

State of Nursing Faculty in Alabama

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Introduction

The current state of nursing faculty in America has been a frequent topic of discussion and research in recent years, usually in conjunction with the nursing shortage. According to Yordy (2006), the Health Resources and Services Administration has projected an increase in demand for nurses to increase by 800,000 full-time equivalent positions by the year 2012. This projected demand for new nurses will require a significant increase in nursing graduates and will correspond to an increase in the demand for nursing faculty. Considerable research has been produced throughout the nation analyzing the current faculty shortage as it relates to supply, demand, educational preparation, and productivity, factors contributing to the faculty shortage, and recommendation for future actions. Among the most prominent are studies by Yordy (2006), the American Association of Colleges of Nursing (2005), and the Southern Regional Education Board (2002).

In Alabama, each nursing educational program is evaluated annually for attainment of outcomes of theoretical and clinical competence, attainment of at least 80% pass rate for first time takers of the national licensure examination, submission of an annual report, and development of a comprehensive systematic evaluation plan (Alabama Board of Nursing, 2006). Nursing programs are also required to document compliance with standards for approval of nursing education programs. Currently, there are 25 approved practical nurse education programs in Alabama as well as 37 approved registered nurse education programs in the state. In 2007, the Alabama Center for Nursing conducted an analysis of the demand for nursing faculty in Alabama. At the time, there were 67 unfilled faculty positions, a total of 228 additional faculty positions were needed in order to accept all qualified applicants for nursing schools, and 96 positions were anticipated to become vacant in the next five years due to faculty retirement. Analysis of student enrollment showed that a total of 4,046 applicants for nursing programs were qualified to enter but were not able to be accepted because of insufficient numbers of faculty to accommodate the number of students. This is 25.65% greater than the total number of students who graduated from nursing programs and were ready to sit for licensure examinations (Alabama Center for Nursing, 2007).

This paper provides research findings from a study on the state of the nurse faculty workforce in Alabama. The purpose of the research was to examine demographic data and work factors that may impact nursing manpower. The over all aim is to use the findings to facilitate the planning and development for provision of an adequate and qualified supply of nurse faculty for the future. The paper provides information that relates to work force issues and factors affecting the roles of nurse educators as they relate to those issues.

Research Questions

Prior to developing the survey, several questions were structured to meet the purpose of the research:

1. What are personal demographics of the nursing faculty in Alabama? (gender, age, race).
2. What are the educational, work history, economic status, and employment characteristics of Alabama's nurse faculty?
2. What is the degree of interest of Alabama's nursing faculty in furthering their education?
3. How satisfied are Alabama's nursing faculty with their current salaries?
4. How many of Alabama's nursing faculty are anticipating retirement within the next 5 years?
5. What factors are influencing Alabama's nurse educators' decisions about time of retirement?
6. What does Alabama's nurse faculty perceive as their greatest challenges today?
7. Is there an association between personal demographic variables (age, race) and professional variables (educational preparation, type institution and institutional classification, clinical hours taught, job satisfaction and salary) and plans to retire?
8. What are the major implications of the study findings for planning and development for future faculty supply?

Literature Review

Various studies have presented the characteristics of the modern nursing educator. According to Little and Milliken (2007), the majority of nurse educators are expected to fulfill the dual roles of clinical practitioner and academician and thus have two separate sets of competencies to fulfill. They cite the work of Patricia Benner when contemplating expert nursing practice. Benner developed five stages of nursing practice: novice, advanced beginner, competent, proficient, and expert. Benner proposed that there was a substantial difference in practice ability and experience between a competent practitioner and one who is considered an expert. Whereas the competent practitioner has 2-3 years of

experience in a similar setting, engages in deliberate planning, and consistently uses an analytic framework, the expert practitioner has practiced for six or more years in a similar setting and no longer relies on the guidance provided by an analytic framework (Little and Milliken, 2007).

Characteristics of nurse educators include demographics. According to a white paper issued by the American Association of Colleges of Nursing (2005) (AACN), the mean age of doctoral prepared faculty was 54.3 years, while for Master's prepared faculty, mean age was 49.2 years. In addition, 77.2% of doctoral prepared faculty was found to be age 50 and over. Regarding projected retirement, AACN found that the mean age of faculty opting to retire was increasing at almost half a year for full-time doctoral prepared faculty and a third of a year for master's prepared faculty.

The AACN white paper also discussed several barriers or challenges that nursing faculty faced. Faculty described frustration with the expectations of their role. They reported being expected to obtain funding, conduct research, produce scholarly works, advise and mentor students outside of the classroom, update curricula, remain current in the field, and master new technological advances. Faculty also report being challenged by the new population of nontraditional students, students who may lack the skills needed for college-level work, and those with undeveloped study habits (AACN, 2005).

Brancato (2000) confirmed Little and Milliken's findings in her study of nursing faculty and their psychological empowerment. She reported that nursing faculty members must not only feel empowered themselves but must consistently strive to use empowering teaching behaviors so as to facilitate nursing students in their future roles of change agents. These empowering teaching strategies can be developed through the pursuit of advanced degrees and participation in specific course work.

Durham, Merritt, and Sorrell (2007) noted the perception of workload equity to be a significant variable related to faculty job satisfaction. They also cited Seldomridge's 2004 research that reported that students commented on the constant work demands of faculty (encompassing class preparation, grading of assignments, committee work, and research) for salaries that were considerably lower than those of clinical practitioners were. Durham et al. also reported that when faculty workloads begin to increase, faculty members tend to observe the workloads of other faculty members for the presence of equity. Although the salaries of other faculty members were not cited, faculty identified inequity specifically through a lack of release time for research, a lack of credit for serving as committee or dissertation chairpersons, and a failure to adjust workload for faculty members engaged in doctoral study (Durham et al., 2007)

A 2007 study recently released by the National League for Nursing (NLN) revealed that full-time nursing faculty nationwide earned an average of \$55,499

in basic salary from their primary academic institution. Nurse educators supplemented their salaried income by an additional 23% from consulting work or other secondary employers. The study further revealed that master's-prepared nurse faculty is paid 33% less than similarly credentialed nurse anesthetists, 17% less than head nurses and nurse midwives, and 12% less than nurse practitioners and clinical nurse specialists. In addition, Doughty, May, Butell, and Tong assessed nurse faculty perceptions of their work environment at a particular liberal arts college. They found that responsibilities that led to a perceived high level of work pressure on the faculty's part were the need to conduct scholarly activities, teach, advise students, participate in professional organizations and college committees, as well as provide clinical experiences.

The characteristics of the faculty providing instruction in the nation's two-year postsecondary institutions were reviewed by Goan, Cunningham, and Carroll (2007). The authors found that 93% of full-time faculty at allied health not-for profit two-year institutions are female. In all degree-granting two-year institutions, most full-time faculty were classified as instructors or not ranked. On average, full-time faculty at allied health not-for-profit institutions received higher salaries than their counterparts at similar schools across the nation. The Alabama Center for Nursing (2007) found that an RN Assistant Professor earned approximately \$56,000 annually, an RN Associate Professor earned approximately \$63,000 annually, and annual salary for an RN Professor was approximately \$78,000. In comparison, the Alabama Commission on Higher Education (2006) found the average salary for a female non-nursing assistant professor at a two-year institution ranged from approximately \$45,000 to \$50,000 annually. For a female associate professor, the salary range became \$59,000 to \$61,000, while for a female professor, it became \$64,000 to \$75,000. Nationwide, the American Association of Colleges of Nursing (2003) found that master's-prepared nursing faculty across all ranks earned approximately \$60,000 annually.

These findings are in comparison to the National League for Nursing's findings that are specific to nurse educators. The NLN study found that nurse educator earnings are, at 76% of U.S. faculty salaries, significantly lower than that of colleagues in other disciplines. Nurses who teach in private institutions are less than those providing instruction in public institutions. While on average base pay rates for nurse educators reach only 79% of the level of other faculty in public institutions, nurse educators providing instruction in private schools earn 32% less than instructors in other fields. Only 12.8% of respondents to this survey reported being very satisfied with their salary, and 54% of nurse educators reported being dissatisfied with their compensation (National League for Nursing, 2007). In comparison, Kim, Twombly, and Wolf-Wendel (2008) used a national data set derived from the 2004 National Study of Postsecondary Faculty to explore community college faculty members' satisfaction in their positions. The total sample used 4,664 faculty members, 34.2% of whom were full-time and 66.1% of whom were part-time. The researchers found that

community college faculty members included in the sample were satisfied with their jobs in general and with their degree of instructional autonomy specifically.

Methodology

Research Design and Instrument

The research project was non-experimental and descriptive in design. An on-line instrument was developed using the research questions as a framework for item construction. Systems staff assisted in designing the format for internet access by participants, and return of the responses by internet for integration with the Statistical Package for the Social Sciences (SPSS) version 14. A second researcher provided consultation on the overall project to facilitate validation of content and instrument design; and, to verify that appropriate statistics were selected for analysis. A “mixed method” approach was selected in development of survey items, allowing for both quantitative and qualitative responses.

A sample of 328 (50.23%) of 653 full-time faculty responded to an on-line survey. Data were collected from a cross-section of faculty teaching in technical and professional nursing education programs. An analysis of data compiled from the survey as well as the implications of the findings for the provision of nursing education in Alabama is presented.

Study Sample

A sample of convenience was accepted from the full population of nurse faculty in Alabama. Of 653 faculty members, 328 (50%) responded to the on-line survey, providing a confidence level of > 95%. The sample was cross-sectional representing both public and private schools across all nursing education levels in post-secondary institutions.

On August 1st, 2007, Alabama nurse educators in Alabama were sent an online survey by means of a listserv on the Alabama Board of Nursing website. The survey remained available for completion by the educators until September 10th. Respondents had the opportunity to add narrative responses to some questions, although answer selections were primarily multiple choice for ease of coding and statistical analysis

Limitations

Three separate, specific limitations were found regarding the research project:

- Population selectivity to Alabama eliminates generalization to other states.
- Assurance of content validity is limited because of a reduced number of outside reviewers of the survey instrument.

- Although a significant sample responded to the survey, all respondents did not answer each item, thus requiring independent item analysis on a percent response basis.

Data Analysis

Statistical analysis was conducted using the Statistical Package for the Social Sciences (SPSS) version 14. Data were imported into SPSS format with the assistance of systems staff.

As data were received, the quantitative responses were automatically accessed to a special SPSS file for developing frequencies and measures of central tendency where feasible. Non-parametric procedures were applied to determine associations with dependent variables. String data were coded and similar trends were organized for qualitative analysis. A variety of parametric and non-parametric statistics were utilized so that as much information as possible from the data could be mined from the data.

Findings

Demographics of the Study Group

Alabama's nurse faculty range in age from 26 to greater than 65, with a modal range of 51-55. The mode is synchronous with national figures and has been considered to be a factor of concern in planning for faculty supply and demand in the 21st century. Racial characteristics also reflect a national picture for distribution with Caucasians constituting the greater portion of registered nurses. Table 1 provides a picture of the age and racial characteristics of Alabama's nurse faculty who responded to the survey.

Table 1. Age and Racial Characteristics of Responding Alabama Nurse Faculty

Age (n = 282/328; 86%)			Race (n = 231/328; 70%)													
			African American		Caucasian		Hispanic		Multi-Racial		Native Amer./ Amer. Indian		Pacific Islander		Other	
n		%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
22-25	0	0	34	14.72	194	83.98	0	0	2	.87	0	0	1	.43	0	0
26-30	9	3.19														
31-35	35	12.41														
36-40	18	6.38														
41-45	33	11.70														
46-50	39	13.83														
51-55	72	25.53														
56-60	54	19.15														
61-65	21	7.45														
>65	1	.35														
		99.99														

Mode = Age range 51-55

Of those who responded to the question of ethnic origin, race was weighted to Caucasians with almost 84% (n = 194/231). This exceeds Alabama's overall Caucasian population (70.4%) as well as that of the United States (73.9%). The African American faculty ethnic distribution (14.72%, n = 34) was correspondingly less than the State's population of 26%, but greater than the national general population of 12.4% (U.S. Census Bureau, 2008). The actual figures on race for faculty are incomplete because of 28.4% (n = 93) of non-respondents to this question. According to the American Association of Colleges of Nursing (2003), minorities represent only 8.7% of nursing school faculty and 6.8% of nursing school deans.

Educational Preparation and Future Plans for Education

The educational Rules describing minimum qualifications of nurse faculty for Alabama's nursing education programs are found in the Alabama Administrative Code (Chapter 61- X- 03 -.02 (6). Nurse faculty must have:

- (a) An active unencumbered Alabama registered nurse license.
- (b) An earned graduate degree in nursing or a related health field.

Approximately 83 per cent (n = 272/328) of the population who returned surveys, specified having earned a graduate degree in nursing or a related field. Specifically, 30 (11.03%) indicated that their highest degree was in a field other than nursing. Eighty-six percent (n = 283/328) provided information relative to their highest degree in nursing. Because of the unequal numbers, correlations were not attempted to determine correlations between the highest degree earned and the highest degree in nursing. Table 2 delineates the formal educational preparation of the responding nurse faculty.

Table 2. Educational Preparation of Nurse Faculty in Alabama's Nursing Education Programs.

Highest Nursing Degree			Highest Degree Earned		
	n	%		n	%
Doctor's degree in nursing	48	16.96	Doctor's degree in nursing	48	17.65
Masters degree in nursing	220	77.74	Doctor's degree other field	27	9.93
Bachelor's degree in nursing	14	4.95	Master's degree in nursing	194	71.32
Associated degree in nursing	1	.35	Master's degree other field	3	1.1
Diploma in nursing	0				
Total	283	100		272	100

In both categories, the majority of participants claimed the master's degree in nursing as the highest degree earned and the highest degree in nursing. The doctor's degree in nursing ranked second.

Faculty members were asked if they had plans for additional education within the next five years. Eighty-six percent (n = 283/328) individuals responded to the question with 50% (n = 143/283) answering in the affirmative. According to the white paper issued by the American Association of Colleges of Nursing, the need for faculty to continue their education is great because of the need for faculty who are qualified to use technology both in and out of the classroom. Distance education programs and Web-based media may act as "faculty-sparing" solutions for programs having a faculty deficit. In addition, technology is being used increasingly in the clinical setting in all aspects of patient care. When asked to indicate the level of additional education that Alabama nursing faculty intended to pursue within the next five years, almost forty percent (39.86%, n = 57) responded with interest in the Doctor of Nursing Practice degree. This was closely followed by interest in pursuing a PhD (25.87%, n = 37). Since the Doctor of Science in Nursing degree was offered as a separate answer option, it is assumed the PhD option indicated interest in pursuing a degree in a field other than nursing. Table 3 provides a breakdown of Alabama's nurse faculty's plans for additional education within five years.

Table 3. Alabama Nurse Faculty's Plans for Additional Education within Five Years (n = 143)

Educational Preparation	faculty (n)	%
PhD	37	25.87
DNP	57	39.86
DSN	11	7.69
Master's Degree with emphasis on CNL	2	1.40
Post-Master's certificate	9	6.29
Degree in another field (please specify)	27	18.88
NO RESPONSE: 185, 56.4%		
TOTAL:	n = 143	99.99%

Work load

Experience

Responding faculty usually reported having more than 30 years of nursing experience and from one to five years of teaching experience. Table 4 delineates years of teaching experience and clinical work experience of Alabama nursing faculty.

Table 4. Years of Teaching Experience and Clinical Work Experience of Alabama Nursing Faculty.

Characteristic	Faculty (n)	Faculty (%)
Teaching Experience		
<1 year	11	3.90
1-5 years	92	32.62
6-10 years	29	10.28
11-15 years	35	12.41
16-20 years	31	10.99
21-25 years	26	9.22
26-30 years	38	13.48
> 30 years	20	7.09
TOTAL	282	99.99%
Work Experience		
< 1 year	0	0
1-5 years	2	.71
6-10 years	28	9.93
11-15 years	34	12.06
16-20 years	24	8.51
21-25 years	34	12.06
26-30 years	50	17.73
> 30 years	110	39.01
TOTAL	282	100.01%

A comparison of the modes of work experience and teaching experience of Alabama nursing faculty show it weighed heavily in favor of work experience (mode = >30 years). This confirms the mode for age that was previously noted to be 51-55 years. A total of 46.81% (n = 132) of faculty reported having ten years or less of teaching experience, while a total of 10.64% (n = 30) of faculty reported having ten years or less of work experience.

Factors Impacting Employment Plans

Employment characteristics on the instrument included type educational program in which the faculty members taught, the authority under which the institution operated, the educational classification, specialty areas of teaching, teaching load, and requirements for clinical practice. Calculation of frequencies for each quantitatively designed question on of the instrument indicated that many nursing faculty who answered the survey were employed full-time by public community colleges (n = 153/325; 47.08%) and four-year universities (n = 152/325; 46.77%). which were under the auspices of the Alabama Commission on Higher Education or State Postsecondary Education. Table 5 provides quantitative data relative to employment characteristics of Alabama nursing faculty. Figures are presented according to the total number of respondents per category.

Table 5. Employment Characteristics of Alabama's Nurse Faculty

Characteristic	Faculty (n)	Faculty (%)
Governing Body		
Ala. Commission on Higher Educ.	141	44.76%
Ala. Dept. of Post-Sec. Educ.	166	52.70%
Other	8	2.54%
Type Nursing Education Program		
<i>Baccalaureate & Higher Degree</i>		
BSN	67	38.95%
MSN	22	12.79%
PhD	2	1.16%
DSN	1	.58%
DNP	0	0
CNL	0	0
Associate Degree	59	34.30%
Practical/Vocational Nursing	21	12.21%
Tenure Status		
Work in tenure-track position	202	71.38%
Work in non-tenure track position	81	28.62%
Hold tenure status	137	48.58%
Do not hold tenure status	145	51.42%
Level Taught		
Graduate	25	22.12%
Undergraduate	67	59.29%
Practical/Vocational	21	18.58%
Area of Specialty Taught		
Administration/Management	6	7.41%
Adult Health-Medical	13	16.05%
Community Health/Public Health	7	8.64%
Critical Care	1	1.23%
Informatics	1	1.23%
Leadership	1	1.23%
Maternal-Infant	17	20.99%
Neonatal	1	1.23%
Pediatrics	12	14.81%
Psychiatric/Mental Health	12	14.81%
Research	1	1.23%
Other	9	11.11%
Contact Hours Required		
<5 hours weekly	12	4.26%
6-10 hours weekly	19	6.74%
11-15 hours weekly	19	6.74%
16-20 hours weekly	54	19.15%

>20 hours weekly	178	63.12%
Office Hours Required		
<5 hours weekly	50	17.92%
6-10 hours weekly	89	31.90%
11-15 hours weekly	61	21.86%
16-20 hours weekly	33	11.83%
>20 hours weekly	46	16.49%
Required to Maintain Clinical Practice in Addition to Teaching Schedule		
Yes	37	13.03%
1-5 hours weekly	7	18.92%
6-10 hours weekly	6	16.22%
11-15 hours weekly	4	10.81%
16-20 hours weekly	11	29.73%
>20 hours weekly	9	24.32%
No	247	86.97%
Choose to Maintain a Clinical Practice	100	40.49%
1-5 hours monthly	7	7.00%
6-10 hours monthly	24	24.0%
11-15 hours monthly	12	12.0%
16-20 hours monthly	44	44.0%
>20 hours monthly	15	15.0%

Most responding faculty reported teaching in either an Associate Degree nursing program (n = 59, 34.30%) or a Bachelor's Degree program (n = 67, 38.95%). It is uncertain if responding faculty taught exclusively in an Associate Degree or Bachelor's Degree program, or if they taught in multiple programs if offered in their employing institutions. Regarding graduate faculty status, 22.12% of responders (n = 25/113) reported teaching at the graduate level, while 78.5% of responders (n = 88) reported teaching at the undergraduate or vocational level. Most reported having the majority of their nursing experience with the adult patient population, and thus their teaching assignment was based on their experience with this group of patients. Most of the responding faculty taught in the areas of Adult Health-Medical, Maternal-Infant, Pediatrics, and Psychiatric/Mental Health. There were no respondents who indicated that they taught in the specialties of Adult Health-Surgical, Genetics, Gerontology, Health Policy, Home Health, Long-term Care, Pathophysiology, or Pharmacology.

Most indicated that they were in tenure-track positions. Responders reported that 202 (71.38%) were in tenure-track positions, while 81 (28.62%) reported being employed in non-tenure track positions.

When asked how many contact hours faculty were required to be on-site engaged in activities involving student contact, most reported more than 20 hours per week. Responding faculty indicated that they were required to maintain 6-10

office hours per week, but were not required to maintain a clinical practice in addition to their teaching schedule and thus did not choose to maintain an outside clinical practice. Maintenance of an outside clinical practice frequently involves an additional job. Faculty who were required to maintain a clinical practice usually practiced 16-20 hours per month. Faculty who were not required to maintain a clinical practice but chose to maintain one nevertheless usually opted to practice 16-20 hours per month as well.

The majority of responders indicated their salaries as being from 46 to 55 thousand dollars. Table 6 provides the 2007 salary range and mode for responding Alabama nursing faculty .

Table 6. Salary Ranges for Alabama’s Nurse Faculty

Salary Range	Responses	% Responses
under \$30,000	1	0.42
\$30,000-\$35,000	0	0
\$36,000-\$40,000	7	2.97%
\$41,000-\$45,000	14	5.93%
\$46,000-\$50,000	32	13.56%
\$51,000-\$55,000	33	13.98%
\$56,000-\$60,000	26	11.02%
\$61,000-\$65,000	31	13.14%
\$66,000-\$70,000	19	8.05%
\$70,000-\$75,000	22	9.32%
\$76,000-\$80,000	17	7.20%
\$81,000-\$85,000	8	3.39%
\$86,000-\$90,000	7	2.97%
\$91,000-\$95,000	3	1.27%
\$96,000-\$100,000	6	2.54%
more than \$100,000	10	4.24%
	TOTAL: 236	TOTAL: 100

Mode =\$51,000-\$55,000

Responders in the mid range set the mode for salaries with 33 (13.98%), 32 (13.56% and 31 (13.14%) of the total (n = 96/236) indicated their salaries ranging between \$51,000-\$65,000. Alabama’s average salary for nursing faculty of \$51,000-\$55,000 is \$5,000 to \$9,000 less than the annual average salary for master’s prepared nursing faculty as reported by the American Academy of Colleges of Nursing (AACN) (2008). AACN has reported that master’s prepared nursing faculty in 2003 earned an annual average salary of \$60,357. This is in comparison to the annual average salary for a master’s-prepared faculty in 2006-2007 as released by the American Association of University Professors (AAUP) (2007). According to AAUP, the average salary for a master’s-prepared professor in the East South Central section of the United States (Alabama, Kentucky, Tennessee, and Mississippi) in 2006-2007 was \$75,811.

The nonparametric chi-square test for independence was run using “type of institution” as the independent variable and “salary” as well as “years of

teaching experience” as dependent variables. In each case, the assumption of “minimum expected cell frequency” was violated, since minimum expected cell frequency could not be achieved at a significance value of .05 or less

Retirement Plans

Seventy-two per cent (n = 236) of the 328 respondents provided input on retirement plans. Summative data indicated that 96.7% (n = 228/236) have no immediate plans for retirement. Table 7 provides information on responding nursing faculty’s plans for retirement.

Table 7. Plans for Retirement of Alabama’s Nurse Faculty(n = 236)

Range of Years	Responses	% Responses
less than 1 year	8	3.39%
1-5 years	44	18.64%
6-10 years	51	21.61%
11-15 years	39	16.53%
16-20 years	60	25.42%
do not plan to retire from teaching	34	14.41%
	TOTAL:236	TOTAL :100%

Mode =16-20 years

As shown in Table 7, the least number of responders (n = 8/236; 3.39%) stated plans to retire in less than one year. The range with the greatest number of responders (n = 60/236; 25.4%) was 16-20 years. Faculty who reported that they were planning to retire from teaching reported planning to remain in Alabama’s nursing workforce for the most part in some other capacity (n = 112/205; 54.63%). However, 45.37% of responding faculty (n = 93) who reported a plan to retire from teaching also plan to leave the nursing workforce completely. It should be noted that 43.64% (n = 99) of responding faculty report planning to retire from teaching within the next ten years.

Reasons for Retirement

Faculty who indicated that they were planning to retire within the next five years were asked to rank their primary reasons for opting for retirement as “1-10”. Not all faculty opted to rank each reason for retirement that was offered on the survey with a 1-10 rating. However, Table 8 gives the number of faculty who ranked each category of reasons for retirement.

Table 8. Reasons for Alabama’s Nurse Faculty’s Plans to Retire by 2013 (Majority of Rankings per Category)

Reasons Stated By Rank of Importance	Faculty Ranking each Reason (n = 327)	% Faculty
1. age	37/327	11.31
2. overall fatigue	25/327	7.65
3. quality of the student population	15/327	4.59
4. lack of administrative support	11/327	3.36

5. disillusioned with teaching <i>tied with</i>	11/327	3.36
5. desire to begin a different career	11/327	3.36
6. desire to work in another area of nursing	9/327	2.75
7. health problems	11/327	3.36
8. maximized retirement in education system	16/327	4.89

When faculty were asked their reasons for opting to retire from teaching nursing within the next five years, 11.31% (n = 37) ranked their age as the top reason for planning retirement. Age was followed by overall fatigue ranked as the number two reason for opting for retirement (7.65%, n = 25). Overall fatigue was ranked third as a reason for retirement by an equal number of respondents (7.65%, n =25). An equal number of respondents ranked “disillusioned with teaching” and “desire to begin a different career” fifth as a reason to plan for retirement by 2013.

Faculty were asked about incentives that might influence their remaining employed in a teaching position for the next five years, Responders ranked a salary increase as the main incentive (n = 127, 38.72%). Faculty who reported that they were planning to retire from teaching reported planning to remain in Alabama’s nursing workforce for the most part in some other capacity. Table 9 describes respondents’ incentives that would delay their plans for retirement.

Table 9. Incentives for Delaying Retirement Plans of Alabama’s Nursing Faculty (Majority of Number One Rankings per Category)

Reasons Stated By Rank of Importance	Faculty Ranking each Reason (n = 328)	% Faculty
1. salary increase	127/328	38.72
2. decreased teaching load	39/328	11.89
3. increase in benefits	37/328	11.28
4. increased opportunity for promotion	35/328	10.67
5. increased recognition of professional accomplishments	27/328	8.23
6. increased administrative support	20/328	6.10
7. able to work as an outside consultant	28/328	8.54
8. opportunities for faculty practice that are part of your faculty assignment	32/328	9.76
9. able to obtain additional education	27/328	8.23
10. obtaining tenure	36/328	10.98

Faculty was asked to provide their own descriptions of incentives. Faculty included choices such as flexible scheduling, tuition reimbursement, consistent teaching assignment, technology support, and a day off per week to maintain practice as a nurse practitioner.

Challenges in Work

Faculty provided information on their greatest challenge in the work of nursing education. This item was qualitatively designed and formatted to be answered in a narrative response. The most frequently cited challenges were categorized as:

- workplace issues: these included inadequate pay for experience accrued, increased use of technology in both content delivery and clinical practice, and increased teaching workload.
- student issues: these included students having values and goals which were not compatible with those espoused by the nursing population overall, the general attitude of the student population, students' resistance to studying, poor work ethic, a lack of accountability and responsibility on the part of nursing students, and students who were entering nursing programs academically unprepared.

The nonparametric chi-square test for independence was run using "age" as the independent variable and another categorical variable as the dependent variable. In each case, the assumption of "minimum expected cell frequency" was violated. Minimum expected cell frequency was not achieved at a significance value of .05 or less. The chi-square test was run subsequent times using "status (part-time or full-time) as the independent variable, as well as "highest degree attained". In both cases, the assumption of "minimum expected cell frequency" was violated.

However, when "tenure as a faculty member" was used as the independent variable and "anticipating leaving Alabama" used as the dependent variable, it was found that Pearson chi-square was 45.962 at a .000 significance level, thus indicating that a faculty member's tenure status makes a difference in the decision to leave the State after retirement. When "tenure as a faculty member" was used as the independent variable and "plan to remain in the workforce in another capacity" was used as the dependent variable, chi-square was 42.573 at a .000 significance level, indicating that tenure status also influences a faculty member's decision to continue to work as a nurse in another capacity.

Another association was revealed when "tenure as a faculty member" was used as the independent variable and "maintaining a non-required clinical practice" was used as the dependent variable. In this case, the chi-square was 1.513 at a .000 significance level. In addition, an association was found to exist between "tenure as a faculty member" as the independent variable and "seeking a higher degree" (chi-square value equals 3.373).

When asked about incentives that could possibly keep faculty employed in a teaching position for the next five years, responders ranked a salary increase as the main incentive. Asked to provide their own descriptions of incentives, faculty included choices such as flexible scheduling, tuition reimbursement, consistent teaching assignment, technology support, and a day off per week to maintain practice as a nurse practitioner. The largest number of responders reported planning to retire from teaching within the next 16 to 20 years. Faculty

who reported that they were planning to retire from teaching reported planning to remain in Alabama's nursing workforce for the most part in some other capacity. Faculty who indicated that they were planning to retire within the next five years reported that the primary reason for the decision was their age. However, this reason was closely followed by "overall fatigue". When asked to provide other reasons for deciding to retire, faculty reported "salary" as the primary reason, along with the amount of time required by their teaching position. Many cited a desire to spend more time with their family.

Faculty provided information on their greatest challenge in working with nursing students. The most frequently cited challenges were categorized as:

- workplace issues: these included inadequate pay for the amount of experience accrued, increased use of technology in both content delivery and clinical practice, and increased teaching workload.
- student issues: these included students having values and goals which were not compatible with those espoused by the nursing population overall, the general attitude of the student population, students' resistance to studying, poor work ethic, a lack of accountability and responsibility on the part of nursing students, and students who were entering nursing programs academically unprepared.

The nonparametric chi-square test for independence was run using "age" as the independent variable and another categorical variable as the dependent variable. In each case, the assumption of "minimum expected cell frequency" was violated. The chi-square test was run subsequent times using "status (part-time or full-time) as the independent variable, as well as "highest degree attained". In both cases, the assumption of "minimum expected cell frequency" was violated,

However, when "tenure as a faculty member" was used as the independent variable and "anticipating leaving Alabama" used as the dependent variable, Pearson chi-square was 45.962 at a .000 significance level, thus indicating that a faculty member's tenure status makes a difference in the decision to leave the State after retirement. When "tenure as a faculty member" was used as the independent variable and "plan to remain in the workforce in another capacity" was used as the dependent variable, chi-square was 42.573 at a .000 significance level. In addition, an association was revealed when "tenure as a faculty member" was used as the independent variable and "maintaining a non-required clinical practice" was used as the dependent variable. In this case, the chi-square was 1.513 at a .000 significance level. This indicates that a faculty member's tenure status influences the decision to practice clinically in addition to maintenance of a regular teaching load when the employing institution does not require it. In addition, a relationship was found to exist between "tenure as a faculty member" as the independent variable and "seeking a higher degree" (chi-square value equals 3.373). This means that seeking tenure status may

influence a faculty member's decision to seek a higher degree or to reject such a pursuit.

Implications

A review of the findings generated through statistical analysis of the data produced the following implications for nursing education and for the profession overall based on the original research questions:

The demographics of the study population indicated that the median age range and race of Alabama's nurse faculty (51-55 years, predominantly Caucasian) is in line with the national nurse population. Some describe this as an aging population who may be limited in identifying with "gen-x ers" who are technologically driven and ethnically diverse. As such, there are implications for solutions to support and develop faculty in facilitating the "new age" learners without out compromising standards for patient safety. There may also be need for developing new approaches to learning to and teaching to accommodate greater integration of technology.

The educational profile of the participants included faculty whose highest degrees are at the masters level in nursing with a majority whose specialty is in the adult medical, pediatric, maternal-infant and psychiatric nursing arena. Less indicated specialties in surgical nursing. While the master's degree in nursing has been a basic requirement for teaching, the national call for advancing faculty preparation to be competitive with other disciplines at the collegiate level, and to address competence needs adequately, have implications for evaluation of Alabama's faculty workforce to meet this developmental challenge. At the least, there are implications for addressing the potential shortage of doctoral prepared faculty, and supporting faculty who state they intend to pursue the doctor's degree.

The employment picture shows that most nursing faculty reported being employed full-time by either an Associate Degree nursing program or a Bachelor's Degree program. Most responders did not indicate providing instruction at the graduate level. Most faculty indicated that they were in tenure-track positions. Most responding faculty indicated that they were not required to maintain a clinical practice in addition to a teaching schedule, and chose not to do so. This may be a consideration if clinical competence is being scrutinized. Faculty tended to view themselves as "overworked and underpaid"; they cited a need for incentives such as additional salary, flexible scheduling, a consistent teaching assignment, technological support, tuition reimbursement in addition to increased administrative support.

Employment concerns carried over into the arena of plans for retirement. Although findings indicated that most faculty do not plan to leave teaching and do not have plans for immediate retirement, some do intend to retire within five

years. The largest number of responders reported planning to retire from teaching within the next 16 to 20 years. Faculty who indicated that they were planning to retire within the next five years reported that the primary reason for the decision was age, closely followed by “overall fatigue”. When asked to provide other reasons for deciding to retire, faculty reported “salary” as well as the amount of time required by their teaching position. Many cited a desire to spend more time with their family. Some of the faculty, however, stated plans to remain in Alabama’s work force in some other capacity.

For the faculty remaining, whether for one year or twenty, there are admitted challenges that are faced daily. Many of these are dealing with workforce issues of pay, technology and an increased workload.

The difficulty in incorporating technology easily into content delivery should be of concern to administrators as use of virtual textbooks and classrooms becomes more commonplace. Faculty also expressed frustration generated by the generational differences evident when “baby boomers” attempted to instruct “generation X” students. Faculty were clearly mystified by generation X students who have a short attention span and dislike close supervision, traits that do not usually promote success in the average nursing academic environment (Nagle, 2006). They reported being disillusioned with teaching and noted a negative change in the quality of the student population entering nursing programs. This situation has numerous implications for faculty development and support.

Conclusion

The purpose of the study was to examine demographic data and work factors that may influence nursing work force. Numerous factors were revealed that have a potentially profound impact on manpower planning to provide sufficient numbers of qualified faculty for Alabama’s nursing education programs now and in the future.

Synthesis of demographic data revealed that Alabama’s nursing faculty have the ominous task of preparing more than 6,000 students of nursing to enter the complex world of practice in numerous clinical areas as well as specialties such as education, administration and research (Alabama Center for Nursing, 2007). All faculty have multi-tasking roles that include teaching, research and service. They must be clinically competent and maintain theoretical currency. As such, faculty may be expected to carry extra hours in the clinical area outside their regular teaching assignment. All are expected to hold at least the master’s degree and, in higher education, the doctorate while maintaining continuing education. Their financial situation may be inadequate when compared to their counterparts in other departments. Majorities of nurse faculty are in their late 40’s and 50s, and have the advantage of both clinical and educational

experience to help them fulfill their roles. At the same time, their age should serve as an impetus to be preparing nurse educators for the future.

The secondary purpose of the study was fulfilled through the determination of work factors that are currently impacting nursing manpower, specifically nursing faculty. While there is no indication that the majority of faculty plan immediate retirement, there appears to be limited plans for advancing education at the formal level. The data indicated considerable concerns about insufficient financial compensation, a disconnect in students' values and study goals in comparison to their own, and teaching and clinical workload.

The portrait painted by the respondents indicates a need to address faculty concerns as well as the concerns of providing well qualified faculty for meeting educational needs of students. There is a need to keep educationally prepared and clinically experienced instructors employed in the system, and functioning as mentors for the new faculty entering academia. There is also a need to offer support to faculty in dealing with students of multicultural and socially diverse backgrounds within the context of current social trends. While this study did not explore ways of delivering education in nursing, a study is recommended to examine ways to effectively prepare students of nursing. A major consideration for current educational administrators and faculty is to explore ways of delivering education outside of traditional means, thereby reducing required, direct contact hours to achieve the same goals.

This study provides information to facilitate planning for future development of nurse faculty in Alabama. Developing new faculty for the future, and enhancing current nurse faculty will require considerable coordination of resources to maintain the health profession including nursing education. This study provides data on the state of nurse faculty in Alabama and can be employed in this endeavor.

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