

**HOW THE LACK OF HIGHER EDUCATION FACULTY  
CONTRIBUTES TO AMERICA'S NURSING  
SHORTAGE, PART II**

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**FIELD HEARING**  
BEFORE THE  
SUBCOMMITTEE ON SELECT EDUCATION  
OF THE  
COMMITTEE ON EDUCATION  
AND THE WORKFORCE  
U.S. HOUSE OF REPRESENTATIVES  
ONE HUNDRED NINTH CONGRESS  
FIRST SESSION

December 2, 2005 in Henderson, Nevada

**Serial No. 109-30**

Printed for the use of the Committee on Education and the Workforce



Available via the World Wide Web: <http://www.access.gpo.gov/congress/house>  
or  
Committee address: <http://edworkforce.house.gov>

U.S. GOVERNMENT PRINTING OFFICE

25-553 PDF

WASHINGTON : 2006

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## **HOW THE LACK OF HIGHER EDUCATION FAC- ULTY CONTRIBUTES TO AMERICA'S NURS- ING SHORTAGE, PART II**

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**Thursday, December 2, 2005  
U.S. House of Representatives  
Subcommittee on Select Education  
Committee on Education and the Workforce  
Henderson, Nevada**

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The Subcommittee met, pursuant to call, at 10 a.m. at the Nevada State College, Dawson Building, 1125 Nevada State Drive, Henderson, Nevada, Hon. Jon C. Porter presiding.

Members present: Representatives Porter and Musgrave.

Staff Present: Amanda Farris, Professional Staff Member.

Mr. PORTER. Good morning, everyone. Appreciate you being here. Before we begin the—before we begin the formal portion of the meeting, President Maryanski would like to say a few words, so I would like to turn it over to the president. And I must tell you, I'm very impressed. As you know, I'm a big fan of Nevada State College, and thank you for allowing us to be here today.

Mr. MARYANSKI. Thank you, Congressman, and welcome Congresswoman Musgrave. We're very pleased that everybody is here today. This is—first, let me welcome people who have not been to Nevada State College today. This is Nevada's newest and fastest growing higher educational institution.

You're looking at the right problem at the right time in the right place. As you know, Nevada has the greatest per capita nursing shortage in the country, and we have to address that here. It's critical to your future, to our economic development and the future of our children and grandchildren.

Also, we are at an institution in which nursing is our largest program. OK. Under the able leadership of Connie Carpenter. We've got 30 percent of our students who are in the nursing program, so we realize the importance. That's one of the reasons that Nevada State College was created.

And you are addressing the root of the problem and the faculty. If we don't have faculty, we don't have nursing students, and then we don't have nurses and no one is going to get their care. So you're at the right time and the right place and looking at the right topic.

I really appreciate you coming here. I hope you have a productive session. Unfortunately, I'm playing hooky from the Board of Re-

gents meeting, and I need to get back to that. But Chairman Whipple has excused me and has sent his greetings to everyone and his enforcement of this hearing. So I'm sure it will go very well.

Our co-host, Lois Becker, will be here for the entire meeting in case you have any questions about the college. Have I great session. Thank you very much.

Mr. PORTER. Thank you very much.

Appreciate it.

[Applause.]

**STATEMENT OF HON. JON C. PORTER, A REPRESENTATIVE IN  
CONGRESS FROM THE STATE OF NEVADA**

Mr. PORTER. I hope you can hear me OK without the microphone. Good.

Again, let me say thank you very much to the president and the faculty and the staff here at Nevada State College, to the Scorpions who I have, again, a great interest, having been involved from the beginning with Nevada State College and the Nevada legislature when it was only a dream, where today it's a reality.

And it's a wonderful reality, that dream that we had is now in place. It's a tremendous asset for our community. And, actually, the school in its infancy is growing by leaps and bounds. Like 14, 1500 student I guess now, and probably could take two or three times that if we had the space and had the faculty.

So my complements to the folks here at Nevada State College, and I feel like you're part of the family. So my congratulations to everything that you have accomplished.

And on the issue of today, I must say that Dr. Carpenter and my office and I have been working closely for a number of years, and, Doctor, thank you for educating me and spending so much time. I know your love of the profession, of the school, and of the community has been an inspiration for me. And as we—we hear statistics, and the doctor mentioned numbers, there's a shortage in Nevada. It's of crises proportion, the fact that we have a shortage of nursing professionals, health-care professionals.

You know, I hear different numbers all the time. Close to a thousand or more are short today in the community of Nevada. I had the good fortune of sharing my concerns with a good friend, Marilyn Musgrave, who is a member of Congress from Colorado. We've been talking about this and working on this issue together for almost 3 years. So we had an opportunity to talk in Greeley, Colorado, on Wednesday with the Congresswoman in her district, University of Northern Colorado.

And I said at numerous times that we could compare notes. You could just change the name of the state and the crises, because it's almost identical.

And we were able to receive really strong feedback to help us as we move forward in Colorado. It was a very windy day, and as I was telling my colleague, the wind blows in Nevada, also.

But it's a very serious problem. And a lot of Members of Congress and the eastern U.S., they look at things differently. They have established structures and systems, and they're not necessarily even looking for facilities. They have a different perspective. So as a Member of Congress from, you know, the fastest if

not—one of the fastest growing states in the country, we really do share some challenges with other parts of the country, but certainly the growth areas of Florida and Texas and the Southwest have a bigger challenge.

But we expect to be short about 800,000 nurses in the next 15 years. 800,000 nursing professionals. Imagine. And we're short today. But can you imagine what impact that's going to have on our quality of life in this country.

Now, as I said, with the fastest growing state at seven, eight, 9,000 people a month, with a shortage today of health-care professionals, with a shortage of teachers in the elementary and primary school, another big challenge for us, a lot of the challenges for health care are actually paralleled in the primary and secondary education.

So as we look at solutions today for the nursing shortage, we can't lose sight, a lot of this has to do with educating our kids in the primary, secondary level, also.

So as Dr. Carpenter and I and Marilyn Musgrave, our Congresswoman from Colorado, have been chatting through the years, we realize there's a number of areas that need to be addressed when it comes to encouraging students and individuals to get into the nursing profession. There's a recruiting piece that's a challenge. There's a retention piece, keeping trained and qualified nurses in—excited about the field.

There's a challenge in pay and benefits for nursing professionals. There's a huge challenge when it comes to benefits and pay for someone to leave the practicing nursing field to become a faculty member.

We had testimony in Colorado that in some cases, 20 or \$30,000 difference in the possible reduction in income for someone to leave the practicing side of nursing to go into the faculty side, so that's a huge concern for us.

But as we look at this issue from top to bottom, I know we have a lot of work to do, but I also applaud the industry, because it's unusual to have so many professionals in one field that really are working in the same direction. And there's a real spirit of cooperation between the hospitals, the doctors, the nurses, the—the whole infrastructure system. There's a spirit of cooperation, unlike most issues that we have to deal with. There's unusually this divide and conquer for some issues when it comes to DC and the political process.

But I applaud all of you in the industry, because I think you all realize that we have some very, very serious challenges. But I really think we're in our infancy. And the success is going to continue what you have started, and that's that working together with the—the state workers are always impacted by health care.

Now, we have a lot of work to do. Marilyn and I have worked on some legislation, and it passed recently. To help nursing students, up to \$17,500 now can be eliminated from their debt for a nurse to get an education in the nursing field. There's also additional funds now available up to \$5,000 to help nursing professionals waive some of their tuition fees.

So there's a lot of things that are happening from the Washington level. Marilyn has worked hard, but I also—I believe from

the bottom of my heart that as a Member of Congress, you didn't elect me to be the president of Nevada State College, and you didn't—you didn't elect me to replace Dr. Carpenter. You elected me and Marilyn to provide as much support and direction as we can to allow local communities, the local schools, and the local professionals to make the decisions that they need.

So the meeting today, although broad in its scope because of the impact on the community and certainly from recruiting to training to retention to benefits, all of those things overlap and are a piece of this. But we want to make sure that today we focus on what we can do to get the faculty. And as we look at the science of this over and over again, we've determined that we can build some schools and we can recruit new students, but there is a really a problem getting faculty nationwide. To encourage the career path for the nursing professionals to know that once they enter the field, that it doesn't have to just be about practicing as a professional nurse, but also that there may be another step for them in the future, and that would hopefully be as a faculty member of an institution, whether it be private sector or public.

And we both have—we have private and public schools here in Nevada that are doing a tremendous job what the tools that they have. So multiple things: We want to make sure the nurses see this as a career path, make sure that they're paid properly as a practicing nurse, but also as faculty.

But today we're going to hear from some of the experts.

And before I move on and allow my colleague to have an opening statement, I'd like to acknowledge that one of the newest members of the community of nursing educators in Southern Nevada is Touro University, and it's my belief that the masters of nursing offered by Touro will help complement the nursing program.

So are there folks here from Touro.

Welcome. We appreciate you being a part of this. There is plenty of business to go around. We want to make sure that we continue in our partnership, so welcome.

And having said that, I'd like to formally introduce my friend, a Member of Congress from Colorado, Marilyn Musgrave. And welcome to Nevada. Appreciate you being here.

[The prepared statement of Mr. Porter follows:]

**Statement of Hon. Jon C. Porter, a Representative in Congress from the State of Nevada**

Good morning. Thank you all for joining us for this hearing to examine the causes and possible solutions to address the shortage of qualified nursing faculty at our nation's institutions of higher education. I'm pleased to welcome all of our witnesses here today. I appreciate you taking time out of your busy schedules to appear before the Subcommittee. I am also glad that those of you in the audience were able to attend.

As many of you know, according to the American Association of State Colleges and Universities, by 2020 experts believe there will be a national shortage of more than 800,000 registered nurses. The National League of Nursing estimates that more than 125,000 qualified applicants were rejected by nursing programs in the 2003–2004 academic year. The shortage of nursing faculty is one of several factors that are most commonly cited as reasons behind this trend.

This problem is even more severe in Nevada than in some other states. In fact, according to the U.S. Department of Health and Human Services' National Center for Health Workforce Analysis, Nevada's projected shortage of nurses will increase from 11% in 2000 to 27.5% in 2020.



While I am troubled by the magnitude of this problem, and its impact on Nevada I am also hopeful that the testimony we hear today will provide us with some additional insights as to what can be done to address the issue. I look forward to hearing more from our witnesses about the challenges the State of Nevada is facing and what is being done to find solutions.

I believe that this national crisis must be confronted with coordinated efforts at the federal, state, and local levels. While the federal government must work harder to provide the resources to enhance the ability to train nurses, state and local governments, as well as private entities, will play a major role in reversing the declines in the nursing workforce. The national health implications of this dilemma are too serious, and the cost to patients too great to remain inactive. We must continue to look to build relationships and develop plans of action that will address these problems in a comprehensive manner. Through hearings like this, and the continued efforts of schools of nursing, we can educate Members of Congress as to how we can best overcome these issues.

I'd also like to take this opportunity to thank Congresswoman Marilyn Musgrave for her interest in this issue, and her willingness to come to Nevada's 3rd Congressional District to discuss it further. I look forward to working with her as we continue to examine what can be done at all levels of government to address the shortage of qualified nursing faculty.

Again, thank you for joining us today to provide your valuable insight into this most important issue. I look forward to continuing our work to alleviate the pressures currently being placed on the nursing workforce.

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**STATEMENT OF HON. MARILYN N. MUSGRAVE, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF COLORADO**

Ms. MUSGRAVE. Thank you. I was very grateful that the wind was blowing and there was a little dirt in the air. It was a beautiful day in Colorado when we were in Greeley, very cold and windy.

We kind of all blew in the room and tried to settle down a little bit before it started.

But I'm happy to be here today. Like Jon, I have a—I was in the state legislature before I went to Congress. I was there 8 years, and we talked a lot about the nursing shortage, what we were going to do about it. We talked about the demographics that we're all very familiar with. Being a baby boomer, it's near and dear to my heart, wondering how we're going to be taken care of as our health care needs increase.

And, you know, at that time we weren't talking about a shortage of faculty, qualified teachers for people coming into the nursing profession. We were much more emphasizing recruiting them. We were going different things like loan repayment assistance. Part of my district is Front Range in Colorado where there's tremendous growth, and the rest of it is out in remote, rural areas.

Well that, of course, poses unique challenges in attracting health-care providers. So we worked on all of those things diligently, and then it started becoming apparent that to me, even more disappointing than not attracting people into the profession, we were turning people away because we did not have adequate faculty. To me, that's even more tragic. If you chose another career path, that's one thing. But if you want to be a nurse and you're not accepted because there's not enough faculty, that is just tragic.

And I really am of the opinion that nurses really have a call on their life. It's a profession that is extremely demanding. You know, and as you look at what the situation is now when people go into hospitals because of a number of reasons, they go in more acutely

ill. The demand on the nurse is much greater than it was in previous years.

So I believe you have to have a call on your life to have the job satisfaction to stay in the profession. And I find it just amazing that now we find ourselves turning people away when the need is ever increasing. And I really believe the expectations for people—from patients are even higher for quality health care.

So we have a tremendous problem here, but when we have these kinds of problems, there's no simple solution, but there are very appropriate strategies that we should look at, and I look forward to the testimony today.

And like Congressman Porter said, there are striking similarities between Nevada and Colorado with our states facing very, very similar situations. So I look forward to the testimony. I'm happy to be here today in a facility where good education is going on and, Jon, I commend you for your efforts in this area.

Thank you.

[The prepared statement of Mrs. Musgrave follows:]

**Statement of Hon. Marilyn N. Musgrave, a Representative in Congress from the State of Colorado**

Good morning. Thank you all for being here today. I would like to extend my appreciation to Congressman Jon Porter for inviting me to Nevada to learn more about this urgent matter. He has been a leader on this issue and I am grateful for his insight this morning.

Our country is confronting a nursing shortage that will have a significant impact on the health care in our country. Last year, the U.S. Bureau of Labor Statistics projected that more than one million new and replacement nurses will be needed by 2012.

According to a 2002 health report, 44 states are expected to have shortages of registered nurses by the year 2020.

In Colorado, the state where I am from, the lack of registered nurses is twice the national average. The nursing shortage in our state is currently estimated to be 11 percent short of demand, and is expected to nearly triple, to 30 percent, by 2020 if current trends continue. This is a growing problem that demands our urgent attention.

Demand for nurses is projected to increase as population grows, baby boomers enter retirement, and medical advances extend life span. In contrast, the supply of nursing professionals is expected to decline as the number of nurses leaving the profession exceeds the number that enter.

What many Americans do not realize is that this shortage is not simply a matter of inadequate enrollment in nursing programs. Thousands of qualified applicants to graduate nursing programs are turned away each year because there is a shortage of graduate-level nursing faculty.

A report by the American Association of Colleges of Nursing (AACN) shows that US nursing schools turned away 32,797 qualified applicants from baccalaureate and graduate nursing programs in 2004 due to insufficient number of faculty, clinical sites, classroom space, clinical preceptors, and budget constraints. More than 2600 applicants were turned away from nursing programs in Colorado in 2003.

Three quarters (76.1%) of the nursing schools point to faculty shortages as a reason for not accepting all qualified applicants into nursing programs. This academic year (2005–2006), 66% of nursing schools report that they have vacancies and are in need of additional nursing faculty to meet additional demand.

Colorado's shortage of qualified nursing faculty at its two-year nursing schools is three times the national average, and nearly double the national average at its four-year schools.

We anticipate this faculty shortage to escalate in the next decade due budget constraints, increased job competition from clinical sites, and the retirement of a "graying professoriate" of nursing faculty.

A wave of faculty retirements is expected within the next ten years. Between 200 and 300 doctorally-prepared faculty will be eligible for retirement each year from 2003 through 2012.

I am anxious to hear the testimony from our witnesses today. I am very proud of the collaborative efforts in Colorado to address the nursing faculty shortage. Colorado educational institutions and health care providers are working together to pursue strategies to strengthen faculty recruitment and retention.

It is my hope that we can identify some strategies to address the faculty shortage in our country. I welcome your insight so that we may work together to prepare a nursing workforce that is prepared to meet the health care needs of the nation.

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Mr. PORTER. And I—we, of course, have some rules we need to follow since this is a formal hearing with the Members of Congress, a Subcommittee on Select Education, Subcommittee Hearing. And I'd like to ask that we have unanimous consent for the hearing record to remain open 14 days for all members, statements, and other extraneous material referenced during the hearing to be submitted to the official hearing record.

Without objection, so ordered.

What I just said was, please know that if you don't have an opportunity to speak today, there is limited time. And we have really narrowed our focus to the profession and faculty area today, but I realize that there is so much more that we need to have.

So for those of you here today, I encourage you to submit additional information. And if you could do that in about 14 days, that way it will become part of the formal record, which we would then be able to use as we continue our hearings in D.C.

And, again, to my colleague, I appreciate you mentioning the passion, and I applaud all of you that are in the field. Because in a society when, unfortunately, now everything is a 1-800 number, push a button, hopefully you get through, not only are we, of course, as patients and customers asking for more, because we're really missing that tender support of health care where 80 some percent has to do with relationship in the field. It's not a 1-800.

And to friends and all of you in the nursing field, we can't do it without you. We want you to be proud of your career. We want to make sure that you're paid well, your benefits are some of the best, and that we can find the best teachers.

So having said that, I'm going to introduce some of our panelists today. We're going to hear from Dr. Connie Carpenter. She's Nevada State College's Director of Nursing.

Dr. Carpenter earned an education degree at Oklahoma City University, Master of Science in pediatrics from the University of Oklahoma, same institution she earned her educational doctorate, educational leadership, and adult and community education.

Dr. Carpenter is a pioneer in developing distant learning, instructional nursing programs. She's also involved in providing accessible education to rural areas, dot, dot, dot, working closely with basic high schools with a health-care facility, one of the—to be, if not, one of the best to help some of our families, so I want to add that to your resume.

Next we'll have Ms. Sandy Rush. She's Assistant Vice President of Nursing at St. Rose Dominican Hospital. Ms. Rush earned her Registered Nurse Diploma, Master of Nursing Science, and Master of Arts and Management from the University of Phoenix. She began her career as a staff nurse at the Veteran's Administration Hospital in Beckley, West Virginia.

She's also currently a spokeswoman for the Nevada Organization of Nurse Leaders.

Next we'll have Dr. Carolyn Yucha.

Ms. YUCHA. Yucha.

Mr. PORTER. As professor and dean of School of Nursing at University of Nevada Las Vegas, Dr. Yucha earned her doctorate in philosophy and philo—

Ms. YUCHA. Physiology.

Mr. PORTER. Thank you.

Ms. YUCHA. Physiology.

Mr. PORTER. Yes, from the State of—this is before I've had a cup of Starbucks. It can only get worse.

Let's see, from the State University of New York Health Science Center in Syracuse, and most recently was associate dean for research at University of Florida, instrumental in helping in develop interactive distant education for nursing in Nevada.

I'd like to let you know that each are going to have approximately 5 minutes, and we will save our questions until you have had an opportunity to make your presentation. The advantage of a small group like this is that we will have an opportunity to—in a less formal setting to maybe have a little more interaction than we would if it were a larger hearing.

So let me again say thank you very much.

And, Dr. Carpenter, if you would please open.

**STATEMENT OF CONNIE STEWART CARPENTER, EdD, RN, DIRECTOR AND ASSOCIATE DIRECTOR, DEPARTMENT OF NURSING, THE NEVADA STATE COLLEGE, HENDERSON, NV**

Ms. CARPENTER. Thank you. I don't know if I need this or not, because I talk kind of softly, so I'll use it.

Thank you very much. I particularly want to thank my congressman, Jon Porter, for his hard work on the nursing shortage. I am Connie Carpenter, the director of nursing at Nevada State College.

Registered nurses, RNs, approximately 2.7 million trusted professionals, represent the largest health-care profession in American. They deliver primary, acute, and chronic care to millions of Americans daily. These nurses are involved in all practice settings including long-term care, home care, public health, and hospitals.

In 2004, the U.S. Bureau of Labor Statistics ranked registered nursing as an occupation with the largest job growth, projected that over one million new nurses and replacement RNs would be needed by 2012.

Correspondingly, the U.S. Will be rough ly 800,000 nurses short in 2020, according to the Health Resources and Services Administration or HRSA. This shortage calls for a significant and sustained increase in the number of RNs graduating each year and entering the workforce. The demand will not be met unless the approximately 1,500 schools of nursing nationwide have enough faculty, classroom space, clinical practice sites, and funding to expand enrollments.

Nevada has the most severe nursing shortage in the U.S. With 520 RNs per 100,000 population, well below the national average of 780, according to HRSA.

Our statewide hospital vacancy rate averages 13 percent for RNs in 2001. In addition, Nevada is the fastest growing state in the country. Its population has grown by 66 percent over the last 10 years, over five times faster than the national average of 13 percent.

Projections indicate Nevada will maintain this ranking for the next 25 years. Our state also has the fastest growing population of elderly retirees nationwide, further increasing the demand for health-care services. In order to care for the rapidly rising number of Nevadans, the Nevada Hospital Association has estimated that anywhere from 662 to 1,000 more RNs must be added each year to the state workforce.

To address the critical shortfall of RNs, our state legislature directed the Nevada System of Higher Education to develop a plan to double the enrollments at nursing schools. To date, the plan has funded 39 additional faculty positions and summer semesters for 2004 and 2005. Supplemental appropriations also were given to several nursing programs above the system formula. Necessary equipment was provided to expand clinical education, and nursing laboratories were renovated at two schools to make room for additional students.

Since the statewide plan was initiated in 2003, enrollments have jumped from 1,091 to 1,570 students at all entry level RN programs at our eight schools of nursing, and those are just the state schools. Four of these schools offer associate degrees in nursing and four offer baccalaureate degrees in nursing.

A new baccalaureate program will enroll its first class of nursing students at the University of Southern Nevada in January of 2006. Most of these future RNs are likely to remain in the state, since in the past Nevada has retained over 90 percent of its nursing graduates.

Nevada State College opened in 2003 and started its baccalaureate nursing program in 2004, a year earlier than planned. We are addressing the nursing shortage by adding a second admission period each year and creating an accelerated baccalaureate program that takes 12 months for a second-degree student to complete. Since May 2005, 64 nurses have graduated from Nevada State College, with 32 more scheduled to graduate in December.

Still, in Nevada and across the nation, schools of nursing are struggling to expand their enrollments, primarily due to the lack of nurse faculty. Schools need additional faculty to expand enrollment levels and expand entry level enrollments and meet the demand for well-educated RNs.

In a 2004 survey by the American Association of Colleges of Nursing, 75 percent of nursing schools cited a shortage of nurse faculty as the reason for turning away over 32,000 qualified students. And like the nursing shortage, the faculty shortage is only expected to intensify. Faculty age continues to climb, and many retirements are expected, while insufficient numbers of younger candidates are coming up to take their places.

Commonly required teaching credentials are a masters or a doctorate in nursing, but only 9.6 percent of RNs hold masters degrees and less than 1 percent hold doctorates. Moreover, nursing education requires close supervision with a high ratio of faculty to stu-

dents. The Nevada State Board of Nursing mandates a one to eight ratio for our state.

Faculty vacancies have been a significant obstacle for us at Nevada State College. We have been unable to hire faculty for one specialty area and just lost one of our full-time faculty to another local nursing program. Now we have six vacant faculty positions for 2006 fall. In spite of advertising for several months, we have received only two applications for these positions.

So we must rely heavily on part-time faculty. However, with few graduate prepared RNs in Nevada, it is difficult to recruit even for the part-time positions. The Community College of Southern Nevada, an associate degree in nursing program here in Las Vegas, has five current open faculty position.

To resolve our nation's nursing faculty shortage, we must all join forces, schools of nursing, employers, states, communities, and the Federal Government in a sustained, deliberate, and funded effort to increase the number of masters and baccalaureate care nurses becoming and remaining faculty. If not, it will be the patients that suffer, us will suffer.

Thank you for your attention. I look forward to any questions you may have.

[The prepared statement of Ms. Carpenter follows:]

**Statement of Connie Stewart Carpenter, EdD, RN, Director and Associate Professor, Department of Nursing, The Nevada State College, Henderson, NV**

Thank you, Mr. Chairman and members of the Subcommittee, and especially Congressman Jon Porter (R-NV) for your outstanding efforts on this issue. I am Connie Carpenter, the Director of Nursing at Nevada State College. I appreciate the invitation to testify before the Subcommittee and discuss how the shortage of nurse faculty contributes to our nationwide nursing shortage and affects associate degree and baccalaureate nursing education programs. It is important to note that registered nursing represents the largest health profession in the nation, with approximately 2.7 million dedicated, trusted professionals delivering primary, acute, and chronic care to millions of Americans daily across the spectrum of settings.

*The Nursing Shortage*

For six years, our country has been plagued by a shortage of registered nurses or RNs unlike any other experienced over the past 30 years. Most health care services involve RNs, who provide most of our nation's long-term care as well as the majority of patient care in hospitals. However, RN positions comprise 75% of all hospital vacancies, according to the American Hospital Association, and unfilled nursing positions persist throughout all health care sectors, including long-term care, home care, and public health. Hospitals are being forced to close entire patient care units; ambulances are being diverted to other overcrowded facilities; and surgeries are being cancelled due to the scarcity of appropriately educated and skilled RNs. The shortage is only expected to intensify over the next 15 years.

The U.S. Bureau of Labor Statistics (BLS) has projected by 2012, our nation will require an additional 1.1 million new and replacement registered nurses. BLS has ranked registered nursing as the fastest growing occupation. The U.S. will be roughly 800,000 nurses short in 2020, according to the Health Resources and Services Administration (HRSA), unless there is a significant and sustained increase in the number of RNs graduating each year and entering the workforce. These alarming predictions are coupled with little change in the multitude of contributing factors to the nursing shortage such as the aging of America's population, the aging nurse workforce, high numbers of RN retirements, and the increasing demand for more intensive health care services by chronically ill, medically complex patients.

Nevada has the worst nursing shortage nationwide per capita with 520 RNs per 100,000 population, well below the national average of 780, according to HRSA. The Nevada Hospital Association has estimated that at least 662 additional nurses will be needed per year from 2000 to 2008, over 5,000 total, to meet demand resulting from attrition and increased population growth.

*Bottleneck: The Nurse Faculty Shortage*

Without sufficient nurse faculty, schools of nursing cannot expand their capacities to educate new generations of nurses to meet the demand. Only through addressing the nurse faculty shortage will the overall nursing shortage be resolved. The faculty shortage is the primary barrier to increasing enrollments, cited by over 75% of the schools surveyed by the American Association of Colleges of Nursing (AACN) in 2004. As a result, at least 32,797 qualified applicants were turned away from schools of nursing in 2004, up sharply from 18,105 in 2003. Some of these qualified students are being placed on waiting lists that may be as long as two years.

Like the nursing shortage, the nurse faculty shortage is only expected to worsen with time. Faculty age continues to climb, averaging 52 years in 2004, which narrows the number of productive years nurse educators can teach. Significant numbers of faculty are expected to retire in the coming years, and there are insufficient numbers of candidates in the pipeline to take their places. On average, nursing students take 10.5 years to earn doctorates from time of entry into a master's program, 2.1 years longer than other disciplines. Over half, 53%, of nursing doctoral students are part-time. Exacerbating the situation is the limited pool within the existing RN workforce from which most nurse faculty can be drawn. According to HRSA, only 9.6% of practicing RNs hold master's degrees, and less than 1% (0.6%) hold doctorates, credentials commonly required to teach nursing.

Indeed, schools of nursing already are having difficulty filling faculty positions. In 2004, schools experienced an average of 3 faculty vacancies each in 2004, according to AACN's special faculty vacancy survey. Moreover, almost a quarter, 23%, of the roughly 410 individuals that graduate from nursing doctoral programs each year take jobs outside of academic nursing. Recruiting master's-prepared faculty is also a challenge as well because of the great disparity between clinical and academic salaries.

In Nevada, 89 qualified applicants were turned away in 2004 from baccalaureate nursing programs at Nevada State College and the University of Nevada, Las Vegas and Reno campuses.

Furthermore, at Nevada State College, we have been unable to hire faculty for one specialty area and have recently lost one of our full-time faculty to another nursing program in the area. We currently have six open positions for fall 2006; two are new positions. We have been advertising for several months and have received one application for the faculty positions and one application for the Assistant Director position. We also rely heavily on part-time faculty, however, with few master's prepared individuals in Nevada; it is getting much harder to recruit anyone for the part-time positions.

At the Community College of Southern Nevada, an associate degree program, they currently have 5 open faculty positions and have doubled their enrollment in the nursing program since the 2002–2003 academic year.

*Unique Challenges of Nursing Education*

Unlike other academic disciplines, nursing education faces some unique challenges. The primary pathway to professional nursing is the four-year Bachelor of Science in Nursing degree (BSN). RNs are prepared either through a BSN program, a two- to three-year associate degree in nursing program, or a three-year hospital training program. The number of diploma programs has declined steadily—to less than 10% of all basic RN education programs—as nursing education has shifted from hospital-operated instruction into the college and university system. There are approximately 1,500 schools of nursing in the U.S., with eight in Nevada and two new programs beginning in the spring of 2006. In order to practice, an RN must pass the National Council of State Boards of Nursing exam and hold a valid state license.

Baccalaureate nursing programs encompass all of the course work taught in associate degree and diploma programs plus a more in-depth treatment of the physical and social sciences, nursing research, public and community health, nursing management, and the humanities. The additional course work enhances the student's professional development, prepares the new RN for a broader scope of practice, and provides them with a better understanding of the cultural, political, economic, and social issues affecting patients and influencing health care delivery.

Throughout the last decade, policymakers have recognized that education makes a difference in providing safe and appropriate patient care. To meet the more complex demands of today's health care environment, the National Advisory Council on Nurse Education and Practice has recommended that at least two-thirds of the basic nurse workforce hold baccalaureate or higher degrees in nursing by 2010. In 1980, almost 55% of employed registered nurses held a hospital diploma as their highest educational credential, 22% held the bachelor's degree, and 18% an associate degree.

In comparison, now 43% of RNs possess baccalaureate or higher degrees, with the remaining prepared with an associate degree (34%) or diploma (22%). Efforts to enhance the education level of the nursing population are hampered by the fact that very few nurses prepared in associate degree programs continue their education once they begin working. According to the latest survey conducted by the U.S. Department of Health and Human Services, only 16% of associate degree-prepared nurses obtain post-RN nursing or nursing related degrees. Nevada is one of several states to have articulation agreements in place between community colleges and four-year institutions to facilitate the advancement of RNs with diplomas and associate degrees into baccalaureate nursing programs. Nevada State College currently has over 50 RNs enrolled in the RN to BSN program track. The baccalaureate degree is required for the nurse to continue on for a master's or doctorate in nursing.

For colleges and universities, nursing education is both faculty and resource intensive since these efforts ensure the safe teaching of nursing as a practice discipline. Schools require sophisticated laboratory equipment, computer software, and simulated hospital units to adequately instruct students. Nursing clinical instruction, as practiced today, is expensive since it is traditionally accomplished in small groups of students with close supervision, with a high ratio of faculty to students (1:8 in Nevada as mandated by the Nevada State Board of Nursing). This is because the learning experience includes assuming responsibility for caring for up to four or five patients per student. In addition, faculty must have education and expertise in the specific specialty area in which they supervise students. Therefore, even schools with small student enrollment require multiple faculty experts to represent applicable specialties and to directly supervise learners as they provide care to human beings.

#### *Colleges of Nursing Respond*

In response to the nursing shortage, schools of nursing nationwide have been working diligently to expand enrollments. In fact, AACN found in a recent study that enrollments increased in 2004 by 15.5% for entry-level baccalaureate, master's, and doctoral nursing programs over the 9.1% increase experienced in 2003. These increases are attributed to intensive marketing efforts by the private sector, public-private partnerships providing additional resources to expand capacity of nursing programs, and state legislation targeting funds towards nursing scholarships and loan repayment.

While impressive, these increases still cannot meet the demand. In the November 2003 issue of *Health Affairs*, Dr. Peter Buerhaus reported that nursing school enrollments would have to increase by at least 40% annually just to replace those nurses who retire, due to declining numbers of young RNs over the past 20 years. In spite of protracted efforts by colleges nationwide, AACN found that enrollments have increased only by a total of 53.5% over the last five years in entry-level baccalaureate programs.

#### *Potential Solutions*

There are several types of possible remedies to the nurse faculty shortage from the federal perspective, from within nursing education, and through community-based efforts. The federal government plays an active role in supporting the creation of nurse faculty through a number of loan, scholarship, and grant programs. Thanks to Congressman Porter, there is at least one new source of support for nursing education, the Graduate Assistance in Areas of National Need (GAANN) Program. Due to his efforts and that of his colleagues, the Secretary of Education designated nursing for the first time ever as "area of national need" under GAANN, allowing schools of nursing to apply for fellowships for outstanding doctoral students with financial need. The other is the possibility of extending educational loan repayment under the Higher Education Act to nurse faculty, practicing RNs, and others serving in public sector positions through the successful Porter-McCarthy Amendment to the College Access and Opportunity Act of 2005 (H.R. 609).

However, the primary source of support for nursing education is Title VIII of the Public Health Service Act, Nursing Workforce Development Programs, and in particular, the Nurse Faculty Loan Program (NFLP). Overall, these programs provided loan and scholarship support to more than 28,000 nurses and student nurses in 2004, and over 400 full-time master's and doctoral students through the NFLP. Other Nursing Workforce Development Programs are helpful to nurse faculty: the Nurse Education Loan Repayment and Scholarship program, the Advanced Education Nursing program, the Nursing Workforce Diversity program, and the Nurse Education, Practice, and Retention program. The U.S. Department of Labor also has supported nursing education through the President's High Growth Job Training Initiative, with \$3 million of the \$12 million in grant funding awarded to date, targeted



to the nurse faculty shortage. Through the Community-Based Job Training Program, these funds encourage capacity-building through community-based strategic partnerships with community colleges, senior colleges and universities, health industry employers, and other local network resources to train workers for high growth, high demand industries such as registered nursing.

Congressional legislation also has been introduced in both the House and the Senate to increase the capacities of schools of nursing via capitation grants, conceptually rooted in the Nurse Training Act (P.L. 94-63). Reps. Nita Lowey (D-NY), Peter King (R-NY), Lois Capps (D-CA) sponsored the Nurse Education, Expansion, and Development (NEED) Act of 2005 (H.R. 3569). The NEED Act would provide capitation grants to schools of nursing to hire new and retain current faculty, purchase educational equipment, enhance audiovisual and clinical laboratories, expand infrastructure, or recruit students. In the Senate, Sens. Jeff Bingaman (D-NM) and John Cornyn (R-TX) introduced the Nurse Faculty Education Act of 2005 (S. 1575). The grant funding provided by the bill may be used by schools to hire new or retain existing faculty, purchase educational resources, and support transition into the faculty role with the ultimate goal of increasing the number of doctorally-prepared nurse faculty. Priority would be given to those institutions from states experiencing the greatest nursing shortages. However, given the federal budget environment, these programs continue to receive inadequate funding to meet the demonstrated needs.

Nursing education must evolve and innovate to meet the challenges posed by the nurse faculty shortage. The use of non-nurse faculty, when appropriate, must be embraced as well as interdisciplinary education. Encouraging the use of creative solutions, such as the increased utilization of distance learning, web-based tools, and simulation, will also help to maximize limited resources. Further, nursing education must facilitate graduate educational trajectories for practicing RNs, and promote earlier pursuit of advanced nursing degrees. Finally, institutions should make it possible for retired faculty to return to academia if they desire.

Community-based efforts are also important. Public-private collaborations have allowed schools of nursing to leverage their existing resources, add capacity, as well as serve community needs. These endeavors may involve the provision of physical infrastructure, funding, or human resources to build the necessary capacity to increase enrollments.

#### *Nevada-Based Efforts*

In Nevada, the situation is improving. In 2000, 254 students were enrolled in entry-level baccalaureate programs, but by 2004, that number had almost doubled to 446. These numbers were boosted by the creation of an additional program at Nevada State College, enrolling its first students in 2003, and the Statewide Doubling of Enrollment in Nursing Initiative. Through this initiative, the state schools were mandated by the legislature to double the enrollment in nursing programs. Although funding for the program was not ideal, the colleges and universities did receive extra monies for the initiative.

At Nevada State College, we have undertaken the following initiatives to address the nursing and nurse faculty shortages: Implementation of the baccalaureate nursing program a year earlier than planned; addition of a second admission period each year; and implementation of an accelerated program track. Successful efforts/strategies include admitting two classes a year and receiving a congressionally directed grant for the accelerated track. Since May 2005, Nevada State College has graduated 64 nurses already with another 32 slated to graduate in December.

#### *Conclusion*

Deliberate intervention is required to address and resolve the nurse faculty shortage, or our national nursing shortage will persist and intensify in the coming years. To resolve our nation's nurse faculty shortage, we all must join forces—schools of nursing, employers, states, communities, and the federal government in sustained, deliberate, and funded efforts to increase the number of master's and doctorally prepared nurses becoming and remaining faculty. If not, it will be patients that suffer. Thank you for your attention. I look forward to any questions you might have.

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Mr. PORTER. Thank you very much.  
Ms. Rush.

**STATEMENT OF SANDRA RUSH, CHIEF NURSING OFFICER, ST.  
ROSE DOMINICAN HOSPITALS, HENDERSON, NV**

Ms. RUSH. Again, I'd like to thank all of you for being here and giving me the opportunity to speak with you today.

My name is Sandy Rush. I am a nurse and the chief nursing officer at St. Rose Dominican Hospital, the Siena Campus. I also serve on the executive advisory board for the Nevada Organization of Nurse Leaders.

As a nursing leader, I'm responsible for creating and maintaining environments that are safe for our patients and acceptable to nursing standards of practice. This means that I, as well as many of my colleagues, must ensure quality of care and provide access to care to all who come into my facility.

However, with the excessive growth in Nevada, it is becoming increasingly difficult to assure this quality and access to all. I would like to briefly outline the major obstacles, and I'll go over it quickly, some of them, because all of us are mentioning the same things.

With the decreased number of nurses in Nevada, we rank among—the last among states and RNs per capita. Some of the six significant factors include, because we are one of the largest and faster growing regular cities in the United States, we and many other southwestern states are growing at a faster rate than we have the facilities, hospital beds, and staff to provide that care.

Our nurses are getting older. Our population is getting older. The baby boomers are starting to retire, and experts believe that that may increase our nursing vacancies to rise to about 800,000. The nursing labor pool is aging. The average age for a registered nurse is 47 years old, and many nurses are retiring or getting ready to retire over the next 10 years.

There's not enough nursing grads to fill our current staffing requirements, and there's not enough nursed educators to teach our new nurses. This goes to the very heart of the issue. In Nevada, many students are seeking to get into nursing. I have employees who apply to nursing programs who have the passion and the commitment and are already working in a hospital setting; however, they're not able to get a spot in a nursing program because there are so few educators.

The enrollment is limited by the available faculty. And the law in Nevada has already been covered, and we know that part of the difficulty in getting faculty is that salaries for faculty are not competitive. And health-care providers could not efficiently and effectively recruit qualified nurses through the existing immigration visa process.

We at St. Rose do a very good job to provide for the needs of both our patients and our staff; however, I can testify that the problems are real and very significant. There is a huge nursing shortage and there are no easy answers.

St. Rose seeks to implement viable solutions that may be applicable on a much larger scale. We offer student nurses the opportunity to work as nurse apprentices. Once the student nurse has completed a required amount of clinical training, the student is allowed to work at our facility side by side with a registered nurse. This enables the nurse apprentice to quickly gain an understanding of

what it's like to work in a hospital for a full shift every week. And we do pay the nurse apprentice for this learning.

All of our full-time staff has the ability to receive up to 100 percent tuition reimbursement per year. This enables many of our nurses to go back and obtain their bachelors, as well as their masters so that hopefully they can become faculty. We also make every attempt to work their schedule around their schooling.

We also encourage our nurses to take some of those part-time jobs and serve as clinical educators and, again, work their schedules around their school schedule. We offer our current nurses numerous additional classes. Our critical care program includes a progression of med/surg nurses through the educational program to become cardiovascular nurses. What this entails is a basic critical care program, which is an 8-week program that includes both didactic and clinical education.

They then take an intermediate care or critical care class which is advanced, and then eventually take the cardiovascular care program, which is a 40-hour course plus clinical education, to be proficient in caring for the open-heart patient. What we also find is the more education that we give to our nurses, the more likely they are to return to school and get further education.

In addition to the other benefits, we have a very active clinical education department. We have six in-house nurse educators and four clinical nurse educators which have been able to provide classes to over 5,000 participants. We speak with our nurses, what educational needs they have.

St. Rose actively participates in health care and nursing organizations such as the Nevada Hospital Association, the Nevada Organization of Nurse Leaders, and the Southern Nevada Medical Industry Coalition. All are committed to addressing the shortage of different health-care professionals and finding workable solutions. We have actively supported the university and community colleges by contributing to nursing scholarships, as well as providing the colleges with moneys to support their labs.

We also visit with teachers and students throughout the junior high and high school levels to promote the advantages of nursing or a health-care technical career.

In addition to educational obstacles, health-care providers cannot efficiently and effectively recruit qualified nurses through the existing immigration visa process. It's taking us 18 to 24 months to bring nurses into our system. By simply adding to the number of allowed visas for nursing positions, we could bring in higher qualified nurses to begin filling the positions, which would then enable some of our nurses to take additional time to complete their education.

I strongly believe that there is no single key to resolving our nursing shortage issues. Rather, the solution resides in a multi-faceted effort, including significant educational support and increased channels for recruiting. As I said in the beginning, I'm honored to be speaking to you today, as you are in a unique position to positively influence this significant need.

Your support for educational funding, training programs, informational campaigns, and new avenues for recruiting can all have a profound influence that can, in turn, change the tide in favor of

the citizens you serve and, again, that's providing the access to the care that we so desperately need. Thank you.

[The prepared statement of Ms. Rush follows:]

**Statement of Sandra Rush, Chief Nursing Officer, St. Rose Dominican Hospitals, Henderson, NV**

I appreciate the opportunity to speak before you today. My name is Sandy Rush; I am a nurse, the Chief Nursing Officer of St. Rose Dominican Hospitals—Siena Campus and a board member of the Nevada Organization of Nurse Leaders. I commend your efforts in seeking solutions to retain, recruit and educate nurses.

As a nursing leader, I am responsible for creating and maintaining environments that are safe for patients and acceptable to nursing standards of practice. This means that I must ensure quality of care as well as provide access to care to all who come to my facility. However, with the excessive growth in Nevada, it has become increasingly difficult to ensure this quality and access. I would like to briefly outline the major obstacles we face and some potential solutions.

*Nursing Shortage*

Our primary problem across the nation is that we have more nursing positions available than we have qualified registered nurses and nursing school candidates to fill already vacant positions and the problem is getting worse. According to the U.S. Department of Labor, the current nursing national shortage is over 126,000, and it is likely to at least double over the next five to ten years.

Although national in scope, the shortage is particularly acute in Nevada. In 2000, Nevada had 514.4 RNs per 100,000 people, significantly less than the national rate of 780.2. Nevada ranked last among states in RNs per capita and Nevada's problem is only going to get worse.

There are six significant factors causing this issue to become continually more complex for Nevada and the nation. These are:

1. Nevada, especially southern Nevada, has been home to three of the nation's top five fastest growing cities (Las Vegas, North Las Vegas and Henderson). Consequently, Nevada and many other southwestern states are growing at a faster rate than we have facilities and staff to provide care.
2. "Baby boomers" are getting older and requiring more care from our facilities. This population will begin retiring in 2008, and experts believe that it may cause nursing vacancies (nationally) to rise to 800,000 by the year 2020.
3. The nursing labor pool is also aging. Nationally, the average age for a registered nurse is 47 years old, and many nurses are retiring or set to retire in the next ten years.
4. There are not enough nursing school graduates to fill our current staffing requirements.
5. There are not enough nurse educators to teach new nurses. This goes to the very heart of the issue. In Nevada, many students are seeking to get into nursing. However, there are simply not enough spots available as there are too few educators.
6. Health care providers cannot efficiently and effectively recruit qualified nurses through the existing immigration visa process.

*Solutions*

I feel we do a very good job at St. Rose Dominican Hospitals (SRDH) of providing for the needs of both our patients and our nursing staff. However, I can testify that the problems I outlined above are very real and significant. There is a nursing shortage and there are no easy answers.

St. Rose Dominican Hospitals is seeking and implementing viable solutions that may be applicable on a much larger scale.

St. Rose Dominican Hospitals offer student nurses the opportunity to work as Nurse Apprentices (NAP). Once a student nurse has completed a required amount of clinical training, the student is allowed to work at one of the SRDH facilities, side by side with a registered nurse. The NAP is able to perform all skills learned in nursing school, increasing experience and perfecting skill level. The NAP is paid for this learning.

All full-time staff has the ability to receive up to 100% tuition reimbursement per year to offset cost of tuition and books. Numerous scholarships for nursing and respiratory therapy have also been awarded. We offer progressive career advancement opportunities through in-house training programs for respiratory, perinatal, perioperative, and critical care nursing. I would like to explain how one of these training programs works.

Our Critical Care Program includes a progression of a medical/surgical nurse through the educational program to become a Cardiovascular Nurse.

- Medical Surgical Nurse for 1—2 years
- Basic Critical Care Program—An 8-week program that includes didactic and clinical education to prepare the nurse to work in either Intermediate Care or Critical Care
- Advanced Critical Care Program—A 40 hour course, taken one to two years after working in the Critical Care Unit that educates the nurse to the more advanced techniques and clinical issues in critical care.
- Cardiovascular Care—A 40 hour course plus clinical education to become proficient in caring for the “Open Heart” patient.

In addition to the previously discussed benefits, St. Rose has a very active Clinical Education Department. With six in-house Nurse Educators, as well as 4 Clinical Nurse Educators, SRDH has been able to provide education classes to over 5,000 participants in 2003. The classes were identified through a variety of assessments that included a “Needs Assessment” where the nurses identified what topics that would like covered; and nursing leadership assessment; new practice requirements; and needs identified via clinical practice.

St. Rose Dominican Hospitals actively participate in healthcare and nursing organizations such as the Nevada Hospital Association, the Nevada Organization of Nurse Leaders, and the Southern Nevada Medical Industry Coalition, which are all committed to addressing shortages of different healthcare professionals and finding workable solutions.

We have also actively supported the University and Community College System of Nevada (UCCSN). These efforts have included:

Last year contributed over \$150,000 local colleges for nursing scholarship programs.

- CCSN
- Nevada State College
- UNLV

We also visit with teachers and students in Jr. High and HS levels to promote the advantages of a nursing or healthcare technical career.

In addition to educational obstacles, health care providers cannot efficiently and effectively recruit qualified nurses through the existing immigration visa process. Currently, our immigration policy for nurses is well over limit. It takes 18–24 months to bring nurses in our immigration system to the U.S. Changes in legislation are critically needed to aide in a short term solution. By simply adding to the number of allowed H1 visas for nursing positions, hundreds of highly qualified nurses could begin filling positions immediately.

I strongly believe that there is no single key to resolving our nursing shortage issues, rather, the solution resides in a multi-faceted effort including significant educational support and increased channels for recruiting both nationally and internationally. As I said in the beginning, I am honored to be speaking to you today, as you are in a unique position to positively influence this significant need. Your support for education funding, training programs, informational campaigns and new avenues in foreign nurse recruiting can all have a profound influence that can turn the tide in favor of the citizens you serve. Thank you.

Mr. PORTER. Thank you.

Dr. Yucha.

Ms. YUCHA. You got that right. Thank you.

Mr. PORTER. It took me three times, but I got it.

**STATEMENT OF CAROLYN YUCHA, PhD, RN, FAAN, PROFESSOR  
AND DEAN, SCHOOL OF NURSING, UNIVERSITY OF NEVADA,  
LAS VEGAS, LAS VEGAS, NV**

Ms. YUCHA. Thank you very much. I am delighted to be here. I would especially like to thank you for your support of nursing and to help us address the nursing shortage.

Our—you have heard many of the issues. Certainly we know there’s a desperate nursing shortage, and the bottleneck right now seems to be—or is the nurse faculty shortage. There are simply not

enough masters and doctorately prepared nurses who are available to teach.

An AACN, American Association of Colleges of Nursing, survey found that almost 3,000 masters and doctorate applications were turned away from schools of nursing because of the shortage of faculty to teach them. And had those 3,000 applicants been accepted, they would be available now to serve as nurse faculty.

Nursing education is faculty intensive, often requiring one faculty member for every eight to ten students. Another AACN survey showed a national average of three faculty vacancies per schools.

Projections show that by 2012 the faculty pool will shrink by at least 2,000, leaving over 2,600 unfilled positions. That is as of June 2005, there were 11 faculty vacancies here at Nevada State College and the Las Vegas and Reno campuses at the University of Nevada, and that's only three of the schools in Nevada. And I will tell you those numbers change day by day as faculty moves from school to school.

Many factors contribute to the nurse faculty shortage, and we've covered, I think, probably all of them, including an aging faculty, retirements, clinical salary differentials, the advanced age of our graduate students doesn't leave them with many years to work as faculty, the length of time to obtain a graduate degree, especially if you're only in school part time, tuition and loan burden, and further RNs in the pipeline.

To remedy the faculty shortage, action should be taken by first the Federal Government, second the nursing profession and, three, states and localities. Most Federal support is provided through the nursing workforce development programs under Title 8 of the Public Health Service Act, strengthened by the Nurse Investment Act of 2002.

Thanks to Congressman Porter, the graduate assistance in areas of national need program in the Department of Education was expanded to include nursing. And the Department of Labor, the president's high-growth, job training initiative, is targeting nursing education.

In 2005 Congress is addressing the nurse faculty shortage through the successful Porter/McCarthy amendment to the College Access and Opportunity Act, and the introduction of the Nurse Education Expansion and Development Act in the house and the Nurse Faculty Education Act in the Senate. All of these Federal efforts, such as capitation grants, loan forgiveness, and strategic public/private partnerships are helpful strategies.

However, additional funding is needed. The nursing profession is also addressing the critical need for faculty. Faculty from other disciplines teach courses where nursing competencies are not required. Simulation laboratories and web-based distance learning expands the reach of existing faculty to additional students.

While these innovations are helping to expand our capacity, long-term solutions are still needed. Young nurses must be inspired to pursue graduate studies earlier in their careers, and we must encourage retiring faculty to remain active in their professions. The State of Nevada is taking a progressive approach with its plan to double the capacity of nursing programs and higher education.

In 2004, UNLV started a doctorate and masters program in nursing education. Since most of all our students work full time and have families, we offer those programs online to accommodate their schedules and to stretch beyond Southern Nevada to reach our rural students. Our doctorate program is the only one in the state and had to be completed in 3 years. Even so, only one of five Ph.D. Students is enrolled full time.

Our masters program can be completed in four semesters, yet only 6 of 14 students in this program attend full time. To facilitate full-time study by more students, we are seeking graduate scholarships through our capital campaign, which can be combined with the graduate assistance positions that UNLV has, as well as funds from the Federal Nurse Faculty Loan Program.

We are also partnering with three clinical agencies to pay some of their masters prepared nursing staff for supervising eight of our students 1 day a week.

In closing the nurse faculty shortage will continue to be a bottleneck in the nursing shortage unless we act quickly. We must have the funding to educate the nursing workforce and retain current RNs. Strategies should encompass state support, public/private sector initiatives, and increased Federal funding for nursing education and workforce development.

Thank you again for the invitation to come before you today. I am happy to answer any questions.

[The prepared statement of Ms. Yucha follows:]

**Statement of Carolyn B. Yucha, PhD, RN, FAAN, Professor and Dean,  
School of Nursing, University of Nevada, Las Vegas, Las Vegas, NV**

Thank you, Mr. Chairman and members of the Subcommittee. I am Carolyn Yucha, Dean and Professor of Nursing at the University of Nevada, Las Vegas. But before I begin, I especially would like to thank Representative Porter for his efforts on behalf of nursing, including holding this field hearing. I appreciate the opportunity to come before the Subcommittee to discuss how the shortage of nurse faculty contributes to our nationwide nursing shortage. My comments today will focus on the ramifications of the faculty shortage on master's and doctoral programs in nursing. Outnumbering physicians more than four to one, our nation's 2.7 million committed registered nurses or RNs deliver an extended array of primary, acute, and preventive health care services in a wide range of settings. The essential services nurses provide often mean the difference between life and death. We must take action to ensure that our nation's nursing workforce remains healthy.

*The Nursing Shortage*

Since 1998, the United States has experienced a shortage of RNs. Comprising the largest component of hospital staffs, RNs are the principal providers of patient care. But, 72% of hospitals reported experiencing a nursing shortage in 2004, according to the American College of Healthcare Executives. These shortages result in emergency room overcrowding and diversions, increased wait time for or outright cancellation of surgeries, discontinued patient care programs or reduced service hours, and delayed discharges. In addition, patient safety is compromised without a sufficient number of RNs. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) found in 2002 that the nursing shortage contributes to nearly a quarter of all adverse hospital patient events due to low nursing staff levels. However, our nation's nursing shortage is only expected to worsen in the future. The Bureau of Labor Statistics (BLS) has projected that more than one million new and replacement RNs will be needed by 2012. Although registered nursing has been identified by BLS as the top occupation in terms of job growth through 2012, the Health Resources and Services Administration (HRSA) has estimated that there still will be a deficit of approximately 800,000 RNs by the year 2020.

### *The Nurse Faculty Shortage*

The nurse faculty shortage intensifies the current nursing shortage by curtailing the capacity of schools of nursing to educate students. Nursing education is faculty intensive, just like the other health professions. There are insufficient numbers of master's and doctorally-prepared nurses available to educate badly-needed current and future nursing students. HRSA reported in 2000 that just 9.6% of the RN workforce holds master's degrees, while only 0.6% holds doctorates, the groups from which most faculty are drawn. The American Association of Colleges of Nursing (AACN) conducts annual surveys of over 680 schools of nursing with baccalaureate and graduate programs examining enrollments, graduations, and faculty characteristics. In 2004, AACN reported 10,967 full-time nurse faculty with 47.9% holding doctoral degrees (nursing and non-nursing) and over half, 52.1%, holding master's degrees. Part-time faculty numbered 8,089. In Nevada, there were just 55 full-time and 20 part-time nurse faculty members at the University of Nevada, Las Vegas and Reno campuses, and Nevada State College.

Without a sufficient pipeline of graduate nursing students, the nurse faculty shortage has resulted in a high number of unfilled positions within schools of nursing. A special survey to determine faculty vacancy rates was conducted by AACN in 2004. Of budgeted full-time faculty positions in surveyed schools, 8.1% were vacant and more than half, 53.4%, were for faculty positions requiring the doctoral degree. On average, there were approximately 3 faculty vacancies per school. Projections through 2012 show that the faculty pool will shrink by at least 2,000 when compared to 2003, even after accounting for retirements, resignations, and additional entrants. These figures do not reflect the need for faculty in new or expanded programs, but represent only present staffing requirements. If the faculty vacancy rate holds steady, it is expected the deficit of nurse faculty will swell to over 2,600 unfilled positions by 2012. Note that just one or two vacant positions in a nursing program can have a considerable impact on the didactic and clinical teaching workload of the remaining faculty. Among Nevada State College, and the University of Nevada Las Vegas and Reno campuses, there were 11 faculty vacancies in June 2005.

The nurse faculty shortage creates a vicious cycle by limiting the number of students that can be admitted to nursing education programs, which perpetuates the problem. In addition to almost 30,000 entry-level baccalaureate nursing students, AACN determined that 2,950 qualified applicants to master's and doctoral programs in nursing had to be turned away in 2004. The nurse faculty shortage was cited by responding schools as one of the major factors preventing schools from accepting all qualified applicants. In Nevada, no qualified graduate students were turned away, but there were only 88 total graduate nursing enrollees in 2004, with just two at the doctoral level. While Nevada has been extremely aggressive and progressive with its plan to double the capacity of nursing education programs in the University and Community College System of Nevada, other states and regions have not. We must work together to break the cycle.

### *Factors Contributing to the Shortage of Faculty*

A number of contributing factors to the nurse faculty shortage have been identified by AACN in its white paper, *Faculty Shortages in Baccalaureate and Graduate Nursing Programs: Scope of the Problem and Strategies for Expanding the Supply*, such as faculty age, departure from academic life, alternate employment choices by doctoral graduates, salary differentials, age of doctoral degree recipients and time to degree, fewer nurses in the educational pipeline, and expectations unique to nursing faculty.

#### *Faculty Age*

Increasing faculty age, retirements of existing faculty, and an inadequate number of younger replacement faculty affect the future supply. The mean age has increased to 54.4 years in 2004 for all faculty, 54.3 for doctoral faculty, and 49.2 for master's faculty respectively. Only 22.8% of doctoral faculty were under the age of 50 in 2004, in contrast to 46.8% of master's faculty.

#### *Departure from Academic Life*

Another factor influencing the faculty shortage is the departure of master's and doctorally prepared faculty from academia. For example, an average of 410 individuals are awarded doctoral degrees in nursing each year, but almost a quarter, 23%, take jobs outside of academic nursing. Retirements account for some of the departures, but not all.



### *Salary Differentials*

Salary is a major issue influencing the employment decisions of graduate-prepared RNs. Average salaries for clinical positions have risen above those for faculty positions because most universities are constrained in their ability to increase faculty salaries- a competitive disadvantage. Salary also may determine whether or not master's prepared nurses seek additional education. For full-time doctoral students especially, this foregone income may be substantial. The average salary of a nurse practitioner in an emergency department was \$80,697, according to the 2003 National Salary Survey of Nurse Practitioners, while the average salary for a nurse faculty member was \$60,357 in 2003 according to AACN. Debt load may also influence decision-making in this regard; since over 50% of nursing graduate students (master's and doctoral) received financial aid in the 2004-2005 academic year according to Thomson Peterson's Undergraduate and Graduate Financial Aid and Undergraduate and Graduate Databases.

In Nevada, the public Schools of Nursing have worked to increase their salaries, through state and university funds. At UNLV the starting salary for new master's prepared faculty is \$60,000 for a nine-month contract and \$90,000 for a twelve-month contract; for new doctorally prepared faculty the starting salary is \$70,000 for a nine-month contract and \$105,000 for a twelve-month contract. These salaries are comparable to those in the clinical setting; it is too early to tell whether this will improve faculty recruitment and retention.

### *Age of Doctoral Degree Recipients and Time to Degree*

Compared to other disciplines, RNs take longer to complete doctoral programs and are significantly older at graduation. For the 417 doctoral graduates in 2002, the median age was 47.3 years with only 8.6% under 35. In contrast, 33.3 years was the median for all U.S. research doctoral awardees. Nursing graduates completed their doctoral degrees in 8.8 years, on average, as compared to 7.5 years for all research awardees. The average time lapse for an RN between entry in a master's program to completion of the doctorate in nursing was 10.5 years, 2.1 years longer than other fields. This discrepancy may result from the part-time status of most nursing doctoral students. In the fall of 2003, the 93 research-focused doctoral programs in nursing had a total of 3,439 enrollees and 412 graduates. But 53% of enrollees were part-time students, the major reason that graduates represented only 12% of enrollees.

In Nevada, we have only one doctoral program, a nursing PhD program at UNLV. This program is designed to prepare leaders as nurse educators who will meet the needs of the profession and society and to develop scholarly researchers who will advance knowledge about nursing education. It is offered online to meet the needs of working students and those residing outside of southern Nevada. Four of our five students are enrolled only part-time so that they can continue to work in their full-time positions. This means that it will take longer for them to complete the program and be able to fill a faculty position.

### *Expectations Unique to Nursing Faculty*

In addition to the many roles and responsibilities common to all faculty, additional expectations are placed on nursing faculty. They often are expected to maintain clinical expertise, provide clinical instruction, and engage in faculty practice. Moreover, nursing faculty who supervise students in clinical settings may be responsible for an increasing number of critically ill patients, adding a stressful element not experienced by faculty in non-health care disciplines.

In Nevada, and particularly at UNLV, doctorally prepared faculty must juggle their teaching assignments, which are heavier than faculty in other disciplines because of the clinical supervision hours, and develop a research program supported by external funding. In addition, those who are nurse practitioners must fulfill 400 hours in clinical practice each year to meet the requirements for continued certification, a requirement for those who teach in our master's level nurse practitioner programs.

### *Reversing the Trend*

There are three broad categories of remedies: federal support, changes within nursing education, and community efforts.

#### *Federal Support*

Congress has augmented support for nursing education on a number of occasions during the last several years. Most recently, our Congressman, Jon Porter (R-NV), worked with Rep. Carolyn McCarthy (D-NY) as well as you and their other colleagues on the Education and Workforce Committee during the reauthorization of the Higher Education Act to expand existing loan forgiveness programs to include

RNs. The agreed-to Porter–McCarthy Amendment to the College Access and Opportunity Act of 2005 (H.R. 609) provides \$5,000 in loan repayment for RNs, nurse faculty and others who work in professions designated as “areas of national need” for five consecutive years. Building on this effort, Reps. Porter, McCarthy, and nine other legislators sent a letter to the Secretary of Education Margaret Spellings on July 29 requesting that she designate nursing as an “area of national need” for the purposes of the Graduate Assistance in Areas of National Need Program (GAANN). The letter created the impetus for the Secretary to issue a program announcement in the Federal Register on August 22, declaring nursing an area of national need along with biology, chemistry, computer and information sciences, engineering, geology, math, and physics. This was a historic first for nursing to be cited in a Department of Education program announcement.

Other federal efforts include the Nurse Reinvestment Act of 2002. It reauthorized and expanded Nursing Workforce Development Programs, administered by HRSA under Title VIII of the Public Health Service Act, to address the inadequate supply and distribution of RNs across the country. The seven Title VIII grant and student programs fund nursing education and retention programs as well as support individual nursing students across the continuum, from entry-level preparation through graduate study. They are the largest source of federal funding for nursing education, providing loan and scholarship support to over 28,000 nurses and nursing students in fiscal year 2004 alone. The following Title VIII programs are especially helpful for the creation of nurse faculty: the Nurse Faculty Loan Program, the Nurse Education Loan Repayment and Scholarship program, the Advanced Education Nursing program, the Nursing Workforce Diversity program, and the Nurse Education, Practice, and Retention program. An exemplar, the Nurse Faculty Loan Program provides grants to colleges of nursing in order to create a loan fund for students pursuing either a master’s or doctoral degree on a full-time basis. Loan recipients will have up to 85% of their educational loans cancelled over a four-year period, if they agree to teach at a school of nursing. A student may receive a maximum loan award of \$30,000 per academic year for tuition, books, fees, laboratory expenses, and other reasonable educational costs. In fiscal year 2004, 61 grants were made to schools of nursing, which in turn supported a projected 419 future nurse faculty members.

In addition, the U.S. Department of Labor has awarded \$12 million in grant funding to date, through the President’s High Growth Job Training Initiative, with \$3 million targeted to the nurse faculty shortage. These Community–Based Job Training Program grants aim to foster capacity building through community-based strategic partnerships with community colleges, senior colleges and universities, health industry employers, and other local network resources to train workers for high growth, high demand industries such as registered nursing.

Legislation also has been introduced in both the House and the Senate to expand capacities of schools of nursing via capitation grants, similar to those provided through the effective Nurse Training Act (P.L. 94–63) during the 1970s. Reps. Nita Lowey (D–NY), Peter King (R–NY), Lois Capps (D–CA) sponsored the Nurse Education, Expansion, and Development (NEED) Act of 2005 (H.R. 3569). The NEED Act would provide capitation grants to schools of nursing for several purposes, including hiring new and retaining current faculty, purchasing educational equipment, enhancing audiovisual and clinical laboratories, expanding infrastructure, or recruiting students. In the Senate, Sens. Jeff Bingaman (D–NM) and John Cornyn (R–TX) introduced the Nurse Faculty Education Act of 2005 (S. 1575). The grant funding provided by the bill may be used by schools to hire new or retain existing faculty, purchase educational resources, and support transition into the faculty role with the ultimate goal of increasing the number of doctorally-prepared nurse faculty. Priority would be given to those institutions from states experiencing the greatest nursing shortages. Capitation grants, loan forgiveness, loan cancellation, and strategic partnerships are all successful strategies, but for all of these federal programs, sufficient funding remains an issue.

#### *Changes within Nursing Education*

Nursing education also must change to surmount the challenges of the nurse and nurse faculty shortages. In the past, nursing has objected to utilizing non-nurse faculty, recruiting nurse faculty with non-nursing degrees, and/or sharing resources and courses across disciplines and specialties. Nursing educators are becoming increasingly creative in offering high quality clinical experiences to students in the face of decreasing faculty resources. Many schools have developed formal partnerships with clinical facilities utilizing their expert clinicians to teach students, increasing faculty capacity. The creative use of technology also can provide additional immediate solutions to increase the capacity of faculty to support education, research, and practice through distance learning and Web-based media. Though these

efforts are providing some short-term relief to the faculty shortage, long-term solutions to this complicated issue are needed.

In the long term, graduate nursing programs may need to be reconfigured in ways that facilitate a clear and timely path to completion. Employed RNs, despite wanting to become faculty, often face inflexible and increased work schedules when they attempt to combine part-time graduate study with full-time employment due to the shortage. Similarly, many nurse educators continue to accept the traditional view that significant clinical experience is essential before an RN should matriculate into a graduate program. We must encourage nurses to pursue graduate study and the faculty role much earlier, extending their careers as educators extensively. Moreover, movement from undergraduate to graduate programs must be easy and seamless for qualified students, so they can assume faculty positions more quickly. By doing so, nursing will attract younger students, without financial and family responsibilities, that can afford to work part-time and study full-time rather than vice versa.

Lastly, retirement often has been viewed as a mutually-exclusive option. Most nursing faculty members retire between the ages of 61.5 and 63.1 years, with many productive years remaining. Many faculty approaching retirement would like to continue teaching in some capacity, but may be unable to do because of so because of restrictive university policies and/or retirement plan provisions. Retirement policies have been reconsidered at some institutions to allow retired faculty to return to teaching responsibilities. Nursing may do well to utilize these and similar ideas to encourage retiring and retired faculty to remain active in the full array of nursing education activities.

#### *Community Efforts*

Public private partnerships have been advantageous for schools of nursing by collaborating with clinical partners and other stakeholders to build student capacity and satisfy mutual needs. These partnerships take many forms and serve various functions. Some schools use expert practitioners to augment the nursing faculty supply. Others involve collaborative arrangements among nursing education programs to increase student enrollments. Some service partners share physical resources and infrastructure with schools as a means of overcoming limitations in clinical, classroom, and research space. Still others form partnerships to provide tuition forgiveness to students in exchange for work commitments. Partnerships have proven in some instances to be an effective stop-gap measure, but the ability of these individually-brokered arrangements to provide a lasting solution to the nursing faculty shortage are limited.

#### *Efforts by UNLV to Address the Faculty Shortage*

In Nevada, UNLV has been successful in developing two tracks for those wishing to become nurse educators. Both of these are online programs with students coming to campus once each year for three days orientation. Our master's nurse educator track is 38 credits, which can be completed in four semesters full-time or six semesters part-time. Our PhD program is 65 credits post-masters degree and can be completed in three years full-time or five to six years part-time. Currently there are six full-time and eight part-time students enrolled in the master's nurse educator track, with one full-time and four part-time students enrolled in the PhD program.

As part of UNLV's Capital Campaign we are specifically seeking graduate scholarships that we can combine with Graduate Assistant positions and funds from the Nurse Faculty Loan Program to offer a financial package that will entice students to pursue graduate education on a full-time basis. Finally, we have partnered with three clinical agencies to pay some of their master's-prepared nursing staff to supervise eight of our students one day a week.

#### *Conclusion*

The nurse faculty shortage will continue to be the bottleneck to the nursing shortage unless swift, deliberate action is taken. To carry our nation forward, we desperately need a dedicated, long-term vision for educating the new nursing workforce and retaining current RNs with sufficient fiscal support to carry it out. Strategies must encompass state support, public-private sector initiatives, and increased federal funding for nursing education and research through the Public Health Service Act, the Higher Education Act, and other authorities. We all must work together, so that patient care and safety are no longer jeopardized by a shortage of registered nurses. Thanks again for the invitation to come before you today, and I will be happy to answer any questions.

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Mr. PORTER. Thank you very much for your testimony.

In combining some of the things that we learned the other day with today, and when we look at the mix of folks getting into nursing and then the next step into the faculty, there seems to be a real shortage of men and a real shortage of minority students.

We had statistics in Colorado that—I don't have them in front of me, but it's staggering that the entry level, even of those that are going into the field today, a real small portion is minorities or men. Of course, the visa was well-taken and we'll make that a priority and we'll talk about that some more, but that's—that's a different piece of this.

What can we do to encourage—again, this isn't just faculty, but to encourage more minorities to get into the profession of nursing? Are there any ideas that you would have? I know we're talking about scholarships and opportunities, and I know one thing about Nevada State College and UNLV is that they have been very flexible with scheduling classes. Because I know a lot of the entry level folks, they're also primary bread winner and have to balance between getting an education to advance professionally, but also to take care of their families.

So I know that our universities and our schools here are doing everything they can to be flexible with schedules, but is there anything else we can be doing from a Federal perspective to help with minorities to engage more? Certainly it has its benefits from the heart and soul of those that are in it, but what can we do? Any ideas?

Ms. YUCHA. Well I can tell you some of the things that we have been working on. We've been submitting a HRSA grant to—that's called Nurse Pride, and it's—we've actually submitted it twice now, and it is approved but not funded. This is related to a lack of Federal funding.

But in this grant, we are proposing going to middle schools, starting at that level or younger, and promoting nursing as a career. That's critical for us.

We also, as part of that program, even though it has not been funded, we supported a bridge program for the summer and brought in I think about 30 high school students to learn about nursing for a week, and they spent time and visited hospitals.

I mean, so there are ways that we can help do that, but it's very difficult to get these grants funded.

Ms. RUSH. And then we've also tried to go to the schools that are a majority minority population and talk about nursing. Again, one of the drawbacks is you get the people excited, you get the students excited. They work—start looking at nursing at the junior high level, and then when they get to the colleges find out that they cannot get into the nursing program. And so they certainly can't just wait to get into some type of—or wait to get into the nursing program, so they chose another career.

And that's very understandable for them, because you can't just sit and not go to school and not earn money. So it is very frustrating, because we are trying to get out. We've recognized that our minorities are not going into nursing. We're trying to find out why. We're trying to send nurses who are from that minority into those schools.

But it's like the hamster on the wheel, it's a vicious cycle. We get them excited, and then they can't get into the programs.

Ms. CARPENTER. When we started our accelerated track, how many men were in there? About 10 men out of 32. And I think there are probably a third of them who were some minority, a lot Asian. We have a lot of Asian, some Hispanic.

So I know that we have worked really hard to try to do that. I don't know if we've come up with a solution, but—

Mr. PORTER. Maybe it's not the challenge, maybe we're just not capable of keeping up with them.

And I say that in jest.

But there's something that we talked about in Greeley yesterday—and this isn't minority specific. This is now into the recruiting across the board—that the lack of science and math skills for some of our students, and I mean primary and secondary education, hasn't necessarily been a primary goal.

And I know when I was in school, I tried to stay away from those classes. But that seems to be a problem nationwide. And when we speak about the loan forgiveness that we were able to successfully work on in Congress, an area of national need is also teachers in math and sciences.

So there's also now the availability to waive some of the—their loans for those teachers. We have a shortage of teachers in math and sciences, so that, I'm sure, contributes to students coming out that aren't really educated or don't really care much for those fields.

So I would assume that—do you think that's a problem also?

Ms. YUCHA. Yes, I think that's a problem. We have—we have students who come in with weak skills, weak study skills and weak math skills. And we wind up—and I believe every school does that, we have to actually teach them some simple math calculations that we would think at this point would be pretty well known.

I mean, I would also say that some of—because many minorities have a different family culture of caring for their entire families, it's a struggle for them to focus on full-time school. And so that's where I think additional support is needed from our end in providing perhaps some educational support and tutoring, but extra scholarship money that might allow them not to work at the same time that they're going to school. I think then they are likely to struggle more because they have so many other commitments while trying to go to school. So I think that's another issue.

Mr. PORTER. Has the profession looked at, again, with the—actually the great value of folks that want to take care of their family—my gosh, we certainly don't want to discourage that. We need more of that, and it's actually something we should learn from.

But with multiple campuses and different fields of studies, have we looked at ways to maybe have daycare onsite to help maybe some of these families so they can bring their kids, also as a training setting for another part of the study of the school? Would that help?

If we—now, as a Member of Congress, we certainly wouldn't be mandating it, but maybe that's an area we could help find funding for or the tools to help the private sector to be more engaged in

helping these families with their kids, but also train those teachers that are helping the kids at the same time.

Ms. CARPENTER. A number of the students do have young children and young families that they have to have daycare for, and daycare is very expensive, so that I think would be a big help.

The other thing is I think some people don't see themselves as college material. They do not see themselves being able to go to college and being successful, when they truly could be, and it's possible that they might be a first-generation, college-going student, and they just have to be encouraged, and tutoring and encouragement are big things for them.

Mr. PORTER. What I'd like to ask, and not for today, but if we have it—sometime in the next 2 weeks, we can have it for the record. But I'd like to have an idea if you were to list the top ten reasons why we're not being successful in attracting faculty and nurses, because you see the same problem.

If you can kind of put those together for us and maybe weight—weigh them a little bit. What percentage is because of supporting family, you know, financial challenges? What percent is location? You know, if you can kind of do that and give us an idea, I think it would be very helpful as we look at key areas.

Now, there may be 20, whatever. Please tell us. But know that we also have to be—try to address this with a rifle and not necessarily a shotgun in that we want to make sure that we can fix certain areas, and we don't want to try to group too much together and not have any success at all. So if you can find us a few things that you really think we should focus on, we will heed your request.

And I have one more question for this moment. Nevada, Colorado is a melting pot, and of course not only culturally, but we have one of the fastest growing senior populations and retired populations in the country.

Is there more that we can do to encourage some of the folks that are moving here or even are here that have retired to get them back into either the classroom setting or even help the hospitals more with in-house training? Because one of the things we've learned this week is that there are an awful lot of graduated nursing professionals that still can't get into the field because the professional—the hospitals, the doctors want a trained, experienced professional.

So there's kind of a catch-22 for some of those graduates. So is there something that we can do with maybe some of the retirees that are coming in to get them involved, to help with in-house training?

Ms. RUSH. I know that St. Rose has a—and probably every one of our hospitals in the valley has a new-grad program where we bring new graduates into the hospital, and we do not consider them real nurses for at least three to 6 months where they have active training.

So—and we also offer to returning nurses the same thing. We have programs where if someone has not practiced in a number of years, he or she can come back, and we assign an experienced nurse with them to help them with their skills. So we do have that in place.

We've also—we have the unique location of having quite a few retirement communities around our hospital, and we sponsor retired nurses teas and bring them in and talk with them about what could we do to bring you back into the fold and how could we convince some of you all to—even a day a week would be helpful or a certain number of hours a week would be helpful.

So we do make those attempts to bring them back into the health-care community.

Mr. PORTER. And I know we ran into some problems with our primary and secondary teachers that retired and their retirement—and trying to bring them back into the system, it can really mess with their existing PERS system.

Have we run across any nurses with any conflicts with their retirement?

Ms. RUSH. Well, that's a comment that they make, and so they typically—I mean, we help them calculate how many hours they can work so that they're not interfering with the retirement. So we make sure that we don't get beyond that level.

Ms. YUCHA. And as far as faculty go, I think faculty can retire from one job and then move to another job quite easily. What I have found in my experience is that when these older faculty come to us, they don't want to teach clinical courses and they may not be really capable of doing it. I will tell you, chasing eight students around a med/surg unit is hard work.

So they'll want to come, and they'll say, I'd like to come and teach two doctoral courses and then do my own research. And while that would be helpful, it doesn't really help us with the nursing shortage. And in addition, I have faculty who those doctoral courses are a carrot to keep them in our program.

So if I hire somebody who is retired to come and teach our doctoral program, I'm going to lose some of my other faculty who are teaching across all programs.

So I don't know if you have found that, Connie, of what they're willing to teach, but I think when you have a graduate and an undergraduate program, that everyone wants to teach in the graduate. And so that—that is one thing I'm leery about hiring too many people who are retired from elsewhere, unless they really want to come here and help us in our undergraduate program.

Mr. PORTER. I find that in the primary/secondary schools, a lot of teachers that want to go to the next level in the career path, they max out and—you know, they have done the masters, they have done the doctorate and they have the years, but then they kind of run into a wall. So a lot of them will change careers and get into the administration.

Now, because you're a great teacher doesn't necessarily mean you will want to be an administrator or that you are interested in being an administrator, although some are. But as we look at a career path for professional nurses that are in practice, I find there's a big disconnect in the career path in that why would someone want to leave the nursing—practicing nurse and take a 30 or 40,000 a year cut.

We had some that testified in Colorado that it's substantial—and one particular woman was proud that she did and was able to, but she said most people can't.

So what do we need to do to elevate that so that the faculties are paid more?

Ms. YUCHA. Well, one of the ways that we've been able to double—or to increase our enrollments in the undergraduate is by having our faculty work much longer hours, and now they work year round. So our salaries year round at UNLV have been raised markedly, and so I believe that a masters prepared person would, working year round, make at least \$90,000 a year, which is comparable to clinical.

I know that that is not true with the other state schools, and I will say that this job is very difficult and intensive. And I don't know how long faculty will be willing to do that, but right now the money is so attractive that they're doing it.

Ms. CARPENTER. I—

Mr. PORTER. Connie, I know you make like 300 or 400,000 a year, so—

Ms. CARPENTER. Yeah. Oh, yeah.

No. I just raised my faculty salaries \$10,000, and then I find out that that makes Carolyn have to raise hers a little bit. You know, I—I think if we had enough faculty—full-time faculty that faculty wouldn't have to be working so hard, it would really help. And I don't think they're out there.

This is—this is the worst it's ever been. And we've been advertising everywhere that you would advertise for faculty, and I'm just not sure they're out there that really want to teach in an undergraduate program. Many want to teach in a masters program, but not that many in an undergraduate program.

And we need them teaching in the master program so we can get more teachers, so it's kind of a vicious circle, I think.

Mr. PORTER. Congresswoman, I'm sorry I took a little more time.

Ms. MUSGRAVE. Thank you.

Of course, my passion is academic rigor and allowing students, particularly students that you talked about that really don't see themselves as college material, I think the real success story is when you get rid of that mindset and give them the confidence, you know, to excel and to really believe that they can go onto school. And I think that academic rigor early on gets these kids thinking differently.

And I know in Colorado, and I'm not sure of the situation here but, you know, about 180 school districts around the state have different requirements for graduation. And some of them have requirements like 1 year of math, which I would call like a seventh-grade math level. And, you know, very little science classes.

And my husband was a math science educator for 24 years, and you cannot take an 18-year-old that has not been challenged in those area and suddenly thrust them in an environment where they're really challenged. I mean, most of them will just back away. They just say, This is not for me. I can't handle it. They have not taken it step by step and gotten that confidence level that they need.

So we certainly in Colorado, and I assume here, need to communicate to the districts around the state that, you know, we have this need. The need is only getting greater. And it's not just in the nursing field. We know that. And we know that competitively these



students, if they want to earn a good living and have benefits for their families in many ways, they're going to have to get a good education.

So we certainly have to address it at that end, and I don't know, you know, how you communicate to districts, but I—I hope that you go into schools and you talk to them about career paths for students and the rigor that is required before suddenly the age of 18 or 26 or whatever, and they have the ability to make that choice. And so that is a passion.

I also think that in my district in Colorado, the larger minority population is Hispanic, and what an incredible asset when you can attract someone into nursing and they can also speak Spanish. I mean, my goodness. Because you can have a very well-educated nurse that can't communicate with the patient, and then what do you do? It exacerbates all of the problems we have, and so minority recruitment is just very critical.

And, you know, really as I look at the nursing profession, it's not very different then when I was a very young woman. You know, you thought of nurses as woman. And so I don't know what can be done to attract more men into the profession, but I think that is—especially with patients with just more acute illnesses and just, you know, bringing men into the profession would be absolutely wonderful.

Now, I was intrigued to hear about—I believe it was Ms. Rush that talked about 100-percent tuition reimbursement? Were you the one that mentioned that.

Could you talk about that?

Ms. RUSH. Up to. Up to. We offer thousands of dollars for our employees for tuition reimbursement.

Ms. MUSGRAVE. And what do they have to do?

Ms. RUSH. A 2-year commitment. And many of our hospitals offer full—full tuition with an employment contract afterwards. So we—we have—and actually the Nevada Organization of Nurse Leaders offers scholarships every year to not only undergraduates, but also masters prepared—or nurses who are in the masters level program.

And one of our concerns is that we don't have that many people applying for those scholarships. You know, you only get a handful of applicants for the scholarships. So we feel that on one hand, there is money out there.

I think as Carolyn talked about, a lot of it is not only the scholarship money, but the living expense money. You know, that is a big factor, particularly with faculty because for faculty, the nurses are already out there working and they're using their moneys to live on a daily basis, they're use to that lifestyle. So I think that would be one area to certainly look at.

Ms. YUCHA. I'm not sure how much that scholarship is that NOLA offers. I will tell you that our tuition, I believe, is so cheap that—that I don't think a scholarship that pays your tuition is very attractive. It doesn't—it's not enough to entice somebody to give up an \$80,000 job to go to school full time if we pay their tuition.

And that's why I think it's critical that for graduate students, we have to raise this up and have some type of package of at least 30 or \$40,000 that will allow them really to go to school. That will make it much more attractive. I think it's just too little.

I'd like to just—your talk about rigor reminded me of something else that we deal with here in Las Vegas, which I don't know that other states or cities—states deal with as much, and that is our undergraduate students can work and make a lot of money here in Las Vegas. And so even when they're full-time students, they're not really full-time students.

They're enrolled full time, but they're working full time and making a lot of money on the strip in various positions.

And so even though they're enrolled, they're not focused necessarily. And so we—this is more of a struggle that I've faced here than any other place, because then when it comes time to pass courses, they haven't invested the hours that we would have hoped they would invest. And so that's another issue. I really think it's critical that for this faculty shortage that we do something now about getting students more back in the pipeline. And if we don't do that with attracting them—and, unfortunately, it means pulling them out of their clinical agencies, which is short of nurses anyway, to get them into school really focused full time.

I mean, we can accelerate our masters program. If we had sufficient students, we could run it in the summer and get these students out in 16 months. But we can't do that with only a handful of students in those programs. I think we have the capacity to double our enrollment in our masters and our Ph.D. Programs if we had more—if we had students who were willing to do—to do that.

Ms. MUSGRAVE. I would also like you to comment on the nurse apprenticeship program, please.

Ms. RUSH. OK. We have a program where nursing students after they're in their—after they have completed one semester of clinical, so they have at least some basic education for the bedside, we bring them into the hospital. We will assign them one or two preceptors who are RNs. They work side by side with the RN.

We do not consider them a nursing assistant or a helper. They work with that nurse throughout their entire course work until they graduate. They are paid, and what they do is as they learn things in school, they then can do those same tasks with the nurse present on the patients.

Ms. MUSGRAVE. How do the RNs feel about this? Does it increase their workload?

Ms. RUSH. No, it doesn't. And we were very careful that it would not increase the workload of the RN. So if we're on a—in our ICU setting and the nurse has two patients, she will have those two—she or he will have those two patients along with the nurse apprentice.

And she spends, obviously, some of her time teaching that nurses apprentice, and they'll do the assessments together. And it's, What do you hear or What do you think about this patient, and then guide them through that assessment. And then they're also able to do all of the procedures as long as they have the basic education in the school system.

And it has offered us the ability to then retain those nurse apprentices, because they have worked with us, they have been in our culture at St. Rose, and they typically will not leave and go to another facility. They just, you know, graduate from school and grad-

uated from being a nurse apprentice to becoming an RN within our system.

And they have found that those—the nurses who go through those programs then when they become RNs advance at a much more rapid pace than the student nurses who chose not to do that.

Ms. MUSGRAVE. What are other health-care professionals, such as doctors, doing to elevate the profession of nursing to make it more attractive to students and, indeed, to students who would go on to be members of faculty? Are they helping in any way.

Ms. RUSH. We have had an increased focus on the relationship of our physicians and how they treat our nursing staff. And I know that our medical executive committee is very committed to ensuring that our physicians do not inadvertently in the—in the critical nature of the moment perhaps mistreat our nurses.

In fact, if we do have concerns expressed by our nurses, I complete an investigation and take it to our medical executive committee and action will be taken. Because one of the concerns is nurses leaving the profession, and it's cited in the literature, is abuse from physicians. And I know that many of the hospitals in the community are doing that, no tolerance for abuse of not only nurses, but also other of our health-care profession teams.

Ms. MUSGRAVE. I'm done. Thank you.

Mr. PORTER. Actually, you started something, I think it's important, and maybe we can take it a step further. Not to put you on the spot—

Ms. MUSGRAVE. But to put you on the spots.

Ms. RUSH. You asked why I wore this pen.

Mr. PORTER. And unfortunately today, you know—or, fortunately, we are focusing on faculty, but we've also touched upon some of the domino effect and really getting nurses in, recruiting, training.

And I know that today, unlike ever before, there's more demands on a registered nurse. The customer is expecting more, the hospitals, the doctors setting, they're expecting more. Training, technology is in dog years. I mean, computer today or a program today is outdated tomorrow, so there are training demands.

There's demands by the insurance companies to reduce reimbursements to professionals, so the costs are in question. You've got private facilities, you've got public facilities, each have, you know, different costs of operation.

But I realize today more than ever, there are demands on nurses that they have never seen before. And not only are they not—do I believe they are not elevated to where they should be on the level of priority and professionalism, but I'm concerned that maybe part of the reason why we're not getting recruits is the field is such that it's not as attractive as it once was.

And if so, is it because we're expecting more or is it because of some things that we're not doing to help with that feel. That's kind of a long question, but I just want to kind of set the stage. Because I know that there are those professions that no matter what, they're there, but there are those that are wondering, Wow, I don't know if I can do this for what I get paid or for the hours.

Ms. CARPENTER. Well, I do know that some people can't do 12-hour shifts. Older nurses aren't able to do that, and that's what we have to do because we have a shortage of RNs. I'm not exactly sure

what else we need to do, but reducing the shifts to 8-hour shifts I think would really assist, if that was something that would be possible to do. And I don't know whether that's possible to do or not. 12-hour shifts are very difficult for some people to do.

Ms. RUSH. We have extended that offer to our nurses. We have some units that work a combination of 12- and 8-hour shifts. Many of the nurses do not take that. We found that a lot of times they're working two jobs, and so they're able to.

I think when—to talk about the issues and the demands, I think with our increased regulations which then requires increased documentation, increased auditing, the number of lawsuits that are out there, all of those increase the demands and takes away from the nurse the ability to be there while—to be in the places where we want them to be, which is definitely at the bedside and doing those—providing the tender, loving care instead of the technical care.

And I think that those things also play into the demands, everything that we have to submit for the reimbursement. And not only for the nurses, but also the physicians. I mean, they're going through the same things in their offices, and so it's almost, you know, for them, increasing the number of patients that they're seeing and increasing the amount of documentation and the amount of things that they have to submit.

So I think those things also touch upon why nursing isn't what nursing needs to be.

Mr. PORTER. The technology portion, we spent quite a bit of time in Colorado on the technology. And last week in one of the bills that left the House of Representatives and now go goes to the Senate for conference, there's some funds in the bill that are set aside to do pilot programs across the country with technology—medical technology.

And, again, I mentioned technology changing so rapidly, but there are so many errors happening because of the pressure of the job, whether in the emergency room or in a hospital or whatever, sometimes things aren't written down properly and there's more room for error.

Well, with this program—and we're real excited because we're able to target smaller states. So about 25 percent or \$25 million is going to be available for small states to do pilot programs and technology.

We couldn't write in Nevada only because we can't do that. If you say the sun shines 360 days a year—

So it does provide that Nevada may see a couple of million dollars for two—or maybe \$4 million over 2 years to help with medical technology, because I see the wave of the future taking pressure off of the practicing nurse as having some of the latest technology to make sure that they can give care and be a nurse and not a technician.

So what I see in the future is that with this technology, a patient will—may well have web driver health information, where that patient is in Las Vegas or in Greeley, Colorado, or Humboldt, Iowa, where I grew up, the doctor can pull up on the web with a proper pin number, with all the proper privacy information like you can on an ATM machine, all of your medical records.

My mom, bless her, she's 84 as of last week, has multiple doctors because of her aging, and that's not her challenge. But those doctors don't communicate and they don't know what prescriptions she's on. I know you guys run into that all the time, because you're on the front line providing this.

But I'm really excited in Nevada that we should be able to do a pilot program, assuming it passes back in Congress here next week or the next couple of weeks. And I think we're going to save lives. And I think we're going to take some pressure off of the nursing profession with some new technology.

And as a—as a part of this, can you imagine how many lives we can save if the doctor can pull up with a pin number your medical information, what prescriptions you're on. If it's done with the computers and the insurance companies, how much less paperwork is going to have to be taken care of.

So I want to add that to one of the positive things that is happening. I think Nevada can reap the benefits as being a pilot, because we're kind of a small state. And I believe Colorado fits into it, because it had to do with the growth—was Colorado involved? Say yes.

UNIDENTIFIED SPEAKER. I believe so.

Mr. PORTER. Oh, good. I forget to add snow a couple of days. But, again, I see that as really critical.

Now, the hospitals, they're the biggest customers, right, for—pardon me. They're the biggest providers for jobs in the nursing field? Right?

Is there anything else that we can do, from a Federal Government prospective, to help encourage more of the St. Rose type of approach? Because you guys are—I think are a flagship, and I'm very proud of what you're doing, but not every hospital has that same feeling.

Is there more things that we can do to encourage hospitals to be more—I don't think that educating or hiring the faculty or recruiting is just a public sector project. I think we need more private involvement.

Is there anything we can do to help the private sector provide more to help nursing and faculty?

Ms. YUCHA. I have an idea, and that is it—I think it would be wonderful if a hospital would assign some of their very good staff that are bachelor prepared, have those nurses assignments be 50 percent to go to school so that the nurse would fifty percent do whatever she does or he does in the hospital, but the other 50 percent assignment paid would be to go to school to get a masters and/or Ph.D.

Ms. RUSH. And then if we followed that, then what the Federal Government could do is help the hospital support that. Because with the continued decline in reimbursement for our patients, it's very difficult to be able to provide the additional funding. So I think that that is certainly a way that you could help.

Mr. PORTER. And not only in funding, because although we spend trillions of dollars and I sometimes wonder where all of that money goes, we also can find incentives where—to give you advantages to play a bigger role.

Ms. RUSH. And I think—you know, I had originally talked about some type of housing and living expenses for our students, because that's where we're talking. And it's just—it's taking them too long to get out because they're going part time because they're working full time. So, again, it's not just the funding for the schools or for the educational and tuition, but it's the living as well.

Mr. PORTER. Well, I'd like to add to your work for the next 2 weeks something else. As we get assignments from the classroom, if you know any other fields that have experienced similar challenges, and there certainly are from teachers to—and even engineers in some represents, but if you know of any fields that have addressed this and have some ideas, I appreciate you including those for the record also.

Because I don't want to have to reinvent the wheel all the time. There may well be something out there that is happening, that is successful. It might be here in Las Vegas, there might be something happening that we could kind of model after, which would help expedite finding solutions.

Well, I'm actually finished with my questions.

Congresswoman, anything else you want to add today?

Ms. MUSGRAVE. Well, I'm just glad to be here. I appreciate the staff so much that has worked on this. I have a couple of staff back here. Amanda, I know you're staff.

It's an honor to serve with you. I appreciate your friendship. And this is a nationwide problem. More extreme in certain areas than others, but just an urgent need for the entire nation.

So I'm happy to be here and hear your explanation of the problems and offering strategies.

And I hope to continue to work on this. It's been a pleasure to be here. Thank you.

Mr. PORTER. Thank you. And the feeling is mutual.

I said in my opening comments, I think we're in our infancy. I really do. And I actually see such great opportunities for the future, because the demands are so great. But I think that there are a lot of people up for that challenge, and they really want to help. They can afford to be in the field if the demands are not such that they're not able to also raise a family and be a part of the community.

But I really think we're in an infancy. I think there's so many good things that are happening.

And as I said earlier, one thing about this crises, there are a lot of partners that are working together.

And although we have our own internal problems and I know that we don't always agree, but what this field has done so successful, unlike most that are in crises, is that you pretty much have helped narrow down the problems for us.

And, again, we address thousands of issue as the Members of Congress. And we have to have ADD to be in Congress, because every 5 minutes there's something different. But you, especially in Nevada and Colorado, have helped us help you, and we appreciate that very much.

So, again, thank you all for being here, to the professionals that are here, took time off from work, to our friends here at Nevada State College, I want to thank you all very much. And please, for

those that weren't on the panel today, we want to hear from you. And if you could provide us some input and some statements for the record, it will help us as we move forward.

So with that, unless I've forgotten anything, we'll adjourn the meeting. Thank you all.

[Whereupon, at 11:29 a.m., the Subcommittee was adjourned.]  
[Additional material submitted for the record follows:]

**Statement of Susan Ullrich, RN, MSN, EdD, Director, Touro University–Nevada School of Nursing, Henderson, NV, Submitted for the Record**

Chairman Tiberi, Congressman Porter, and other Members of the Subcommittee, on behalf of Touro University–Nevada, I appreciate the opportunity to submit testimony for the record of your field hearings examining how the lack of higher education faculty contributes to America's nursing shortage. My name is Susan Ullrich, and I am the Director of Touro's new School of Nursing here in Henderson, Nevada. I hold a Doctorate in Education from the University of Southern California, Los Angeles, a Master of Science in Nursing Administration and Education from California State University, Sacramento, and a Bachelor of Science in Nursing from the University of Nevada, Reno. I have over 30 years of professional experience and currently serve as a member of the Southern Nevada Medical Industry Coalition, the Nursing Institute of Nevada, and the Nevada Organization of Nurse Leaders.

The subject matter of the hearing—higher education faculty shortages—may sound a little dry, but it is a major problem with acute consequences here in Nevada. Touro has chosen to come to Nevada because the need for medical professionals, teachers, and other professionals is so pressing. As I will emphasize in my statement, part of the solution is to provide higher education opportunities in Nevada to Nevadans, because these students are much more likely to remain in Nevada as nurses, doctors, and teachers. The other part of the problem is the focus of your hearing: finding qualified teachers to teach nursing students. We are very grateful that the Committee is focusing attention on this problem, and Touro is committed to providing part of the solution, working with the other nurse training/teaching institutions in Southern Nevada.

*Touro University–Nevada*

Touro Nevada is sponsored by Touro College, a Jewish-sponsored independent institution of higher and professional education founded by Bernard Lander, PhD, LHD, and located in New York. Dr. Lander established Touro to enrich the Jewish heritage and its contribution to American society.

In 1997, Touro expanded to California, establishing a College of Osteopathic Medicine at the former Mare Island Naval Base. The Medical School received full accreditation on schedule in 2001. Since its founding, the Touro University California Campus has added schools of Education, Health Sciences, and Pharmacy. In 2004, Touro University–California opened a branch campus in Nevada. The Nevada campus includes the College of Osteopathic Medicine and training programs for physician assistants and in occupational therapy, as well as our new School of Nursing.

America's Nursing Shortage  
Over the past few years, there has been a great deal of press regarding the nursing shortage that exists in the United States, especially in the State of Nevada. However, the lack of qualified nursing faculty as a factor in this shortage has largely gone overlooked. Because the faculty shortage contributes so heavily to the deficit of nurses, the problems needs urgent attention, and we thank the Committee very much for coming to Nevada to highlight the issue.

The challenge of finding qualified nursing faculty to teach qualified nursing students is circuitous. Schools of nursing are unable to expand because of limited numbers of qualified faculty. Nursing schools need nursing graduates to become faculty in order to replenish and grow their faculty numbers to teach more students. While this appears to be a "catch-22" situation, we should not be rendered paralytic.

I believe there are three strategies that may make a marked impact on nursing faculty recruitment, which will create increased opportunities to educate more nurses:

- (1) *Allow baccalaureate prepared nurses to teach clinical courses within baccalaureate curricula.*

Currently, the State of Nevada mandates that a faculty member teaching in a baccalaureate degree program must be prepared at the master's level. It is often the case that nursing faculty members are masters-prepared, but have very little experi-

ence clinically. While advanced education is indisputably valuable to teachers, so is clinical experience. Further, education is no substitute for clinical experience, whereas clinical experience may substitute in some measure for education.

Allowing baccalaureate-prepared nurses to provide instruction in a clinical setting can benefit students greatly. Who would be better to teach baccalaureate students clinical skills than those who provide patient care at the bedside twelve hours a day? By transitioning these working nurses into academia, we have an opportunity to “grow our own” faculty, to provide nursing students with current and relevant clinical experiences, and to strengthen the relationship between service and education settings. The practical aspects of health care delivery are a special focus of Touro’s education programs, and we believe strongly in the contribution of clinical experiences to overall education.

*(2) Develop Master’s level curricula that are user-friendly and minimize the barriers to accessibility.*

Most nurses do not work on a set nine-to-five schedule; most work on twelve-hour shifts. Because of class schedules, it can be extremely difficult for nurses to continue to work and pursue graduate programs at the same time. Also, in states like Nevada with large rural populations, some nurses who may have an interest in pursuing post-graduate education do not have access to programs nearby. Offering courses on-line or via video streaming allows nursing students immediate access to course materials during times that can be accommodated with their demanding work schedules.

*(3) It is essential to bridge the salary gap between service and education settings.*

Progress has been made in this area but there is much work left to be done. There is little financial incentive for nurses to leave the bedside where they can earn \$90,000/year while working three twelve-hour shifts in addition to one or two per diem days per week. The cost of advanced degrees in time and money adversely tilts the scale in favor of continuing work at the bedside instead of pursuing a degree in nursing education. Leveling salaries between service and education might answer the question: “Why would I want to incur the cost of going back to school for an advanced degree when I can make more money working three days a week?”

#### *Conclusion*

The question foremost in my mind isn’t why the shortage exists, but rather, what are we going to do about it? How are we going to remediate the fact that Nevada has the lowest number of nurses per 100,000 residents of any state in the United States? Without swift and effective action, this problem will intensify exponentially. Nevada must lead in solving this problem because the nursing shortage (and the shortages of other health care professionals) erodes the quality of life for Nevada residents, and undermines the conditions that brought so many people to live in Nevada in the first place.

Touro came to Nevada because of these needs; our leaders want to help solve these problems by educating Nevadans in Nevada. Our nursing program is specifically designed to allow nurses to obtain advanced degrees in nursing without leaving the state, and to allow other college graduates to obtain a nursing masters on an expedited schedule. We look forward to working with you and with the other educational and clinical institutions in Nevada to solve these problems and serve the community.

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#### **Statement of Helen Vos, RN, MS, Chief Nursing Officer, MountainView Hospital, Las Vegas, NV, Submitted for the Record**

Good morning. My name is Helen Vos, RN, MS. I am the Chief Nursing Officer at MountainView Hospital here in Las Vegas. I also am a member of the Nevada State Board of Nursing and am currently serving as the President for the Board. Thank you for the opportunity to address you briefly about the particular issues of the nursing shortage and nursing faculty shortage that exist in Southern Nevada.

The nursing shortage in the United States and internationally is well documented. The State of Nevada has an increased challenge in dealing with the nursing shortage due to the rapidly increasing population in the state, particularly Southern Nevada. In the 2001 US Health and Human Services Department report, the average nurse per population ratio in the US was 7.82. Nevada’s nurse per population ratio was 5.2, the lowest in all 50 states plus DC. Interestingly the Bureau of Labor Statistics published RN salary information in May 2003 and the average wage per hour rand of Nevada was 12 out of 51 states plus DC.



Coupled with the existing shortage of nurses is the continued population growth, particularly in Southern Nevada. In 1996 MountainView Hospital the first new hospital in Las Vegas in 20 years opened. In the following 9 years, four additional new hospitals have opened and each existing hospital in the county has completed some type of inpatient bed expansion. All of these new beds and services require additional nurses to provide care.

During the 2003 Nevada State Legislative session, a mandate was given to double nursing school enrollment in the State of Nevada. All the higher education institutions immediately began the planning to accomplish this mandate.

The Nevada State Board of Nursing also reviewed the regulatory requirements for faculty as they exist in the Nurse Practice Act. In an effort to maintain quality education but also recognize that competent faculty could have a variety of Masters or Doctoral level preparation, the Board of Nursing made some modifications in 2004. Previously, all faculty teaching in a nursing program was required to have a Master of Science in Nursing (MSN) degree. These requirements have now been modified to require 75% of the faculty to have an MSN degree and the other 25% to have a Bachelor of Science in Nursing plus a masters in a related field. The intent of these changes was clearly focused on addressing the issue of faculty shortages without compromising the quality of the education received by nursing students.

In summary, intense recruitment efforts by healthcare organizations in the state and efforts to increase enrollment in nursing programs has been ongoing in Nevada for at least 10 years. With each new hospital that opens in Southern Nevada, the question always heard is, "Where are we going to find the nurses?" In a study by John Packham, PhD, a researcher at the University of Nevada Reno School of Medicine, titled "2005 Survey of Licensed Registered Nurses in Nevada" he estimated the RN to population ratio improved in Nevada from 520 per population to 548 per population. This appears to be a step in the right direction but as the results were broken down into regions of the state, southern Nevada was 530 per population, Northern Nevada was 702 per population and Rural/Frontier Nevada was an alarming 337 per population. These results indicate that Nevada has a long ways to go to meet the health care needs of our growing and aging population. Without competent Nursing Faculty it will be impossible to continue to grow and meet the ever increasing demand for new nurses in the state. Any and all efforts to assist in addressing these issues are greatly appreciated.

Thank you for your time and attention.

