reasons that the nurse educator leaves nursing education.

Research question #4 addressed the nurse educator's reaction to elements that would create job satisfaction or dissatisfaction with their job. Questions 5-14 addressed variables that the nurse educator valued using a scale of 1-5. Pearson's Correlation r was used to establish relationships between the variables. Frequency rates were calculated which indicated the strong variables that related to job satisfaction.

Summary

The purpose of this study was to describe individual and employment factors that attracted nurses to nursing education and factors that permitted nurses to remain in nursing education. The study included full-time nurse educators in associate, baccalaureate, masters, and doctoral programs in Arkansas. The study targeted full-time nurse educators whose primary assignment was teaching. Herzberg's Two Factor Theory on motivation served as a guideline in developing the survey portion on job satisfaction. The results of the study added to understanding the impact of job satisfaction with the recruitment and retention of nurse educators.

Chapter IV

Results

Introduction

The United States has the largest professional nursing workforce in the world yet does not produce enough nurses to meet the growing demand in the workplace (Aiken, Cheung, 2008). In the coming years, the need for RNs will increase in an effort to accommodate the changing demographics. According to the literature, the older population is the largest consumer of health care services. Health care services is projected be in greater demand as the Baby Boomer generation nears retirement. The fact remains that as people age so do their needs for health services. Often these needs are addressed by the RN. The need for RNs will increase as the RN will be an integral component of the expanding healthcare workforce. By the year 2020 AACN has projected that the RN shortage will reach 1.2 million. Equally significant is the fact the fewer people are entering the nursing profession. The shortage of RNs and nurse educators is a present dilemma and notably dates back to the 1980's.

During the 1980's student enrollment fell as well as the number of available prepared nurse educator positions (Hinshaw, 2001). Equally important is that since the 1980's the number of nurse educators under the age of 45 has steadily declined (Auerback, 2008). Much has been done to address the nursing shortage including federal and state funding for tuition, creating healthier work environments, and national advertising campaigns. Additionally, in 2007 the NLN/Carnegie National Survey of Nurse Educators determined that 48% of nurse educators were age 55 and older. Furthermore, AACN reported in 2011-2012 that nursing programs turned away 75,857 qualified applicants from baccalaureate and graduate programs due to insufficient number of nursing faculty, inadequate classroom space, insufficient clinical sites, budget

constraints, and deficient number of clinical preceptors (AACN, 2011-2012). Likewise, nursing schools cited a need for an additional 279 faculty positions to meet the current student demand (Kuehn, 2010). Further compounding the nurse and nurse educator shortage is the fact that the average age of master's and doctoral-prepared nursing faculty is over 50, and more than over 500 faculty are expected to retire by 2018 (AACN, 2011-2012). As a result, the nursing shortage and the student enrollment cannot be addressed until the nurse and nurse faculty shortage is resolved.

The following sections of this chapter will provide the purpose of the study, the significance of the study, the design of the study, and data collection.

Purpose of the Study

The purpose of this study was to describe individual and employment factors that attract nurses to academia and factors that allow nurses to remain in nursing education. The key research questions for the study investigated a) the critical elements that nurse educators perceive to influence their decision to enter nursing education at the postsecondary level, b) the critical elements that nurse educators perceive to influence their decision to leave nursing education, c) the critical elements that nurse educators perceive to influence their decision to stay in nursing education, d) the critical elements that nurse educators perceive to influence job satisfaction or job dissatisfaction, e) to what extent there is a correlation between intent to leave nursing education and selected career variables that would cause them to leave.

Significance of the Study

The current nurse and nurse educator shortage is severe and a challenge for schools of nursing as they plan to recruit and retain nurse educators. Previous authors have cited that the shortage emerged in the 1980's and has continued to present day. Since 1993, the number of nurse educators under the age of 45 has steadily declined (Buerhaus, Auerback, & Staiger, 2001,

2008). In addition, the nurse educator vacancy rate is 1,181 among 662 nursing programs that were surveyed by AACN in 2012. The current US nurse educator vacancy rate is 7.6%. Even more critical is the fact that 88.3% of the nurse educator positions require a doctoral degree. According to AACN (2012) the average age of doctoral prepared nurse educators was 53 and over 50 for masters prepared nurse educators. The mounting concern is that 75% of the current nurse educators were projected to retire by 2019. With these mounting issues, the nurse educator shortage combined with an inadequate supply of new nurses prepared to teach in the academic setting, presents major challenges for administrators in schools of nursing and healthcare providers.

Design of the Study

This descriptive survey study concentrated on input from nurse educators in baccalaureate, masters, and doctoral nursing programs in Arkansas. The target population was limited to nurse educators whose primary assignment was full-time teaching. The Nurse Educator's Survey was modified from the National Survey of Full-time Nursing Faculty in the US. The National Survey of Full-time Nursing Faculty was conducted during 2011-2012 by the national program office of Evaluating Innovations in Nursing Education (EIN) and the Center for State Health Policy, Rutgers University. The researcher modified the survey to include five parts. The beginning of the survey included four questions that addressed the nurse educator's demographic data. Part 2 of the survey comprised 10 questions that addressed levels of satisfaction with the job. Part 3 of the survey covered seven questions that asked the nurse educator to rate variables that might cause them to enter nursing education. Part 4 of the survey questioned the anticipated time that the nurse educator expected to leave nursing education. Part 5 of the survey asked the nurse educator to rate the reasons why they would leave nursing

education. Parts 2, 3, 4, and 5 used a 5-point Likert scale with 1= least important and 5= most important.

Data Collection

The sample population was identified by the Arkansas State Board Nursing 2012 Annual Report Summary of Registered Nurse Programs (Appendix 1). Tammy Claussen, Director of Education at the Arkansas State Board of Nursing, was contacted by the researcher requesting contact information of programs of nursing in Arkansas, the number of nurse educators teaching in the programs, and the classification of types of nursing programs. The document received provided contact information of Directors and Deans of nursing programs in colleges and universities in Arkansas. In addition, the document organized data according to associate, baccalaureate, and diploma nursing programs in Arkansas. Each of the programs had the approximate number of nurse educators teaching in the programs. As previously cited the diploma programs were excluded from the study as they were not academic-based in colleges or universities.

The sample population of the masters programs was identified by the Credentialing Center for Nursing (CCNE). CCNE provided the contact information of the chief nurse administrator of the masters programs located in Arkansas. The researcher made telephone calls to the chief nurse administrator of the programs to collect the number of nurse educators teaching full-time in the programs.

The sample population of the doctoral programs was also identified by CCNE. There was only one PhD program identified, and four DNP programs in Arkansas. One of the DNP programs is located at the researcher's institution thus this population was excluded in an effort to avoid bias. Another DNP program began in January and an additional DNP program is

scheduled to begin June 2014. The fourth DNP program has been in existence for several years. Thus the total sample population consisted of three DNP programs. The researcher contacted the chief nursing administrators by phone to gather the number of nurse educators teaching full-time in the programs.

The researcher attended the Nurse Administrator of Nursing Education Programs (NANEP) spring meeting. Dean and Directors of nursing programs comprised the attendees at the meeting. During the meeting the researcher was given the opportunity to discuss the purpose of the study, the process for completing the survey, and the distribution and collection of the completed surveys. Each of the 33 schools of nursing in colleges and universities in Arkansas received survey packets for full-time nurse educators. The survey packets contained an invitational letter for each full-time teaching nurse educator at their institution, the survey, and survey return instructions (Appendix 8). Each packet had a self- addressed stamped envelope for the nurse educators to return the completed surveys. The surveys were distributed on Monday, March10, 2014 and requested return on or before Friday, March 21, 2014. Three of the 33 schools of nursing were not represented at the meeting. Each of the three schools of nursing received survey packets by mail on Wednesday, March 12, 2014 (Appendix 10).

Survey Collection Results

A total of 209 survey packets were distributed to Deans and Directors of baccalaureate, masters, and doctoral nursing programs in Arkansas on Friday, March 7, 2014. The Deans and Directors distributed the survey packets on Monday, March 10, 2014 to full-time teaching nurse educators at the colleges and universities. At the end of the first week of the survey distribution, March 14, 2014, the return rate was (n=29). The researcher emailed a reminder letter to the Deans and Directors of the nursing programs on Monday, March 17, 2014. The letter

encouraged the nurse educators to respond to the survey, the significance of the nurse educator's input, and encouragement for them to complete the survey by Friday, March 21, 2014 (Appendix 9). To promote an adequate return rate, follow-up and reminders were emailed during the administration of the survey (Fink, 2009). According to Fink, timely reminders, the timing and number of contacts should be respectful yet encourage timely action (Fink, 2009). Accordingly, the response rate was assessed daily during the survey period. Following the reminder letter to Deans and Directors of nursing programs in Arkansas, daily assessment during the second week of the survey period afforded an ample increase in the response rate.

On March 22, 2014 the survey period was closed. At that time nine of the 15 ADN nursing programs responded at a return rate of 60.0%. There were 92 survey packets distributed to nurse educators in the ADN programs with 37 surveys returned with a return rate of 40.22%. There were nine BSN programs and six of the programs responded at a return rate of 66.66%. There were 117 surveys distributed and 49 surveys returned at a return rate of 41.88%. The five MSN programs had 53 survey packets distributed. There were six returned surveys at a return rate of 8.33%. Four of the MSN programs had full-time nurse educators who taught in the BSN, MSN, PhD, or DNP programs. There were 73 nurse educators who taught in several types of nursing programs. Consequently, the response rate was skewed related to the nurse educators' teaching assignments in various types of nursing programs. The overall number of surveys that were distributed was 209 and the return was 104 or 49.76%.

The success of the survey distribution depended on the cooperation and coordination of the Deans and Directors of the nursing programs. The researcher could not control survey packets not being opened or lost, blocked, deleted messages to the Deans and Directors, nurse educators who intended to participate but never completed the survey, or Deans, Directors, and nurse educators who were too busy to participate in the study. Data analysis proceeded with the responses received with acknowledged response rate of 49.76%.

Data Analysis

The survey packet was made available to Deans and Directors of associate, baccalaureate, masters, PhD, DNP nursing programs in Arkansas. The Deans and Directors distributed the survey packets to full-time nurse educators whose primary assignment was teaching. Once the data from the surveys were received, the data were inputted into the Statistical Package for Social Sciences (SPSS) software program.

Characteristics of Survey Respondents

Table 1 Characteristics

Educational Attainment	Number	Percentage
Associate Degree in Nursing	1	1.0%
Bachelor's Degree in Nursing	13	12.5
Master's Degree in Nursing	69	66.3
Master's in another field	2	1.9
Doctorial in Nursing	16	15.4
Doctorial in another field	3	2.9
Other	0	0
Total	104	100%

In Table 1 104 respondents, 69 (66.3%) held a master's degree in nursing. Sixteen (15.4%) of the 104 respondents had doctorate degrees in nursing. A bachelor's degree was held by 13 (12.5%) of the 104 respondents. The final percentage of the respondents encompassed 3 (2.9%) with a doctorate in another field and the final 2 (1.9%) with a master's degree in another field.

Table 1 Characteristics Continued

Type of Institution	Number	Percentage
Community College	37	35.6%
State College	5	4.8%
Private College	4	3.8%
University	58	55.8%
Total	104	100%

Over half (55.8%) of the 104 respondents teach in a University nursing program. Of the 104 respondents, 35.6% teach in community colleges. State college nursing programs ranked third with 5 respondents (4.8%), and private colleges placed last with 4 respondents (3.8%) who teach in nursing programs in Arkansas.

Who you teach	Number	Percentage
Associate	48	46.2%
Baccalaureate	52	50.0
Master'	4	3.8
Doctorate	0	0.00
Total	104	100%

The majority or 52 (50.0%) of the 104 respondents teach in baccalaureate nursing programs. Forty-eight (46.2%) of the 104 respondents teach in associate degree nursing programs. The remaining 4 (3.8%) of the 104 respondents teach in master's nursing programs.

Table 1 Characteristics Continued

Length of teaching career	Number	Percentage
0-3 years	20	19.2%
4-6 years	20	19.2
7-10 years	18	17.3
11-14 years	12	11.5
15-19 years	5	4.8
20-24 years	16	15.4
25 years or more	13	12.5
Total	104	100%

Forty (38.4%) of the 104 respondents have taught for 1-6 years in nursing education. Eighteen (17.3%) of the 104 respondents have taught 7-10 years in nursing education followed by 16 (15.4%) respondents who have taught for 20-24 years in nursing education. An additional 13 (12.5%) of the respondents have taught for 25 years or more in nursing education. The fewest number of respondents, 5 (4.8%) of the 104 have taught in nursing education for 15-19 years.

Job Satisfaction

Table 2 Answer to Research Question #3, #4, #5

Job Satisfaction	Mean	Median	Standard Deviation
Autonomy and independence	4.37	5.0	0.84
Balance with work and family life	4.37	5.0	0.95
Teaching support	4.30	5.0	0.86
Support from administration	4.25	4.0	0.90
Equipment and supplies	4.25	5.0	0.97

Table 2 Answer to Research Question #3, #4, #5 Continued

Job Satisfaction	Mean	Median	Standard Deviation
Office space	4.09	4.0	1.04
Workload fairly divided	3.90	4.0	1.11
Benefits	3.88	4.0	1.05
Opportunities to advance	3.71	4.0	1.05
Salary	3.15	3.0	1.27

In Table 2 respondents agreed most that autonomy and independence, balance with work and family life, and teaching support were important indicators of job satisfaction. Following close behind respondents agreed slightly less that teaching support, having equipment and supplies as well as office space as indicators of job satisfaction.

The least agreement of job satisfaction indicators by the respondents included salaries and opportunities to advance.

An interesting observation noted is that the top three variables, autonomy and independence, balance with work and family life, and teaching supported Herzberg's Two-Factor Theory. The theory notes that extrinsic factors play a role in a worker's feelings of job dissatisfaction. The factors are external to the job task and the environment in which the work is performed. In addition, benefits, salary and opportunities to advance were ranked low which supported Hertzberg's theory that the use of salary and other related benefits could possibly eliminate job dissatisfaction.

According to research questions #3, #4, nurse educators agreed that autonomy and independence, balance with work and family life, and teaching as the most important indicators of job satisfaction in teaching nursing.

Recruitment

Table 3 - Answer to Research Question #1

Table 3-Recruitment	Mean	Median	Standard Deviation
Teaching	4.62	5.0	0.60
Time off	4.37	5.0	0.92
Independence and Autonomy	4.27	5.0	0.94
Work environment	4.09	4.0	1.04
Advancement	3.89	4.0	2.96
Support from administration	3.85	4.0	1.04
Salary and Benefits	3.31	3.0	1.23

The majority of the respondents (4.6154) agreed that teaching (the job) and time off were the most important variables related to recruitment of nurses into nursing education. Work environment was ranked as important followed by support from administration, salary and benefits, and independence and autonomy. The highest ranking, teaching, supports Herzberg's Two-Factor Theory related to job motivators.

The least agreement was noted with the mean of salary and benefits. However, standard deviation (2.96228) was significant with the variable of advancement when looking at the use of the 5-point Likert scale.

The interesting observation is that the respondents supported Herzberg's Two-Factor Theory on Motivation. According to Herzberg, motivators or satisfiers are key indicators of job satisfaction. The survey results supported the job itself. In addition, Herzberg placed advancement as a key indicator of job satisfaction. Herzberg noted that when workers are satisfied with their job, they experience increased productivity, performance and enrichment of work. The behaviors are seen in the work environment and were supported by the respondents rating on the survey variables.

According to research question #1the nurse educators agreed that the job teaching and time off were the key indicators that influence nurses to enter nursing education.

Time Leaving

Table 4 Answer to Research Question #2

Time leaving teaching	Mean	Median	Standard Deviation
In the next year	1.94	2.0	0.47
In the next 5 years	1.87	2.0	0.50
In the next 10 years	1.70	2.0	0.48

The largest number of respondents plans to leave nursing education in the next year. The next group of nurse educators plans to leave nursing education in the next five years followed by nurse educators who plan to leave in the next ten years.

An interesting observation is that the majority of the respondents plan to leave nursing education in the next one to five years. This observation supports the study by AACN (2011-2012) that a large number of nurse educators will be retiring by 2018. Another observation is that there is very little variance in the standard deviation of the responses on the time leaving nursing education.

Research question #5 looked at the correlation between time leaving and job satisfaction. The respondents agreed that they will leave within the next five years. This time frame is interesting as it gives administrators of nursing programs and healthcare professionals a given time frame to explore ways to retain nurse educators in their current positions. Additionally the time frame reflects the AACN (2011-2012) study that a major portion (75%) of RNs in the workforce will be retiring by 2019.

Reasons to Leave Nursing Education

Table 5 Answer to Research Question #2, #5

Leave nursing education	Mean	Median	Standard Deviation
Retire	3.44	4.5	1.95
Higher salary	3.09	4.0	1.96
Balance work and family life	2.78	3.0	1.83
Workload	2.39	3.0	1.69
Job advancement	2.29	3.0	1.59

Table 5 ranks indicate that the majority of the nurse educators agreed that retirement was the main reason for leaving nursing education. Higher salary and balance with work and family life followed in the respondents ranking of reasons why they would leave nursing education. The least important reason for leaving nursing education was workload and job advancement.

An interesting observation is that a recent study cited salary as the reason that nurse educators might leave their current job. However, Hertzberg noted that salary was not a strong predictor of a person leaving their job if they valued the job first in their priorities.

Research question #2 asked the nurse educators to report the reasons that they would leave nursing education. The majority of the nurse educators ranked retirement as the main variable.

Higher salary, balanced work and family life, and workload followed with descending ranking order. The variables supported findings from the literature review for reasons that nurse educators might leave nursing education.

Research question #5 investigated if there was a correlation between job satisfaction (career variables) and nurse educator's intent to leave. According to the results of the correlation there was not a strong correlation between any of the job satisfaction variables and the nurses' intention to leave nurse education. The moderate negative correlation existed between manageable workload and having supplies and equipment to teach. The strongest negative correlation was between benefits and job advancement.

Summary

The purpose of this descriptive survey study was to describe individual and employment factors that attract nurses to nursing education and factors that permit nurse educators to remain teaching in nursing education. Job satisfaction variables were identified as possible indicators to be used to recruit and retain nurse educators in nursing education. The sample population was full-time teaching nurse educators who teach in associate, baccalaureate, masters, doctoral, and DNP programs in Arkansas. There were a total of 33 nursing programs that fit the sample population.

Herzberg's Two Factor Theory of job satisfiers and job dissatisfies was used to develop the study survey. In addition, the National Survey of Full-time Nursing Faculty in the US survey tool was modified to meet the needs of the study survey. Surveys were distributed to the sample population with a request for completed surveys to be returned within two weeks. The return rate of the surveys was 49.75%.

Once the surveys were returned the data were inputted into SPSS. The beginning of the survey addressed respondents's characteristics and was analyzed using measures of central tendency. The second part of the survey addressed job satisfaction variables using a Likert scale of 1-5. Each of the variables was analyzed looking at standard deviation and measures of central tendency. The third part of the survey addressed variables that would attract a nurse to nursing education. Using the 5-point Likert Scale, the results were analyzed using measures of central tendency and standard deviation. Part three of the survey explored reasons that the nurse educator might leave nursing education. The results were analyzed using measures of central tendency and standard deviation.

Chapter V

Conclusions and Recommendations

This chapter will address the following topics: summary of the study, conclusions, recommendations, and chapter summary.

Summary of the Study

The purpose of this descriptive survey study was to describe individual and employment factors that attracted nurses to academia and factors that permitted nurses to remain in academia. The study findings had significance as the study explored the impact of the shortage of registered nurses and nurse educators. Since the 1980's the nurse and nurse educator shortage has existed and continues to grow. During the time from the 1980's to present, student enrollment, nurse educator positions, and prepared nurse educators have continued to decline (Hinshaw, 2001). Compounding this decline is the projection that the registered nurse shortage is projected to reach 260,000 by the year 2025 (Buerhaus, et al., 2008, Bureau of Labor, 2012-2013). Furthermore, other interested associations such as AACN (2012) estimated that the shortage of registered nurses would reach 1.2 million by 2020 due to the increased healthcare needs and nurse replacements. With escalating nurse shortages noted, organizations, colleges, and university administrators have sought to find a solution to alleviate the problem.

One organization, AACN (2011), conducted a survey and found that entry level baccalaureate programs increased enrollment; however, the increase was not adequate to meet the growing demand for registered nurses. In addition, many nursing programs turned away qualified applicants due to an insufficient number of nurse educators, inadequate clinical sites, scarce classroom space, budget constraints, and deficient number of clinical preceptors (AACN,

2011-2012). In an attempt to meet the demands of the workforce, nurse educators must be positioned to teach future nurses. Without sufficient nurse educators, there will not be an adequate supply of registered nurses to provide quality care for the United States elderly population.

Equally important is that within the next ten years, a wave of nurse educators will be retiring. To compound this issue is increased concern with the lack of doctoral-prepared nurse educators to fill the vacant positions (AACN, 2012). The nurse and nurse educator workforce is near to retirement, and the rate of replacements has decreased. If the shortage of nurse educators is not addressed, there will be a negative impact on healthcare and the quality of care that is delivered (AACN, 2012). Thus, the need for nurse educators is evident. Recruitment and retaining new nurses in nursing education is critical if the nurse and nurse educator shortage is to be resolved.

Due to the significance of the nurse and nurse educator shortage, this study was conducted to investigate possible answers to the problem. Data were collected from full-time nurse educators in Arkansas who teach in associate, baccalaureate, masters, and doctoral programs in nursing. The survey was delivered to 209 participants with 104 (49.76%) returned completed surveys. Nurse educators responded in the survey to elements that would attract them to nursing education, elements that would cause them to leave nursing education, elements that would influence them to stay in nursing education, and elements that influenced job satisfaction or job dissatisfaction.

The three top ratings that nurse educators noted that would attract them into nursing education were teaching, time off, and autonomy and independence. Closely following these top three ratings were work environment, support from administration, and salary and benefits.

These findings answered research questions #1 which investigated the elements that nurse educators perceived to influence their decision to enter nursing education. In addition the nurse educators responded to the elements that would influence their decision to remain in nursing education. These responses answered research question #3.

Retirement, higher salary, and balance with work and family life were the top three rankings that nurse educators responded that would cause them to leave nursing education. Workload and opportunity of job advancement followed with the ratings on intent to leave nursing education. These ratings questioned why nurse educators might decide to leave nursing education and the responses answered research question #2.

The length of time that the nurse educators intended to leave nursing education was from 1 to 5 years. The largest majority of the nurse educators responded that they intended to leave nursing education in the next year. These responses answered research question #5 which asked the nurse educator to estimate when they would be leaving nursing education.

The survey addressed variables related to job satisfaction as well as reasons for leaving nursing education. Following data analysis with SPSS there was not a strong correlation between job satisfaction and reasons for nurse educators to leave nursing education. However, there was a moderate negative correlation between manageable workload and having supplies and equipment to teach. The strongest negative correlation existed between benefits and job advancement. The survey results answered research question #4 which asked the nurse educator to rate variables that would influence job satisfaction. Further survey results answered research question #5 which explored if there was a correlation between intent to leave nursing education and selected career variables (job satisfaction) that would cause the nurse educator to leave nursing education.

Conclusions

The descriptive survey study provided valuable information for administrators of schools of nursing, healthcare administrators to be used as a tool for retention of nurse educators, not only for individual institutions, but for nurses in general. If administrators and directors of nursing programs understand individual and employment characteristics of nurse educators, the survey results may well assist in recruitment and retention of nurse educators. Facing the current shortage of nurse and nurse educators, colleges and universities should consider those individual and employment characteristics that are related to retention of nurse educators and focus on creating a positive work environment. The demand for nurse educators is obvious. Thus, recruitment and retention of new nurses into nursing education is crucial. Once these new nurse educators join the position of nurse educator, what individual and employment elements can administrators employ that will encourage them to stay in nursing education?

Elements that attract nurses to nursing education included teaching, time off, and autonomy and independence. With teaching appraised the number one element, the appraisal supported Herzberg's Two-Factor Motivation Theory. Herzberg's Theory was based on the belief that if workers are motivated, they will experience job satisfaction. Motivators are essential to the job as well as to the job task. Thus, if the job is meaningful, job satisfaction should be the key to the attraction of workers. Research supported the rating by the nurse educators that teaching or the job was their main element for entering nursing education (Herzberg, et al., 1993; Falk, 2007; Yordy, 2006).

The second element that nurse educators rated in attracting nurses to nursing education was time off. Workload was cited in the literature by several authors as a negative element with

job satisfaction. Since many nurse educators take work home to complete, there has to been a component to offset the time and workload involved in teaching. In exchange for those elements, many nurse educators value having time off for weekends, holidays, and summers.

The third element, autonomy and independence, also placed highly in the nurse educator's survey. This placement supported Herzberg's Two-Factor Theory which stated that workers are motivated and feel satisfied if they experience responsibility, achievement, and the opportunity for growth. When nurse educators experience autonomy and independence, they are self-motivated, more productive, and experience job satisfaction. Interestingly, autonomy and independence were important elements ranked by nurse educators and supported by Herzberg's Two-Factor Theory indicators.

Elements that supported nurse educators to leave nursing education included retirement, salary, and balanced work and family life. According to AACN (2012) and the National League of Nursing (2006), 75% of nurse educators are expected to retire by 2019. The survey results supported this element and further noted that a large majority of nurse educators in Arkansas intend to retire within the next year.

Salary was the second element that was cited by the nurse educators as a reason that they would leave nursing education. Results from the NLN Carnegie National Survey (2006), and Kaufman (2007), identified salary as the factor with which nurse educators are least satisfied. In contrast, 53% of the nurse educators surveyed cited "more compensation" as the reason for planning to leave their current position (Kaufman, 2007). This study survey results had a median of 3.0865 and a standard deviation of 1.96138. Interestingly, Herzberg noted that salary was not a strong predictor of a person leaving their job if they valued the job first in importance. Nurse educators' responses in this study did not support findings from Herzberg's Two-Factor Theory.

Balanced work and family life was valued by the nurse educators. This ranking supported the 1976 article by Plawecki and Plawecki. The authors identified personal life and working conditions as areas that might influence nurse educators to leave nursing education. The survey results from the nurse educators classified this as an important constituent for job satisfaction.

Additionally, the survey asked nurse educators what elements influenced job satisfaction or job dissatisfaction. The respondents cited autonomy and independence, balanced work and family life, and teaching support. This study results closely paralleled the results of Plawecki and Plawecki (1976) study and Herzberg's Two-Factor Theory.

Recommendations

Recommendations for Research

Findings from this study supported several areas for future research. During the design, administration, and analysis of the study, questions surfaced that could improve and create new areas of research for future studies. This study can be used to investigate recommendations for practice and recommendations for research. Based upon findings from this study, the following recommendations were developed for future research:

- Obtain a larger sample of nurse educators that is more representative of the entire United
 States. The findings in the study have input from the nurse educators in Arkansas. Findings
 from all areas of the United States could possibly give different opinions. Also, regional
 opinions may well differ especially in areas of the United States where there are minimal
 nurse educator shortages.
- 2. Differentiate findings from associate and baccalaureate nurse educators. Potentially, explore if there is a difference why nurse educators from associate degree programs and nurse

educators from baccalaureate programs responded differently to the elements in the survey. There could be a difference in the survey responses due to position that nurse educators have in community colleges. In community colleges, nurse educators have the instructor rank whereas in university setting nurse educators are often tenured and have an assistant, associate, or professor ranking. Due to the difference in nurse educators' ranking, the workload and areas of assignment vary from different type nursing programs which may perhaps impact the survey findings.

- 3. Provide a longer time frame for the nurse educators to respond to the survey. This survey was distributed and returned in two weeks. Toward the end of the two week period, many nurse educators left for spring break from the colleges and universities. This time lapse caused survey responses to be delayed or even overlooked. In future studies, a longer period for completing and receiving the surveys may possibly increase the survey response rate.
- 4. Develop a tool to exclusively measure job satisfaction of nurse educators.
 According to the literature review, a tool to measure job satisfaction has not been developed for nurse educators. However, findings from the study survey indicated that ranking of job satisfaction variables supported most of Herzberg's Two-Factor Theory. For future research a tool may perhaps be adapted easily to address job satisfaction indicators of nurse educators.
- 5. Explore job satisfaction and dissatisfaction in doctoral prepared nurse educators. Many of the doctoral nurse educators receive much higher salaries compared to masters prepared nurse educators. Additionally, many doctoral prepared nurse educators have lighter workloads in teaching but heavier loads with writing grants and publications. It would be interesting to survey job satisfaction of this population and learn what they value with their jobs.

Recommendations for practice:

- 1. Determine factors, other than individual and employment that might be responsible for the study results. For future practice it would be interesting to explore work environment and learn what nurse educator's value in their environment.
- Interview nurses to collect strategies that could be used to recruit nurses to nursing education.
 By interviewing newer nurses, the information collected could be used by colleges and universities to recruit younger nurses to nursing education.
- 3. Interview nurse educators to ascertain what older nurse educators could provide to new nurse educators. This interview could offer possible ideas of how older nurse educators could mentor younger nurse educators in practice. The experience and wisdom of the older nurse educators could be used to develop the role of nurse educator. Likewise, the older nurse educators could stay employed longer and be valued as an asset to nursing education by mentoring and role modeling.
- 4. As administrators create a healthy working environment for nurse educators. Using the elements that support job satisfaction, create the desirable working environment. Create events to recognize nurse educator accomplishments. Additionally, provide some choices for nurse educators such a course selection, course timing, and committee assignments.

Summary

This descriptive study has described the impact of the nurse and nurse educator shortage. Even though the shortage has been ongoing since the 1980's, a solution to the problem has not emerged. The projections of the registered nurse shortage are to reach 260,000 by 2025. This is an outstanding deficit in registered nurse supply especially when the United States is expecting a large portion of the population to be elderly and require healthcare.

Universities, colleges, and healthcare administrators have explored ways to approach solving the shortage. Unfortunately, the approach of increasing enrollment of students in nursing programs has not resulted in solving the issue. The greater challenge is an insufficient number of nurse educators available to prepare future nurses. Many of the nurse educators are close to retirement as a wave of educators are predicted to retire in the next ten years. Equally important is that many of the nurse educator positions require a PhD or EdD. Due to the shortage of nurse educators, the supply of nurse educators is not available to prepare nurses for PhD or EdD degrees.

This study was designed to search for elements that attract nurses to nursing education and elements that cause nurse educators to remain in the job. In addition, the study explored the impact of job satisfaction indicators that affected nurse educators to be satisfied with their job. The results of the study indicated that nurse educators were attracted to nursing education because of the job of teaching, time off on weekends and holidays, and being autonomous and independent.

On the other hand, nurse educators indicated that they would leave nursing education due to retirement, higher salary, and the inability to balance work and home life. The survey results noted that most of the current nurse educators plan to leave teaching in 1-5 years with the majority leaving within the next year.

The study surveyed variables of job satisfaction that may well keep nurse educators in their teaching position. Instead the results of the survey indicated no strong correlation between job satisfaction and time of leaving nursing education. At the same time, nurse educators indicated that autonomy and independence and the ability to balance work and family life were strong indicators of job satisfaction.

The findings of this study are distinctive to full-time nurse educators in Arkansas who teach in associate, baccalaureate, masters, and doctoral nursing programs. For this reason, the study therefore, cannot be generalized to other areas in the United States. However, administrators and directors of nursing programs should find the information advantageous when developing and creating ideas for recruitment and retention of nurse educators.

As the growing shortage of nurses and nursing faculty continues, the results of this study can be used to create healthy and positive work environments that promotes recruitment and retention of nurse educators. Moreover, the results of the study should be valuable in generating additional questions about further variables that impact nurse educator's job satisfaction.

For future studies interviewing new nurses could provide new knowledge for administrators as they prepare a plan to recruit nurses to nursing education. The literature has a sparse amount of information that directly addresses reasons that nurses would enter nursing education. This is an area of research that possibly renders solutions to the nurse and nurse educator shortage. As administrators face the inability to offer competitive salaries to nurse educators, the focus needs to shift to other means in attracting and retaining nurse educators. From the results of the study, implementing job satisfaction variables and creating a healthy work environment seem to be a beginning to solving the nurse and nurse educator shortage.

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Appendix A

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NAME OF	Full**	Part-	Adjunct	Preceptor	PhD	MSN	BSN-	DIP -	ADN	EN.	Gent	der M	w	Race	0	Retired	Resigned	Vacant Position
AR NORTHEASTERN COLLEGE BLYTHEVILLE ADN	4	0	6	0	0	2	3	5	0	0.						a	7	0
ARNEC -ADN	2	0	1	0	0	1	- 2	0	0	0	3	0	3	0	0	0	0	0
ARKANSAS STATE UNIVERSITY ADN	5	0	2	0	0	5	2	0	0	0						0	0	0
ARKANSAS STATE UNIVERSITY -BSN	19	. 0	22		В	19	16	D	0	0						0	12	0
ARKANSAS TECH UNIVERSITY-BSN	18	1	7	0	5	14	7	0	0	0						0	2	1
BAPTIST HEALTH SCHOOLS - DIPLOMA	36	3	29	28	0	32	28	6	2	0						2	13	0
COLLEGE OF THE OUACHITAS-ADN	2	1	6	0	0	6	7	0	0	0	12	1	12	0	0	0	6	٥
EAST ARKANSAS CC-ADN	3	0	.4	19	0	5.	2	0	0	0	7	,0	5	2	0	0	0	٥
HARDING UNIVERSITY BSN	14	17	0	30	4	14	12	0	1	0						0	4	0
HENDERSON STATE UNIVERSITY-BSN	6	0	0	22	2	4	2	0	0	۰						0	1	0
JRMC'SCHOOL OF NURSING DIPLOMA	7	1	0	0	0	6	2 :	o _j	1	0						0	1	o
NATIONAL PARK CC -ADN	7	0	4-7	0 .	, ,0	6	7	.0	1	0	16	0	15	1	0	0	0	2
NORTH ARKANSAS COLLEGE -ADN	6	0	5	43	0	8	3	0	0	0	11	0	11	0	0	2	1	0
NORTHWEST ARKANSAS, CC - ADN	13	0	12	0	0	13	12	0	0	0	24	1	25	0	0	1	3	0
PHILLIPS CC/U of A -ADN	10	0	0	0	0	6	4	0	0	0	10	0	9	1	0	0	0	0
SEARK COLLEGE - ADN	3	1	0	0	0	4	0	0	0	0	5	1	2	4	0	0	1	1

										2-1								
15.33	Full-	Part- Time	Adjunct	Preceptor	PhD	MSN	BSN	OIP	ADN	LPN	Ger F	nder M		Race		Retired	Resigned	Vacant Position
SOUTHERN ARKANSAS UNIVERSITY - ADN	14	0	0	0	1	10	5	0	0	0	14	0	11	3	0	1	1	0
SOUTHERN ARKANSAS UNIVERSITY BSN	7	3	0	18	3	7	0	0	0	0						0	3	0
UACC/BATESVILL E-ADN	4	0	4	79	0	4	2	1	1	0	8	0	8	0	0	0	0	0
UA FAYETTEVILLE -BSN	16	33	0	35	7	10	31	0	0	0						0	1	0
UA-FT, SMITH - ADN	2	2	4	85	1	9	2	0	3	0	8	0	8	0	0	0	7	6
UA-FT.SMITH- BSN	12	1	-4	18	2	16	7 .	0	0	0,						0	10	10
UA-LITTLE ROCK - ADN	20	0	19	116	8	16	11	2	0	0	33	6	36	2	0	0	1	0
UA-MONTICELLO -ADN	.5	0	1	0	5	1	0	0	0	0	5	1	4	2	0	0	0	0
-BSN	5	3	0	22	0	6	3	0	0	0						0	1	1
UAMS -BSN	46	38	1	214	30	41	14	0	0	0				_		4	18	7
UA-PINE BLUFF - BSN	6	· . o	0	0	1	3	0	0	0	0 ,						1	1	0
UCA-B5N	20	0	27	0	9	17	24	0	0	0						1	3	1
TOTALS 2012	312	104	161	729	86	285	208	14	9	0	-			\vdash		12	97	29
TOTALS 2011	352	117	187	•	86	316	174	12	39	0	569	31	532	54	12	7	98	22
TOTALS 2010	333	116	188	•	66	302	188	22	57	0	613	34	583	55	9	7	73	23

12 (VI) 1								all. Y										100
NAME OF SCHOOL	Full- Time	Part- Time	Adjunct	Preceptor	PhD	MASN	BSN	DIP	ADN	UPN.	Gen		w	Race A		Retired	Resigned	Vacant Position
AR NORTHEASTERN COLLEGE BLYTHEVILLE - ADN	4	0	6	0	0	2	3	5	0	0						0	7	0
ARNEC-ADN.	2	0		0	0,	- 1	2	0	0	0	3	0	3	0	0	0	0	0
ARKANSAS STATE UNIVERSITY - ADN	5	0	2	0	0	5	2	0	0	0						,0	0	0
ARKANSAS STATE UNIVERSITY -BSN	19	0	22		8	19	16	0	0	0						0	12	0
ARKANSAS TECH UNIVERSITY-BSN	18	1		0	. 5	.14		0	0	0						0	2	1
BAPTIST HEALTH SCHOOLS - DIPLOMA	36	3	29	28	0	32	28	6	2	0						2	13	0
COLLEGE OF THE OUACHITAS-ADN	2	1	- 6	0	0	6	7	0	0	0	12	1	12	0	0	0	6	0
EAST ARKANSAS CC-ADN	3	0	4	19	0	5	2	0	0	0	7	0	5	2	0	0	0	0
HARDING UNIVERSITY -BSN	14	17	10	30	4	14,	. 12	0	1	0						0	4	0
HENDERSON STATE UNIVERSITY-BSN	Б	0	0	22	2	4	2	0	0	0						0	1	0
JRMC SCHOOL OF NURSING DIPLOMA	7	1	0	0	0	6	2	0	1	0		,				0	1	0
NATIONAL PARK CC-ADN	7	0	4-7	0	0	6	7	.0	1	0	16	0	15	1	0	0	0	2
NORTH ARKANSAS COLLEGE +ADN	6	0	5 .	43	0	8	3	0	0	. 0	11	0	11	0	0	2	1	0
NORTHWEST ARKANSAS, CC - ADN	13	0	12	0	0	13	12	0	0	0	24	1	25	0	0	1	3	0
PHILLIPS CC /U of A-ADN	10	0	0	0	.0	16	4	0	0	0	10	0	9	1	0	0	0	0
SEARK COLLEGE ADN	3	1	0	0	0	4	0	0	0	0	5	1	2	4	0	0	1	1

													1					
705	Full- Time	Part- Time	Adjunct	Preceptor	PhD	MSN	BSN	DIP	ADN	LPN	Ge F			Race	0	Retired	Resigned	Vacant Position
SOUTHERN ARKANSAS UNIVERSITY	14	0	0	0	1	10	5	0	0	0	14	0	11	3	0	1	1	0
SOUTHERN ARKANSAS UNIVERSITY - 1 BSN	7	3	0	18	3	7	0, 0	Ö	0	0						0	3	0
UACC/BATESVILL E-ADN	4	0	4	79	0	4	2	1	1	. 0.	, 8	0	8	0	0	0	0	0
UA FAYETTEVILLE -BSN	16	33	0	35	7	10	31	0	0	0						0	1	0
UA-FT, SMITH - ADN		2	4	85	1	9	2	0	3	0	8	0	8	0	0	0	7	6
UA-FT.SMITH- BSN	12	1	4.	18	2	16	7	0	0	0						0	10	10
UA-LITTLE ROCK - ADN	20	0	19	116	8	16	11	2	0	0	33	6	36	2	0	0	1	0
UA-MONTICELLO -ADN	5	a	1	0	5	1	0	0	0	0	5	1	4	2	0	0	0	0
-BSN	5	3	0	22	0	6	3	0	0	0						0	1	1
UAMS -BSN	46	38	. 1	214	30	. 41	14	0	0	0	-					4	18	7
UA-PINE BLUFF - BSN	6.	0	0	0	1	· 3	0	0	0	0						1	1	0
UCA-BSN	20	0	27 .	0	. 9	17	24	٥	0	. 0	,				menuru	1	3	1
TOTALS 2012	312	104	161	729	86	285	208	14	9	0				_		12	97	29
TOTALS 2011	352	117	187	•	86	316	174	12	39	0	569	31	532	54	12	7	98	22
TOTALS 2010	333	116	188	•	66	302	188	22	57	0	613	34	583	55	9	7	73	23

Appendix B

Arkansas Programs for Associate and Baccalaureate Degree RN Programs

Arkansas Approved Programs Preparing For Associate Degree Registered Nurse Licensure - 2014

Program Code	Program	Contact Information	Date of Initial ASBN Approval	Date of Full ASBN Approval	ASBN Approval Status	Date of Last ASBN Survey	Date of Next ASBN Survey	National Nursing Accreditation Body	Date of last National Site Visit
39-487	Arkansas Northeastern College – Blytheville - ADN	Tonya Pankey, Director tpankey@smail.anc.edu P.O. Box 1109 Blytheville, AR 72316 Phone: (870) 780-1223 Fax: (870) 762-3376 www.anc.edu	1977	1978	Conditional	2013	2018	ACEN	2014
39-460	Arkansas Rural Nursing Education Consortium (ARNEC) - ADN	Crystal Gillihan, Director cgillihan@ozarka.edu P.O. Box 10 Melbourne, AR 72556 Phone: (870) 368-2046 Fax: (870) 368-2075 www.arnec.org	2004	2007	Full	2011	2016	NA	NA
39-496	Arkansas State University – ADN	Renee Miller – Director rsmiller@astate.edu P.O. Box 910 State University, AR 72467 Phone: (870) 972-3074 Fax: (870) 972-2954 www.astate.edu	1966		Full	2012	2017	ACEN	2012
39-403	Arkansas State University – Mountain Home – ADN	Julia Gist, Chair <u>igist@asumh.edu</u> 1600 South College Mountain Home, AR 72653 Phone: (870) 508-6154 Fax: (870) 508-6283 <u>www.asumh.edu</u>	2012	2013	Initial	2013	2016	NA	NA
39-410	Arkansas Tech University – Ozark	Theresa Fontaine - Chair tfontaine@atu.edu 1700 Helberg Lane Ozark, AR 72949 Phone: (479) 508-3373 Fax: (479) 667-0198 www.atu.edu/ozark	2012		Full	2013	2016	NA	NA

Program Code	Nursing Program	en e	Date of Initial ASBN Approval	Date of Full ASBN Approval	ASBN Approval Status	Date of Last ASBN Survey	Next ASBN Survey	National Nursing Accreditation Body	Date of last National Site Visit
39-450	College of the Ouachitas – ADN	Melinda Sanders, Chair msanders@coto.edu #1 College Circle Malvern, AR 72104 Phone: (501) 332-0303 Fax: (501) 467-3680 www.coto.edu	2006	2008	Full	2012	2017	NA NA	NA NA
39-488	East Arkansas Community College – ADN	Cindy Shaw, Director <u>cshaw@eacc.edu</u> 1700 New Castle Road Forrest City, AR 72335-9598 Phone: (870) 633-4480 Fax: (870) 633-7222 <u>www.eacc.edu</u>	1976	1978	Full	2013	2018	ACEN	2013
39-485	National Park Community College – ADN	Janice Ivers – Division Chair jivers@npcc.edu 101 College Drive Hot Springs AR 71913 Phone: (501) 760-4289 Fax: (501) 760-4183 www.npcc.edu	1974	1976	Full	2012	2017	ACEN	2007
39-489	North Arkansas College – ADN	Kim Tinsley – LPN-RN Program Director ktinsley@northark.edu 1515 Pioneer Drive Harrison, AR 72601 Phone: (870) 391-3127 Fax: (870) 391-3354 www.northark.edu	1975	1976	Full	2011	2016	ACEN	2013
39-402	NorthWest Arkansas Community College – ADN	Felicia Pendleton, Director fpendleton@nwacc.edu One College Drive Bentonville, AR 72712 Phone: (479) 619-4255 Fax: (479) 619-4254 www.nwacc.edu	1992	1996	Full	2011	2016	NA	NA

Program Code	TOTAL CONTRACTOR AND PROPERTY.		Date of Initial ASBN Approval	FIRST SHIPS CHARLES	ASBN Approval Status	Date of Last ASBN Survey	Date of Next ASBN Survey	National Nursing Accreditation Body	Date of last National Site Visit
39-498	Phillips Community College — Univ of AR - ADN	Amy Hudson – Dean ahudson@pccua.edu P.O. Box 785 Helena-West Helena, AR 72342 Phone: (870) 338-6474 x 1371 Fax: (870) 338-7542 www.pccua.edu	1968	1980	Full	2012	2017	ACEN	2009
39-421	SEARK College – ADN	Diann Williams – V.P. dwilliams@seark.edu Magnolia Woods – Coordinator LPN/RN Transition mwoods@seark.edu 1900 Hazel Street Pine Bluff, AR 71603 Phone: (870) 543-5917 Fax: (870) 543-5912 www.seark.edu	1999	2001	Full	2009	2014 Scheduled 8/2014 Paper Survey	ACEN	2006
39-490	Southern Arkansas University – ADN	Becky Parnell, Interim bbparnell@saumag.edu Laura Shirey – Director Ihshirey@saumag.edu 100 East University Magnolia, AR 71753-5000 Phone: (870) 235-4331 Fax: (870) 235-5058 www.saumag.edu	1966	1970	Full	2012	2017	ACEN	2009
39-400	University of Arkansas Community College – Batesville – ADN	Rebecca King — Chair rebecca.king@uaccb.edu P.O. Box 3350 Batesville, AR 72503 Phone: (870) 612-2070 Fax: (870) 612-2059 www.uaccb.edu	1999	1999	Full	2010	2015	ACEN	2012

Program Code	Nursing Program	Contact Information	Date of Initial ASBN Approval	Date of Full ASBN Approval	ASBN Approval Status	Date of Last ASBN Survey	Date of Next ASBN Survey	National Nursing Accreditation Body	Date of last National Site Visit
39-497	University of Arkansas – Little Rock – ADN	Ann Bain — Dean abbain@ualr.edu Brenda Womack • Interim Chair bawomack@ualr.edu 2801 South University Little Rock, AR 72204 Phone: (501) 569-8081 Fax: (501) 371-7546 www.ualr.edu	1967	1970	Full	2010	2015	ACEN	2009
39 493	University of Arkansas – Fort Smith – ADN	Carolyn Mosley, Dean Carolyn.Mosley@uafs.edu P.O. Box 3649 Fort Smith, AR 72913-3649 Phone: (479) 788-7840 Fax: (479) 242-6844 www.uafs.edu	1969	1969	Program Voluntarily Closed 2013				
39-405	University of Arkansas – Monticello – ADN	Laura Evans — Dean <u>evansl@uamont.edu</u> P.O. Box 3606 Monticello, AR 71656-3606 Phone: (870) 460-1769 Fax: (870) 460-1969 <u>www.uamont.edu</u>	2000	2002	Full	2012	2017	NA	NA

Arkansas State Board of Nursing



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Baccalaureate Degree

Associate Degree | Diploma | Baccalaureate Degree

Baccalaureate Degree RN Programs (includes program code, data of Initial ASBN Approval and Date of Last National Site

ARKANSAS STATE UNIVERSITY

School of Nursing

P. O. Bax 910

State University, AR 72467

Phone: (870) 972-3074; FAX (870) 972-2954

www.astate.edu Marilyn Duran, Chair email: mduran@astate.edu

ARKANSAS TECH UNIVERSITY

Department of Nursing

Dean Hall

Russeliville, AR 72801-2222

Phone: (479) 968-0383; FAX (479) 968-0219

www.atu.edu

Dr. Rebecca Burris, Chair email: rburris@atu.edu

HARDING UNIVERSITY

College of Nursing Box 12265

Searcy, AR 72149-0001 Phone: (501) 279-4476; FAX (501) 305-8902

www.harding.edu

Dr. Cathleen M. Shuftz, Dean

email: shultz@harding.edu

HENDERSON STATE UNIVERSITY

Department of Nursing

HSU Box 7803

Arkadelphia, AR 71999-0001

Phone: (870) 230-5015; Fax (870) 230-5390

www.hsu.edu

Chair: Dr. Barbara Landrum, Chair

email: landrub@hsu.edu

SOUTHERN ARKANSAS UNIVERSITY

Department of Nursing

100 E.University Magnolia, AR 71753-5000

Phone: (870) 235-4331; FAX (870) 235-5058

www.saumag.edu

Becky Parnell, Interim Chair email: BeckyParnell@saumag.edu

UNIVERSITY OF ARKANSAS

Eleanor Mann School of Nursing 606 N. Razorback Road Fayetteville, AR 72701 Phone: (479) 575-3904; FAX (479) 575-3218 www.uark.edu Pegge Bell, Director email: pibeli@uark.edu

UNIVERSITY OF ARKANSAS AT FORT SMITH

Carolyn McKelvey Moore School of Nursing P. O. Box 3649
Fort Smith, AR 72913
Phone: (479) 788-7840; FAX (479) 242-6844
www.uafs.edu
Carolyn Mosley, PhD, RN, Executive Director email: Carolyn Mosley@uafs.edu

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

College of Nursing 4301 W. Markham, Slot 529 Little Rock, AR 72205 Phone: (501) 686-5374; FAX (501) 686-7998 www.nursing.uams.edu Lorraine Frazier, Dean emait. LFrazier@uams.edu

UNIVERSITY OF ARKANSAS AT MONTICELLO

Division of Nursing
P. O. Box 3606
Monticello, AR 71656-3606
Phone: (870) 460-1069; FAX (870) 460-1969
www.uamont.edu
Laura Evens, RN, Dean
email: evansi@uamont.edu

UNIVERSITY OF CENTRAL ARKANSAS

Department of Nursing 201 Donaghey Avenue Corway, AR 72035 Phone: (501) 450-3119; FAX (501) 450-5560 www.uca.edu/nursing Dr. Barbara G. Williams, Chair emait: BGWilliams@uca.edu

Arkansas Approved Programs Preparing For Baccalaureate Degree Registered Nurse Licensure - 2014

Program Code		Contact Information	Date of	Date of	ASBN +	Date of Last ASBN	Date of Next ASBN	National Nursing	Date of last National
	A Section	all interests of	ASBN 4		Status	Survey	Survey	Accreditation Body	Site Visit
39-598	Arkansas State University – BS	Marilyn Duran-Chair mduran@astate.edu Annette Stacy – Coordinator astacy@astate.edu P.O. Box 910 State University, AR 72467 Phone: (870) 972-3074 Fax: (870) 972-2954 www.astate.edu	1974		Full	2012	2017	ACEN	2012
39-585	Arkansas Tech University – BS	Rebecca Burris – Chair rburris@atu.edu Dean Hall Russellville, AR 72801-2222 Phone: (479) 968-0383 Fax: (479) 968-0219 www.atu.edu	1976		Full	2013	2018	ACEN	2009
39-597	Harding University – BS	Cathleen Shultz – Dean shultz@harding.edu Box 12265 Searcy, AR 72149-001 Phone: (501) 279-4476 Fax: (501) 305-8902 www.harding.edu	1975	1977	Full	2009	2014 Scheduled 8/2014 Paper Survey	ACEN	2013
39-596	Henderson State University – BS	Barbara Landrum – Chair landrub@hsu.edu HSU Box 7803 Arkadelphia, AR 71999-0001 Phone: (870) 230-5015 Fax: (870) 230-5390 www.hsu.edu	1975	1979	Full	2012	2017	CCNE	2011
39-507	Southern Arkansas University – BS	Becky Parnell – Interim <u>bbparnell@saumag.edu</u> 100 East University Magnolia, AR 71753-5000 Phone: (870) 235-4331 Fax: (870) 235-5058	2006	2012	Full	2011	2016	ACEN	2010

Program Code	Nursing Program	Contact Information	Date of Initial ASBN Approval	Date of Full ASBN Approval	ASBN Approval Status	Date of Last ASBN Survey	Date of Next ASBN Survey	National Nursing Accreditation Body	Date of last National Site Visit
39-502	University of Arkansas – Fayetteville – BS	Pegge Bell- Director plbell@uark.edu 606 N. Razorback Road 1 University of Arkansas Fayetteville, AR 72701 Phone: 479-575-3904 Fax: (479) 575-3218 www.uark.edu	1969	1969	Full	2013	2018	CCNE	2013
39-570	University of Arkansas – Fort Smith – BS	Carolyn Mosley, Dean Carolyn.Mosley@uafs.edu P.O. Box 3649 Fort Smith, AR 72913 Phone: (479) 788-7840 Fax: (479) 242-6844 www.uafs.edu	2005	2009	Full	2012	2017	ACEN	2012
39-551	University of Arkansas Medical Sciences - BSN	Lorraine Frazier — Dean LFrazier@uams.edu Kelly Betts — Asst. Dean - BSN Kbetts2@uams.edu 4301 West Markham, #529 Little Rock, AR 72205-7199 Phone: (501) 686-5374 Fax: (501) 686-7998 www.nursing.uams.edu			Full	2009	2014 Scheduled 8/2014 Paper Survey	CCNE	2005
39-501	University of Arkansas – Monticello – BS	Laura Evans – Dean evansl@uamont.edu P.O. Box 3606 Monticello, AR 71656 Phone: (870) 460-1069 www.uamont.edu	1991	1994	Full	2013	2018	ACEN	2010
39-589	University of Arkansas – Pine Bluff - BS	1200 University Dr. #4973 Pine Bluff, AR 71601 Phone: (870) 575-7076 Fax: (870) 575-8229 www.uapb.edu	1976	1978	Approval Withdrawn Program Closed	2012			

Program Code	Nursing Program	Contact Information	CONTRACTOR CONTRACTOR DOSE	Date of Full ASBN Approval	ASBN Approval Status	Date of Last ASBN Survey	Date of Next ASBN Survey	National Nursing Accreditation Body	Date of last National Site Visit
39-599	University of	Barbara G. Williams – Chair	1967	1967	Full	2011	2016	CCNE	2013
SEASON.	Central Arkansas	BGWilliams@uca.edu							
Selection of the select	• BSN	201 Donaghey Avenue							
		Conway, AR 72035							
1000		Phone: (501) 450-3119							
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Fax: (501) 450-5560							
4.00		www.uca.edu/nursing							

Appendix C

CCNE Accredited Master's Nursing Degree Programs

. CCNE-Accredited Master's Nursing Degree Programs

Back to Accreditation Search

ARKANSAS

University of Arkansas

Eleanor Mann School of Nursing 606 North Razorback Road #111 Fayetteville, AR 72701-1201 http://nurs.uark.edu

Chief Nurse Administrator: Pegge Bell, PhD, RN

Title: Director

E-Mail: plbell@uark.edu Phone: 479-575-3906 Fax: 479-575-3218

Master's Accreditation Activity

Initial Accreditation Date: April 21, 2007 Most Recent Accreditation September 28,

2011

June 30, 2022 Accreditation Term Expires: Last On-Site Evaluation: September 2011

Next On-Site Evaluation: Fall 2021

University of Arkansas for Medical Sciences

College of Nursing

4301 West Markham Street, Slot 529, Education II

Building, Fifth Floor

Little Rock, AR 72205-7199

http://nursing.uams.edu

Chief Nurse Administrator: Lorraine Frazier, PhD,

RN, FAHA, FAAN

Fax: 501-686-7998

Title: Dean

E-Mail: !frazier@uams.edu Phone: 501-686-8493

Master's Accreditation Activity

Initial Accreditation Date:

2005

Most Recent Accreditation

September 29,

Date:

2005

September 29,

Accreditation Term Expires:

December 31,

2015

Last On-Site Evaluation: April 2005 Next On-Site Evaluation: Spring 2015

University of Central Arkansas

Department of Nursing 201 Donaghey Avenue Conway, AR 72035-0001 http://www.uca.edu/chas/nursing.html

Master's Accreditation Activity

Chief Nurse Administrator: Barbara G. Williams,

PhD, RN Title: Chair

E-Mail: bgwilliams@uca.edu
Phone: 501-450-3119

Fax: 501-450-5560

Initial Accreditation Date: April 21, 2004

Most Recent Accreditation

Date:

April 21, 2004

Accreditation Term Expires:

June 30, 2014

Last On-Site Evaluation:

November 2003

Next On-Site Evaluation:

Fall 2013

Appendix D

Human Subjects Protection (IRB) University of Arkansas



Office of Research Compliance Institutional Review Board

February 25, 2014

MEMORANDUM	
TO:	Peggy Lee Michael T. Miller
FROM:	Ro Windwalker IRB Coordinator
RE:	New Protocol Approval
IRB Protocol #:	14-02-496
Protocol Title:	Recruitment, Retention, and Job Satisfaction of Nurse Educators in Arkansas
Review Type:	
Approved Project Period:	Start Date: 02/25/2014 Expiration Date: 02/24/2015

Your protocol has been approved by the IRB. Protocols are approved for a maximum period of one year. If you wish to continue the project past the approved project period (see above), you must submit a request, using the form Continuing Review for IRB Approved Projects, prior to the expiration date. This form is available from the IRB Coordinator or on the Research Compliance website (http://vpred.uark.edu/210.php). As a courtesy, you will be sent a reminder two months in advance of that date. However, failure to receive a reminder does not negate your obligation to make the request in sufficient time for review and approval. Federal regulations prohibit retroactive approval of continuation. Failure to receive approval to continue the project prior to the expiration date will result in Termination of the protocol approval. The IRB Coordinator can give you guidance on submission times.

This protocol has been approved for 325 participants. If you wish to make *any* modifications in the approved protocol, including enrolling more than this number, you must seek approval *prior to* implementing those changes. All modifications should be requested in writing (email is acceptable) and must provide sufficient detail to assess the impact of the change.

If you have questions or need any assistance from the IRB, please contact me at 210 Administration Building, 5-2208, or irb@uark.edu.

210 Administration Building • 1 University of Arkansas • Fayetteville, AR 72701 Voice (479) 575-2208 • Fax (479) 575-3846 • Email irb@uark.edu

The University of Arkaneur is an annal assurement of

Appendix E

National Survey of Full-time Nursing Faculty

NATIONAL SURVEY OF FULL-TIME NURSING FACULTY A Study by the Rutgers Center for State Health Policy, Fieldwork by Abt SRBI Inc. Funded by The Robert Wood Johnson Foundation Q1. In which programs do you teach? (Mark all that apply with an "X") □ ADN Masters (MSN, MS, MA) BSN: traditional Doctor of Nursing Practice (DNP) BSN: accelerated ☐ 2nd Degree BSN Other (Specify): RN to BSN ☐ Not Applicable Q2. At your current position, do you now or have you ever taught in any of the following specialty programs/courses? (Mark all that apply with an "X") Adult Health / Medical-Surgical Community / Public Health Maternal-Child Health / Pediatrics Management / Administration Psych / Mental Health Other (Specify): _ Gerontological Nursing ☐ None / Do NOT teach specialty programs/courses Q3. Does the nursing school consider you a ...? Full-time faculty member **CONTINUE TO Q4 using enclosed, postage-paid envelope. How likely is it that you will change your status from full-time to part-time in the next year? Q4. Very likely Somewhat likely Somewhat unlikely □ Very unlikely ☐ Not Applicable Q5. How likely is it that you will change your status from full-time to part-time in the next five years? Very likely Somewhat likely

Q7. In what year did you become <u>the rank indicated at question #6</u> at your current institution? Your best estimate is fine.

☐ Instructor

Lecturer

Other (Specify):

Enter Year: ___ __ ___

What is your rank? (Mark only one with an "X")

Somewhat unlikely
Very unlikely
Not Applicable

Full Professor

Associate Professor

Assistant Professor

Q6.

Page 1 of 11

Q8.	In what year did you become best estimate is fine.	a <u>full-time</u> faculty m	ember at your <u>curre</u>	nt institution? Your
	Enter Year:	_		
Q9.	Were you <u>ever</u> a <u>full-time</u> fac	ulty member at any g	other nursing progra	m?
,	☐ Yes □□	<u>first</u> nursin	g program? Your bes	
L'			NOW GO TO Q1	0
Q10.	Is 50% or more of your full-ti	me faculty position o	dedicated to adminis	trative responsibilities?
	☐ Yes □□□□□□□	Q10a. What is you	r administrative title?	(Check <u>primary</u> position only)
/	□ No	Assist Acting Chair		Director Head Coordinator Associate Director Assistant Director
V Q11.	Are you(Mark only one with an	"X")		
	On tenure track but not NOT tenured because has no tenure system NOT on tenure track Tenured	t tenured 000000000000000000000000000000000000	awarded te	nat likely nat unlikely likely
Q12.	How many months of the year	ar does your appoint	ment cover?	
	Enter # of Months:			

Q13. During the 2009-2010 academic year, <u>in an average week while school was in session</u>, approximately how many hours did you spend at each of the following <u>work activities related to your academic job</u>? Do <u>not</u> include additional work that is <u>not</u> part of your faculty position (e.g. - working as a staff nurse when it is not included in your faculty salary).

If this is your <u>first</u> year as a <u>full-time</u> nursing faculty member, please estimate for the <u>current</u> academic year.

	Avg.	
Work Activity Related to Your Academic Job	Hours/Week	
Total hours per week spent on <u>all</u> work activities	T —	_
Advising / mentoring students (include dissertation/thesis/capstone committees, office hours)		
Teaching - primarily didactic (Include instruction, preparation and grading for teaching in class, online, and independent study)		Sum of these items should
Teaching - primarily clinical (Include clinical supervision in hospitals or elsewhere, skills or simulation laboratory, and preparation)	_	equal "Total hours per week spent on
Research (Funded and non-funded, including preparation of grant proposals and manuscripts)	_	<u>all</u> work activities"
Service - university, school, and departmental (Include administrative responsibilities, meetings)		
Clinical practice		
Any other regularly occurring work activities		ノ

Q14. On how many university, school, and/or departmental <u>committees</u> did you serve during the 2009-2010 academic year? Do <u>not</u> include dissertation/thesis/capstone committees.

If this is your \underline{first} year as a $\underline{full-time}$ nursing faculty member, please estimate for the $\underline{current}$ academic year.

Enter	# of	Committees:	
	# 111	Commutees.	

Q15.	Please answer the questions below concerning the <u>different</u> courses (including clinicals and practicums) you taught during the 2009-2010 academic year (including the summer of 2010, if applicable). If a lecture class has a lab, do <u>not</u> count the lab as a separate section. If the same course is taught in 2 semesters, count this as 1 course.						
	If this is your $\underline{\textit{first}}$ year as a $\underline{\textit{full-time}}$ nursing faculty member, please estimate for the $\underline{\textit{current}}$ academic year.						
		How many sections?	What was the average # of students per section?	Was this	course taught	predominantly online?	
Cour	rse 1			Yes	☐ No	In-class and online	
Cour	rse 2			Yes	☐ No	In-class and online	
Cour	rse 3			☐ Yes	□ No	In-class and online	
Cour	se 4			☐ Yes	☐ No	In-class and online	
Cour	rse 5	 		Yes	☐ No	In-class and online	
Cour	rse 6			☐ Yes	☐ No	In-class and online	
Cour	rse 7			☐ Yes	☐ No	In-class and online	
Cour	rse 8			☐ Yes	☐ No	In-class and online	
Cour	rse 9			☐ Yes	☐ No	In-class and online	
Cour	se 10			☐ Yes	☐ No	In-class and online	
1 semester 2 semesters (includes same course taught once per semester) 2 semesters + summer? Q16. For about how many students are you currently the academic advisor? Enter # of Students: If you are employed in an ADN program onlySKIP TO Q19							
Q17. On how many Master's-level thesis or capstone committees did you serve during the 2009-2010 academic year? If this is your <u>first</u> year as a <u>full-time</u> nursing faculty member, please estimate for the <u>current</u> academic year. Enter # of Committees:							
Q18.	Q18. On how many doctoral-level dissertation or capstone committees did you serve during the 2009- 2010 academic year? If this is your <u>first</u> year as a <u>full-time</u> nursing faculty member, please estimate for the <u>current</u> academic year.						
Enter # of Committees:							

Q19.	How many of each of the activities below did you accomplish between July 1, 2009 and June 30,
	2010, regardless of whether you were a full-time faculty member at that time?

Activity	# of Times
A course or program developed or significantly revised	
An existing course converted to an online format	
Presentation at a national or local conference	
Publication in a peer-reviewed journal	
Other publication or report	
Preparation of a grant proposal	_
Review of a manuscript for a refereed journal	

Q20. How much do you agree or disagree with each of the following statements about the resources available to you at your school?

	Agree Strongly	Agree Somewhat	<u>Disagree</u> Somewhat	<u>Disagree</u> Strongly	Not Applicable
I have the necessary equipment and supplies to adequately teach my students.					
I have adequate school travel funds for professional development.					
My office space is sufficient.			ф		
My classroom space is sufficient.					
I have sufficient internal funding to conduct my research.			Ф		
I have peers who give me advice on research when I need it.					
I have sufficient teaching support.					
I have sufficient technology support.					
I have colleagues to ask advice on promotion issues.					
There is a sense of community within my department or school.					
I have confidence in the current direction in which my department or school of nursing is headed.					
My school offers adequate opportunities for fitness and recreation.					

Q21.	21. Overall, how satisfied are you with your academic job at your primary academic institution?					
	 Very Satisfied Somewhat Satisfied Somewhat Dissatisfied Very Dissatisfied Not Applicable 					
Q22.	How satisfied are you with each institution?	of the se as	spects of you	ır academic jo	b at your prin	nary academic
		Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	Not Applicable
	Workload					
	Work schedule					
	Salary					
	Benefits					
	Climate for racial and ethnic minority faculty members					
	Job security					
	Flexibility to balance work and family life					
	Opportunity to use your skills and abilities					
	Autonomy and independence					
	Quality of your relationship with your school's administration					
	Opportunity to influence important decisions in your department or school					
	Meaningfulness of your work					
	Variety of work					
	Opportunities for career advancement					
	Your relationships with your students					
	Your relationships with your nursing faculty colleagues					
	Your relationships with your faculty colleagues outside of the nursing department/school					

Q23.	Please rate the following items on a 1-to-5 scale, where 1 = "None" and 5 = "A lot."								
				"None	," <u>2</u>	<u>3</u>	4	"A lot" <u>5</u>	Not Applicable
	The rev	wards for innovation in your	job.						
	The an	nount of flexibility in your job).						
		nount of visibility of your wo activities within the instituti							
Q24.	(Remo	oved)							
Q25.	How I	ikely are you to <i>leave th</i> e	field of	f acadei	nic nursir	<u>ıq</u>			
			Ver likel		omewhat likely	Some unlik		<u>Very</u> <u>unlikely</u>	Not Applicable
	in th	e next <u>year</u> ?							
	in th	e next <u>5 years</u> ?)		
,	in th	e next <u>10 years</u> ?]		
	If you selected "Very unlike" Q26. Which best describes the net Retired Employed as a nurse Employed, but not in Not employed Other (Specify): If you chee Q27. Which of the following is the nursing? (Mark only one with art Seek more job secur Seek a more manag Seek a more meanin Other (Specify):			n a patien a non- ursing ed "Ret nain rea (")	n you mig nt care se patient car ired" at Q	plicable ght have tting re setting	" to <u>ai</u> ? (Mari	ll 3 items, G	an "X")

Q28.	28. If you <u>stay in academic nursing</u> , how likely are you to leave your primary academic institution							
		Very likely	Somewhat likely	Somewhat unlikely	<u>Very</u> unlikely	Not Applicable		
	in the next <u>year</u> ?							
	in the next <u>5 years</u> ?							
	in the next 10 years?							
		_]					
	If you checked ANY of these, CONTINUE TO Q29.							
	If you selected "Very unlikely" and/or "Not Applicable" to all 3 items, GO TO Q30.							
	Q29. What is the main reason	why you w	ould <u>leave y</u>	our current je	ob? (Mark only o	ne with an "X")		
	☐ Retire☐ Seek more job s☐ Seek higher sals☐ Other (Specify):	ary	Seek a	more manago more meanin personal cons				
Q30.	30. Please estimate your annual <u>salary</u> at your <u>primary academic job</u> , including summer, administrative, and research pay. (Mark only <u>one</u> with an "X") Q31. <u>Not</u> counting the salary from your primary academic job or <u>any</u> income from other household members, please estimate <u>your</u> annual income from <u>all other sources</u> , (Mark only <u>one</u> with an "X")							
	□ \$0			\$	0			
	S1 - \$24,999			\$	1 - \$4,999			
	S25,000 - \$49,999			\$:	5,000 - \$9,999			
	S50,000 - \$74,999			_ \$ ⁻	10,000 - \$14,9	99		
	T5,000 - \$99,999] \$ ⁻	15,000 - \$24,99	99		
	S100,000 - \$149,000			\$:	25,000 - \$49,99	99		
	\$150,000 - \$199,999			□ \$:	50,000 - \$74,99	99		
	\$200,000 - \$300,000			S:	75,000 - \$100,0	000		
	More than \$300,000] м	ore than \$100	,000		
Q32.	What is your total <u>household</u> in	come (inclu	de income fr	om <u>all</u> house	hold earners)	?		
	Enter Income:							
Q33.	Including yourself, how many p income?	eople (adult	s and childre	en) are suppo	orted by that t	otal household		
	Enter # of People:							

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Q34. Do you currently have a No	Q34. Do you currently have a NURSING credential or degree?					
☐ Yes □□□□□□□	Q34a. What is the <u>highest</u> NURSING credential or degree you have earned? (Mark only <u>one</u> with an "X")					
	Associate Degree Master's Diploma Doctor of Nursing Practice (DNP) Baccalaureate PhD Other (Specify):					
	Q34b. In what <u>year</u> did you earn your <u>highest</u> NURSING degree? Enter Year:					
Q35. Are you currently working	on a/another NURSING credential or degree?					
□ Yes on □ □ No	Q35a. What NURSING credential(s) or degree(s) are you currently working on? (Mark all that apply with an "X") Associate Degree					
Q36. Do you have a <u>NON-NURS</u>	/NG degree?					
☐ Yes □□──────────	Q36a. What is the <u>highest NON-NURSING</u> degree you have earned? (Mark only <u>one</u> with an "X")					
No No No Now GO TO Q37	□ Bachelor's (BA, BS, etc.) □ LLB, JD □ Master's (MA, MS, MBA, etc.) □ EdD □ PhD □ Other (Specify):					
	Q36b. In what <u>year</u> did you earn your <u>highest</u> <u>NON</u> -NURSING degree?					
	Enter Year:					

Q37.	Are you currently working on a/another <u>NON-NURSING</u> degree?				
	☐ Yes 0□ ————>	Q37a. What NON-NURSING degree(s) are you currently working			
	□ No	on? (Mark all that apply with an "X")			
		Bachelor's (BA, BS, etc.)			
	20/	☐ Master's (MA, MS, MBA, etc.) ☐ EdD			
	//	☐ PhD			
/	//	Other (Specify):			
	f	NOW GO TO Q38			
- []		NOW GO 70 Q38			
V					
Q38.	Are you currently licensed as	an RN?			
	□ No □□□□□□	Q38a. Were you <u>ever</u> licensed?			
		Yes □ No □□□□□⊃ NOW GO TO Q39			
	☐ Yes □□□□□□□□	Q38b. In what year were you first licensed?			
	_	Enter Year:			
		NOW GO TO Q39			
		100 00 10 433			
Q39.	Are you certified as an advance	ed practice registered nurse (APRN)?			
	Yes no				
	□ res o□	Q39a. Are you a(Mark <u>all</u> that apply with an "X")			
	☐ No	□ Nurse practitioner			
	g,	Clinical nurse specialist			
	/i	☐ Nurse midwife			
/	//	Nurse anesthetist			
- //	<i>'</i>	NOW GO TO Q40			
V					
Q40.	Do you have advanced prepar	ation in? (Mark <u>all</u> that apply with an "X")			
	Adult Health / Medical-S	urgical Community / Public Health			
	Maternal-Child Health / F				
	Psych / Mental Health	Other (Specify):			
	 Gerontological Nursing 	☐ None of these / No Advanced Preparation			
Q41.	Did your proporation for your	role on a familiar market include any of the fallowing 2			
Q41.	(Mark <u>all</u> that apply with an "X")	role as a faculty member include any of the following?			
	Graduate courses in edu	cation			
	 Post-master's certificate 	in nursing education			
	Assignment to a mentor				
		sistant during graduate study			
	Other (Specify):	ved any preparation for my role as a faculty member			
	☐ Notile / Thave NOT rece	ved any preparation for my role as a faculty member			

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Q42.	What is your year of birth?
Q43.	What is your gender? ☐ Female ☐ Male
Q44.	What is your current marital status? (Mark only one with an "X") Married Single and never been married Unmarried, living with partner Divorced Widowed Separated
Q45.	Would you say your health is Excellent, Very good, Good, Fair, or Poor?
Q46.	Are you of Hispanic, Latino, or Spanish origin? Yes No
Q47.	What is your race? (Mark only one with an "X") American Indian or Alaska Native, Aleut, Eskimo Asian or other Pacific Islander Black or African-American White or Caucasian Two or more races (Specify): Other (Specify):
Q48.	Were you born <i>inside</i> the United States, Puerto Rico, or other U.S. territories (including Guam, U.S. Virgin Islands, American Somoa, Northern Marianas Islands, Marshall Islands, or if born on a U.S. military base regardless of the country)? Yes, born <i>inside</i> the U.S., Puerto Rico, other U.S. territory, or on a U.S. military base No (Specify Country of Birth):

Thank you.

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Appendix F

Survey of Full-time Nurse's Perception of Influence to Enter and Remain in Nursing Education

SURVEY OF FULL-TIME NURSE EDUCATOR'S PRECEPTION OF ELEMENTS OF INFLUENCE TO ENTER AND REMAIN IN NURSING EDUCATION

The purpose of conducting this study is to describe individual and employment factors that attract nurses to nursing education and factors that permit nurses to remain in nursing education.

Your participation in this study is entirely voluntary and you retain the right to withdraw at any time. All individual responses will be recorded anonymously and the information collected will be confidential to the extent allowed by law and University policy

If you have any questions or concerns about the study you may contact Peggy B. Lee at (479-575-6401) or by email at pblee @ uark.edu) or Dr. Michael T. Miller at (479-575-3582) or by email at mtmiller@uark.edu). For questions or concerns about your rights as a research participant, please contact Ro Windwalker, the University's IRB Coordinator, at (479-575-2208) or by email at irb@uark.edu.

INSTRUCTIONS: Please answer all questions to the best of your ability and feel free to add any comments you feel are necessary for interpreting your responses.

Part I: Demographics

1. Pl	Please indicate your highest educational attainment:				
\circ	Associate Degree in Nursing	\bigcirc	Doctorate in another Field		
\circ	Baccalaureate Degree in Nursing	\bigcirc	Other Degrees, Please Specify		
\circ	Master's in Nursing				
\circ	Master's in Another Field				
\circ	Doctorate in Nursing				
2. It	ndicate the type institution that you ar	re em	ployed:		
\bigcirc	Community College				
\circ	State College				
\circ	Private College				
\circ	University				

3.	indicate the type/s students you currently teach (Mark all that app	ply):				
0	Associate					
0	Baccalaureate					
0	Master's					
\circ	Doctorate					
4. I	ndicate the length of your career teaching nursing:					
\circ	0-3 years					
\circ	4-6 years					
0	7-10 years					
0	11-14 years					
0	15-19 years					
0	20-24 years					
0	25 years or more					
	II: Job Satisfaction se variables relate to how satisfied you are with your curren	t job as	a nu	rse e	duca	tor
Please	e rate the following items on a $1-5$ scale, when 1 = Least	1	2	3	4	5
	rtant and 5 = Most Important					
	have support from administration.		<u> </u>	ļ		
	he workload is fairly divided among faculty.		-	-		
	have adequate teaching support.			-		
	have flexibility to balance work and family life.		+			
	have autonomy and independence. am satisfied with my salary.		+			
	am satisfied with the benefits offered.					
	have opportunities to advance.		-			
	My office space is adequate.		-			
	have necessary equipment and supplies to adequately teach my		+	1		
	hidents.					

Part III: Recruitment to Academia

These variables relate to the reasons that you would enter nursing education

Which of the following would be reasons to attract you to nursing education?	1	2	3	4	5
Please rate on a 1-5 scale, when 1 = Least Important and 5 = Most					
Important					
15. Teaching					
Time off on weekends, holidays, and summer					
17. Work environment					
18. Salary and benefits					
19. Support from administration					
20. Advancement					
21. Being independent and autonomous					

Part IV: Time with Leaving

The following 3 questions are about your intent to leave nursing education

Are you likely to leave your position in nursing education?	YES	NO
22. In the next 1 year		
23. In the next 5 years		
24. In the next 10 years		

Part V: Leave Academia

These variables relate to your reasons for leaving nursing education

Which of the following is the main reason why you would leave nursing education? Please rate on a 1-5 scale, when 1 = Least Important and	1	2	3	4	5
5 = Most Important					
25. Seek higher salary					
26. Seek a more manageable workload					
27. Seek job advancement					
28. Retire					
29. Seek better balance with work and family life					

Your completed survey can be returned to the stamped envelope that your Director has in their possession. If this is not your preferred return you may email to pblee@uark.edu or fax to 479-575-3218. Thank you for your participation in this survey.

Appendix G

Arkansas State Board of Nursing NCLEX Regional Workshop and Education

Arkansas State Board of Nursing

NCLEX® Regional Workshop and Education Update

March 6 and 7, 2014

To be held at the

University of Arkansas for Medical Sciences College of Nursing 4301 West Markham I. Dodd Wilson Building Room #226

Little Rock, AR 72205

	AGENDA							
Thursday, Mar	Thursday, March 6, 2014							
7:45 - 8:30	Registration and Continental Breakfast							
8:30 - 8:40	Welcome and Introduction							
8:40 - 9:00	Identify NCSBN Practice Analysis process							
	Apply Practice Analysis result to updating the NCLEX® test plans							
9:00 - 9:20	Explain the steps of the NCLEX® item development process							
9:20 – 9:45	Illustrate basic principles of Computer Adaptive Testing (CAT)							
9:45 – 10:00	Break							
10:00 - 10:40	Identify item writing basics							
10:40 – 11:00	Identify NCLEX* alternate item formats							
11:00 – 12:00	Lunch							
12:00 – 2:00	Demonstrate and apply principles of item writing							
2:00 - 2:20	Identify the use of different NCLEX® reports by nursing education programs							
2:20 – 2:30	Wrap Up and Evaluation							
Friday, March	7 2014							
8:00 - 8:30	Registration and Continental Breakfast							
8:30 - 8:50	Welcome and ASBN 101							
8:50 - 9:15	Grounds for Discipline and Criminal Background Checks							
9:15 - 10:15	Director and Faculty Role in the Licensure Process							
10:15 - 10:30	Break							
10:30 - 11:00	Annual Reports and Approval Surveys and Site Visits							
11:00 - 2:00	Lunch and Individual Share Time with Program Types							
2:00 – 2:15	Break							
2:15 - 3:30	NANEP Joint Meeting							
3:30 – 4:00	Discussion, Questions and Evaluation							

Thursday's continuing education activity is pending GE approval at this time; however, Friday's morning session is approved for 2.5 contact hours by the Arkansas State Board of Nursing who has authorization from Act 86 of 2001 to require and approve continuing education activities for license holders. This CE can only be used for license renewal.

ASBN Educational Workshop and NCLEX Regional Workshop Registration Form Registration Fee - \$25 per day

Registration Fee - \$25 per day						
NameNursing Program						
I will attend Thursday only (\$25)	n for Thursday is limited to the firs	t 100 registrants!				
Make check or money order payable	Make check or money order payable to Arkansas State Board of Nursing					
Mail registration form and check to:	Arkansas State Board of Nursing	a. 1123 S. University, Suite #800				
Mail registration form and check to: Arkansas State Board of Nursing, 1123 S. University, Suite #800 Little Rock, AR 72204						

Appendix H

Invitational Letter to Nurse Educators

Dear Nurse Educator,

Thank you for your work in nursing education. As a doctoral candidate at the University of Arkansas Higher Education program, I am writing to ask for your assistance in my research study on recruitment, retention, and job satisfaction of nurse educators in Arkansas. The focus of the study is nurse educators whose primary assignment is teaching. Nurse educators from associate, baccalaureate, masters, and doctoral programs will be the population for this study. Their views have not been sought and I feel that their input is vital to resolving the nurse faculty shortage in Arkansas.

Attached is a survey that will ask you to identify what attracts you to nursing education, reasons why you would leave nursing education, and the projected time frame that you might consider leaving nursing education. Also, the survey addresses variables related to job satisfaction. Please take approximately 10 minutes to complete the survey. The survey was approved by the University of Arkansas Institutional Review Board. You can be assured that your answers will be kept in confidence to the extent allowed by law and University policy.

The survey is available March 10, 2014. The survey needs to be completed and submitted by Friday, March 21, 2014. You may put the completed survey in the stamped envelope that your Director possesses. If this is not your choice of submission you may email it to pblee@uark.edu or fax to 479-575-3218.

My hope is that increased knowledge of the nurse educator's workplace, career needs and expectations will be of value to you and other nurse educators. By using this knowledge we can build nursing education and prepare for future nurse educators.

If you have any questions or concerns about this study, you may contact Peggy B. Lee at 479-575-6401 or by cmail at pblee@uark.edu or Dr. Michael Miller, Director of Dissertation Study at 479-857-3582 or by email at mtmiller@uark.edu. For questions or concerns about your rights as a research participant, please contact Ro Windwalker, the University's IRB Coordinator, at 479-575-2208 or by email at irb@uark.edu

Thank you very much for your consideration and I do hope that you choose to participate in this survey.

Sincerely,

Peggy B. Lee MS, RN Doctoral Candidate University of Arkansas Higher Education Program Fayetteville, Arkansas 72701

Appendix I

Follow-up email to Deans and Directors

Peggy B. Lee

To:

Subject:

Survey

Importance:

High

Dear Deans, Directors, and Chairs,

Thank you for distributing the survey, "Full-time Nurse Educator's Perception of Elements to Enter and Remain in Nursing Education," to the full-time teaching nurse educators at your institution. It has been one week since most of the nurse educators received their survey. The introductory letter asked that the completed survey be returned on or before Friday, March 21, 2014. Since spring break begins the following week I am asking that you encourage the full-time nurse educators to complete the survey. I feel that if we don't receive the completed surveys and the approaching break, the return rate will be very low. Please remind the nurse educators that the surveys can be mailed in the stamped self-addressed envelope, emailed, or faxed to me.

This is a very important issue in nursing education. Please encourage your faculty to complete the survey. Since the nurse educators have knowledge of recruitment and retention of nurse educators, their input is vital in this study.

Again thank you for assisting me to encourage the nurse educators to complete the survey.

I look forward to an ample survey return this week.

Sincerely, Peggy B. Lee

Peggy B. Lee MS, RN Instructor of Nursing University of Arkansas Eleanor Mann School of Nursing 606 Razorback Road Room 239 University of Arkansas Fayetteville, Arkansas 72701 479/575-6401 (O) 479/575-3218 (F)

It's not what you gather, but what you scatter that tells what kind of life you have lived.

Appendix J

Email to Deans and Directors not attending spring NANEP Meeting

Peggy B. Lee

To: Subject:

Nurse recruitment, retention and job satisfaction

Good Afternoon Ladies,

I am Peggy Lee, a doctoral candidate at the University of Arkansas-Fayetteville. This past Friday I joined the group of Deans and Directors at your NANEP meeting. I understand that you could not attend due to weather. During the meeting I was given the opportunity to discuss my dissertation, Recruitment, Retention, and Job Satisfaction of Nurse Educators in Arkansas. For this study the target population is full-time nurse educators whose primary assignment is teaching in associate, baccalaureate, master's and doctoral programs of nursing.

During the presentation I distributed survey packets to the Deans and Directors. I am asking that you distribute the survey to your full-time nurse educators who teach in the classroom. The survey is very short and is accompanied with an introductory letter. I am asking that the completed surveys be mailed to me by Friday, March 21, 2014. This should give the educators time to complete prior to spring break. In the survey packet you will find a stamped return envelope for the surveys. Please assist me by distributing the surveys and collecting for mailing by March 21.

Once the surveys are completed and analyzed, I plan to disseminate the findings to the Directors and Deans of ADN, BSN, Master's, and Doctoral Programs in Arkansas. Hopefully, the nurse educators' data can fill the "research gap" that exists with recruitment. For this study I am using Herzberg as my framework and hopefully gain knowledge of job satisfaction variables that can aid in retaining the nurse educators.

Please check the back of the stamped envelope for the correct number of full-time teaching faculty at your school. I have penciled the number that I was given by the Arkansas Board Annual Report. If the number is incorrect, please let me know as this will impact the return rate.

Thank you for assisting me with this process. Your survey packet is in the mail. If you do not receive your packet this week, please notify me I will send another.

Best, Peggy B. Lee University of Arkansas Fayetteville, Arkansas 72701 pblee@uark.edu

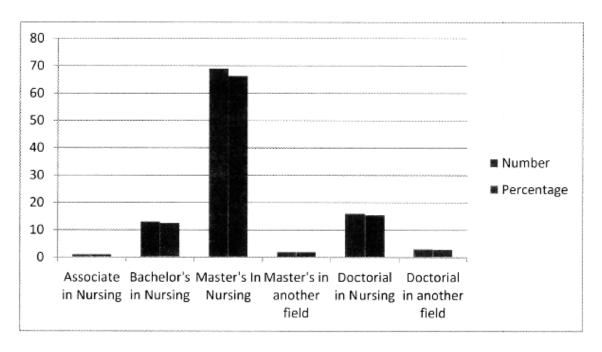
Appendix K

Charts from survey analysis

Characteristics of Survey Respondents

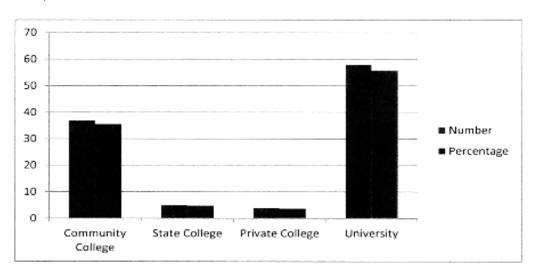
Variable 1 Education Attainment

	Number	Percentage
Associate in Nursing	1	1
Bachelor's in Nursing	13	12.5
Master's In Nursing	69	66.3
Master's in another field	2	1.9
Doctorial in Nursing	16	15.4
Doctorial in another field	3	2.9



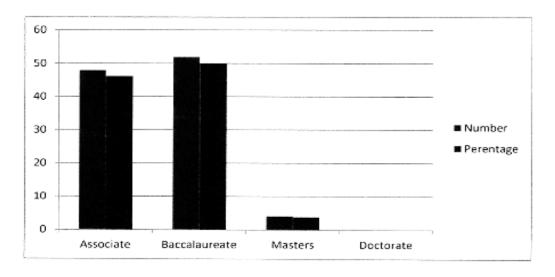
Variable 2 - Type of In Institution

	Number	Percentage
Community College	37	35.6
State College	5	4.8
Private College	4	3.8
University	58	55.8



Variable 3 - Who you teach

	Number	Perentage
Associate	48	46.2
Baccalaureate	52	50
Masters	4	3.8
Doctorate	0	0



Variable 4 - Length of teaching career

	Number	Percentage
0-3 years	20	19.2
4-6 years	20	19.2
7-10 years	18	17.3
11-14 years	12	11.5
15-19 years	5	4.8
20-24 years	16	15.4
25 yearsor more	13	12.5

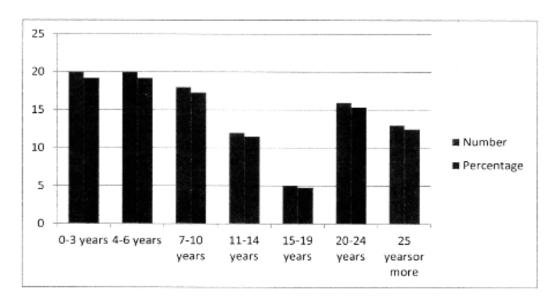


Table 2 - Job Satisfaction

	Mean	Median		Standard Deviation
Autonomy and independence	4.375		5	0.84976
Balance work and family life	4.3654		5	0.9559
Teaching support	4.2981		5	0.86888
Support from administration	4.25		4	0.90038
Equipment and supplies	4.25		5	0.97293
Office space	4.0865		4	1.0438
Workload fairly divided	3.9038		4	1.11058
Benefits	3.875		4	1.04916
Opportunities to advance	3.7115		4	1.04902
Salary	3.1538		3	1.26774

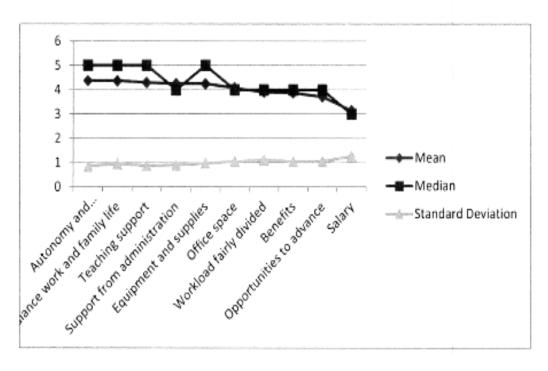


Table 3 - Recruitment to Academia

Recruitment	Mean	Median	S	tandard Deviation	
Teaching	4.6154		5	0.59623	
Time off	4.3654		5	0.91437	
Independence and Automomy	4.2692		5	0.93716	
Work environment	4.0865		4	1.0438	
Advancement	3.8942		4	2.96228	
Support from adminstration	3.8462		4	1.04062	
Salary and Benefits	3.3077		3	1.23128	

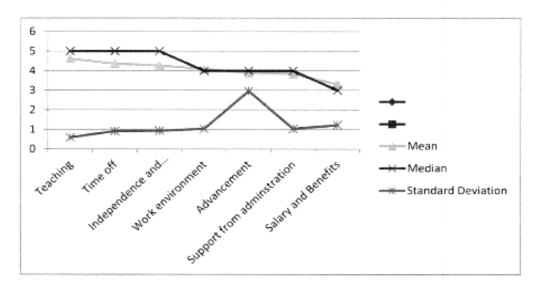


Table 4 - Time Leaving

	Mean	Median	Standard Deviation
In the next year	1.937	2	0.46768
In the next 5 years	1.8654	2	0.50353
In the next 10 years	1.7019	2	0.48029

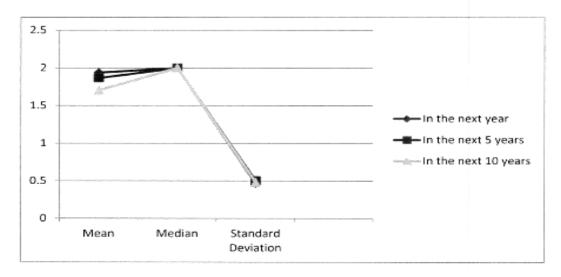


Table 5 - Reason to Leave Nursing Education

	Mean	Median	Standard Deviation
Retire	3.4423	4.5	1.9484
Higher Salary	3.0865	4	1.96138
Balnce work and family life	2.7788	3	1.82728
Workload	2.3942	3	1.69189
Job advancement	2.2885	3	1.5868

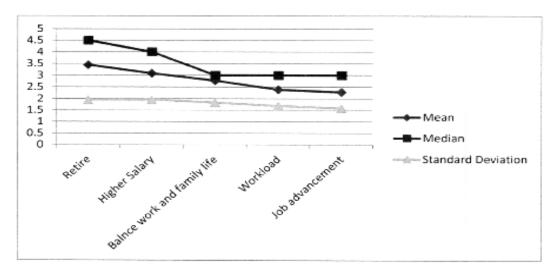


Table 2 - Job Satisfaction

	Standard Deviation
Autonomy and independence	0.84976
Balance work and family life	0.9559
Teaching support	0.86888
Support from administration	0.90038
Equipment and supplies	0.97293
Office space	1.0438
Workload fairly divided	1.11058
Benefits	1.04916
Opportunities to advance	1.04902
Salary	1.26774

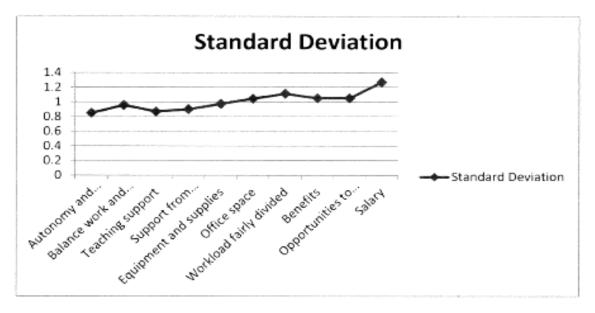
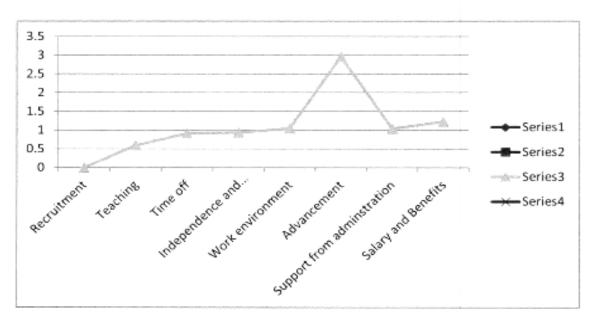


Table 3 - Recruitment to Academia

Recruitment	Standard Deviation
Teaching	0.59623
Time off	0.91437
Independence and Automomy	0.93716
Work environment	1.0438
Advancement	2.96228
Support from adminstration	1.04062
Salary and Benefits	1.23128



Appendix L

Evaluating Innovations in Nursing Education Permission

From: Joanne Fuccello [mailto:jtfuccello@ifh.rutgers.edu]

Sent: Friday, September 27, 2013 2:09 PM **To:** 'info@evaluatinginnovationsinnursing.org'

Subject: Customized Findings from the National Survey of Nurse Faculty

Dear Colleague in Nursing Education

We welcome you to the new academic school year by introducing you to the Nurse Faculty Query (NuFAQs) web-based app.

How do nurse faculty members spend their time? How do they assess key aspects of their work-life?

Use our interactive tool, NuFAQs, to answer these and many more questions about full-time nurse faculty in the U.S. To see a brief demonstration and begin using this resource, go to http://evaluatinginnovationsinnursing.org/nufaqs-nurse-faculty-data-query/?intro=yes.

- Compare yourself, your faculty members, or your school to nurse faculty in similar programs across
 the country on your choice of more than 60 characteristics of work-life.
- Customize the findings to suit your interests in faculty with particular backgrounds or rank, in specific settings or circumstances.

Findings are based on new data collected in 2010-2011 on a random national sample representative of the full-time faculty workforce - over 3000 respondents (78% response rate) from 270 programs. NuFAQs was created for public use by Evaluating Innovations in Nursing Education and funded by the Robert Wood Johnson Foundation.

Please share this announcement with other faculty at your institution as well as interested colleagues elsewhere.

Joanne Fuccello, Deputy Director Evaluating Innovations in Nursing Education A Robert Wood Johnson Foundation National Program Office

Evaluating Innovations in Nursing Education