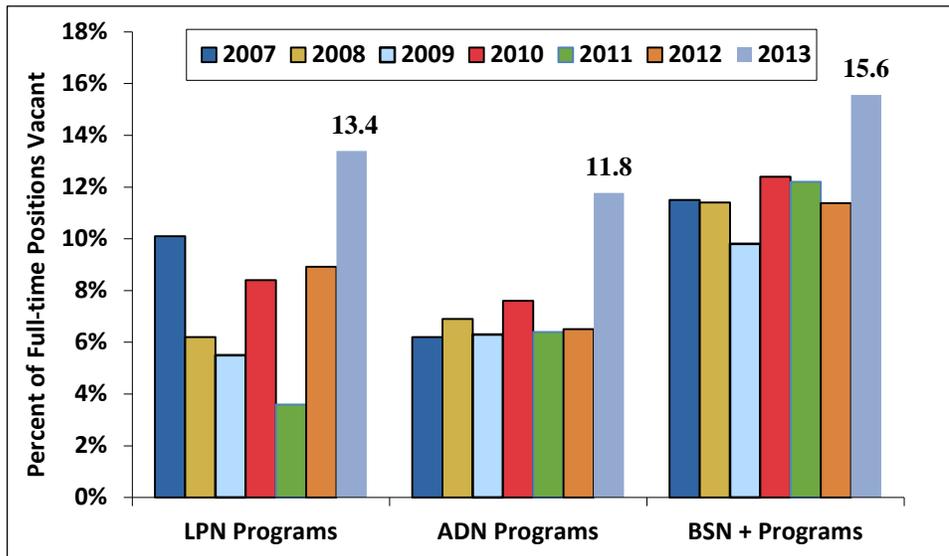


The information below represents the **key findings** regarding the faculty workforce in Florida's nursing education system. The report focuses on nursing faculty data, analysis of trends, implications of the data, and research and policy recommendations.

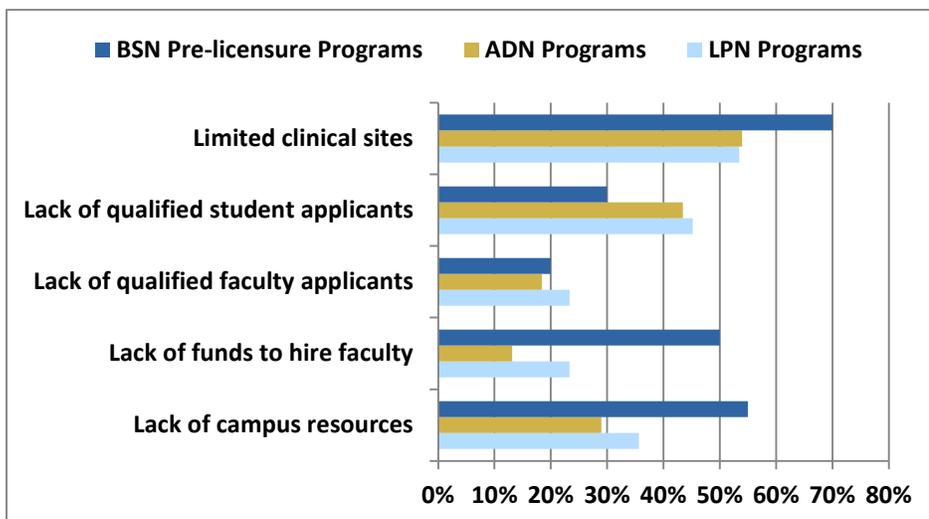
Vacant Full-Time Faculty Positions and Anticipated New Full-Time Positions (over next two years)

Program Type	Vacant FT Faculty (as of 9/30/2013)	Anticipated New Full-Time Positions
LPN	41	123
ADN	93	194
BSN and higher	73	57
Totals	207	375

Trend in Full-Time Faculty Vacancy Rates by Program Type, 2007-2013



Barriers to Maximizing Pre-Licensure Program Capacity



- The Center contacted 351 schools, 28 more than last year.
- Center survey **response rates are 54%**. Although an incomplete picture of education, this allows for trend identification.
- **Faculty vacancy rates have increased** in all programs.
- 366 new full-time faculty were hired, schools **anticipate 375 new full-time positions** over the next 2 years.
- The **ratio of enrolled students to full-time faculty** has decreased in all programs.
- Schools reported **328 faculty separations this year**, 61 higher than last year.
- The **most commonly reported barrier to maximizing capacity is limited clinical sites**, reported by all types of schools.

Recommendations

1. Create incentives for nurses to seek advanced education, from ADN to BSN and into graduate study, to assist existing nurses to further their education and to build a nurse faculty pipeline.
2. Develop strategies to reduce faculty vacancy rates.
3. A consistent, long-term data collection, analysis, and reporting system must be in place and adequately funded to provide critical information on which to base funding and policy decisions.
4. Return to a single, combined survey of nursing programs that can be shared by the appropriate state entities.

Florida Nurse Faculty Supply and Demand: Academic Year 2012-2013

Background

The Florida Center for Nursing (Center) has surveyed the state's nursing education programs yearly since 2007. The goals of the Center's nurse education survey are to characterize trends in nursing education and the nurse faculty workforce. Given that this is the Center's seventh annual survey, the richness of the data and information are enhanced by the ability to report trends in results. Trending data enables outcome monitoring and identification of promising practices for replication. Thus change, or the lack of it, becomes evident and provides the opportunity to consider the effect of interventions, such as efforts to increase production of new graduates to enter the workforce.

The Center envisions the data collection, analysis, and subsequent reports to have multiple benefits to stakeholders: schools can use the data for academic decision making, to strengthen grant applications, to plan for faculty demand and maximizing student capacity; policy makers can use the data to guide funding decisions and to plan strategic use of resources. This report focuses on faculty data from the Center's survey of nursing education programs for Academic Year (AY) 2012-2013, highlights analysis of trends in results over the years of data collection, and provides faculty demand information from the academic employers. The implications are discussed and research and policy recommendations are offered. Additional information on Florida's nursing education programs and the Florida Center for Nursing Education Survey can be found in the companion reports.

Data Source

Data for this report are from the 2013 Florida Center for Nursing *Survey of Nursing Education Programs*. In October 2013, a survey link was emailed to the Dean or Program Director of all nursing education programs in the state of Florida. In responding, Deans and Directors provided data on the faculty and student populations as of September 30th, 2013 and on program capacity for Academic Year (AY) 2012-2013.

Nursing education programs are identified from the Board of Nursing website, which maintains an updated database of Licensed Practical Nurse (LPN), Associate Degree in Nursing (ADN) and pre-licensure Bachelor's in Nursing (BSN) programs. Neither the Board of Nursing nor the Office of Program Policy Analysis and Government Accountability (OPPAGA) track nursing programs that do not lead to a new license, such as RN-BSN programs. Thus the Center identified RN-BSN, Master's, and Doctoral programs after receiving specific information on these programs from responding schools. Six online nursing education programs were identified by the Center (from participation in previous years' surveys) and were also contacted to participate.

An updated list of all nursing programs in Florida was downloaded from the Board of Nursing in August 2013. A total of 351 schools (154 LPN, 154 ADN, 37 BSN, 6 online) were asked to complete the survey. Compared to AY 2011-2012, 28 more schools (6 pre-licensure BSN, 15 ADN, 7 LPN programs) were contacted this year.

A total of 191 programs responded to the survey, giving an overall response rate of 54 percent (Table 1). The response rate varied by program type: 57 percent within LPN programs, 51 percent within ADN programs, 59 percent within pre-licensure BSN and higher degree programs, and 50 percent within the online programs. RN to BSN programs are offered in multiple venues: state colleges, state universities and colleges offering four year and higher degrees, and online only programs operating in Florida that may be based in another state. We do not have an accurate count of the number of these programs in the state, consequently RN-BSN programs do not have a calculated response rate. The response rate varied among state schools (68%) and private schools (50%). More detail on the response rates among state and private nursing programs can be found in Appendix Table A1. Eight programs responded to the faculty questions only (2 LPN, 4 ADN, and 2 BSN), and their information is included in the faculty data sections of this report.

Table 1. Response Rates for Florida’s Nursing Schools, AY 2012-2013

Type of Program	Total # of Schools	New Programs 9/2012 – 8/2013	Responding Programs	Response Rate
RN-BSN	N/A	N/A	25	N/A
BSN & higher	37	6	22	59%
Online only	6	N/A	3	50%
ADN	154	15	78	51%
LPN	154	7	88	57%
Total	351	28	191	54%

Results

Overview of Responding Programs

Table 2 provides detail of the programs and curriculum options available in Florida’s nursing schools as of September 30, 2013, based on survey responses. It is important to note that pre-licensure ADN and BSN nursing programs increase the supply of RNs, whereas post-licensure programs (e.g., RN-BSN, Master’s, Doctoral) advance the education level of already licensed RNs and increase the supply of ARNPs.

LPN programs are the most numerous, with 88 programs responding to the survey. Eight of these programs reported a bridge curriculum that moves students with some health sciences training (e.g., a certified nursing assistant) through the program more rapidly. Fifteen LPN

programs were new and reported they did not have students enrolled at the time of data collection.

Seventy-eight ADN programs responded, of which 42 offer a bridge curriculum that moves LPNs or paramedics through the RN program more quickly. Sixty-seven ADN programs had a traditional curriculum, and two had no students enrolled at the time of data collection.

Of the 22 pre-licensure BSN programs participating, 10 offer a second-degree curriculum – often called an accelerated program – for students with a baccalaureate degree in another discipline, and 18 had a generic traditional curriculum. Two new pre-licensure BSN programs had no students enrolled at the time of data collection.

RN-BSN programs, which move associate degree or diploma prepared RNs to the baccalaureate level, are the most numerous type of post-licensure programs (BSN and higher). State colleges offering the ADN are increasingly offering this post-licensure mobility curriculum, as are online-only programs. Numerous online-only RN-BSN programs are offered throughout the United States, enabling students located anywhere to continue their education. The Center only surveys programs that have a physical location in Florida, as they will have the largest number of Florida-based students. Efforts to collect data from out-of-state programs operating in Florida have generally not been successful.

Three programs with an online-only curriculum responded to the survey. Two programs had post-licensure only (RN-BSN, Master's) and one is an LPN-BSN program. Several online programs reported it was difficult to isolate Florida students for reporting purposes as the programs teach students from all over the country.

Many of the state's universities offer graduate degrees in nursing. Sixteen schools offered a master's degree in nursing (MSN) program. The most common Master's programs were nurse practitioner, nurse anesthetist, nurse educator, and leadership or management. Eight schools offered doctoral programs.

In addition to degree-granting programs, 12 schools reported having certificate programs. The most common types of certificate programs were nurse educator, nurse practitioner (NP) family practice, and NP adult gerontology.

Table 2. Programs and Curriculum Options Reported by Respondents in AY 2012-2013

	Number
Pre-licensure Programs	
LPN Programs	
Number of LPN Programs Responding	88
- <i>No students enrolled</i>	15
- Generic/Traditional Curriculum	71
- Bridge Curriculum	8
ADN Programs	
Number of ADN Programs Responding	78
- <i>No students enrolled</i>	2
- Generic/Traditional Curriculum	67
- Bridge Curriculum	42
Pre-licensure BSN Programs	
Number of BSN Programs Responding	22
- <i>No students enrolled</i>	2
- Generic/Traditional Curriculum	18
- 2 nd Degree Curriculum	10
Post-licensure and Certificate Programs	
RN-BSN Program (Post-licensure)	25
Online-Only (RN-BSN, Master's)	2
MSN Programs	16
- Nurse Practitioner Program	11
- Nurse Anesthetist Program	6
- Nurse Midwife Program	2
- Nurse Educator Curriculum	9
- Leadership/Management Curriculum	6
- Clinical Nurse Specialist Curriculum	3
- Clinical Nurse Leader Curriculum	5
- Holistic Nursing Curriculum	1
Doctoral Programs	8
- Ph.D. Curriculum	6
- DNP Curriculum	8
Certificate Programs	12
- Education	7
- NP Pediatrics	1

- NP Acute Care	2
- Administration	2
- NP Family Practice	7
- NP Adult Gerontology	6
- Other Certificate	8

Note: The number of curriculum counts exceeds the number of program counts because many programs offer multiple curriculum options.

Table 3 shows the Accreditation Commission for Education in Nursing (ACEN) or Commission on Collegiate Nursing Education (CCNE) accreditation status of programs in AY 2012-2013. The AECN offers accreditation for all programs of study, while the CCNE limits accreditation to only BSN and higher programs. Achieving national accreditation indicates a program’s ability to meet recognized quality standards related to the academic curriculum and faculty qualifications. Schools that have not yet admitted students cannot have achieved accreditation. LPN programs were the least likely to report being accredited (90% were not accredited). One-third of ADN programs and 80 percent of the BSN programs reported being accredited. Most BSN programs were CCNE accredited. Within ADN programs, 80 percent of non-profit schools are accredited compared to two percent of proprietary schools (Appendix Table A2).

Table 3. Accreditation Status in AY 2012-2013 by Program Type

Accreditation Status	LPN N (%)	ADN N (%)	BSN N (%)
<i>No students yet enrolled</i>	15	2	2
Not accredited	66 (90%)	51 (67%)	4 (20%)
Accredited by AECN and/or CCNE	7 (10%)	25 (33%)	16 (80%)

**Schools with no students yet were not counted in the accreditation.*

Faculty Information

To gauge the current level of demand for nurse faculty, deans and directors were asked to report the number of filled and vacant faculty positions as of September 30, 2013. Table 4 shows these numbers by program type and full vs. part-time positions. Responding programs reported a total of 1,565 full-time and 1,591 part-time faculty positions were filled on that date, while 207 full-time and 127 part-time positions were vacant. Many schools do not budget positions for part-time instructors, instead hiring as needed. Schools had the option of reporting “Not Applicable” for budgeted and vacant part-time positions, although all were asked to enter the number of filled part-time positions. Thus, reported part-time vacancies do not accurately reflect the current need for part-time employees. Responding schools reported about the same number of filled full-time positions and part-time filled positions as they did last year. The number of vacant full-time faculty positions increased by 60, and part-time positions

increased by 55 from last year. This increase may result from new programs hiring more faculty or from different programs responding to the survey from year to year.

Table 4. Filled and Vacant Faculty Positions, and Needed but Not Budgeted Faculty Positions as of 9/30/2013, by Program Type

Program Type	Filled Faculty Positions		Vacant Faculty Positions		Needed but Not Budgeted
	full-time	part-time	full-time	part-time	full-time
LPN	306	326	41	48	71
ADN	790	858	93	77	108
BSN and higher	469	407	73	2	65
Total	1,565	1,591	207	127	244

Note: There is some overlap in the faculty data by program type. For example, a school with an ADN program and a BSN program does not split out the faculty into the program type, and faculty may teach in both programs. Thus there is overlap between the program type categories. Faculty are only counted once.

The most commonly report barriers to faculty recruitment were non-competitive salary and a limited qualified applicant pool (reported by 45% of responding schools). Ten percent of schools also reported geographic location and cost of living as barriers to recruitment.

Faculty vacancy rates¹ in responding schools vary by type of nursing program (Figure 1). Vacancy rates in responding schools have increased by 4 to 5 percent over the past year, and are now higher than any year since the Center started collecting data in 2007. Next year’s data will determine if this is a concerning trend, or just a one-time occurrence.

¹ Full-time position vacancy rates are calculated as: $(\sum \text{FT positions vacant} / \sum \text{FT positions budgeted}) * 100$.

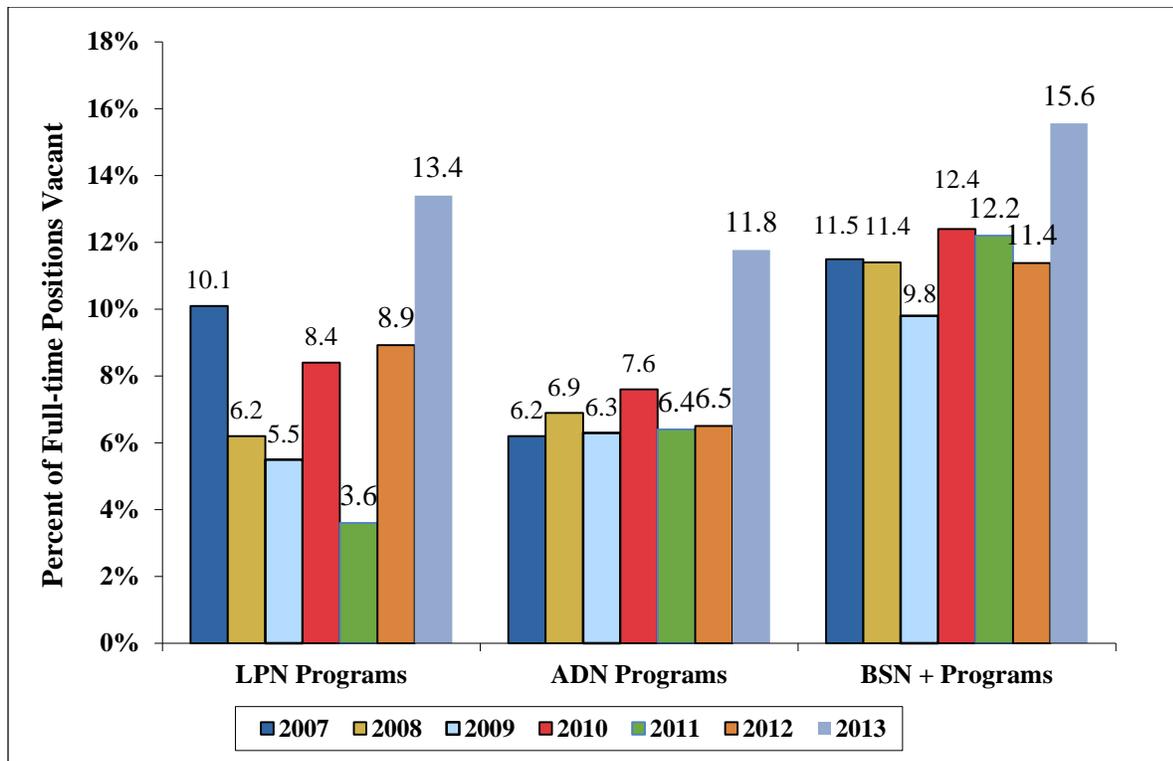


Figure 1. Trend in Full-Time Faculty Vacancy Rates 2007-2013, by Program Type

In addition to actual vacancies, program directors were asked to report the number of full-time positions they would add to meet the needs of their current student population if funding were available. Actual vacant positions measure economic demand for nurse faculty – the number of faculty members schools are willing to employ given the salaries they must pay those employees and the current budgets. In contrast, the question about hypothetical positions measures perceived *need* for nurse faculty – the desired number of faculty members without respect for available funding. The economic reality is that many nursing programs cannot afford to staff at levels they consider desirable or appropriate. Figure 2 shows that vacancy rates incorporating perceived need would be 14 percentage points higher for BSN (and higher) and ADN programs, and 23 percentage points higher for LPN programs relative to actual vacancy rates. Deans and directors reported that 71 additional LPN faculty, 108 additional ADN faculty, and 65 additional BSN (and higher) faculty positions were needed but not budgeted as of September 30, 2013 (Table 4). This variance in needed versus actual positions may have a significant impact on faculty retention and/or satisfaction with their roles due to a long-standing expectation for fewer people to do the work of more.

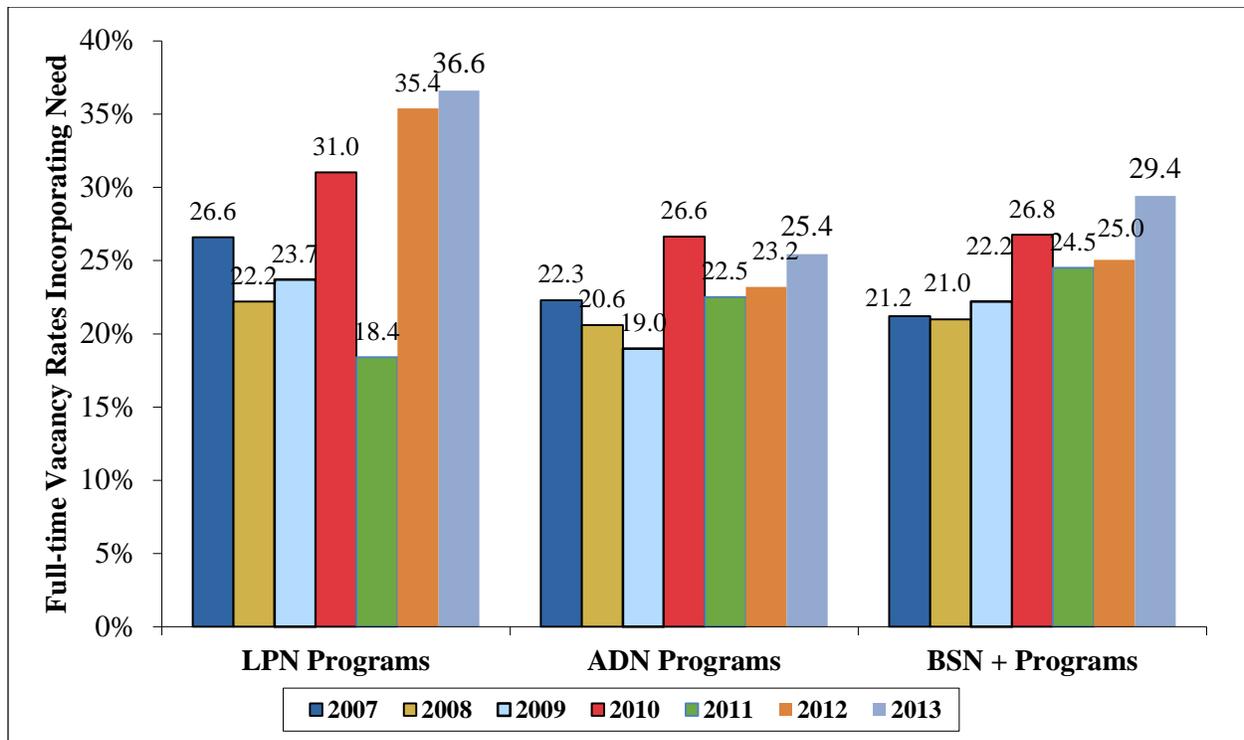


Figure 2. Trend in Faculty Vacancy Rates Incorporating Perceived Need for New Positions

In an effort to gauge faculty workload, the Center considers the number of students served by each full-time faculty member. In AY 2012-2013, the number of students served by each full-time faculty member within both LPN and ADN programs decreased (Figure 3). The ratio of students to full-time faculty member decreased by one student in ADN programs and by two students in BSN programs. The ADN student to faculty ratio remains higher than the ratios for both LPN and BSN programs. The BSN student to faculty ratio continues on a decreasing trend since 2010. Variations in faculty counts between LPN, ADN, and BSN programs are due to differences in role expectations other than direct student effort. Faculty may be required to meet research, scholarly work, and service requirements, in addition to the more traditional lecture and clinical instruction.

Ratios of students to faculty are not intended to measure overall program quality or adequacy of faculty staffing for classroom or clinical instruction, because they do not tell the whole story when it comes to providing clinical oversight of student nurses in delivering patient care. They represent only the mathematical relationship between the number of enrolled students and full-time faculty members. Classroom and clinical instruction are pivotal times when faculty mentoring and correcting of behaviors for patient safety and quality are critical. High student to faculty ratios assume learning is the same among all students, and may actually contribute to less learning or unsafe practices without the proper guidance. There is no established proper ratio, but rather a range that takes into account individual learning needs and styles as well as the complexity of patient conditions and scenarios encountered by students.

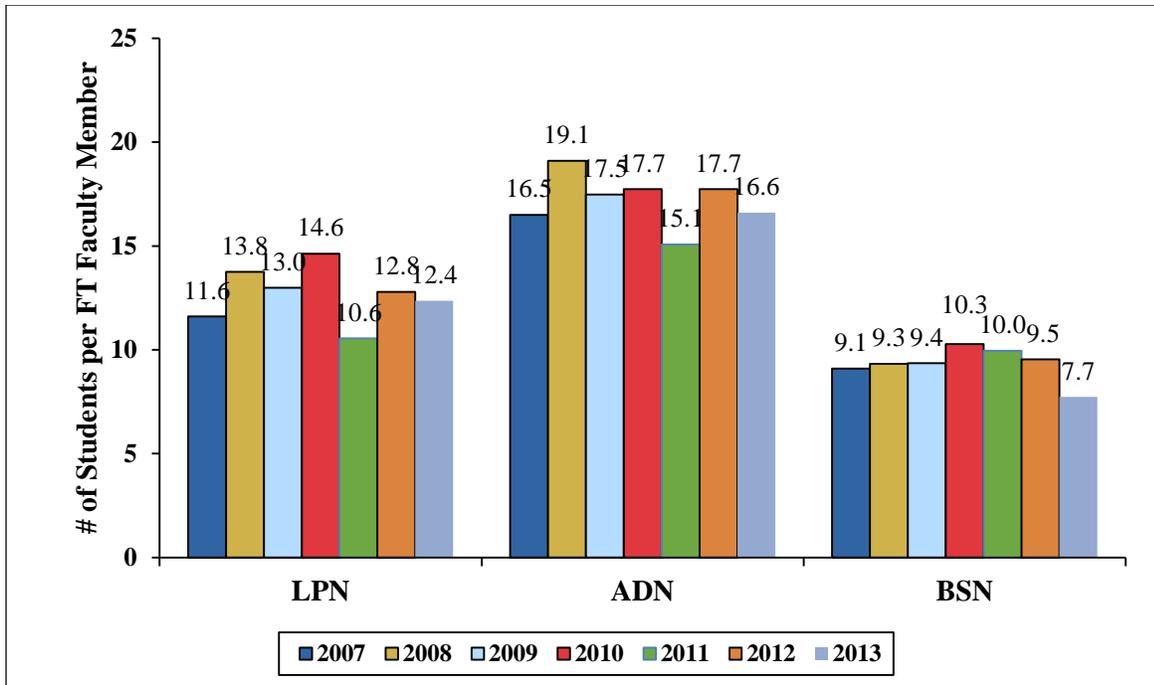


Figure 3. Trends in Number of Enrolled Students Per Full-Time Filled Faculty Position

Responding nursing programs reported hiring a total of 366 new full-time and 588 new part-time faculty during the AY 2012-2013 (Table 5), which is 28 fewer full-time and 51 more part-time faculty than were hired in AY 2011-2012 (a 7% decrease in full-time new faculty hired and 9% increase in part-time new faculty hired). Faculty hiring had been increasing since the 2009-2010 academic year. The decrease in full-time faculty hired was unexpected, especially given the increase in the number of vacant faculty positions. The newly hired faculty are hired by new schools, expanding existing programs, and also to replace those who left during the past year. The length of time to fill vacant positions was 11.7 weeks for full-time and 5 weeks for part-time vacancies, which remained about the same as AY 2011-2012.

Table 5. New Faculty Hired in Academic Year 2012-2013, by Program Type

Program Type	Number of New Faculty Hired		Average Weeks to Fill Faculty Vacancies	
	full-time	part-time	full-time	part-time
LPN	77	149	7.1	4.8
ADN	224	333	12.4	5.1
BSN and higher	65	106	17.3	5.1
Totals	366	588	11.7	4.9

The survey asked program deans and directors how many full-time faculty members separated from their programs for any reason during the last academic year. A total of 328 full-time faculty members separated from nursing programs during AY 2012-2013 (Table 6). The number of separations reported is 61 higher than last year, and the overall median turnover rate (16.7%) is 7 percentage points higher than the turnover rate for AY 2011-2012. This academic year, the median turnover increased by three percent in BSN programs, 7.6 percent in LPN programs, and 10.7 percent in ADN programs.

Table 6. Full-time Faculty Separations and Turnover Rates for AY 2012-2013

Program Type	Number of Separations	Turnover Rate in Quartiles		
		25 th percentile	50 th percentile (median)	75 th percentile
LPN	90	0	14.3	42.9
ADN	176	8.0	25.0	40.0
BSN and higher	62	5.9	12.6	20.0
Totals	328	0	16.7	37.5

Note: A school's turnover rate was computed as: (# of AY 2012-2013 separations / # of filled positions as of 9/30/2013)*100

Table 7 describes the education distribution of faculty members employed as of September 30, 2013. BSN and higher programs employed proportionately more full-time faculty educated at the doctoral level (about 67% of all faculty), while 76 percent of ADN full-time faculty were educated at the master's level. LPN programs employed a mix of education levels: 38 percent had a master's in nursing, and 36.5 percent had a bachelor's degree in nursing. Across all program types, most part-time and adjunct faculty have bachelor's or master's degrees.

Table 7. Full and Part-time Faculty Education Distributions, by Program Type

	LPN Programs	ADN Programs	BSN + Programs
Full-time Faculty	%	%	%
Doctorate in Nursing	2.5	8.4	53.1
Non-nursing Doctorate	2.8	5.4	13.6
Masters in Nursing	37.8	74.5	32.6
Non-nursing Masters	8.4	1.8	0.4
Bachelors in Nursing	36.5	9.6	0.0
Non-nursing Bachelors	5.9	0.1	0.2
Diploma or AS in Nursing	6.2	0.1	0.0
Part-time/Adjunct Faculty	%	%	%
Doctorate in Nursing	0.6	3.9	21.6
Non-nursing Doctorate	4.6	3.2	5.4
Masters in Nursing	25.4	57.3	66.8
Non-nursing Masters	6.4	6.8	1.2
Bachelors in Nursing	45.3	27.1	4.4
Non-nursing Bachelors	0.0	0.0	0.0
Diploma or AS in Nursing	17.7	1.7	0.5

A major concern regarding the faculty supply is the age of the faculty population. As Figure 4 shows, a large proportion of faculty members are nearing retirement age. Twenty-three percent of BSN full-time faculty members are over the age of 60, while 50 percent of ADN educators are age 50 or younger. Nurse educators are older than the average nurse - the average age of all RNs in Florida is 48.8 years, and the average age of all LPNs is 46.8 years.^{2,3} The average age of full-time faculty members was 51 to 52 years, depending on the program type, and average faculty age has remained about the same since 2007.

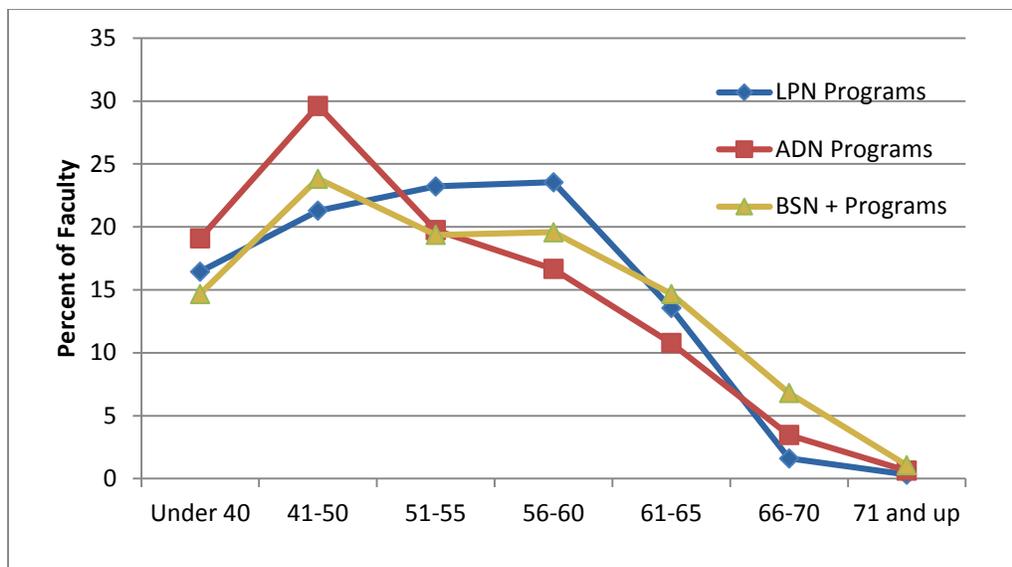


Figure 4. Age Distributions of Full-Time Faculty, by Program Type

Figure 5 shows trends in faculty age distribution from 2008-2013. The age distribution is quite similar over all six years, but shows a trend since 2010 in the increasing percentage of faculty younger than age 40 and age 41-50.

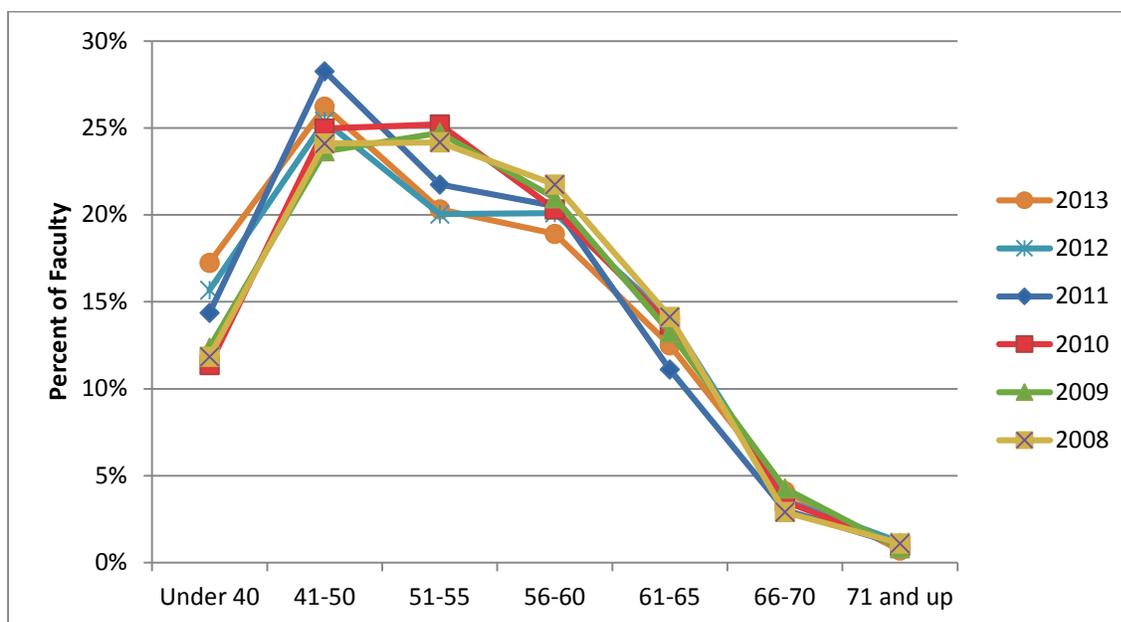


Figure 5. Full-Time Faculty Age Distribution Trends, 2008-2013

Faculty members over age 60 are expected to begin retirement within five years. The Center asked program directors to tell us how many faculty members had retired during AY 2012-2013. A total of 47 retirements were reported last academic year, up from 35 reported retirements

during AY 2011-2012. Given the age distribution of current faculty members, we can expect the number of retirements to steadily increase over the next several years.

Finally, Table 8 shows the number of new faculty positions program directors expect to budget over the next two academic years. Responding schools indicated they expect to create 375 new full-time faculty positions and 402 new part-time faculty positions. If these projections are realized, LPN programs would grow their faculties by about 41 percent over the next two academic years, ADN programs would increase by 22 percent and BSN (and higher) programs would increase their faculties by 18 percent. Faculty growth is at least partly dependent on economic recovery and funding for the schools. Furthermore, the Center believes this faculty workforce growth may be understated, as it reflects only those programs responding to the survey.

Table 8. New Faculty Positions Expected Over Next Two Academic Years

	LPN Programs	ADN Programs	BSN+ Programs
New Full-time Positions Expected	123	194	57
New Part-time Positions Expected	133	165	104
Total New Faculty Members Needed	256	359	161
% Growth Over Current Positions	40.5%	21.8%	18.4%

Note: Respondents may not be certain that their requests for additional budget lines for faculty will be approved by their college or university.

Barriers to Maximizing Program Capacity

Deans and Directors within all types of pre-licensure nursing programs reported that “limited clinical sites” was the most common barrier to admitting more students (70% of BSN, 54% of ADN programs, 53% of LPN, Figure 6). This result was about the same as last year, and indicates that limited clinical sites are a recurring problem. Fifty percent of pre-licensure BSN programs reported lack of funds to hire faculty as a barrier, and 55 percent reported a lack of campus resources. Over 40 percent of ADN and LPN programs reported a lack of qualified student applicants. Closer examination of the data reveals inconsistency in the responses of the schools, as some schools who responded that they lacked qualified applicants also reported on the students question that they had more qualified applicants than available seats.

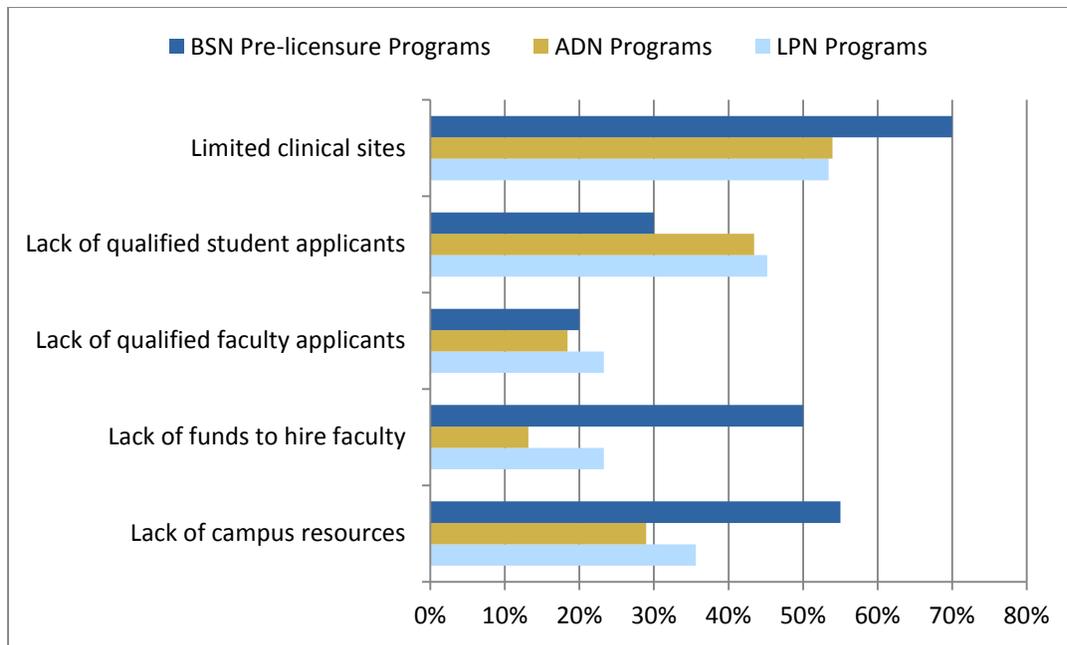


Figure 6. Barriers to Maximize Pre-Licensure Program Capacity, AY 2012-2013

Barriers to maximizing post-licensure program capacity are shown in Figure 7. The most common barriers for Master’s programs were limited clinical sites (reported by 56%) and lack of qualified faculty applicants (reported by 38%). Last year Master’s programs also reported the same barriers to maximizing capacity. Doctoral programs reported limited clinical sites and lack of funds to hire faculty were the two most common barriers, followed by lack of qualified faculty applicants and lack of campus resources (an increase from last year).

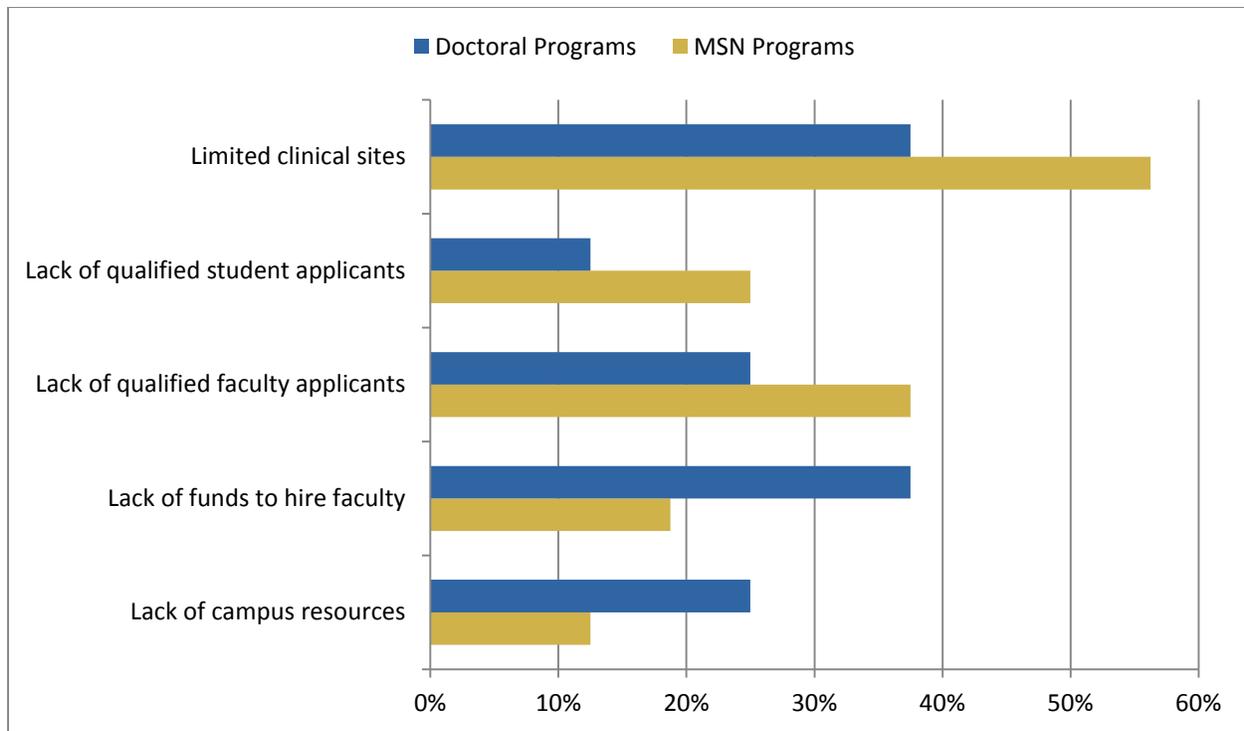


Figure 7. Reported Barriers to Maximize Post-Licensure Program Capacity, AY 2012-2013

Discussion

The number of pre-licensure nursing programs in Florida has grown tremendously since AY 2009-2010. The Center’s survey was sent to **28 new programs** this academic year (7 new LPN programs, 15 new ADN programs, six new pre-licensure BSN programs), fewer new programs compared to the 63 new programs in AY 2011-2012 and the 59 new programs in AY 2010-2011. Nursing program Deans and Directors report that limited clinical sites, lack of funds to hire faculty, lack of qualified faculty applicants, and lack of campus resources are barriers to maximizing program capacity. These barriers remain year after year, and perhaps are an indication that the growth of nursing programs can no longer be sustained. The Center’s reports have consistently stated that nursing programs’ capacity to grow may be very close to reaching a bottleneck imposed by limited fiscal, human, and clinical resources, given the recent growth in nursing programs. The Center maintains its position statement from previous years: It is crucial to evaluate the impact of these new programs, in terms of student quality, cost-benefit analysis of the programs, and health industry assessment of the program’s graduates’ ability to meet employment needs. Thus far, these objective evaluations of new programs have not occurred.

Data demonstrate a worsening impact on the faculty shortage with the combination of increasingly high faculty vacancy rates and over 200 vacant full-time faculty positions. This year faculty vacancy rates have increased by four to five percent among all types of nursing programs, and are now 13.4 percent in LPN programs and 15.6 percent in BSN programs. Next

year's survey results will reveal whether this is a one-time increase, or a concerning trend. When perceived need for new positions is taken into account, faculty vacancy rates range from 36 percent in LPN programs to 29 percent in BSN programs. Responding schools reported that as of September 30, 2013 they had 207 full-time and 127 part-time vacant faculty positions, an increase from the number of vacancies reported last year. Schools also reported 375 new full-time faculty positions and 402 new part-time faculty positions are expected to be created over the next two years. The student to faculty ratio has decreased within all programs this year. The aging faculty workforce and future retirements suggest that it is important for educational institutions to begin faculty succession planning. We anticipate these vacancy numbers, future retirements, and consequent need for new faculty would be much higher if the Center had information from all of the state's nursing programs. The large number of nursing faculty needed in the future suggests that we will need more nurses with graduate degrees in nursing education, and suggests competition for faculty among Florida's nursing programs. A consolidated database of open faculty positions might improve the search process both for nurses looking for faculty positions and for schools trying to recruit faculty.

The Institute of Medicine (IOM) report recommends doubling the number of nurses with a doctoral degree by 2020 in order to respond to the growing demand for nurse faculty.¹ Florida had 165 nursing doctoral graduates (DNP and PhD) and 168 MSN nurse educator graduates in AY 2012-2013. Enrollment in MSN nurse educator curriculum (364 students) and PhD programs (194 students) has decreased since last year, while enrollment in DNP programs (612 students) has increased. Given the future shortage of nurses prepared to assume faculty roles, the decrease in MSN Educator and PhD student enrollment needs to be tracked and students should be encouraged to follow an education and research career path.

The response rate to the Center's survey was 54 percent, a decrease from the 59 percent response rate for AY 2011-2012. A high survey response rate with school data that accurately represent the students and faculty in *all* nursing schools in Florida is necessary for accurate strategic nurse workforce planning. Specifically, data regarding nurse faculty are used to plan for future faculty workforce needs resulting from new and expanding nursing programs and the anticipated retirements of older faculty, and ensuring new faculty are appropriately educated to fill the expected new and vacated positions. Florida's nurse education programs should be required to provide appropriate data to the Center in order to continue strategic workforce planning initiatives.

Recommendations

The Center puts forward the following research and policy recommendations related to Florida's nursing education program faculty. These recommendations are not intended to be for the Center alone to implement, but can be used as a starting point for other groups working to make valuable contributions to the nurse workforce.

1. **Create incentives for nurses to seek advanced education, from ADN to BSN and into graduate study, to assist existing nurses to further their education and to build a nurse faculty pipeline.** As the nurse population at large and, specifically, the faculty workforce retires, the need for adequately educated nurses to move into faculty roles is essential. Increasing the number of nurses with graduate degrees in nursing and nursing education is key to addressing the continually high nurse faculty vacancy rate, particularly in baccalaureate and higher programs.

2. **Develop strategies to reduce faculty vacancy rates.** Responding schools reported 207 full-time faculty vacancies (60 more than last year) and 127 part-time faculty vacancies (55 more than last year). The faculty vacancy rates increased by 4% to 5%, and are now 13.4% in LPN programs, 11.8% in ADN programs, and 15.6% in BSN programs. The Center will closely track the vacancy rates next year to determine if this increase is a one-time occurrence or a concerning trend. Nonetheless, academic leadership should evaluate their programs' work environment and, as appropriate, implement policies and practices to retain faculty.

3. **A consistent, long-term data collection, analysis, and reporting system must be in place and adequately funded.** The Florida Legislature established the Florida Center for Nursing in 2001 to address issues related to the nursing shortage in Florida. Number one of the three mandates given in statute (FS 464.0195) is to develop a strategic statewide plan for nursing manpower in this state by:
 - Establishing and maintaining a database on nursing supply and demand in the state, to include current supply and demand, and future projections; and
 - Selecting from the plan priorities to be addressed.

To achieve this mandate, the Center needs fiscal resources and the authority to collect appropriate data. Florida's legislature should put in place a sustainable funding mechanism for the Center to accomplish its statutory mandate and require nurse education programs within the state to provide appropriate data for analysis.

4. **Return to a single, combined survey of nursing programs, as was done prior to 2010, that can be shared by the appropriate state entities (FCN, BON, OPPAGA).** The Center has extended its willingness to coordinate the process and distribute appropriate datasets to each of the state entities, as was done previously. The Center believes that interagency collaboration is key to improving efficiency and reducing redundancy.

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References

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2. Florida Center for Nursing. (2012). *Florida's RN and ARNP Supply*. Retrieved March 11, 2014 from http://www.flcenterfornursing.org/DigitalLibrary.aspx?Command=Core_Download&EntryId=450.
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Appendix

Table A1. Response Rates, AY 2012-2013

School Type	Number of Schools	Number of Responding Schools	Overall Response Rate	State Schools Response Rate	Private Schools Response Rate
LPN	154	88	57%	70%	52%
ADN	154	78	51%	58%	50%
BSN and higher	37	22	59%	100%	48%
Total	345	188	54%	68%	50%

Note: The two online-only programs are not included in this table.

Table A2. Nursing Program Accreditation Status by Non-Profit or Proprietary School, AY 2012-2013

School Type	Non-Profit Schools	Proprietary Schools
LPN Programs		
Not Accredited	36	30
Accredited	5	2
Total	41	32
ADN Programs		
Not Accredited	6	45
Accredited	24	1
Total	30	46
BSN (pre-licensure) Programs		
Not Accredited	0	4
Accredited	14	2
Total	14	6