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Research Brief

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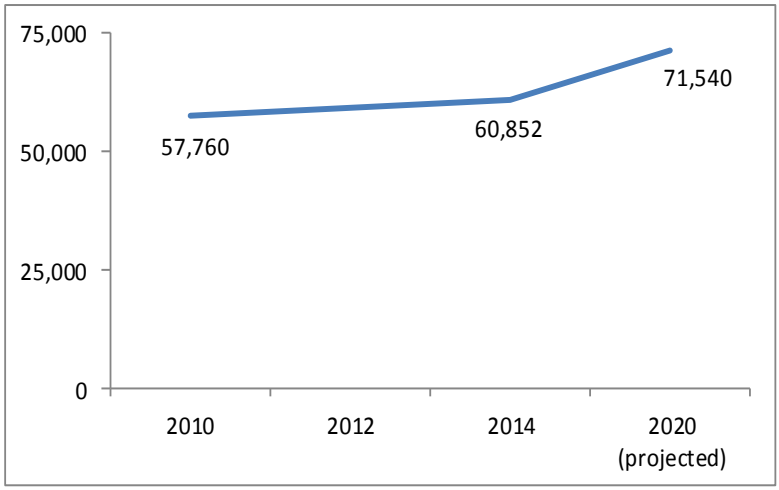
Seeking Strategies to Address Wisconsin's Nursing Shortage

In Wisconsin and across the country, one of the greatest workforce challenges facing the health care industry – and employers as a whole – is a shortage of registered nurses. Recent projections from the Bureau of Labor Statistics (BLS) indicate that 525,000 registered nurses (RNs) will leave the profession between 2012 and 2022 and that the national RN workforce will need to expand from 2.71 million to 3.24 million (a gain of 19%, or 526,800 workers) during the same period. Together, the need for replacements of retiring workers and new openings mean that approximately one million nurses will be needed to meet the nation's demand for nurses by 2022.[1] Similar data indicate, meanwhile, that the State of Wisconsin will need to grow its RN workforce by 24% between 2010 and 2020 (**Chart 1**).

The need for new registered nurses is triggered by several factors. First, a rash of retirements in the registered nursing profession over the next 10 years is expected—the current average age of a registered nurse (RN) is 47 and roughly one-third of registered nurses are age 50 or older.[2]

Second, overall demand for healthcare is expected to continue to increase, as provisions in the Affordable Care Act (ACA) are enabling more people to access healthcare at the same time that the aging of the "baby boomer" generation is creating a large elderly cohort with attendant healthcare needs. People are living longer, and as the population ages the number of older adults is expected to increase exponentially over the coming decades. This population places demands on nursing for the kinds of services older adults demand: living independently, self-management of chronic illnesses, and treatment of aging-based diseases such as dementia and Alzheimer's.

Chart 1: Projected need for Registered Nurses in WI in 2020



Source: Wisconsin Department of Workforce Development

Against this backdrop, the Wisconsin Center for Nursing, Inc. (WCN) commissioned the Public Policy Forum to explore issues related to nursing education in Wisconsin. In this Research Brief, we examine the pipeline of nursing education opportunities for Wisconsin nurses with an eye toward identifying education intervention points.

[1] Note that this number does not include projected needs for nursing support occupations, such as personal care aides, home health aides, and nursing assistants.

[2] *Nursing Economics*. "Projections of the Long-Term Growth of the Registered Nurse Workforce: A Regional Analysis." January – February, 2013. https://www.nursingeconomics.net/necfiles/news/JF_13_Buerhaus.pdf

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Background and Methodology

In January 2014, WCN commissioned the Public Policy Forum to conduct research that would assist it in assessing funding possibilities and public policy strategies to address expected nursing shortages in Wisconsin in the next several decades. The Forum has previously worked on issues related to the nursing workforce in its capacity as research assistant to the Nursing's Voice project, a collaborative partnership of philanthropic and healthcare stakeholders designed to enhance the role of nurses in Milwaukee County's mental health system. A Forum research brief pertaining to that topic can be accessed at http://publicpolicyforum.org/sites/default/files/NursingsVoiceSurveyBrief.pdf.

This research project involved two phases of work. The first – delivered to WCN in April 2014 – identified current sources of funding that support nursing and nursing education in Wisconsin and nationally, and commented on the future sustainability of those sources. **Table 1** provides a summary of statewide and southeast Wisconsin nursing education funders identified in that research. In this second phase, we broadly analyze how the current state of nursing education in Wisconsin will affect efforts to address workforce development needs.

Our primary sources of data collection for this analysis were a review of the literature and key informant interviews with nursing and nursing education leaders in Greater Milwaukee.

Table 1: Wisconsin and southeast Wisconsin-based organizations supporting nursing education

Grantmaker Name	Types of Support/Program Information	Geographic Focus
American Legion Auxiliary, Department of Wisconsin	Scholarships for nursing students and HS seniors	State of Wisconsin
ANTHEM/Blue Cross Blue Shield of Wisconsin Foundation	Nursing grants offered	State of Wisconsin
Faye McBeath Foundation	Program development; Continuing support; Matching/ challenge support; Seed money; General/operating support	WI; primarily Milwaukee area
Greater Milwaukee Foundation	Scholarships for pre-nursing students and nursing majors at UW-Milwaukee	UW-Milwaukee
Lutsey Family Foundation	Grants to support health and education	Based in Wisconsin
LUX Foundation Inc.	Matching/challenge support; Scholarship funds; General/ operating support; Endowments	Wisconsin; focus on Milwaukee and Green Bay
Nurses Foundation of Racine	13 scholarship programs for nursing students	Kenosha, Racine, Walworth counties
Nurses Foundation of Wisconsin, Inc.	Three nursing scholarship programs for nursing students and RNs	State of Wisconsin
Royal Arch Foundation of Wisconsin, Inc.	Scholarship for students pursuing a degree in nursing or in the medical field	State of Wisconsin
Shopko Foundation, Inc.	Scholarships for Shopko employees and their dependents	13 states including Wisconsin
UW System	Nurses for Wisconsin program provides fellowships for PhD, DNP, and postdoctoral students	UW-Eau Claire, UW-Madison, UW-Milwaukee and UW Oshkosh
Walter and Mabel Fromm Scholarship Trust	Support to graduates or students of specific schools; Undergraduate support; Scholarships to individuals	Primarily Wisconsin
Wisconsin Director of Nursing Council	Scholarships for nursing students committed to long term care	State of Wisconsin
Wisconsin Higher Educational Aid Board (HEAB)	Nursing Student Loan Program for LPN and RN students	State of Wisconsin
Wisconsin League for Nursing	Four scholarship programs offering 27 scholarships per year for nursing students	State of Wisconsin
Wisconsin Medical Society Foundation, Inc.	Three scholarship programs; Fellowships; Postgraduate support; Research; Program development; Stipends; Graduate support; Student loans--to individuals; Support to graduates or students of specific schools	Wisconsin; focus on Milwaukee and Green Bay
Wisconsin Paralyzed Veterans of America	Two scholarship programs for nursing students planning to seek employment in a spinal cord injury unit	State of Wisconsin

Note: This list is a sample of funding organizations in southeast Wisconsin and the state.

The Nursing Shortage and Nursing Education

The task of preparing more nurses to meet the future demand in Wisconsin and nationally is complicated by several factors related to our system for educating nurses. Simply put, the growing need for quality healthcare nationwide – driven by an aging and more diverse population, stipulations in the ACA, and technological change – is in turn driving an increased demand for nurses with higher levels of nursing education, such as the Advanced Practice Registered Nurse (APRN), the Doctorate of Nursing Practice (DNP), and the PhD. Masters- and doctoral-prepared nurses are needed to step into new roles as the Scope of Practice for nursing changes and to educate a large number of RNs.

Specifically, advanced degree nurses are expected to take on new roles because of an increased emphasis on primary care providers and the assertion that APRNs will be a key factor in increasing accessibility to high-quality, advanced medical care in specialty areas. For example, advanced-degree nurses will be called upon to take positions in community health care settings, primary care, healthcare informatics, research settings, and hospital management. The renewed focus on primary care especially will require the expansion of graduate-prepared Nurse Practitioners in programs such as Family Nurse Practitioner, Adult Nurse Practitioner, Pediatric Nurse Practitioner , and Gerontology Nurse Practitioner.[3] In addition, national credentialing and state licensing bodies are considering establishing the DNP (Doctor of Nursing Practice) as the educational requirement for APRN national certification and state licensure.

In a 2011 report titled *The Future of Nursing: Leading Change, Advancing Health*, the Institute of Medicine and Robert Wood Johnson Foundation recognized a "demand for greater competencies now and in the future," and urged the nursing profession to increase the number of baccalaureate-prepared nurses from 50% of all nurses in 2011 to 80% by 2020.[4]

The report recognizes that the knowledge, skills, and abilities needed to practice nursing have increased greatly, especially in areas such as patient-oriented care, community and public health, geriatrics, health policy, and clinical research for evidence-based practice. The profession also has had to grapple with the development of both hard and soft technologies, such as Electronic Medical Records, patient simulation scenarios, and video-remote patient care. These new competencies have placed increased pressures on the need for advanced curricula in nursing education and lifelong learning.

Despite this growing need, experts argue that there are not currently enough students in the advanced-degree nursing "pipeline," which will create a shortage of both RNs and advanced-practice nurses in the near future. This shortfall is forecast for nearly all 50 states (with the exception of Massachusetts and South Dakota), with the gap for Wisconsin estimated to be 10,500 by 2030.[5]

The Nursing Education Pathway

To understand where barriers to advanced nursing education may be, we need to start with an overview of the educational ladder for nursing practice and research.

The route to becoming an RN in the U.S. is to graduate from an accredited nursing education program and then pass the National Council Licensure Exam (NCLEX). Education consists of both classroom learning and practicums (or "clinicals") in patient-based settings, primarily hospitals.

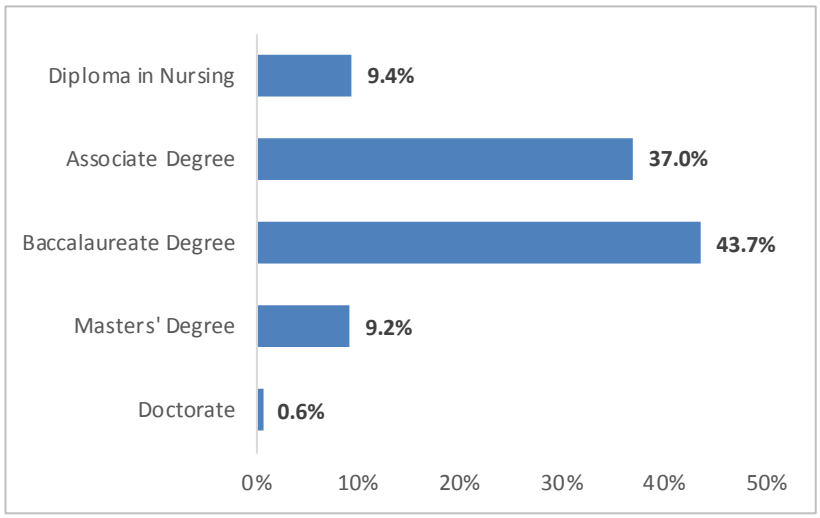
The NCLEX is offered in each state by the state's Board of Nursing —a governmental agency that is responsible for the regulation of nursing practice in that state. One may sit for the NCLEX with either a two-year Associate Degree in Nursing (ADN) or a four-year Bachelor of Science in Nursing (BSN). At one time, there was a third route to a nursing education—through a hospital-sponsored diploma—but the profession has de-emphasized this

[3] Committee on Quality of Health Care in America. Institute of Medicine. *Crossing the Quality Chasm : A New Health System for the 21st Century*. Washington, DC: National Academy Press; 200

[4] IOM (Institute of Medicine). "The Future of Nursing: Leading Change, Advancing Health." Washington, DC: The National Academies Press. 2011.

[5] "United States Registered Nurse Workforce Report Card and Shortage Forecast" Stephen P. Juraschek, Xiaoming Zhang, Vinoth Ranganathan, Vernon W. Lin. American Journal of Medical Quality May/June 2012 vol. 27 no. 3 241-249

Chart 2: Degrees for RNs in Wisconsin



Source: Wisconsin Center for Nursing, 2012 RN survey

route to an RN and there are currently only a handful of such programs in the country.[6] Nursing education thus has shifted from hospital settings to academia, increasing the demand for educators with university credentials.

Furthermore, research on nursing practice has suggested better patient outcomes are achieved when RNs have a BSN degree rather than an ADN degree. While ADN-prepared nurses are well-suited to take on direct patient care when beginning practice, research has shown that BSN-prepared nurses have better mortality and morbidity outcomes and are better able to move into patient management. This research has led several professional organizations, including the American Association of Nurse Executives (AANE) and the American Association of Colleges of Nursing (AACN), to establish the BSN as the preferred credential for practicing RNs.[7]

Many hospitals now require the BSN for employment and the goal supported by many national nursing organizations is for 80% of RNs to be BSN-educated by 2020. As shown in **Chart 2**, it is estimated that 54% of Wisconsin nurses currently have at least a BSN. This "credentialing up" of RNs also has increased the demand for nursing educators with advanced degrees.

Beyond the BSN, master's-level education is available for those who wish to become Advanced Practice Registered Nurses (APRNs) in four specialty areas: Clinical Nurse Anesthetists, Certified Nurse Midwives, Nurse Practitioners, and Clinical Nurse Specialists. The route to advanced practice has become faster in recent years. In fact, there are now more than 166 programs nationally that offer an RN-to-Master's Degree pathway.[8]

At the doctoral level, an RN may study for either a practice-based Doctorate of Nursing Practice (DNP) or a research-focused Doctor of Philosophy (PhD). The specialization areas are much like those available for a master's degree. PhDs advance the science of the discipline of nursing through research, while DNPs focus on the translation of research into practice through clinical systems management and research utilization for improved patient outcomes.

Like the BSN-to-MSN shift in the last 15 years, the route to a doctorate degree also has accelerated. In 2001, the profession began allowing BSN-prepared nurses without a master's degree to start the PhD program. Until that time, one needed to have a MS in order to enter a PhD program.

In fact, the doctorate is now being advocated as the preferred route into advanced practice nursing. In 2004, the AACN published a position statement advocating that by 2015, a doctorate degree should be required for entry into advanced practice.[9] This position is partly based on a desire for parity with other health-related disciplines. Such disciplines – including dentistry, medicine, pharmacy, and psychology – have established a doctorate degree as the standard entry into practice, and it was felt that APRNs potentially could be "left behind" with master's preparation only. The AACN position also was linked to a recognition that the current shortage of nursing faculty is impeding efforts to expand nursing educational programs, which is considered an imperative to address nursing shortages.

[6] American Association of Colleges of Nursing. http://www.aacn.nche.edu/media-relations/fact-sheets/nursing-fact-sheet

[7] Educating Nurses: A Call for Radical Transformation. Patricia Benner, Molly Sutphen, Victoria Leonard and Lisa Day, Jossey-Bass, 2010.

[8] American Association of Community Colleges: http://www.aacc.nche.edu/Resources/aaccprograms/health/cap/Pages/rn-msn.aspx

[9] American Association of Colleges of Nursing. The Essentials of Doctoral Education for Advanced Nursing Practice.

Barriers to Educating More Nurses

While the education pathways to a career in nursing are numerous, the educational opportunities that exist for nursing students to pursue those pathways are a different story. In this section, we describe some of the barriers to moving more students though the nursing education pipeline.

Competition between practice and education

Educational opportunities in baccalaureate and graduate nursing programs are reportedly insufficient. At the national level, AACN reports that U.S. nursing schools turned away nearly 80,000 qualified applicants in 2012.[10] Deans of nursing colleges in Wisconsin with whom we spoke reported that they consistently confront a surfeit of applicants; in fact, they say they typically have twice as many qualified applicants as there are available spaces.

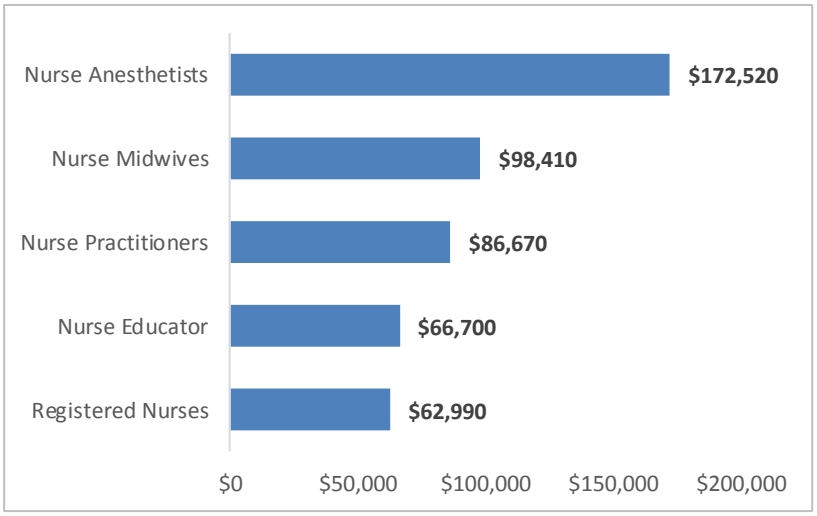
Educators agree that a continued shortage of faculty plagues graduate programs. Summarizing faculty vacancies that were reported by nursing colleges in its annual *Special Survey on Vacant Faculty Positions 2013-2014*, the AACN identified 1,358 faculty vacancies (8.3% of all faculty positions) among 680 nursing schools with baccalaureate and graduate programs. The vacancies differed in terms of degree desired. The majority of the vacancies were for faculty positions requiring a doctorate degree (56.9%), while 30% were for master's-prepared positions for which a doctorate was preferred, and 8.6% for positions for which a master's was required.

These findings reveal a small uptick in educational requirements for faculty when compared to the AACN's *Special Survey 2008-2009*. Then, colleges reported a vacancy rate of 7.6% with a need for 54.6% of positions requiring doctorate-prepared faculty, 33.5% for master's-required but doctorate preferred, and 9.7% for masters-required.

Although the AACN survey noted above does not differentiate between a DNP and a PhD in terms of a need for "doctorate-prepared" faculty, educators we interviewed indicated that within a university tenure-track setting, the preference was for PhD-level faculty. PhD educators have the skills and knowledge to undertake nursing research, attract funding, and publish results in peer-reviewed journals, all of which are requirements to attain tenure. To "fill in" faculty where possible, several educators mentioned to us that DNPs (and in some cases master's-prepared nurses) also are hired to teach, but the route to tenure is less clear for the practice-based doctorate. This leads to hiring disparities among faculty (e.g. DNPs typically are hired on a year-to-year contract basis while PhDs are salaried employees).

One likely cause for the shortage of nursing school faculty is the noncompetitive nature of educator salaries when compared to positions in practice areas. The salaries that can be obtained by DNPs in practice far exceed those that can be obtained in academic settings, making it more difficult to recruit faculty from the ranks of DNPs. For example, as shown in **Chart 3**, the average annual salary for a nursing educator in Wisconsin in 2012 was $66,700, while the average graduate-prepared Nurse Practitioner or Nurse Midwife commanded a salary in excess of $86,000.[11] It is difficult, therefore, to attract DNPs to education, and to convince doctorate-bound RNs to opt for the research-based PhD rather than the practice-based DNP.

Chart 3: Annual median wages for Wisconsin nursing positions



Source: Bureau of Labor Statistics, Occupational Employment Statistics. May 2012.

[10] American Association of Colleges of Nursing. http://www.aacn.nche.edu/leading-initiatives/research-data/vacancy13.pdf

Time to completion is another factor that has impacted the willingness and ability of nurses to further their education. For example, as mentioned above, it is only recently that the profession allowed BSNs to enter a doctorate program immediately after receiving the undergraduate degree. Instead, BSNs were required to obtain a master's degree and were encouraged to spend time in clinical practice. These requirements lengthened the time to obtain a graduate degree. From start to finish, a doctorate degree could take as short as 12 years or as long as 15 years (four years for a BSN, two to three years in practice, two to three years for an MSN, and an additional four or five years for the doctorate). This is in contrast to other medical professions such as physical therapy, where the path through a bachelor's degree to the PhD could be as short as seven years (four years for a bachelor's degree, and three to four years for the doctorate). With recent programmatic changes to allow for BSN-to-doctorate paths, the "excessive time to completion" problem has been addressed to a certain extent.

The shortened time to completion also addresses an associated problem. Historically, most nursing doctorates have been earned later in life than is the case in other disciplines, thus shortening the time available for an active research career. A longer career offers increased opportunities for research dissemination with prospects for affecting nursing practice, which may outweigh the salary disparity between practice and education and encourage more doctorate-level education.[12]

Finally, the numerous professional opportunities that are available to nurses after they become RNs also is an impediment to generating a more highly-educated nursing workforce. According to the Wisconsin Department of Workforce Development (DWD), registered nurses in the state can command a full-time salary between $61,000 (in Janesville) and $71,000 (in Madison). When confronted with that reality (and especially in relation to the $66,700 salary for a PhD-prepared nursing educator), the incentive to choose education over wages becomes more difficult. This especially has been true historically in that the nursing workforce tended to be primarily comprised of women who were "second earners" in their households.

Availability of clinical settings in which to practice

While the profession struggles to fulfill needs for classroom faculty, uneven access to practicum or clinical opportunities also creates obstacles for moving a greater number of individuals through the nursing education pipeline. Nursing students who are seeking to become RNs require about 400 hours of clinical time in an acute care setting, which is broadly defined as a setting in which a patient is treated for an incident of severe illness or disability, such as the treatment of injuries after an accident, the exacerbation of a chronic condition, or during recovery from surgery. Acute care is primarily short-term, which differs from chronic and long-term care.

An emphasis on preventive care and advancements in outpatient surgery have resulted in fewer patients being admitted to acute care settings and in patients spending fewer days when admitted. Consequently, fewer patients are "available" in clinical settings. Additionally, in a medical care system that counts and rewards productivity in terms of metrics such as "patients seen per hour," teaching can be discouraged because it lowers productivity. This decline in the availability of practicums, especially when coupled with an effort to educate more RNs, creates a bottleneck.

The creation of high-fidelity simulations on campuses is one solution nursing professionals have developed to address this bottleneck. A simulated environment gives nursing students the opportunity to develop assessment and clinical techniques in a scenario that is as close to "real" as possible. Such labs consist of human patient simulators but also may include simulation actors who are trained to play the role of concerned family members, patient advocates, etc. The University of Wisconsin-Milwaukee has one such lab, home to a number of human patient simulators including a newborn, a 6-month old infant, a 6-year old child, several adults, and a birthing simulator.

[11] Data extracted from the Bureau of Labor Statistics Occupation Employment Survey in March 2014.

[12] Nurses with whom we spoke estimated that time from original research to practice adoption is typically about 15-20 years.

Cost of education

Another barrier to educational progression is its cost. The cost of an RN degree in Wisconsin differs depending on the type of institution: whether public or private, two-year or four-year, for-profit or not-for-profit, and whether or not online portions are available. A BSN degree at a University of Wisconsin system institution can cost as much as $20,000 to $35,000 a year. Costs vary depending on factors such as overall tuition rates at the institution, housing choices, and the number of clinicals or labs one is taking (for which there are extra fees). Nursing school costs can be higher than those associated with other disciplines because of comparatively expensive lab fees, which are linked to the cost of specialized supplies and equipment.

Programs in Wisconsin Technical College System schools, which confer the ADN, cost comparatively less – about $5,000 to $10,000 a year for tuition (though lab fees still are comparatively high). Some schools offer online classes or portions of classes, which can help offset tuition costs, but hands-on clinical practice clearly remains a requirement.

Given that students can leave school, start practice, and obtain a steady income after receiving the RN credential, incentives often are needed for them to continue to a graduate-level degree. In this respect, nursing is not unlike fields such as computer science, in which persons with undergraduate degrees have plentiful opportunities in the professional workforce immediately after graduation.

Financial support for graduate education is an additional obstacle. While fellowships, research internships, tuition stipends, and teaching assistantships are the norm for supporting graduate students in many other fields, such opportunities are not widely available in nursing. In addition, where stipends do exist, they typically are not competitive with the salaries that RNs can command in the workforce.

One effort in Wisconsin begun in 2014, called *Nurses for Wisconsin*, uses University of Wisconsin system-wide research "incentive" monies to support advanced nursing education at the four UW campuses where such education is offered. For persons who are willing to make a three-year commitment to a faculty position at a system campus, *Nurses for Wisconsin* offers loan forgiveness, tuition and fee waivers, and a stipend with benefits. The UW system is committing $3.2 million over three years to educate 25 doctorate-prepared nurses.

Conclusion

Addressing the projected nursing shortage is a virtual Gordian knot. How do we produce doctorate-level faculty and advanced-practice nurses when there are not sufficient doctorate-level faculty available to train them? While shortening the time required to achieve subsequent degrees is a necessary step the profession has taken, other barriers remain.

Exploration of next steps will need to focus on financial circumstances for both the student and the program. Solutions should recognize that a systemic and community-wide approach to building academic faculty and infrastructure is needed, as new public funding sources likely will be limited. Through our examination of the nursing education pipeline and its barriers, the Public Policy Forum suggests the following policy options, each of which could benefit from increased philanthropic support.

Continue and expand Nurses for Wisconsin

Given the difficult decision faced by many nursing students between continued education and practice, *Nurses for Wisconsin* addresses perhaps the most pressing need—financial support for those who would like to pursue a graduate degree, but who face the reality that they could leave education and immediately enhance their financial stability. It is also a "win" for nursing education in the state in that the newly educated are committed to teaching in a state college or university.

Nurses for Wisconsin also addresses a problem created by UW system budgeting, which does not allocate tuition payments to schools or departments based on their enrollments. If tuition were allocated in that fashion, then new students would mean new

resources and Deans would have more flexibility in creating new permanent positions for PhDs as well as DNPs. *Nurses for Wisconsin* addresses that issue by essentially requiring the creation of new positions, given that recipients must "repay" the program by teaching in nursing in Wisconsin.

While the program is new, it holds promise to offer a systematic way to address both the need to support students through graduate education and the need to create additional faculty positions. However, given fiscal challenges for higher education at the state level, it is far from certain whether such an initiative will be renewed. Consequently, this may be an important area for local or statewide foundations to have an impact either by contributing to the initiative's continuation, or perhaps by aiding its expansion to nursing education programs outside of the UW system.

Create and clarify the role of MSNs and DNPs within college and university faculty

Creating opportunities within college and university faculty settings for graduate-prepared nurses who do not possess PhDs could help overcome the lack of PhD-prepared faculty. There are roles that MSNs and DNPs can play in educating nurses, such as by running simulation labs, teaching practice-based classes, and overseeing overall student development.

We heard from several interviewees that the college/ university system prioritizes "tenure-able" nursing faculty (as it does in all disciplines) and that the roles and expectations for other graduate-prepared nurses are unclear or not of a high priority. Schools of nursing often rely on graduate-prepared nurses to fill part-time and adjunct faculty positions so that the program may offer a full range of courses. Other academic departments operate similarly, but in the case of nursing, the adjunct and part-time rates are extremely low compared to what these nurses could earn in practice.

If colleges and universities could design and fund faculty roles that could be filled by DNP-prepared or MSN-prepared nurses, then that could give these nurses the same ability to achieve permanent status. Again, philanthropic support could be helpful in supporting such an endeavor.

Enhance health system/university partnerships

Bolstering collaboration between health systems and academia could address the problems of access to clinicals and low salaries for educators. For example, adoption of a model in which doctorate-prepared faculty can conduct research, teach, and supervise interns holds promise in addressing low faculty salaries. Instead of tying faculty salaries to a university budget, such a model could allow faculty who raise money for research the ability to supplement their base salary. (Today, tenure-track faculty members only are allowed to use research money to substitute for their UW-approved salary.)

In addition, it may be worthwhile to re-examine and enhance the vocational/technical education track. That track is attractive to many would-be nurses, as it requires fewer years and fewer dollars. "Bridge" programs often are available to support ADN-prepared nurses who are already employed in health care settings and who wish to progress to a higher degree, and the profession is actively encouraging such academic progression.

Consequently, expanding the capacity of these bridge programs may be another route to creating more BSN-prepared nurses. Options to initiate an expansion might include having local educators in Wisconsin work together to better articulate the match between technical college curricula and college curricula, and financially supporting ADN-prepared nurses (perhaps with the help of enhanced philanthropic support) while they take this next step.

Finally, there is an opportunity to fund hospitals to hire clinical supervisors (sometimes called "preceptors") to oversee clinicals from the hospital side. Because it has been suggested that the current practice of having working nurses oversee student clinicals creates a burden for those nurses, philanthropic funding might be sought to supplement hospital clinical teaching capacity.