

**MORE STUDENTS
ARE SHOWING
INTEREST IN
NURSING
CAREERS, BUT
TODAY'S NURSING
SCHOOLS OFTEN
LACK THE
FACULTY AND
RESOURCES TO
MEET THE
GROWING
DEMAND**

Nursing Students Line Up But Where Are The Faculty?

By KERRY McKEAN KELLY

Last year, in the midst of a widespread and worsening nursing shortage, the nation's nursing schools turned away more than 11,000 qualified applicants interested in a nursing career.

The reason? Not enough faculty members.

The lack of nursing faculty is the latest wrinkle in the ongoing challenge of producing more graduates to fill the nation's nursing void. There are a number of factors contributing to the shortage of slots in academic nursing programs — cash-strapped colleges, a scarcity of clinical training facilities, hot competition for nurses with Master's degrees — but they all add up to a strange irony: schools turning away qualified students while the industry clamors for more nurses.

"This nursing shortage is a complicated beast," said Barbara Tofani, RN, director of NJHA's Center for Nursing and Health Careers. "There are so many twists to the shortage, and this faculty issue is just another of the many interrelated factors that contribute to a very hard-to-solve problem."

Turning Students Away

The problem is documented in a recent survey by the American Association of Colleges of Nursing. The survey results, released in December, contain both good news and bad news. Nursing enrollments increased 16.6 percent between 2002 and 2003, from 116,099 new students to 126,954. But despite that increase, more than 11,000 qualified students were turned away from Bachelor's degree programs in nursing due to limited faculty, clinical sites and classroom space.

That figure doesn't include applicants that may have been denied admission by two-year colleges and private diploma schools affiliated with hospitals.

The trend also holds true in New Jersey, where the New Jersey Collaborating Center for Nursing reports that 1,620 qualified students were turned away from the state's universities, community colleges and nursing diploma schools.

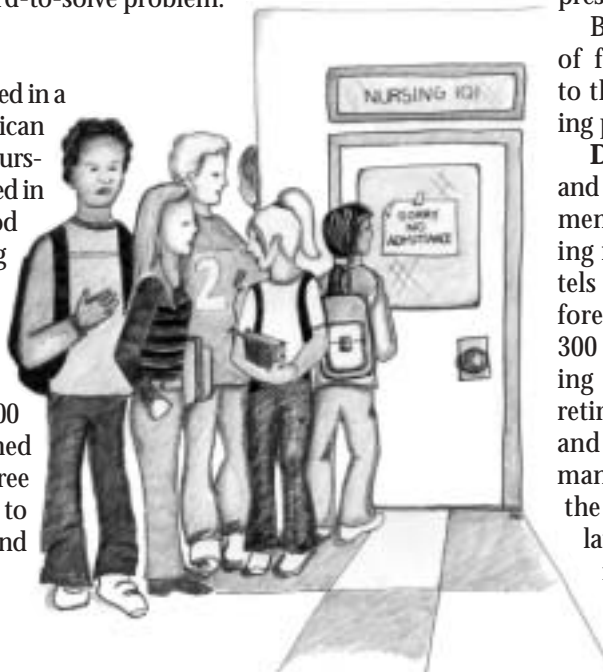
Even as they deny admission to qualified students, the schools are stretching capacity to meet the demand. Tofani says New Jersey's nursing schools are operating at about 35 percent above capacity to help meet the industry's cries for more nurses.

While the numbers may be startling to the general public, educators say they have long anticipated a time when the lack of academic opportunities stymies the effort to train more nurses.

"We've been thinking about this for a long time, and now that it's starting to happen in the marketplace, people are beginning to understand the full impact," says Dr. Jean Bartels, PhD, RN, president of the AACN.

Bartels cites a number of factors contributing to the squeeze on nursing programs:

Demographics. More and more nursing faculty members are approaching retirement age. Bartels says her association foresees a loss of up to 300 doctorate-level nursing faculty members to retirement between now and 2010. In addition, many nurses are joining the faculty ranks at a later age, leaving them fewer years to teach



continued on page 2

Nursing Students ...

continued from page 1

before they retire.

Competition. Like bedside nurses, nursing faculty members have greater choices in career opportunities. Bartels also notes that the private sector can often offer higher salaries than academia.

Fatigue. Nursing faculty members face heavy demands, says Bartels. Of course, they must be educators, but they're also expected to maintain their clinical expertise, supervise students' clinical training and perform research.

“(Some) schools, if they could, would close their nursing programs because they are such a money loser.”

— NJHA's Barb Tofani

Challenges Beyond Faculty

The challenges extend beyond the need for more faculty members. NJHA's Tofani has engaged educators across the state in discussions about recruiting and training more individuals for health careers. Her work includes an ongoing dialogue with the academic advisers from the state's community colleges on ways hospitals and colleges can work together to increase nursing enrollments.

The dialogue has been eye opening, revealing a long list of pressures on colleges and universities that often mirror those confronting hospitals. Perhaps the greatest of these is a lack of funding, says Tofani.

Nursing programs are expensive to run, says Tofani. Mandated faculty-to-student ratios are high (1-to-10 in clinical settings) and clinical space is scarce and expensive. Meanwhile, like hospitals, the state's public universities and colleges have faced their share of government funding cuts.

Tofani notes that diploma schools

affiliated with hospitals can target all their resources into the training of nurses. But, “for all the other schools, the more they expand their nursing programs, the more they drain their other programs.”

While many schools remain deeply committed to training health professionals, “other schools, if they could, would close their nursing programs because they are such a money loser,” says Tofani.

Educational institutions nationwide report similar problems, including limited sites for clinical training, little funding for infrastructure improvement and a lack of funding for staff development, says Bartels.

Tackling the Issue Together

To combat the problem, 43 national healthcare groups have formed a coalition called Nurses for a Healthier Tomorrow, which has developed a number of promotions to highlight the need for more nurse educators. The Coalition,

whose resources can be found at www.nursesource.org, includes the AACN, the American Hospital Association and the American Organization of Nurse Executives.

In New Jersey, some hospitals and nursing schools are joining forces to tackle the problem together. Tofani cites a number of collaborations between healthcare and academia to meet the nation's staffing challenge. Two good examples: Brookdale Community College, which has partnered with its area hospitals CentraState Healthcare System, Meridian Health System, Bayshore Community Hospital and Monmouth Medical Center in recruitment and other efforts, and Saint Peter's University Hospital, which has partnered with The College of New Jersey to provide access to clinical training sites.

Another innovative approach can be found in South Jersey, where South Jersey Healthcare teamed with Cumberland

Perspective

GARY S. CARTER, FACHE – President



NJHA recently held its Annual Meeting, and our keynote speaker was the well-respected college football coach Lou Holtz. Some people might say there's little connection between coaching a football team and running a hospital, but I couldn't help but be struck by how appropriate Holtz's sage advice was to the work we do here in New Jersey.

As I learn more about the complexity of our nation's shortage of healthcare workers, I keep coming back to one of those gems from Holtz: “As the challenge escalates, the need for teamwork must escalate.”

In this case, the teamwork must come from our own industry and academia. Both healthcare and higher education have faced similar problems in recent years, and they're now converging in a common challenge: filling the need for nurses and healthcare professionals.

Like hospitals, our state's colleges and universities

have struggled amid government funding cuts. And so, faced with a lack of resources but a common goal, we must work together and get creative. There are innovative ways to tackle the problem of “growing” more healthcare workers. Many of our hospitals and higher education institutions have already partnered in creative new ways to cultivate the next generation of healthcare professionals. I applaud them for their initiative and encourage all of us in healthcare and education to search for additional ways to collaborate. Because, really, this persistent worker shortage is about more than hospitals and more than colleges. It's about our society as a whole and the need for quality healthcare for all.

County College last year to pay the salary of an additional faculty member in the college's nursing program.

"Cumberland County College is our only nursing school within our community, and we've always had a very strong relationship," says Elizabeth Sheridan, RN, the system's chief nurse executive and the soon-to-be chief operating officer of the system's new regional medical center set to open Aug. 8. "Our goal was to try to enable them to graduate more students. One of the issues, of course, was budgetary challenges."

South Jersey floated the idea of funding an additional instructor position, which allowed the school to add an additional 10 student slots in its nursing program. The arrangement costs the health system about \$118,000 for the two-year nursing course, but it pays great dividends by bringing new nursing candidates to the system and by generating goodwill within the community and the health system's own nursing ranks, says Sheridan.

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of difficulty."*

— Dr. Jean Bartels

South Jersey has also partnered with nearby Gloucester County College to help it meet the challenge of finding more faculty members. Two Master's-prepared nurses on staff at South Jersey have been given flexibility to serve as clinical faculty at the college.

Such partnerships are important models for what education and healthcare can accomplish together, says Bartels.

Bartels predicts a long struggle in building academic nursing programs and producing an adequate number of nurses to meet the healthcare system's growing demands. She notes that our nation has so far experienced just the beginning of the impact of the Baby Boomer generation — both in the dwindling supply of nurses and the growing demand of healthcare services.

"I suspect that we're in for a long period of difficulty," Bartels says. "And as long as that (shortage of faculty) is a factor, it will continue to affect the number of nurses at the bedside."

Medical Laboratories: A Staffing Crisis Behind the Scenes

By KERRY McKEAN KELLY

The nursing shortage attracts the most attention, but healthcare recruiters say they're growing increasingly concerned about another healthcare staffing problem: the lack of clinical laboratory personnel.

A recent study by the Coalition for New Jersey Clinical Laboratory Personnel, a committee of NJHA's Center for Nursing and Health Careers, shows that clinical laboratory practitioners are not being produced in sufficient quantity to meet the state's current and future demand. An estimated 124 full-time and 148 part-time medical technologist and technician positions remain vacant in the state's 83 acute care hospitals, with only 47 recent graduates to fill the jobs. The survey also found that more than 500 laboratory professionals in the state's current hospital workforce will be over the age of 65 in the next 10 years.

The problem is similar on a national scale. The U.S. Bureau of Labor Statistics projects that the demand for clinical laboratory professionals will grow 17 percent between 1998 and 2008. That growth rate equates to 5,300 new clinical laboratory positions each year, and yet the nation's training programs are expected to graduate just 4,100 qualified lab workers.

Hospital laboratories are a behind-the-scenes yet critical part of the healthcare system. Medical technicians and technologists perform emergency and routine testing in microbiology, transfusion medicine, chemistry, hematology and surgical pathology. It's their work that leads to rapid diagnosis of conditions and timely therapeutic interventions. They also are on the front line of the bioterrorism response network, providing preliminary isolation and identification of potential bioterrorism agents.

"A continued shortage of laboratory professionals raises serious concerns about the quality, accessibility and timely availability of healthcare services in New Jersey," says Barbara Tofani, RN, director of NJHA's Center for Nursing and Health Careers.

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Tofani says the shortage is rooted in the significant obstacles colleges and universities face in educating laboratory professionals. Students in the two-year program must have access to up-to-date clinical practice sites, making it an expensive undertaking for colleges. And there's often not enough interested students to make the program profitable, says Tofani. In fact, New Jersey graduation rates for medical technologist and medical laboratory technician programs have declined 35 percent since 1998. Today, only three New Jersey colleges offer such programs.

To help combat the shortage, the Coalition launched a Web site in May 2003 (www.labscience.org) to raise awareness of the field, particularly for students and science teachers.

ADDRESS SERVICE REQUESTED

Interview: Ron Czajkowski

By KERRY McKEAN KELLY

Ron Czajkowski is NJHA's vice president of communications and member services. Here, he discusses ongoing NJHA outreach to New Jersey's higher education community.

Q In what new way is NJHA partnering with the educational community?

From county colleges to graduate programs, New Jersey's teaching centers offer a logical forum for many of the same issues and concerns we deal with as a hospital association. About a year ago we explored the idea of developing an Educational Institution membership category where school administrators and students could benefit from many of our services and we could benefit from expanded exposure and advocacy reach.

Q How did this new membership category come about?

We first targeted nursing and allied health professions schools with the thought of NJHA being able to provide them with data and resources to better deal with the staff shortage issue. But the



more we thought about it, it became clear that on the public policy, data and continuing education fronts much of what we offer could also be of interest to programs in healthcare management and public administration. We're just beginning to market this opportunity and we already have taken on two new members — Felician College

and New Jersey City University.

Q What are some of the benefits of being an Educational Institution member?

For \$1,000 in annual dues, the educational facility can designate one individual, either a dean or a professor, to be the conduit from the organization back to NJHA. That school will then receive complimentary copies of all NJHA periodical publications, access to select data and resource projects, member discounts to continuing education programs and access to all NJHA staff for consultation and on-site presentations. In addition, those schools could also be eligible for participation in NJHA forums and con-

stituency groups. All in all, it's a nice synergy that we hope to develop further.

Q Is NJHA considering other new member categories?

Certainly. Beyond this educational category we feel that there's a large universe of physician-related professional groups that would find our information, data and educational resources beneficial. The NJHA Board has approved that we begin exploring interest from about 50 or so of these societies, mostly comprised of specialists. For anyone interested in learning more about NJHA membership, I would suggest calling our Member Services department at 609-275-4051.

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