

# The Status of Nursing Education in the California Community Colleges

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**Nursing Task Force 2004-2005**

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## Abstract

**T**he nursing shortage in California has prompted legislators to propose solutions that may be well intentioned but fail to recognize the complexity of the issues they are trying to address. In April 2005, the Academic Senate convened a nursing task force, comprised of community college nursing faculty from across the state, to examine the issues raised by outside groups, respond to these issues, and provide possible remedies. The task force organized the information collected around six questions: (1) What are the barriers to recruiting nursing students? (2) What are the barriers negatively impacting nursing education on the campuses of California Community Colleges? (3) What are the barriers making it difficult for students to complete their course of study? (4) What makes clinical placement for nursing students so difficult? (5) Why do students leave nursing programs? Why is there such a high attrition rate? (6) Once students complete their studies and enter the profession, why do so many nurses leave within a short period of time?

The responses and possible remedies reflect the diversity in nursing programs across the California Community College System and the complexity of trying to find single solutions that work for all colleges. In some areas, there is general agreement, such as the need for adequate numbers of full-time faculty to provide supervision and participate in program development, or the challenge of finding adequate slots for clinical placements. In other areas, responses differ greatly, as with respect to enrollment criteria and use of the Associate Degree in Nursing (ADN) Model Prerequisites Validation Study (Phillips, 2002). The remedies proposed in the paper are those of the task force and not official positions of the Academic Senate. The paper concludes with recommendations that echo longstanding positions of the Academic Senate within the context of nursing education in the California community colleges.

# Introduction

Community college nursing programs, the students they serve, the needs students have, and barriers students encounter vary widely. Because community colleges reflect the students and issues of their local communities, there is no one easy solution to help every college. In fact, what may help one program and group of students may not necessarily benefit another.

With the intention of alleviating the current nursing shortage, California legislators have been active in writing legislation proposing specific solutions. In many cases, the proposed solutions fail to recognize the complexity of the issues they are trying to address. Information that legislators have about community college nursing programs, students, and the needs of specific programs varies in completeness and does not reflect the variation in local context. In April 2005, a Nursing Task Force formed by Kate Clark, then President of the Academic Senate for California Community Colleges, was charged with identifying and responding to questions about nursing education being raised by legislators and other groups. The goal of the Task Force members' report was to provide an overview of the complexity of the nursing shortage that the Academic Senate could share with legislators, outside groups, and its own faculty. In Fall 2005, the Educational Policies Committee of the Academic Senate reviewed and refined the Task Force report to prepare it for adoption by the Academic Senate at its Fall Plenary Session.

This report is organized around six recurrent questions being asked by those outside the community college nursing programs:

1. What are the barriers to recruiting nursing students?
2. What are the barriers negatively impacting nursing education on the campuses of California Community Colleges?
3. What are the barriers making it difficult for students to complete their course of study?
4. What makes clinical placement for nursing students so difficult?
5. Why do students leave nursing programs? Why is there such a high attrition rate?
6. Once students complete their studies and enter the profession, why do so many nurses leave within a short period of time?

*“The breadth of the problem and responses provided make clear that the issues confronting legislators, as they seek effective solutions to California’s nursing shortage, are complex.”*

Task Force members drew upon experiences, recent studies, and professional research to respond to these questions and to suggest possible remedies that policy makers, local senates, and bargaining units might consider to alleviate identified problems. It is important to emphasize that the remedies proposed come from a diversity of perspectives and experiences and at times may even conflict. They are not data-driven remedies but reflect the best thinking of Task Force members, all of whom are professional nurses and nurse educators in California community colleges. The breadth of the problem and responses provided make clear that the issues confronting legislators, as they seek effective solutions to California’s nursing shortage, are complex. Inclusion of possible remedies in this report does not indicate endorsement of any single remedy by the Academic Senate. The paper concludes with recommendations that reaffirm the positions of the Academic Senate with regards to open access and equal opportunity for all of California’s residents.

# Questions for Consideration

## 1. **WHAT ARE THE BARRIERS TO RECRUITING NURSING STUDENTS?**

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### **Issues being raised by outside groups:**

- ◆ Local or cultural demographics
- ◆ High school preparation or courses offered
- ◆ General publicly-held attitudes about the profession

### **Response by Task Force:**

- ◆ **Recruitment Not Really the Issue**—Recruitment of students is not perceived as a real issue. According to the most recent Annual School Report (2005) published by the California Board of Registered Nursing (BRN), 103% of the designated “admission slots” in associate degree nursing programs (ADN) were filled. It is noteworthy that although, on average, associate degree programs were filled beyond capacity, they also reported having 90 budgeted, but unfilled faculty positions. In programs where the number of admissions was restricted, the reasons indicated were lack of faculty, lack of space, and inadequate funding, with lack of faculty being the most common deficit. None of the programs indicated that they experienced a lack of students. In fact, waitlists for admission to programs generally extend for 2-4 years, and in some cases, even longer. Lengthy waitlists are viewed as a potential deterrent for some students and, in fact, may compound the problem because many students apply to several programs with the hope that they might be admitted more quickly to any program.
- ◆ **Limited Program Capacity**—How programs determine who is admitted each year varies. Some programs develop a queue type list, where everyone meeting admission criteria is placed on the list and simply waits for their projected entry date. Other programs use a lottery system to determine who is admitted in a particular year. Students who aren’t selected in the lottery one year are usually required to reapply in the following year. In general, for an applicant to be in the lottery pool or on a waitlist, they must have met all enrollment criteria. In any given year more than half the qualified applicants are not able to be accommodated. In the 2003-2004 year, there were 17,887 qualified

applicants vying for 7,684 positions in California's nursing programs (BRN, 2005). Thus, over the course of ten years, thousands of qualified applicants may be turned away. What is lost in the data currently collected is the aggregate number of potential nurses who give up on nursing as a career because of their inability to get into a nursing program. In any given year more than half the qualified applicants are not able to be accommodated. This phenomenon is not unique to California. The National League for Nursing (NLN) review of data on nursing education programs (2004a) reported that in Fall 2003, 16% of all qualified applicants to associate degree nursing programs were "waitlisted." Subsequently, the Executive Director of NLN issued a "wake-up call" to the profession regarding the high number of *qualified* applicants being turned away from nursing programs (NLN, 2004b).

- ◆ **Demographics**—None of the Task Force participants felt that local or cultural demographics presented a barrier to recruiting nursing students. Diversity is represented in both applicants and the actual student population enrolled in nursing programs. This diversity does vary by area. Generally, urban schools have larger numbers of ethnically diverse students. All participants indicated experiencing some degree of difficulty in recruiting males. The BRN Annual School Report indicates the distribution of students enrolled in California associate degree nursing programs as of the October 2004 census date, was as follows: White 42%, Asian 10%, Hispanic 22%, African American 9%, Native American <1%, Filipino 12%, Unknown 5%. The male-to-female ratio in associate degree nursing programs (ADN) was female 83% and male 17% (BRN, 2005). Contrasting these figures with national data indicates that the percentage of both men and students from minority groups in nursing programs, with the exception of African Americans, is considerably higher for California than the rest of the United States. National percentages for students enrolled in associate degree programs are: White 76.4%, Asian 4.2%, Hispanic 5.9%, African American 12.6%, and Native American 1.1% (NLN, 2004a). Nationally the percentage of males enrolled in associate degree nursing programs is 12% (NLN, 2004a).
- ◆ **Nursing Support Courses**—Students inquiring into enrollment in nursing programs are generally aware of the science requirements (Anatomy, Physiology, Microbiology, etc.). However, there are some students who have difficulty being successful in those courses. A stronger emphasis for potential nursing majors on the biological sciences at the high school level, might better prepare them for success in the required science prerequisites during their community college studies. There are also a number of students who seem to

have a fear of the math requirements that are either prerequisite to science support courses or required for graduation. At some level this anxiety may be a deterrent.

- ◆ **Impacted Required Courses**—Task Force members reported that on many campuses pre-nursing students struggle to get into required prerequisite courses due to limited availability, particularly the sciences. For science courses, existing lab facilities often limit the number of students that can be enrolled. Other courses have also been impacted by enrollment management strategies that require a minimum enrollment for a course to be offered. This may preclude offering multiple sections of courses required of pre-nursing students.
- ◆ **Lack of Understanding about the Academic Rigor and Demands of Nursing**—Many students who want to become nurses do not seem to have a clear understanding of what is required to be successful in an educational program or what the practice of nursing is really like. They don't anticipate the high level of critical thinking and academic rigor involved. Nor do they always understand the physical and emotional demands associated with nursing. This lack of understanding may contribute to some students being poorly prepared to take on the challenges of nursing and nursing education and may well account for some of the attrition in nursing programs. Given these extrinsic physical and emotional demands, conventional academic predictors such as grade point average are not universally predictors of student success; thus, as discussed in Question #5 below, determining appropriate admissions requirements is a complex process.
- ◆ **Public Perception**—Task Force participants believe that the public's perception of nursing is positive. They view nursing as a good profession to enter, find employment, and be paid well; however, here again there may be a misperception in the public's understanding of the academic rigor required to successfully complete a nursing program.

**Possible Remedies proposed by Task Force** (*remedies are the views of the Task Force and inclusion here does not indicate endorsement by the Academic Senate*):

- ◆ **Publicize the Rigor of Nursing Education**—Although no real barriers to recruitment are seen at this time, ensuring that interested students have a more accurate understanding of the complexity and rigor of nursing education and nursing practice may positively impact pre-entry preparation and retention of students. (Note: See separate discussion on attrition, later in this document.)

*“Many students who want to become nurses do not seem to have a clear understanding of what is required to be successful in an educational program or what the practice of nursing is really like.”*

- ◆ **Present Realistic Picture of Nursing**—Opportunities for potential students to gain exposure and/or experience with nursing prior to applying to and entering a nursing program should be fostered. For example, creating partnerships between nursing programs and local high schools with opportunities to enroll in a Certified Nursing Assistant (CNA) Program, to “shadow” nurses, or to become hospital volunteers, etc. Presentations to potential applicants by current nursing students and/or employed nurses may also be used to present a more realistic picture of the profession. The Employment Development Department (EDD) has posters and flyers about health care job opportunities that could be shared with local high schools and placed on college campuses.
- ◆ **Increase Capacity of Nursing Programs** –Legislative support for increasing the capacity of existing nursing programs and/or establishing additional programs would be beneficial. Although the focus of this task group is on California’s community colleges, increased capacity at all levels (associate, baccalaureate, and master’s degree) is recommended. However, a word of caution is essential regarding increasing program capacity without additional full-time faculty positions. Adding large numbers of part-time faculty increases the workload and stress on full-time faculty who are required to mentor and/or supervise part-time faculty and decreases the continuity of clinical instruction for students. In addition, it is frequently difficult to find master’s prepared nurse educators who are willing to work on a part-time basis, as discussed later in this document. (See response to Question #2). Program expansion should not be proposed without fiscal support for additional full-time faculty positions, since expansion that relies heavily on part-time faculty compromises the integrity of the nursing program and may negatively impact other programs in the college that may be required to hire additional full-time faculty to compensate for the increased use of part-time nursing faculty.

- ◆ **Ensure Adequate Access to Science Prerequisites**—On campuses where the required science courses (anatomy, physiology, and microbiology) are impacted, encourage and provide support (and funding incentives) to offer either additional sections of those courses or to offer them on a more frequent and/or reliable schedule.

## 2. **WHAT ARE THE BARRIERS NEGATIVELY IMPACTING NURSING EDUCATION ON THE CAMPUSES OF CALIFORNIA COMMUNITY COLLEGES?**

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### **Issues being raised by outside groups:**

- ◆ Inability to hire full-time faculty
- ◆ Inability to recruit part-time faculty
- ◆ Inability to retain part-time faculty
- ◆ Costs of equipment and laboratories
- ◆ Limitations of class size
- ◆ Lack of prerequisite courses
- ◆ Regulations such as the 75:25<sup>1</sup> ratio or the 60% law<sup>2</sup>
- ◆ Demands of external accrediting agencies

### **Response by Task Force:**

- ◆ **Full-time Faculty Issues**—As is true for any program in the California community colleges, a cadre of full-time faculty is essential to the health and well-being of any nursing program. Full-time nursing faculty are responsible for numerous professional tasks such as revising current curriculum and/or writing new curriculum to reflect changing healthcare needs and standards; serving on hiring committees to interview and select new full- and part-time faculty and then mentoring and supporting them; participating in college and district governance that directly impacts nursing programs and faculty; meeting

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<sup>1</sup> The 75:25 ratio refers to the desired ratio for classes taught by full-time and part-time faculty. The community college system has as a longstanding goal that 75% of all credit courses be taught by full-time faculty. The goal is not program specific.

<sup>2</sup> The 60% Law refers to the maximum load that a part-time faculty member may carry in a single community college district. Part-time faculty who have carried loads exceeding 60% have successfully sued to be granted full-time faculty positions, so districts have become very sensitive to monitoring part-time faculty load assignments.

accreditation mandates for ongoing program evaluation (e.g. conducting surveys of program graduates and employers; monitoring graduates' licensing exam scores); preparing annual reports; writing grants for additional funding; maintaining significant liaisons with local hospitals, medical groups, and the community; and preparing self-studies for periodic accreditation visits by multiple agencies.

Access to full-time faculty has been shown to benefit all students and enhance their success. The California Legislature, in enacting AB 1725, noted that the "quality, quantity and composition of full-time faculty have the most immediate and direct impact on the quality of instruction" (Section 70 (a)). Nursing students deserve this benefit no less than students in other programs.

A number of issues identified by Task Force participants relate to hiring full-time faculty. Nationwide there is a shortage of nurse educators, and California is experiencing the same. The National League for Nursing (NLN) reported a 6.8% faculty vacancy rate in associate degree nursing programs in the western U.S. during the 2002-03 academic year (NLN, 2003). According to the California BRN Annual School Report (2005), although the majority of programs were admitting student to capacity, for those that had reduced the number of slots available, the primary reason was "lack of faculty." Issues contributing to this shortage include:

- ◇ **Limited Availability of Master's Prepared Nurses**—The limited availability of nurses with master's degrees for either full- or part-time employment is one of the more significant issues impacting the enrollment and/or expansion of current nursing programs<sup>3</sup>. Many factors contribute to this phenomenon, such as the cost of graduate education, increased employment opportunities for nurses with master's degree in clinical practice (e.g., nurse practitioner, clinical nurse specialist, etc), and a recent de-emphasis on the role of nurse educator in graduate programs. According to the 2004 BRN Survey of Nurses (Fletcher, 2004), only 9.2% of the working RNs in California have an advanced (master's or doctorate) degree in nursing. (See Question #6 for additional discussion of data from this report.)
- ◇ **Aging of Faculty**—One of the most critical problems is the aging of nursing faculty. According to the Tri-Council for Nursing Policy Statement (2001), the average age of nurse educators in the US is between 49 and 52 years. California BRN data indicates that 46% of the nurse educators in California are 50 or older (BRN, 2005).

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<sup>3</sup> To be a nursing faculty in the California community colleges requires EITHER a Master's Degree in nursing OR a Bachelor's Degree in nursing with a Master's Degree in either health education or health science. (California Community College System Office, 2003b)

*“Eliminating either the 60% law or the 75:25 regulation would not alleviate faculty recruitment issues for nursing and in both the short- and long-term, would not benefit students, nursing programs, nursing education, or the preparation of new nurses.”*

- ◇ **Faculty Salaries**—Salaries for nurse educators, prepared at (or above) the master’s level are not commensurate with salaries for nurses with advanced degrees who work in clinical settings (i.e. nurse practitioners, clinical nurse specialists, researchers, etc.) This is particularly true for both full- and part-time nursing faculty employed in community college nursing programs. Note: Current threats to the community college retirement program may further impact recruitment of faculty, because participation in the State Teachers Retirement System (STRS)<sup>4</sup> is the one advantage that California community colleges have had over industry in attracting qualified nurse educators.
- ◇ **Disproportionate Pay for Laboratory Classes**—On many campuses the rate of pay for laboratory time is at a lower level than for lecture time—in some cases, it is as low as 67% of the lecture rate. In nursing, where up to 80% of a full-time faculty load is for clinical laboratory, faculty members are working many more hours than their non-nursing colleagues. This further exacerbates the disparity between nurse educator salaries and the salaries of their counterparts working in industry and/or faculty employed in other non-laboratory teaching positions.
- ◇ **Lack of Support at District/College Level**—Some Task Force participants reported a high degree of local district/college support for their programs. Others described a lack of support on their local campus, especially when requesting new nursing faculty positions. We suspect administrative refusals may be related to the high cost of operating a nursing program. In other situations, the district/college may have other pressing priorities. It was also reported that on some campuses, there is resentment from other faculty who believe that the political emphasis on nursing means those programs “get whatever they want.”

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<sup>4</sup> The California State Teachers’ Retirement System (STRS) provides retirement related benefits and services to teachers in public schools from kindergarten through community college.

- ◆ **Part-time Faculty Issues**—Recruitment and retention of part-time faculty carries additional challenges beyond those identified with full-time faculty. For some programs, recruitment and retention is a major obstacle, and for others, it is not as significant. Problems specifically related to hiring and retaining part-time nursing faculty include:
  - ◇ **Lack of Teaching Experience and/or Expertise**—Teaching and learning are complex phenomena that require skills and abilities that nurses in the workforce may not possess. Faculty must be able to teach critical thinking, nursing process, application of theoretical concepts in the clinical setting, and performance of nursing procedures. Nurses working in a clinical practice setting may possess exceptional clinical skills; however they may not have had formal coursework in teaching and learning. It has been well documented that when one becomes an “expert,” many of the intermediate steps in performing a task or doing problem-solving become automatic for that individual. When working with “novices,” those intermediate steps need to be identified and supported as students learn them (Benner, 1984).
  - ◇ **Salary and Benefits Issues**—For part-time faculty, salary is also a concern, particularly as salary schedules for part-time faculty are generally significantly lower than for full-time faculty. However an even greater concern is the lack of benefits for part-time faculty, which means that those individuals need to maintain employment in another agency, at a level sufficient to qualify for benefits. The net effect is that they may not be available on an ongoing basis, even though they would like to be. These uncertainties potentially affect continuity of instruction and may deprive programs and students of very competent faculty.
  - ◇ **Impact of 75:25 and 60% Regulations**—These regulations were implemented to provide quality instruction by maintaining a core group of full-time faculty and enhancing faculty-student contact. While the 60% law does limit the amount of time that a part-time faculty member may teach in any given term, community college nurse educators and the Academic Senate for California Community Colleges support this regulation because it prevents those individuals from exploitation by creating a permanent underclass of faculty. Some Task Force members reported that this regulation has, in fact, helped support the hiring of additional full-time faculty. Regarding the 75:25 requirement, this regulation applies to the district *as a whole* and each department or program is NOT required to meet that ratio. Colleges already accommodate the high number of part-time nursing faculty by hiring full-time faculty in other areas. Eliminating either

the 60% law or the 75:25 regulation would not alleviate faculty recruitment issues for nursing and in both the short- and long-term, would not benefit students, nursing programs, nursing education, or the preparation of new nurses.

According to the 2003-04 California BRN Annual School Report (2005), the percentage of full-time nursing faculty in California community colleges decreased from 55% to 54% and part-time faculty increased from 43% to 46% between 2001-02 and 2002-03. Data for the 2003-04 year is even more alarming because the ratio of full-time and part-time faculty has decreased to 47% full-time and 53% part-time faculty.

- ◆ **Limited Faculty Diversity**—The lack of diversity among faculty is a more challenging issue than diversity of the student population. According to the most recent report on nursing programs, published by the California Board of Registered Nursing (2005), 72% of the nursing faculty is White. Statistics for other ethnic groups are as follows: African American 7%; Hispanic 8%; Asian 6%; Filipino 3%; American Indian >1%; and Other/Unknown 4%.
- ◆ **High Operating Costs for Nursing Programs**—While the costs of operating a nursing program are high because of the need for facilities and equipment in campus laboratories and low student-to-faculty ratios in the clinical area, members of the Task Force reported that through community partnerships and working with industry, they have been able to meet many of their needs. Other programs have had less success in this area and find that they are working with older (and in some cases, outdated) supplies and equipment.
- ◆ **Low Student/Faculty Ratios**—Many states limit class size in clinical facilities to 10:1, and in some cases, those limits are even lower (i.e., 8:1 or 9:1). A review of the *Profiles of Member Boards* (Crawford, 2003), published by the National Council of State Boards of Nursing, indicates that 37 states have established student faculty ratios for clinical laboratory. Of those states with ratios, 40% are at 8:1. At the present time, the California BRN, has not established ratios for clinical laboratory instruction and in some colleges,

*“The lack of diversity among faculty is a more challenging issue than diversity of the student population. “*

administrators are requiring clinical laboratory loads of up to 12 or more students per faculty member. With increasing acuity of patients in hospitals and the need for close faculty supervision of students assigned to care for those patients, the level of responsibility (and stress) for faculty members is a major issue. Effort should be directed toward changing BRN regulations to include specific ratios and ideally that ratio should be 8:1 for reasons of patient safety. Such a change will further affect costs; however not changing the ratio potentially affects patient safety and may impact faculty retention. This low student:faculty ratio contributes significantly to the high cost of nursing programs compared to other academic programs but is necessary to ensure program quality and safety.

- ◆ **Accreditation by Outside Agencies**—The California Board of Registered Nursing (BRN) serves a vital role in protecting the public by granting licenses to graduates of accredited nursing programs and ensuring that registered nurses meet the requirements for ongoing licensure. The BRN also oversees the mandatory accreditation of all pre-licensure nursing programs in California. While it is true that compliance with various regulations (e.g., approval of curriculum, verification of faculty expertise, preparation of annual reports, and periodic accreditation visits) all require additional time commitments, the role that this Board plays in maintaining standards for both nursing education and the practice of nursing, is essential. Many of the qualifications and licensure requirements needed by nurse educators are, in fact, a direct response to BRN mandates; because those requirements lead to improved training of others, nursing faculty support these requirements. In addition to BRN accreditation, 60% of the nursing programs in California also have elected to obtain and maintain voluntary accreditation by one of the two national organizations, the National League for Nursing Accreditation Commission (NLNAC) and the Commission on Collegiate Nursing Education (CCNE) that offer this additional accreditation (BRN, 2005).

**Possible Remedies Proposed by Task Force** (*remedies are the views of the Task Force and inclusion here does not indicate endorsement by the Academic Senate*):

- ◆ **Support Efforts to Recruit Nurses into Graduate Programs in Nursing**—All avenues for increasing the number of RNs prepared at the master's and/or doctoral level should be explored. Providing grants, income tax credits, low interest loans, reduced tuition at CSUs and UCs, or other incentives to encourage and assist nurses in their pursuit of advanced education should be supported. Particular emphasis should be placed on recruiting students from under-represented ethnic groups into advanced education in nursing.

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- ◆ **Support Career Mobility**—For some students, particularly those who are first in their family to attend college, the goal of advanced preparation in nursing may be overwhelming. A career ladder approach may be a more realistic approach. Proposals that facilitate mobility from Certified Nursing Assistant (CNA) to Licensed Vocational Nurse (LVN), Associate Degree Nurse (ADN), Bachelor of Science Degree in Nursing (BSN) and Master of Science in Nursing (MSN), or any variation of that route, should be supported and funded.
- ◆ **Promote Advanced Education in Nursing**—Through targeted recruitment efforts, promote advanced education in nursing. Emphasize the need for nurse educators to earn advanced degrees *in nursing* rather than in related fields (e.g., health care management, business management, etc.). While educational preparation in those areas may be helpful and perhaps more personally lucrative, it is imperative for the future of the nursing profession that nursing faculty do advanced study in nursing, with an emphasis in education. Incentives and assistance in achieving advanced degrees should be explored and provided.
- ◆ **Support Development of Paid Orientation and Mentoring of Faculty**—To become effective teachers, new faculty would benefit from thorough orientation to the program including information on such topics as clinical teaching and evaluation, promoting critical thinking, and linking theoretical content to clinical application. Opportunities to support the recruitment and development of faculty, including those working part-time, should be developed and supported.
  - ◇ **Part-time Faculty Mentoring**—Part-time faculty should be provided mentoring and be compensated for their participation in orientation and/or mentoring. This commitment should fall outside of the requirements of the 60% law.
- ◆ **Work Toward Augmenting Salaries**—Efforts to enhance salaries of nurse educators, including adjustments in the laboratory/lecture ratio and night/weekend scheduling (see Question #4 below), should be encouraged.

- ◆ **Support Proposals to Revise Student/Faculty Clinical Ratios**—Clinical teaching is stressful for both hospital staff and faculty members. They share accountability for care of assigned patients. When an instructor is not readily available on a specific unit, staff nurses who are already “maxed out,” must deal with student questions and provide direction. As indicated above, proposals to establish realistic student/faculty ratios for clinical instruction should be supported.
- ◆ **Refrain from Efforts to Alter Minimum Qualifications and/or BRN regulations regarding faculty preparation**—While altering the Minimum Qualifications<sup>5</sup> (MQs) or the BRN requirements for nursing faculty may appear to offer a potential solution to the current shortage of nursing faculty, that approach would open the floodgates to a decrease in the quality of instruction and ultimately the overall quality of graduates from the nursing programs in the California Community College System. There are provisions within Title 16—the BRN regulations in Section 1425(2)(f)—for clinical teaching assistants who can work with master’s-degree-prepared faculty. Where feasible, funding for these positions should be encouraged.
- ◆ **Provide Funding for Clinical Instructional Assistants**—Instructional Assistants are licensed nurses (RN) who do not provide actual instruction to the students but are in the clinical setting to assist/supervise students with nursing procedures. This category of employee would allow for more one-to-one nursing instructional time between the nursing faculty and student and increase student success. It would also relieve some pressure on nursing staff, as discussed above and in some cases may allow programs to accept more students. This suggestion calls for further discussions with local bargaining units as well as with the local senates and the Academic Senate for California Community Colleges.
- ◆ **Avoid Mandated Increases in Program Enrollment**—Unless fiscal support for hiring full-time faculty is provided, program expansion should not be mandated.
- ◆ **Cautiously Promote Partnerships between Educational Programs and Hospitals and/or Other Healthcare Industries**—The creation of partnerships between hospitals (or other healthcare industries) can be mutually beneficial. They may increase the number of students accepted into programs by funding additional faculty positions or provide state of the art equipment

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<sup>5</sup> Minimum Qualifications (MQ) refer to the minimum requirements for a person to teach in California community colleges. The MQs are reviewed on a three-year cycle by the Academic Senate for California Community Colleges and changes submitted to the Board of Governors for approval.

for campus laboratories. However, a potential downside may occur if the outside agency attempts to control the educational program or draft curriculum narrowly focused on their specific corporate needs. Ultimate responsibility for the educational program, the curriculum, student admission criteria, graduation standards, and faculty hiring must remain with the faculty within the educational institution.

- ◆ **Avoid Radical Changes in STRS**—As indicated earlier, community college nursing faculty salaries are generally lower than those for nurses employed in other healthcare settings. Proposals to radically alter STRS benefits will no doubt be detrimental to recruitment and retention of ADN faculty.

### **3. WHAT ARE THE BARRIERS MAKING IT DIFFICULT FOR STUDENTS TO COMPLETE THEIR COURSE OF STUDY?**

#### **Issues being raised by outside groups:**

- ◆ Lack of preparation (and hence, a need for prerequisites)
- ◆ Lack of available courses (e. g., programs cut back, classes that don't "make")
- ◆ Lack of support services for nursing students

#### **Response by Task Force:**

- ◆ **High Attrition in Nursing Programs**—Attrition from associate degree nursing programs is approximately 22%. Barriers to completion for community college students are multiple. According to data reported by the California BRN (BRN, 2005), the two primary reasons for withdrawal are academic/clinical failure and non-academic demands (e.g., family/work responsibilities). This is followed by financial need and change of major. Task force participants also discussed some of the factors contributing to attrition. Specific concerns related to problems identified include:

- ◇ **Academic and/or Clinical Failure**

- » Some students lack the ability to read, write, and critically think at a level required to be successful. This is particularly an issue with second language learners who have not yet mastered the English language.
- » New resolutions by the Academic Senate to recommend raising math and English requirements for AA/AS degree may have an impact on eligibility requirements and actual enrollments. Though these increased requirements are higher than the vast majority of nursing programs require at this time, the ultimate impact is unknown.

- » Many students have taken prerequisites and general education courses on a part-time basis (i.e., 6 units at a time) prior to entering the nursing program. The increased number of units required, the number of hours spent in class and/or the clinical area and the amount of homework required overwhelms them.
  - » Students may have unrealistic perceptions of the nursing role. Their expectation regarding nursing has been glamorized by television and movies, and they do not understand the complexity of working with sick individuals, the physical and emotional demands of nursing, and the academic rigor of coursework.
  - » Student support services are limited on many campuses due to budget reductions. For example, tutoring services that could help nursing students may not be available, or more significantly, may not be available at hours when nursing students can access them.
- ◊ **Family/Work Responsibilities**
- » Many students must work to support their families and more importantly, to maintain their own health benefits program.
  - » Financial aid (including EOPS funding) for community college students is limited, which frequently prevents students from reducing their work load.
  - » Life issues and decision-making patterns make it difficult for students to focus on and continue in school (e.g. illnesses and family crises).

**Possible Remedies Proposed by Task Force** (*remedies are the views of the Task Force and inclusion here does not indicate endorsement by the Academic Senate*):

- ◆ **Promote Better Understanding of Nursing and Academic Rigor Required**—See suggested remedies under Question #1.
- ◆ **Re-Examine Enrollment Criteria**—Given the fact that some colleges are faced with limited resources, high attrition rates, long waitlists for admission and high demands for graduates, a re-examination of enrollment criteria may be warranted. The *Associate Degree Nursing: Model Prerequisites Validation Study* (Phillips, 2002) and the attendant system advisory (California Community Colleges System Office, 2003a) establishes a mechanism for validation of enrollment criteria, while simultaneously examining potential adverse impact on any specific group. It is important to note that although some programs found no adverse impact on any individual subgroup with increased enrollment requirements, other community colleges that applied the study to their own campuses came up with markedly different results than Phillips, including the potential for limiting access and reducing diversity in nursing program

*“Finding adequate clinical facilities for placement of students has become a major issue, especially with the closing of many smaller hospitals.”*

candidates. Studies at the local district/college level should be undertaken with care, and all proposed changes in enrollment criteria must be locally validated. See additional discussion of this study under Question #6.

- ◆ **Provide Additional Educational Support Services**—Recognizing that academic and/or clinical failure is the primary reason students withdraw from associate degree nursing programs, Task Force members urge the following:
  - ◇ Establish “Early Alert” systems that direct students to support services quickly.
  - ◇ Offer (or require) support classes that promote development of internal resilience and study skills as necessary both to their academic success and their professional preparation for the demands of a nursing career.
  - ◇ Provide fiscal support for special tutors in nursing in campus learning centers.
  - ◇ Provide funding for open labs with instructors (and/or student tutors) to assist students with study skills, clinical practice skills, computer/library access.
- ◆ **Explore Ways to Increase Financial Support for Nursing Students**—Members of the Task Force also identified several potential options for increasing financial assistance to nursing students, thereby relieving some of the pressure to work (at least on a full-time basis). These include:
  - ◇ Increase the amount of money available to cover the cost of funding students enrolled in nursing education programs.
  - ◇ Recognize that completion of a nursing program may take several years (because of prerequisite courses and waitlists) and lengthen the time frame for financial aid and EOPS funding.
  - ◇ Allow funding for homework as equivalent to “work” time.
  - ◇ Recognize that for students enrolled in nursing, a majority of class hours are in clinical laboratory for which unit value is calculated using a formula where three (3) class hours equal one (1) hour of credit. In addition, students are required to spend several hours on pre-clinical preparation plus additional time for studying. Thus, it is difficult for most nursing students to complete more than nine (9) or ten (10) units per semester.

- ◇ Modify requirements for “full-time student status” so that nursing students can qualify for state-funded financial aid.
- ◇ Provide students with stipends so they can reduce their work load.
- ◇ Offer students and their family health care coverage while in school.

#### **4. WHAT MAKES CLINICAL PLACEMENT FOR NURSING STUDENTS SO DIFFICULT?**

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##### **Issues being raised by outside groups:**

- ◆ Distance that students must travel to reach clinical settings
- ◆ Requirements that clinical placements always occur in hospital settings
- ◆ Lack of partnerships with others whose settings for clinical placements might be appropriate and permissible
- ◆ Lack of partnerships with hospitals or others
- ◆ Limitation of clinical placements to daytime hours or weekdays

##### **Response by Task Force:**

- ◆ **Clinical Placement**—Finding adequate clinical facilities for placement of students has become a major issue, especially with the closing of many smaller hospitals. It is particularly difficult to find clinical placement sites for Maternal-Newborn, Psychiatric/Mental Health, and Pediatric rotations. These placements become especially difficult when multiple programs from several colleges and universities and at various levels (CNA, LVN, ADN, BSN, and MSN) are competing for time at the same clinical agency. Negotiating appropriate schedules creates difficulties for both the educational programs and the clinical agencies themselves. Additionally, the nursing staff in those facilities find themselves working with students from many programs with varying needs and learning objectives. Ultimately, this may contribute to nursing “burnout” among the very staff most needed.
- ◆ **Use of Alternate Clinical Sites**—Programs presently use a variety of sites including skilled nursing facilities, Urgent Care centers, clinics, homecare, and public health agencies to provide many of the clinical learning experiences. In some courses, certain types of facilities are required to provide adequate clinical experience. For example complex medical-surgical and/or critical care experiences are not available in a long-term care facility. Note, however, that both CNA and LVN programs can and do use long-term care facilities for a greater portion of their programs than do ADN programs.

- ◆ **Use of Clinical Preceptors**—In many ADN programs, the final clinical rotation includes a preceptorship, where finishing students are assigned to work longer hours (and more shifts per week) along side a registered nurse employed by the agency. A clinical preceptor is an RN working in the field who has volunteered to serve as a mentor for a student. They are usually not paid and have had some training in the role of a preceptor. Preceptorship experiences have been used to facilitate the transition from student nurse to graduate nurse. Increasingly, it is becoming more difficult to find nurses who are willing to assume this role because of the additional responsibility it places on them at a time when patient acuity has increased and many hospitals are using large numbers of “traveling nurses” who also require mentoring and supervision by the regular staff. There is high burnout in this role as preceptors are carrying their full nursing-patient load and trying to help a student learn at the same time. Colleges may not be able to use the preceptorship model as its preferred option for the final clinical rotation in many settings.
- ◆ **Evening and Weekend Clinical Rotations**—Many programs use evenings and weekends to maximize clinical placement; however, faculty members who must be present during rotations are not always eager to work those shifts because, unlike the pay-rates within the service setting, community colleges do not pay a differential rate for working non-routine shifts. Also many long-term faculty members feel they have done their “time” on those shifts while they were in the workforce. For LVN and CNA programs, there are specific mandated hours that must be completed within various clinical rotations; however at the ADN level, there are no limits set by accrediting agencies on the time of day or days of the week for clinical rotations. Although specific time periods are not specified, some of the required clinical experiences are primarily available only during the daytime hours.
- ◆ **Distance to Clinical Sites**—In an attempt to locate appropriate learning experiences for students, some programs use clinical sites that are a considerable distance from the home campus. Such travel potentially places additional demands of time and transportation costs on both students and faculty; however, it is generally viewed by faculty and accrediting organizations as something that needs to be done to ensure appropriate learning opportunities.
- ◆ **Use of Simulations in Campus Laboratories**—Recently, sophisticated mannequins have been developed that can create realistic learning experiences within a campus laboratory. Although very expensive (approx. \$30,000 each), these mannequins may provide an alternate avenue for teaching clinical content in a simulated setting, while simultaneously better preparing students

for subsequent real-life experiences in the clinical setting. At the same time, additional faculty time is required to develop scenarios for these learning experiences.

**Possible Remedies Proposed by Task Force** (*remedies are the views of the Task Force and inclusion here does not indicate endorsement by the Academic Senate*):

- ◆ Increase funding to provide a higher wage for faculty who work the evening, night, and weekend clinical rotations, similar to that of nurses employed within a hospital. While such funding would have implications for bargaining units and would require negotiation if received by the college as part of its general revenues, other creative means for remuneration might be investigated.
- ◆ Support faculty development activities and innovation in the exploration, implementation, and evaluation of alternate teaching/learning modalities that have the potential to enhance learning.
- ◆ Increase funding for colleges to acquire new instructional equipment (e.g., mannequins, simulators) and to update existing equipment and support for use in on-campus clinical simulations.
- ◆ Encourage faculty to base curriculum design, teaching/learning strategies, and evaluation methods on research, particularly research derived about other instructional modalities.
- ◆ Provide funding for staff in clinical simulation laboratories to assist with such tasks as preparing clinical scenarios, scheduling use of the lab, and maintaining the equipment.

## 5. **WHY DO STUDENTS LEAVE NURSING PROGRAMS? WHY IS THERE SUCH A HIGH ATTRITION RATE? WHAT IS THEIR COMPLETION RATE?**

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**Issues being raised by outside groups:**

- ◆ Students can't meet the academic rigor
- ◆ Students have demands outside the classroom
- ◆ Admission policies are too lenient
- ◆ Students don't see opportunities for advancement

**Response by Task Force:**

- ◆ **Attrition from Nursing Programs**—As indicated in the discussion of earlier questions, the reasons for attrition from nursing programs fall primarily into three categories: academic and/or clinical failure, work/family responsibilities,

and financial problems, which may clearly be driven by or impact the other two. Many students who withdraw voluntarily from nursing programs do so in the first year when they discover that nursing is much harder than they thought. This is particularly worrisome considering the amount of pre-nursing coursework students have completed and the length of time they had to wait before entering a program. (See earlier discussion regarding lack of understanding of the academic rigor and demands of clinical nursing [Question #1] and factors influencing attrition [Question #3] for more detail.)

- ◆ **Completion Rates**—Board of Registered Nursing data indicates that completion rates in associate degree nursing programs for 2003-2004 were approximately equal to initial enrollments in ADN programs according to ethnicity and gender with two notable exceptions: Asian students comprised 10% of the students enrolled, but only 8% of the program completers and for Filipino students there was a 1% decrease between students enrolled and those completing programs; on the other hand, the ratio of enrolled and completers for African American students rose slightly from 8% to 9% (BRN, 2005). Students for whom English is their second language may experience language processing deficits similar to students who have learning disabilities (Colorado Department of Education, 1999 and 2001); Schwarz, (2000); however these students generally are not eligible for additional testing time. This is particularly common with Asian students who may have language processing difficulty if they originally learned to read from right to left rather than from left to right (Candliss, 2002).
- ◆ **The Associate Degree Nursing Model Prerequisites Validation Study**  
 –As the nursing shortage has become more acute, concern over rising attrition rates among students enrolled in ADN programs prompted the funding of *The Associate Degree Nursing Model Prerequisites Validation Study* (Phillips, 2002) by the Center for Student Success. This study has been widely cited as a justification for the raising of admissions requirements to nursing programs. So it seems important to summarize the study here for those who have not read the full study.

The goal of that study was to analyze selection methods and their relationship to program completion using a retrospective longitudinal design based on data collected from the California Community College System Office over a five-year period (1994-95 through 1998-99), and from that analysis, develop a prediction model for successful completion of ADN programs. The study confirmed that “success rates for ADN students decreased from about 82% in 1994-95 to about 73% in 1998-99.” Examining approximately fifty variables, the study found that “four factors rose to the top of the class in the prediction model; Overall College GPA, English GPA, Core Biology GPA (Anatomy, Physiology and Microbiology);

*“Inasmuch as the mission of California community colleges continues to support open access, the Academic Senate cautions that the study parameters may not work for all colleges.”*

and Core Biology repetitions (the number of times a student repeats any of the core biology courses).”

The study found that higher grades in the core sciences increased program completion rates, but potentially there would be a disproportionate impact on the diversity of students admitted to programs. “Differential success rates demonstrated that not all students enter ADN programs equal to their proportions in the state population.” The study further demonstrated that by applying a cut score of 70% to the cohort of students in this study, the completion rate for students of all ethnic populations actually increased from 77% to 81%. While the results of this study potentially impact access, Phillips, et al. suggest that if equity is to be achieved, greater emphasis should be placed on better “preparation and success of students in the sciences, particularly the core biology sequences.”

Inasmuch as the mission of California community colleges continues to support open access, the Academic Senate cautions that the study parameters may not work for all colleges. The California Community College System Office has issued an advisory on the use of the study (California Community College System Office, 2003a) and programs planning to initiate local validation of admission criteria are encouraged to refer to that advisory.

**Possible Remedies proposed by Task Force** (*remedies are the views of the Task Force and inclusion here does not indicate endorsement by the Academic Senate*):

- ◆ Promote the Appropriate Use of Terminology to Facilitate Discussion—One issue that impedes the ability of the segments and policy-makers to discuss the challenges facing nursing programs is the lack of established, shared, and consistently-used terminology. Terminology for each segment must be used appropriately and made clear to policy-makers.
  - ◇ The term **prerequisites** is generally inappropriately used with reference to the community college system to indicate a course or assessment that must be completed to be eligible for acceptance into a nursing program. The correct term is **enrollment criteria**. A **prerequisite** is simply a required

course, often in a sequence, that must be taken prior to a subsequent course (not program). Both **enrollment criteria** and **prerequisites** must be validated.

- ◇ The term **co-requisite** has several meanings in the community colleges, so its use must always be clarified. In general usage, a **co-requisite** is a course that must be taken concurrently with another. In nursing programs, there are two other more specific meanings. One refers to non-nursing courses, such as psychology, sociology, or communication, that must be completed to satisfy nursing accrediting agencies. The second refers to nursing courses, such as a clinical rotation, that must be taken with a designated portion of a nursing program.
- ◇ CSUs generally use the term **admissions criteria**, while the community colleges use **enrollment criteria**. By law, community colleges are more restricted in the criteria they can establish for admissions to nursing programs.
- ◇ **General Education requirements for transfer or a degree** are specific to the institution and often reflect community values, the institution's mission statement, and other external requirements. Each community college expresses its local concerns in a slightly different version of a GE patterns/package, as do many of the CSUs.
- ◆ **Implement Enrollment Criteria**—The following recommendations emerged from the Intersegmental Major Preparation Articulated Curriculum (IMPAC) project in response to AB 2314, which stated that IMPAC recommendations would become mandatory for community college nursing programs. Note that the following recommendations stress that prerequisites and enrollment criteria must be validated locally and that a nursing program may have other criteria/prerequisites if validated.
  1. Generic community college ADN programs should adopt these four courses to enhance student success, with a grade of "C" or better in each course, per BRN requirements: Anatomy with a lab (CAN BIOL 10) 4 units, Physiology (CAN BIOL 12) 4 units or total 8 units combined A & P, Microbiology 4 units minimum with a lab, and English 3 units (CAN ENG 2 or meets Area A2 of CSU). We recognize that all prerequisites must be validated, per matriculation regulations and Title 5;
  2. If locally validated, programs shall adopt: a GPA of 2.5 in the four core prerequisites (3 biology courses and one English) with no less than 2.0 in any and competency in Elementary Algebra (achieved through a class, assessment, or validated competency by testing out of the requirement); and

3. Additional validated criteria may be used in the enrollment process for individual ADN programs.

◆ **Implement Recommendations of the ADN Model Prerequisites**

**Validation Study, Where Feasible**—Provide support and funding to local districts and campuses to implement the results of the study without generating an adverse impact and to explore and develop strategies to assist prospective students in meeting the required prerequisites for admission to ADN programs. Colleges that have changed enrollment criteria and evaluated the effects of such a change should share data.

The Academic Senate strongly urges cautious use of the ADN Model Prerequisites Validation Study because of the possible impact on diversity for some campuses, the limitation of access, and the lack of guidance in how to help promote diversity by supporting students in the successful completion of enrollment criteria. This is reflected in a resolution adopted by the Academic Senate in Fall 2003. The Academic Senate also shares the concern expressed by nurses in many forums that enrollment criteria often screen out exactly those students with the best chance of succeeding in the field because of their people skills.

**21.02 Chancellor’s Advisory on Associate Degree Nursing Programs**

*Whereas, Access, equity, and opportunity for all students are values central to the California community college mission;*

*Whereas, The 2002 Associate Degree in Nursing (ADN) study, conducted by the Health Care Initiative Project, noted that by applying the suggested criteria for admission to nursing programs some student groups maybe impacted disproportionately;*

*Whereas, The field of nursing needs nurses from diverse backgrounds but many students from historically under-represented groups are academically high-risk; and*

*Whereas, Early intervention with student support services such as mentoring, tutoring, and study skills instruction can increase the success of students in their nursing prerequisites;*

*Resolved, That the Academic Senate for California Community Colleges strongly support the use of student support services such as mentoring, tutoring, and study skills instruction as early interventions for students in their prerequisites for an Associate Degree in Nursing (ADN) to increase their academic success*

The Academic Senate also stresses the need for local validation should colleges decide to follow the recommendations from the study.

- ◆ See Remedies under Question #1 for additional discussion of factors that may impact retention.

## **6. ONCE STUDENTS COMPLETE THEIR STUDIES AND ENTER THE PROFESSION, WHY DO SO MANY NURSES LEAVE WITHIN A SHORT PERIOD OF TIME?**

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### **Issues being raised by outside groups:**

- ◆ Wages and working conditions
- ◆ Returning to School for Additional Training

### **Response by Task Force:**

- ◆ **Reasons for Leaving Nursing Positions**—The California Board of Registered Nursing RN Employer Survey published in December 2004 was conducted to “identify difficulties in recruiting and retaining RNs, best practices that have resulted in reduction of workforce issues, and recommendations for changes needed to resolve nursing workforce issues” (Sechrist, 2004). Although the reasons most frequently cited by nurses for leaving an employer were “personal” and “employer incentives elsewhere,” followed by “retirement,” further examination of the data from that survey suggests that other issues also impact retention of nurses. Those factors include: Facility/agency characteristics (e.g., location/type), Family/living issues (e.g., cost of living/housing), RN characteristics (e.g., aging workforce, commitment/competency), and Staffing/Workload (e.g., shortage of RNs, workload, paper compliance). Analysis of data from a similar national survey of nurses identified stagnant wages and low levels of job satisfaction as major impediments to nursing retention (Sochalski, 2002).

The California BRN study also examined differences between hospitals with high vacancy rates and those with lower vacancy rates. They found that facilities with high vacancy rates (18% and above) reported that more nurses left because of “job dissatisfaction” and for “employer incentives at another facility.” Those facilities also indicated that they used more “travelers” and/or more “agency nurses.” Hospitals with lower vacancy rates (less than

*“Hospitals with lower vacancy rates (less than 5%) reported that nurses at all levels were involved in quality improvement processes and had greater “autonomy” in their practice.”*

5%) reported that nurses at all levels were involved in quality improvement processes and had greater “autonomy” in their practice. The overall statewide “hospital RN vacancy” rate at the time of the survey was 11% with a range from 0% to 35% (Sechrist, 2004).

In 2004, the California BRN also published a *Survey of Registered Nurses in California*, cited earlier. The purpose of that study was to “collect and evaluate nursing workforce data to address the nursing shortage and workplace issues” (Fletcher, 2004). Nurses with active licenses in California (whether living in the state or out of state) and RNs whose licenses had become inactive or lapsed during the previous two years were targeted for this study. The original sample included 8,000 nurses with active licenses and 3,000 nurses with lapsed or inactive licenses. A variety of factors was examined, including demographics, educational preparation, work setting, part-time vs. full-time, income levels, job satisfaction, and future plans. An interesting and also alarming finding is that “California has an aging middle-aged workforce with over three-fourths (77.2%) of the state’s RNs aged 40 or older and almost half (46.6%) aged 50 and older. Similarly, the average ages of graduation and initial licensure have increased in 2004 to 27.1 and 30.9, respectively. Both factors suggest that the current nursing shortage is here to stay and may even worsen, unless additional younger individuals can be attracted to enter the profession. California also is highly dependant on nurses educated in other states and countries, with only 55.2% of the working RNs having been educated in California schools.

The remainder of this discussion will focus primarily on job satisfaction and future plans. Using a five point Likert-type scale (with 1=very dissatisfied and 5=very satisfied), study participants rated thirty (30) variables and their level of satisfaction with each. Interestingly, overall job satisfaction was 3.92, which is slightly higher than a similar study completed in 1990 by the California BRN. Highest satisfaction ratings were reported for: “Interactions with patients (4.27), Feeling that work is meaningful (4.08), Opportunities to use skills (3.98), Work schedule (3.98) and Job security (3.97).” Lowest satisfaction ratings were given to: “Amount of paperwork required (2.67), Involvement in policy and management decisions (2.98), Support from nursing administration (3.08), Non-nursing tasks required (3.09), and Adequacy of RN staffing (3.12).” While many

of these factors need to be addressed directly by employing agencies, recent federal and state legislation that established requirements for documentation in both homecare and long-term care agencies, has increased the amount of paperwork required in those settings.

Nurses who had had a break in their employment status for more than one year, cited childcare responsibilities (60.4%) and moving to another area (29.2%) as their reason for leaving employment. Nurses who had allowed their licenses to lapse or become inactive were asked to rate the importance of sixteen factors as possible reasons for having left the profession. The top five reasons cited were “stress on the job, retirement, other dissatisfactions, family responsibilities, and dissatisfaction with the nursing profession.” Nurses who currently hold active licenses, but were not working at the time of this survey indicated similar reasons for not working, although the order of their responses was slightly different. Finally, the nurses who are currently licensed but not working were asked to rate the importance of twelve factors in encouraging them to return to work as RNs. Factors rated as important or very important by this group were: “support from nursing management, flexible work hours, support from other RNs, salary and benefits, adequate support for non-nursing tasks, newly adopted staffing ratios, and availability of re-entry programs.”

In reviewing this data, it is apparent that there are numerous factors in the work setting that affect nursing retention. As results of these and other studies are reviewed by nursing staff and administrators in a variety of healthcare settings, the data can be used to institute changes that will either keep nurses from leaving the profession or entice them to return to it. In turn, the immediate demands for new nurses may recede a bit, and the nursing profession and healthcare industry could benefit from the wealth of knowledge, skill and professional expertise of its experienced nurses with longevity.

- ◆ **Returning to School for Additional Training**—A number of creative options for students who wish to pursue a career in nursing after having earned a baccalaureate degree in another discipline have been initiated over the past several years. For example, some colleges and universities offer programs where students who have completed the required science courses are enrolled in an intensive twelve to eighteen month clinical component and upon successful completion are awarded either a baccalaureate or master’s degree in nursing. Similarly, some programs admit registered nurses who have an associate degree in nursing directly into a master’s program in nursing, without requiring a baccalaureate degree prior to entry. Studies demonstrating the degree of success for students entering either of these accelerated options may provide additional information to be used in counseling students and/or potential applicants to ADN programs who either are waiting for admission to an

impacted program or wish to continue their education in nursing. These options may also aid retention of nurses in the profession by easing the burden that is caused when they must leave a position to return to school.

**Possible Remedies Proposed by Task Force** (*remedies are the views of the Task Force and inclusion here does not indicate endorsement by the Academic Senate*):

- ◆ **Work Toward Reducing Staff Turnover**—Nursing turnover is expensive for employing agencies and can be costly for individual nurses in terms of both physical and psychological drain. Employing agencies should be encouraged to monitor factors affecting turnover and seek ways to reduce them. Funding support for grants and projects to develop innovative ways to reduce turnover is encouraged. A project involving nurses in five midwestern states described one approach to collecting and analyzing nurse workforce data to improve the practice environment while simultaneously reducing retention (Cooksey, 2004).
- ◆ **Fund Ongoing Studies by the Board of Registered Nursing**—As recommended by the California Strategic Planning Committee for Nursing Colleagues in Caring (2002), ongoing funding of the California BRN is needed to provide data on a continuing basis to direct policy related to an adequate supply of nursing personnel to meet the needs of the people of California. At the same time, the 2004 study cited has already identified a number of strategies to entice and retain students currently enrolled. These suggestions should be examined within the community college context and in collaboration with any partnerships they have developed.
- ◆ **Allocate Funds to Support Nursing Education Research**—As recommended by the National League for Nursing, federal and state governments, foundations, and other organizations should be encouraged to allocate resources to support research that will assist nursing faculty to engage in a community of peers to improve both nursing education and nursing practice (NLN, 2005a and 2005b).
- ◆ **Acknowledge and Express Appreciation to the Governor and the Legislature for Funding the Workforce Initiative Grant Options**—The Governor has dedicated \$6 million/year for five years to grants to improve student retention and success, address faculty recruitment and retention, and increase capacity. Nineteen colleges were awarded grants in a competitive process.

# Conclusion and Recommendations

In response to questions asked by legislators and others, this paper has presented an in-depth discussion of the current nursing shortage and the complex inter-relationships between factors influencing that shortage. The inclusion of possible remedies identified by community college nurse educators from across the state in this paper does not necessarily indicate endorsement by the Academic Senate. However, the Academic Senate has adopted positions on many issues germane to this discussion of nursing education in the community colleges, and those positions are reaffirmed here.

- ◆ Given the broad distribution and discussion of the *Phillips Associate Degree Nursing: Model Prerequisites Validation Study* and the attendant system advisory *Advisory on Use of "Model Prerequisites" for Enrollment in Associate Degree Nursing Programs*, the Academic Senate makes the following recommendations:
  1. That all campuses carefully apply the validation criteria to local enrollment criteria to ensure that access and diversity are not compromised;
  2. That all local programs perform local validation of enrollment criteria and their bearing on student success;
  3. That a future study be conducted that evaluates the descriptive and situational factors mentioned in the study.
- ◆ The Academic Senate reiterates the need for increased funding for student services, including counseling, tutoring, and financial aid, all of which are vital in assisting students to successfully complete enrollment criteria for nursing programs.
- ◆ The Academic Senate reaffirms its commitment for professional development funds for all faculty, with obvious application to the interdisciplinary conversations essential among nursing, English, ESL, biology and mathematics faculty.
- ◆ The Academic Senate reiterates the need for increased resources to collect data and perform analyses needed to clearly identify student needs and follow-up on student success.
- ◆ The Academic Senate reaffirms its support for a commitment from the state to well-paid full-time faculty positions in nursing and the longstanding 75:25 goal, necessary for the coordination of nursing programs and the support for students in those programs.
- ◆ The Academic Senate reaffirms its commitment to ensuring the broadest opportunity in nursing programs in order to graduate nurses that reflect the diversity of California.

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