

Clinical Nursing Faculty Recommendations

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Submitted by Lisa Thomas and the Faculty & Education Committee, as part of the Nursing Council of Workforce Sustainability

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The Massachusetts Board of Registration in Nursing (BORN) revised Regulation 244CMR 6.04 2(b)c in the winter of 2023. This regulation pertains to lab and clinical faculty requiring a master's degree, pursuit of a master's degree, or a certification. This change resulted in significant discussions in the academic community. Concerns include the decline in enrollment in master's programs coupled with an increase in faculty vacancy rates that has challenged colleges and universities to hire clinical and lab faculty, thus affecting enrollment. This document will expand on these concerns and offer recommendations.

There has been a decline of 9.4% (13,965 fewer students) enrolled in Master of Nursing Science Programs since 2021. A report published by the American Association of Colleges of Nursing (AACN) stated that in 2020, 14.9% of the nation's registered nurses held a master's degree and 2.2% held a doctoral degree as their highest educational preparation.¹ It is not clear how many of the 14.9% of master's-prepared nurses are practicing in academia, clinical practice, both, or retired.

The two greatest barriers to pursuing a master's degree in nursing are cost and time. The average cost to obtain a master's degree in nursing is between \$24,000 and \$80,000—and upwards of \$100,000 for out-of-state tuition.² The demands of practice include but are not limited to higher acuity of patients, the nursing shortage, fewer experienced nurses at the bedside, and mandated overtime. In addition, there are more opportunities to work and increase their salaries during a time of high inflation. Enrollment in higher education has been affected by these barriers.

The certification requirement comes with economic concerns for clinical and lab faculty, see Table 1 and Table 2 for more information. Programs to mitigate these costs are needed. Given the budget constraints of colleges and universities, more time is needed to coordinate this requirement and secure state funding to support this regulation.

¹ Source: <https://www.aacnnursing.org/news-data/fact-sheets/nursing-workforce-fact-sheet>

² Source: <https://www.forbes.com/advisor/education/nursing-school-cost/>

For faculty who teach in the lab and teach using simulation, the Certified Healthcare Simulation Educator (CHSE) exam may be a more appropriate certification than the Certified Academic Clinical Nurse Educator (CNE cl) exam. See Table 2 for detailed cost.

Table 1: Cost of CNE cl Certification

	NLN* Member	Non-NLN* Member
Review course (six hours)	\$179.00	\$199.00
Salary to complete course (\$60/hour x 6 hours)	\$360.00	\$360.00
Academic Clinical Nurse Educator review book	\$44.99	\$44.99
Practice exams	\$130.00	\$150.00
Certification exam	\$330.00	\$440.00
Total Cost	\$1,043.99	1,193.99

*NLN refers to members of the National League for Nursing

Table 2: Cost of CHSE Certification

	SSH* Member	Non-SSH* Member
Review course includes study resources (8 hours)	\$370.00	\$370.00
Salary to complete course (\$60/hour x 8 hours)	\$480.00	\$480.00
Practice exam	\$75.00	\$75.00
Certification exam	\$395.00	\$495.00
Total Cost	\$1,320.00	\$1,420.00

*SSH refers to members of the Society for Simulation in Healthcare

The 2022 BORN Annual Report data reported that 38% of faculty were on waivers (allowed with previous regulations), and 75% of the waived faculty were on Option 3, the BSN waiver. On average, each nursing school in the commonwealth reported that 34% of their clinical and lab faculty were on waivers. No correlation was found between the number of faculty on waivers (BSN faculty) and student learning outcomes or NCLEX pass rates.

In summary, this recommendation is made based on the following:

- The clinical expertise of BSN faculty is invaluable to nursing education.
- Providing an MSN mentor to each BSN clinical and lab faculty will support clinical faculty success.
- Enacting this temporary change will allow colleges and universities time to secure funding to support the pursuit of certification.
- The proposed change also eliminates the requirement for a waiver, significantly affecting the workload of both the State Board of Nursing and nursing leadership at colleges and universities.

We respectfully request consideration to support a change to 244-CMR-600- C IV. The proposal is to change the current Massachusetts State Board of Nursing regulation that requires clinical and lab faculty to meet the following requirements.

The current regulation is stated as such:

Regulations 244 CMR: 6.04 C IV³

(iv) Possess a minimum of five years of full-time Registered Nurse experience within the last eight years, be mentored by faculty who possess a graduate degree in nursing **and**

- have been appointed before January 6, 2023, **or**
- be matriculated in a graduate nursing program within one year of appointment with an expected graduation date within five years of the date of matriculation, **or**
- obtain a current Nurse Education certification by a board-recognized certifying organization within three years of appointment

Our recommendation is to modify the regulation to the following:

(iv) Possess a minimum of five years of full-time Registered Nurse experience within the last eight years and be mentored by a faculty member who has a graduate degree in nursing; clinical faculty will be encouraged to obtain a current Nurse Education certification by a board-recognized certifying organization or enroll in a graduate nursing program within three years of appointment.

Didactic vs Clinical Faculty

The recommendations in this report are focused on clinical faculty. Educating the next generation of nursing students requires a combination of didactic and clinical education. For many schools across the commonwealth, nursing faculty have both clinical and didactic responsibilities, and therefore when reporting the number of faculty to the BORN, the numbers of faculty are not separated out by clinical or didactic, rather as part time and full time.

³ Source: <https://www.mass.gov/doc/244-cmr-6-approval-of-nursing-education-programs-standards-and-procedures/download>

Table 3: Registered Nurse Pre-Licensure Faculty Data in MA (AY 2018-2019)

	Total	Doctoral	MSN	BSN
Number of FT Nurse Faculty	524	195	327	2
Number of PT Nurse Faculty	1941	110	924	907
Total Number of Nurse Faculty	2465	305	1251	909
Number of Faculty on Waivers	951 (38% of all faculty are on waivers)	17% on Option 1 (in graduate school) 5% on Option 2 (master's in another field) 77% are on Option 3 (five years RN experience within the last eight years & mentored by faculty with a graduate degree in nursing)		

Source: Massachusetts Board of Registration in Nursing Annual Reports, Academic Year 2018-2019

*Note: The term "Faculty" used in this table refers to both clinical and didactic nursing faculty.

Table 4: Registered Nurse Pre-Licensure Faculty Data in MA (2021-2022)

	Total	Doctoral	MSN	BSN
Number of FT Nurse Faculty	348	144 (45.2%)	204 (64.2%)	0
Number of PT Nurse Faculty	1294	113 (<1%)	592 (45.2%)	589 (45%)
Total Number of Nurse Faculty	1642	257 (16%)	796 (49%)	589 (45%)
Number of Faculty on Waivers	613 (38% of faculty are on waivers)	21% on Option 1 (in graduate school) <5% on Option 2 (master's in another field) 75% are on Option 3 (five years RN experience within the last eight years & mentored by faculty with a graduate degree in nursing)		
On average, each school has 34% of its faculty on waivers.				
There is no correlation between the number of faculty on waivers and NCLEX pass rates.				

Source: Massachusetts Board of Registration in Nursing Annual Reports, Academic Year 2021-2022

*Note: The term "Faculty" used in this table refers to both clinical and didactic nursing faculty.

Another consideration that is revealed when reviewing Table 3 and Table 4 is there has been a significant reduction in the number of nursing faculty than pre-pandemic. Although the pandemic may part of this decrease, other factors include, the aging of faculty ending in retirement and, lower salary compared to clinical practice. The impending nursing faculty shortage was highlighted in the 2011 Future of Nursing Report. Fewer nurse faculty means schools of nursing

will be forced to admit less students, impacting the ability for Massachusetts to produce enough nurses to meet the increasing demand.

Budget Proposal

We estimate that of the 613 waived clinical faculty in Massachusetts (Table 3), 500 faculty may be interested in obtaining either their CNE cl or CHSE certifications.

If these 500 faculty were to seek certification @ \$1320.00 per person, \$660,000.00 would be required to fund these certifications.

This funding would be essential to increase the number of clinical faculty without a waiver. Since the current ratio is 1:6 clinical faculty/ nursing students for clinical placements, if 500 nurses opted to take advantage of the certification, this program could potentially impact 3,000 nursing students per semester across the commonwealth.

Respectfully Submitted,

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