

NURSE EDUCATORS
IN
BRITISH COLUMBIA

AN IMPENDING CRISIS SITUATION

Discussion Paper Prepared

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This document is a discussion paper prepared by members of the *Nursing Education Council of British Columbia*. The intent is to create awareness and begin a dialogue on the issue of an impending human resource shortage of nurse educators in British Columbia. While the focus of the discussion is on provincial needs, it is important to recognize that this is a national issue, thereby further impacting British Columbia's dilemma. Not unlike the health care system, which is suffering a severe human resource crunch, nursing education is experiencing challenges in recruiting qualified faculty to teach in the various professional programs.

As nursing education providers, we perceive a urgency in taking action to address the issue of recruitment and retention of nurse educators. This urgency is reinforced by the current inadequate health care human resources in nursing and other health disciplines, the length of the time to prepare nurse educators, and the need of educational institutions to engage in multiyear program and human resource planning.

To provide a context for examining the impending nurse educator shortage an overview of the faculty profile in British Columbia's universities (and colleges) is first reviewed. During the 1996/97 academic year, the cohort of full time regular faculty members in BC's public universities was 3076. Of these 1585, (52%) were over the age of 50 years which means that more than half of the regular faculty members in our public universities are probably going to retire within the next ten to fifteen years. (<http://www.inst.uvic.ca/tupc>). Of the 1753 regular faculty at The University of British Columbia approximately 53% are over the age of 50 years (<http://www.budgetandplanning.ubc.ca/factbook/factbk99/faculty4htm>). The University of Victoria is predicting that by the year 2010 37.7% of its 926 regular faculty will retire (<http://www.inst.uvic.ca>). This trend is not unique to British Columbia. It is anticipated that Canadian universities will need to hire "... almost 3,000 faculty a year for each of the next six

years to cope with a massive wave of retirements and expected enrolment increases" (Frank, 2000). This number equates to the current number of fulltime faculty already employed in Canada.

The notion of an impending nurse educator crisis is based on five (5) assumptions. The first assumption is that there will be a large number of nursing faculty retiring in the next ten (10) years. Second, there will be large numbers of nurse practitioners retiring in the next ten years, thereby reducing the recruiting pool. A third assumption is there will be an increase need for nursing faculty with the increased numbers of nursing seats in BC and implementation of the requirement of a degree as entry to practice in nursing. Fourth, there will continue to be a drain of current and potential faculty to regions outside of British Columbia. And the final assumption on which this discussion is based is that the province of British Columbia will continue to identify the health care human resource crisis as a priority. Each of these assumptions will be examined more closely. This will be followed by actions that can be taken to address the issue of a nurse educator shortage.

It is expected, there will be a large cohort of nursing faculty retiring from higher educational institutions within the next ten years, not unlike the large numbers of nurses working in our health care system that are expected to retire in the same time period. As noted by the *Canadian Nurses Association* in 1997, "In 1995, the largest group of working RNs were in the 40-45 age range, by 2011, they will be in their mid-to late 50's and leaving the professional at a rapid rate." The ages of the 5314 registered nurses employed in Canadian educational institutions in 1997 was: <age 25, n=15 (0.28%); age 25-34, n=362 (6.8%); age 35-44, n=1504 (28.3%); age 45-54, n=2432 (45.8%); age 55-64, n=954 (18%); age 65+, n=2 (0.04%) (Kazanjian, 2000).

The *Canadian Institute for Health Information (CIHI)*, in analysing the age distribution of Canadian nurses, indicates that the eldest group, at an average age of 48.8 years, is nurses working in educational institutions in the teaching of students (CIHI, 2001). This is consistent with the information in Table 1. The average of nursing faculty in BC ranges from 44-52 years of age in the colleges and universities.

The trend of aging RNs and nurse educators is occurring across all of North America, which further reduces successful retention and recruiting at the provincial level (AACN, 1999; Erwin, 1999). One consequence of the faculty shortage will be fewer nurses being prepared to enter the workforce and exacerbates the nursing human resources crisis. A *Canadian Nurses Association* report identifies there were 7444 faculty members in the different nursing programs across Canada in 1994. This number was 6410 in 1998. During this same time period, annual graduation from the Master and doctoral programs only rose from 201 to 204 and 1 to 16, respectively (Canadian Nurse Association, 2000). Table 1. captures the number of nursing faculty that may retire in the next ten years from schools of nursing associated with the Nursing Education Council of BC .

Other factors that complicate the nursing faculty shortage are the number of nursing programs especially in the south coastal regions, low salaries compared to private sector positions for nurses with graduate degrees, and the high costs of living in British Columbia. The number of nursing programs (Table 1) increases the demand for nurse educators and the financial aspects decrease the incentive to move to the BC, especially to the Lower Mainland where six university programs are located.

Table 1.

Institution	Faculty < 29	Faculty 30 - 39 yrs.	Faculty 40 - 49 yrs.	Faculty 50 - 59 yrs	Faculty >60	Total	Average Age
BCIT	0	7	33	15	3	58	47
Camosun College	0	10	11	16	0	37	50
College of New Caledonia			1	5	1	7	
Douglas College - RPN's	0	1	11	10	1	23	
Douglas College - RN's	0	5	24	15	0	44	56
Kwantlen University College	0	1	8	14	1	24	52
Langara College	1	12	18	14	1	46	45
Malaspina University College	0	3	9	5	0	17	48
North Island College	0	1	5	2	0	8	45
Okanagan University College	0	3	6	14	3	26	52
Selkirk College	0	1	4	6	0	11	49
Trinity Western University	0	1	3	2	0	6	44
University College of the Fraser Valley	0	1	6	3	2	12	49
University College of the Cariboo	0	3	5	15	0	23	49
University of Northern BC		2	4	7	1	14	44
University of BC	0	0	6	19	4	29	54
University of Victoria	0	0	8	10	2	20	51
Vancouver Community College (VCC)	0	1	5	4	1	11	48
Total	1	52	167	176	20	416	

Recommended Actions:

The following actions are aimed at taking a proactive approach to deal with the impending nurse educator crisis. It is recommended:

1. That each of the nursing programs in BC complete an internal human resources review to project the numbers of faculty needed over the next ten (10) years due to retirements and expansion.
2. That effort is made to increase salaries for nursing faculty. An *University Affairs* (January 2000) article notes that Canadian faculty are "easy pickings for U.S. institutions... Canadian academic salaries have dropped in constant dollars during the '90s and the gap between academic salaries here and in the U.S. is enormous" (p.11).
3. Schools of nursing explore ways to increase the appeal of an academic career for nurses.
4. That research funding be increased for faculties of nursing as an incentive for faculty to be part of British Columbia's nursing education system.
5. That senior post-secondary education leaders lobby the provincial government to fund additional seats in nursing graduate programs.
6. That funds be allocated to increase the number and amounts of scholarships and grants available to graduate students.
7. That there be an increase in the number of graduate web based courses so that the "time bound" and "place bound" graduate students have more access to programs.
8. That salaried, joint appointment of faculty between educational institutions and health care agencies be explored. This is not a new concept to health related programs, but is more often seen in medical faculty and teaching hospitals than in nursing faculty and community hospitals.

Pressures to keep nurses in clinical practice as the shortage deepens will intensify challenges in maintaining and renewing the nursing faculty profile. Nursing faculty can not be cultivated overnight; rather, most individuals will spend several years in clinical practice before entering graduate school and then beginning a career in academic nursing. This 'preparation time' cannot be shortened effectively without compromising ability to function in the multifaceted faculty role. Thus, without specific incentives to motivate nurses to consider careers in education and without much more affirmative steps to identify good prospects and recruit them into academic nursing, governments will call for increased production of registered nurses and fund institutions to admit more students, but there will not be adequate numbers in the faculty ranks to teach them (May, 2000).

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