

Securing Tennessee's Future

Increasing Educational Capacity In Nursing

TICUA

TENNESSEE INDEPENDENT COLLEGES
AND UNIVERSITIES ASSOCIATION

A policy paper of the
TICUA Commission
addressing the role of
higher education in the
supply and demand of
nursing faculty and students.

Dear Concerned Citizen:

This report is the second in a series entitled *Securing Tennessee's Future*. The series is a collection of practical policy papers commissioned by the Tennessee Independent Colleges and Universities Association's Board of Directors. This particular paper addresses the emerging crisis in the nursing workforce pool in Tennessee.

The nation is experiencing an unprecedented shortage of registered nurses. Several recent studies have linked nurse staffing with patient injuries and other adverse outcomes. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO, 2002) examined 1,609 hospital reports of patient deaths and injuries since 1996 and found that low nurse staff levels were a contributing factor in 24% of the cases. Tennessee data and assumptions predict a significant shortage of 9,495 registered nurses by the year 2020.

The current nursing shortage is due to a combination of factors, such as the declining number of nursing school graduates, limited nursing program capacity, aging registered nurse workforce, declines in relative registered nurse earnings, and the increased demand for nursing services.

This report explores in greater depth many of the causes of the nursing shortage and offers a number of practical recommendations for action.

Nursing Pipeline

- ***Preparation for the nursing career.***

The Commission recommends that the Tennessee Department of Education adopt a long-term educational awareness campaign to promote the value of higher education and create a culture that assumes students will seek education beyond high school.

The Commission recommends that the Tennessee Department of Education expand initiatives to stimulate elementary and secondary students' interest in health sciences, provide academic advising for students to take high school courses that realistically prepare them for the academic rigor of nursing programs, and that accurately inform students and parents of the roles of nurses.

- ***Support for nursing students.***

The Commission recommends that the Tennessee legislature appropriate funding to professional schools of nursing for stipends and scholarships, and to provide for enrollment in TennCare for nursing students who do not have medical insurance.

The Commission recommends that the Tennessee legislature appropriate funding for professional schools of nursing to support initiatives that promote the success of registered nursing students.

- ***Program capacity.***

The Commission recommends that the Tennessee legislature increase appropriations to the Tennessee Board of Regents, the University of Tennessee System and the Tennessee Higher Education Commission's Contract Education Program for nursing education. The appropriations should focus on increasing the capacity of existing professional nursing programs by funding additional faculty positions, developing accelerated graduate programs in nursing, providing scholarships or traineeships to faculty pursuing graduate degrees in nursing who commit to teaching in a Tennessee school of nursing, developing a competitive salary structure, and expanding the nursing education component of the Contract Education Program to expand the capacity of nursing programs in Tennessee's private colleges and universities.

- ***Clinical facilities.***

The Commission recommends that professional schools of nursing and health care providers work collaboratively to increase nursing program capacity by developing creative clinical schedules to include evenings, nights, and weekends; expanding non-traditional clinical placements; and building new clinical education partnerships.

- ***Diversity.***

The Commission recommends that the Tennessee legislature appropriate funding for scholarships and stipends for students from diverse backgrounds to pursue professional nursing education; funding to provide tutorial and other support services aimed at promoting their academic success; and funding to support registered nurses from diverse backgrounds to pursue graduate nursing education in preparation for faculty roles where they might serve as mentors.

We hope you will take time to carefully review this report. This project is the result of a private-public higher education partnership. We commend the fine work of the Commission members and especially Commission Chair Dr. Nancy B. Moody, President of Lincoln Memorial University. We are also pleased to have partnered with the Tennessee Center for Nursing, Inc. to provide this analysis to the State of Tennessee.

It is possible to avert this emerging crisis if immediate action is taken. TICUA stands ready to work with all concerned parties in addressing this critical need in Tennessee.

Sincerely,

Stephen Flatt, PhD

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Claude O. Pressnell, Jr., EdD

TICUA President

Securing Tennessee's Future

Increasing Educational Capacity In Nursing



Introduction

The nation is experiencing an unprecedented shortage of registered nurses. Using data from the 2000 National Sample Survey of Registered Nurses, the Bureau of Health Professions (2002) reported that the shortage of registered nurses, projected to begin in 2007, was already evident in 2000 with a shortage of 110,000 registered nurses nationally. This paper will present an overview of the scope of this problem nationally and specifically for Tennessee, a discussion of strategies to get more students into and through the educational pipeline to become registered nurses, and policy recommendations that can positively affect the future supply of registered nurses in Tennessee and thereby the health of Tennesseans.

Medical errors are the 7th leading cause of death in the United States, exceeding breast cancer and AIDS combined. Several recent studies have linked nurse staffing with patient injuries and

other adverse outcomes. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO, 2002) examined 1,609 hospital reports of patient deaths and injuries since 1996 and found that low nurse staff levels were a contributing factor in 24% of the cases. A study published in the Journal of the American Medical Association reported that each additional patient over four in a registered nurses' workload increased the risk of death for surgical patients by 7% (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002).

Other results of inadequate nurse staffing are:

- Cancellation of elective surgeries.
- Reduction in programs and services.
- Overcrowding of hospital emergency rooms.
- Diversion of emergency patients to other facilities.
- Fewer staffed hospital beds. This leads to:
 - Increased difficulty in providing quality care.
 - Burnout and job dissatisfaction among nurses.
 - Nurses leaving employment for other positions or leaving the profession altogether.

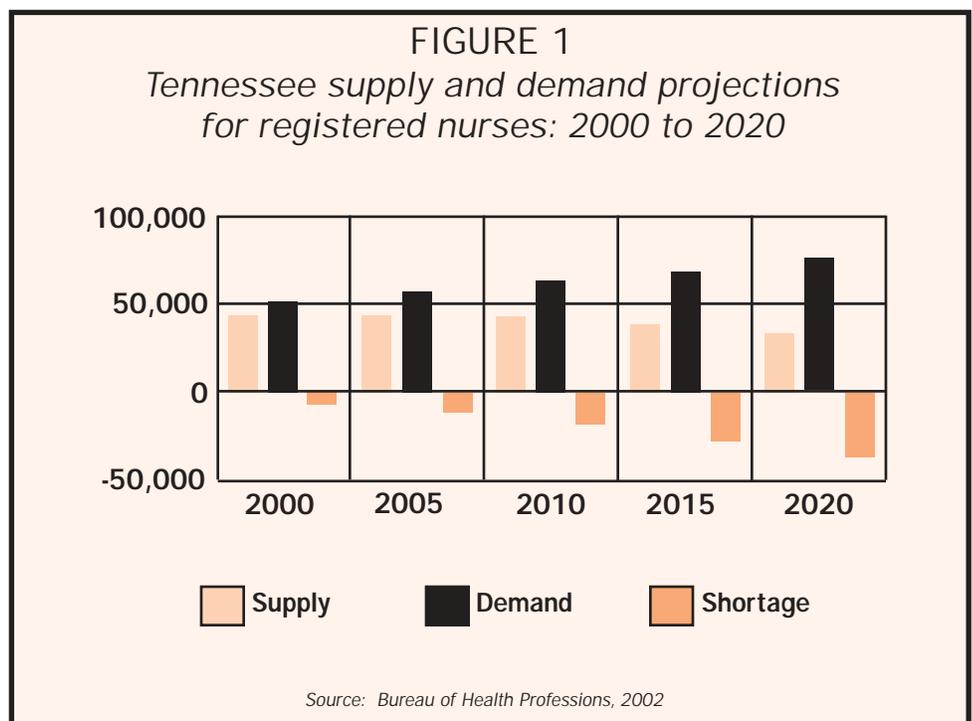


FIGURE 2
National supply and demand projections for FTE registered nurses:
2000 to 2020.



Source: Bureau of Health Professions, 2002

The Bureau of Health Professions (2002) projected an increasing gap between the supply and demand for nurses on a state-by-state basis. As shown in Figure 1, the shortage of registered nurses in Tennessee will increase by more than 500% from 2000 to 2020. By the year 2020, it is projected that the demand for registered nurses in Tennessee will outstrip the supply by 36,205. See Figure 1.

A subsequent study, performed by the Tennessee Hospital Association (THA) under contract with the Tennessee Center for Nursing (TCN), projected a less severe shortage. This 2001 study, funded by BlueCross BlueShield of Tennessee, used more current Tennessee data and assumptions but also predicted a significant shortage of 9,495 registered nurses by the year 2020 (TCN, TDH, & THA, 2001).

Nurses are a vital component of the health care delivery system. It has been proven that the number of professional registered nurses affect morbidity and mortality outcomes. More registered nurses are needed to meet the growing health care demands of the citizens of Tennessee. Based on these alarming statistics, the Tennessee Independent Colleges and Universities Association (TICUA) Board of Directors appointed a Study Commission to explore if Tennessee colleges and universities, both public and private, can supply a nursing workforce to meet the current and future health care demand for registered nurses in the state.

Scope of the Problem

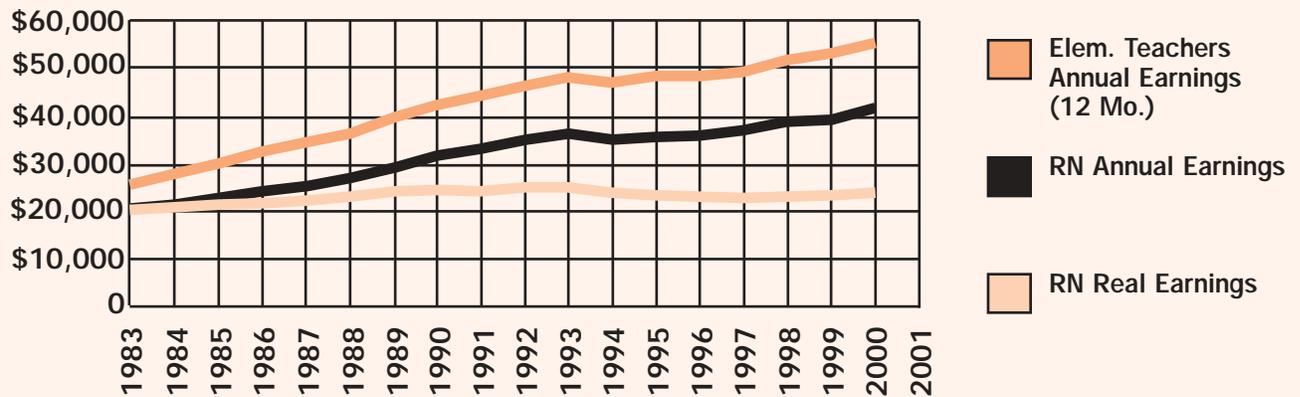
UNITED STATES

The U.S. Department of Health and Human Services projects a significant nursing shortage by the year 2020. See Figure 2.

While the nation has experienced cyclical nursing shortages in the past, the current nursing shortage is due to a combination of factors different from the past, such as:

- *the declining number of nursing school graduates* - In 2000, the United States graduated 25,135 fewer registered nurses than in 1995– a 26% decline. Declining enrollments may be attributed to increased career options for women and to the baby boom followed by 11 years of baby bust, creating the smallest pool of entry level workers since the 1930s.
- *limited program capacity* - In 2002, nursing schools turned away more than 3,600 qualified applicants due to nursing faculty shortages and other limited resources (AACN, 2003).
- *the aging registered nurse workforce* - The average age for registered nurses, now 45 years, has climbed steadily since 1980 resulting in a larger percentage of registered nurses who are approaching retirement.

FIGURE 3
*Actual annual earnings for RNs and elementary school teachers
 and real earnings for RNs: 1983-2000*



Source: Bureau of Health Professions, 2002

- *the increased demand for nursing services* - Major factors behind the increased demand for registered nurses include: population growth (about 1% annually); aging of the population resulting in increased per capita demand for health care; and trends in health care financing (an average of 85% of the population are covered by some form of health insurance).

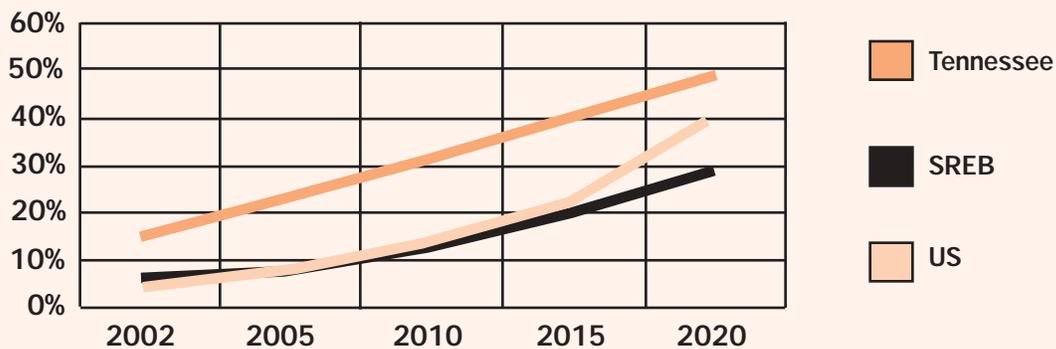
- *declines in relative registered nurse earnings* - After adjusting for inflation, registered nurse salaries have been relatively flat since 1991 and

have therefore resulted in no increase in purchasing power. By contrast, Figure 3 shows the average salary for elementary school teachers has constantly been greater than that for registered nurses and is growing at a faster rate.

TENNESSEE

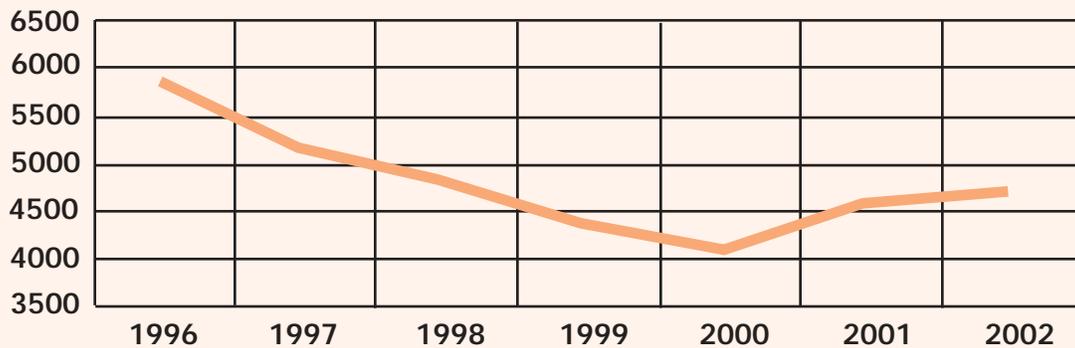
Data extracted from the U. S. Department of Health and Human Services in Figure 4 show that Tennessee is projected to have the most critical reg-

FIGURE 4
*2000-2020 projections for RN shortages in Tennessee,
 the SREB, and the US.*



Source: Berryman, 2002

FIGURE 5
1996-2002 student enrollments in Tennessee RN programs



Source: Tennessee Board of Nursing, 2003

SREB (2002) identified Tennessee as one of six states expected to have a critical shortage of nursing faculty within the next five years.

Registered nurse shortage of the 16 states comprising the Southern Regional Education Board (SREB). Enrollment in initial registered nurse licensure programs in Tennessee increased slightly from 2000 through 2002. However, data presented in Figure 5 reflect that even with the increase, Tennessee enrolled 1,196 fewer nurses in 2002 than in 1996.

Nationwide, the average age of nursing faculty is 51. The SREB (2002) identified Tennessee as one of six states expected to have a critical shortage of nursing faculty within the next five years. Some Tennessee schools of nursing report having faculty vacancies for more than one year, and several report 50% of their faculty will retire in the next five years. A lack of appropriately credentialed faculty to teach students limits the capacity of schools of nursing to admit qualified applicants and thus further compounds the problem.

The Nursing Pipeline

Do elementary and secondary schools in Tennessee prepare students for academic success and for education beyond high school?

Tennessee ranks 49th in the nation for the amount of money spent on education relative to the economy. In addition, only 19.6% of Tennesseans 25 years of age or older hold a bachelors degree compared to 25.2% nationally, so many Tennessee students are first-generation college students and know very little about navigating the system of higher education. As the National Center for Educational Statistics (2002) notes parents' educational attainment is closely related to student educational outcomes.

A lack of appropriately credentialed faculty to teach students limits the capacity of schools of nursing to admit qualified applicants and thus further compounds the problem.

25% of high school students scored below the basic level for reading, 40% scored below basic level in math, and 60% scored below basic level in science.

Parents and children who have not been exposed to higher education may lack or have unrealistic knowledge about the requirements for admission, the availability of financial aid, how to apply for admission and financial aid, or the registration process.

The SREB High Schools That Work initiative outlined specific performance goals for reading, mathematics, and science. The SREB reported that approximately 25% of students scored below the basic level for reading, 40% scored below basic level in math, and 60% scored below basic level in science. These data indicate that an alarming number of students are not adequately prepared for college (Bottoms & Feagin, 2002).

Students intending to enroll in nursing must be adequately prepared for the academic rigor of nursing programs. In order to ensure success in collegiate

nursing programs, high school programs must be academically challenging. Adoption and adherence to the National Health Care Skill Standards (National Consortium on Science & Technology, 2001) would strengthen Tennessee's health sciences curricula.

Education has had a tendency to reside in 'silos'. High school and postsecondary educators have worked from within their established curricula without regard for one another. These academic 'silos' must be bridged to assure collegiate success for students. Creating teams of university and high school educators would reduce the gap between high school and college-level learning and provide a seamless transition from high school into college. Consistent with the TICUA Study Commission on Closing the Higher Education Attainment Gap in Tennessee (2003) recommendation, **this Commission recommends that the Tennessee Department of Education adopt a long-term educational awareness campaign to promote the value of higher education and create a culture that assumes students will seek education beyond high school.**

Children who have not experienced a catastrophic health event nor have a family member who is a nurse have few realistic images of nurses and their roles. The image of nursing continues to be inaccurate, focusing heavily on caring and dependent roles. Wells (2003) noted that public awareness regarding the academic rigor of nursing programs and the scientific basis of the nursing profession needs to be accurately conveyed. It is important for students to recognize early the multitude of roles that nurses assume. Students must be properly prepared to engage in a profession that requires significant critical thinking skills, competency in analysis and synthesis of learned materials, and expertise in making independent clinical judgments. Further, it is important for parents to recognize the benefits of nursing as a career. Professional nursing offers job security, is seen by society as a valued and integrity-based profession, provides flexibility in employment, provides opportunities for career advancement, and allows for employment in a meaningful career that positively affects lives.





The Tennessee Center for Nursing recommended 'implementing a recruitment campaign to interest middle and high school age youth in nursing as a career' (October 4, 2002). Deliberate strategies to introduce students to health career choices include creating and funding programs such as:

- Health Science Magnet Schools.
- Governor's School for Health Sciences.
- Nursing summer camps.
- 4th through 6th grade science fairs.
- Partnerships with the health care industry/ community that recruit health care workers to serve as role models, to be tutors/mentors, and to teach in the elementary school curriculum.
- Mentoring programs that use on-site job shadowing and electronic mentoring.

Current guidance efforts have not been effective in increasing student interest in professional nursing as a career. High school students with good grade point averages and high achievement test scores are directed to pursue fields other than nursing. Guidance counselors increasingly spend their time working with problem students; this compromises their availability to provide career guidance. Fields and Moody (2001) suggested adopting an athletic paradigm in assisting with career guidance for the nursing profession. The nursing profession should assist guidance counselors by attending (scouting) academic competitions in high schools, making home visits (recruiting) to potential students and their families, and providing campus visits to schools of nursing located in the students' geographic area. **The Commission recommends that the Tennessee Department of Education expand initiatives to stimulate elementary and secondary students' interest in health sciences, provide academic advising for students to take high school courses that realistically prepare them for the academic rigor of nursing programs, and that accurately inform students and parents of the roles of nurses.**

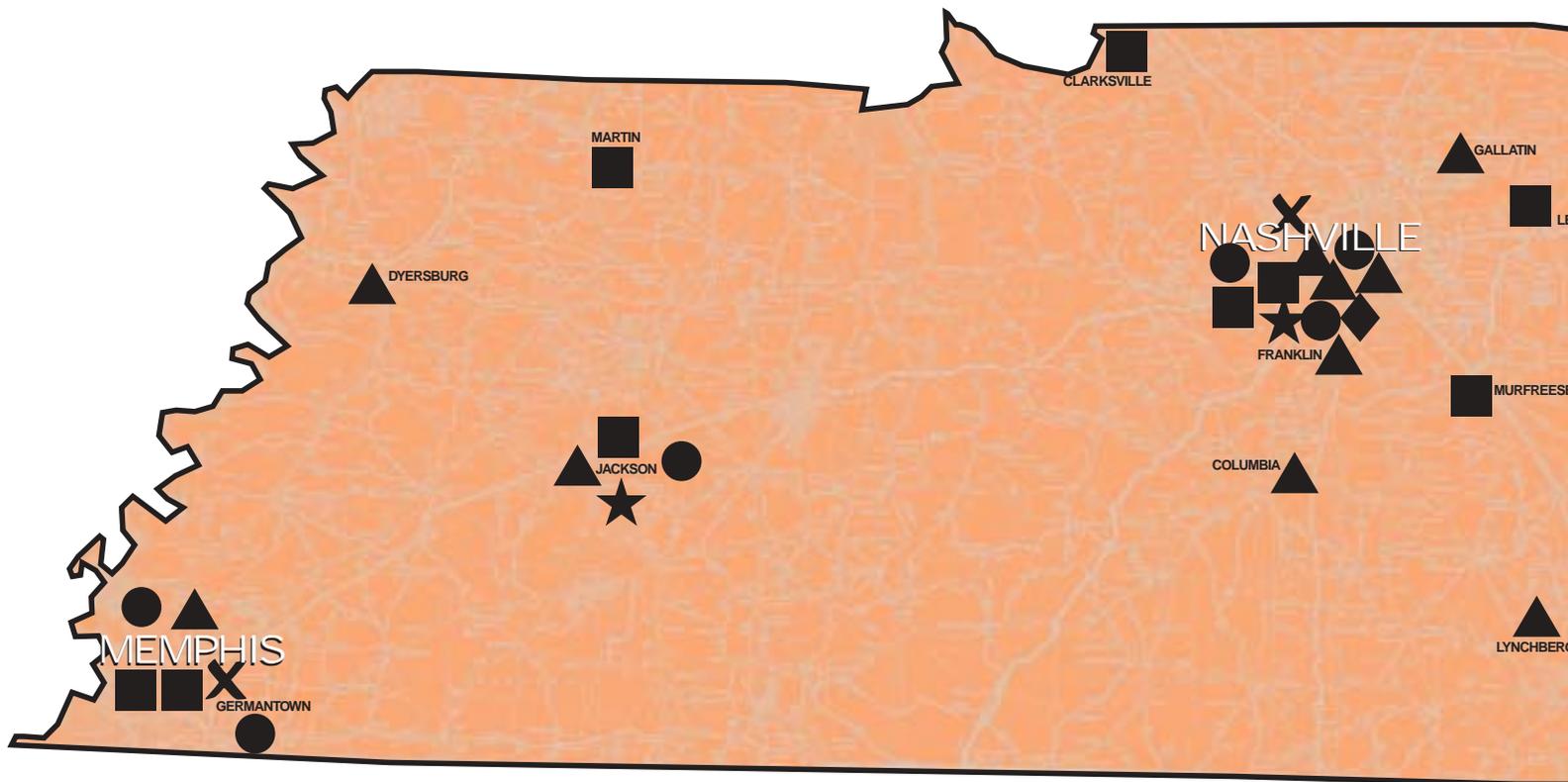
Do Tennessee schools of nursing successfully recruit, enroll and retain nursing students through graduation?

Factors influencing the recruitment, admission and enrollment, and retention of nursing students include access, program capacity, sufficient numbers of appropriately credentialed faculty, and adequate clinical facilities. In addition, because certain ethnic and racial groups are underrepresented in nursing, recruitment and retention of a diverse student population are of critical importance.

Access

Nursing programs in Tennessee that prepare students for initial licensure as a registered nurse include: 13 associate degree programs, 17 baccalaureate programs, and 2 non-nurse master's entry programs (TBN, 2003). One additional BSN program has been approved by the Board of Nursing and will accept students in 2005. Geographic distribution of these programs is widespread, and according to the 2000 census over 95% of Tennesseans live within 35 miles of an existing registered nurse program.

Nursing - ALL D



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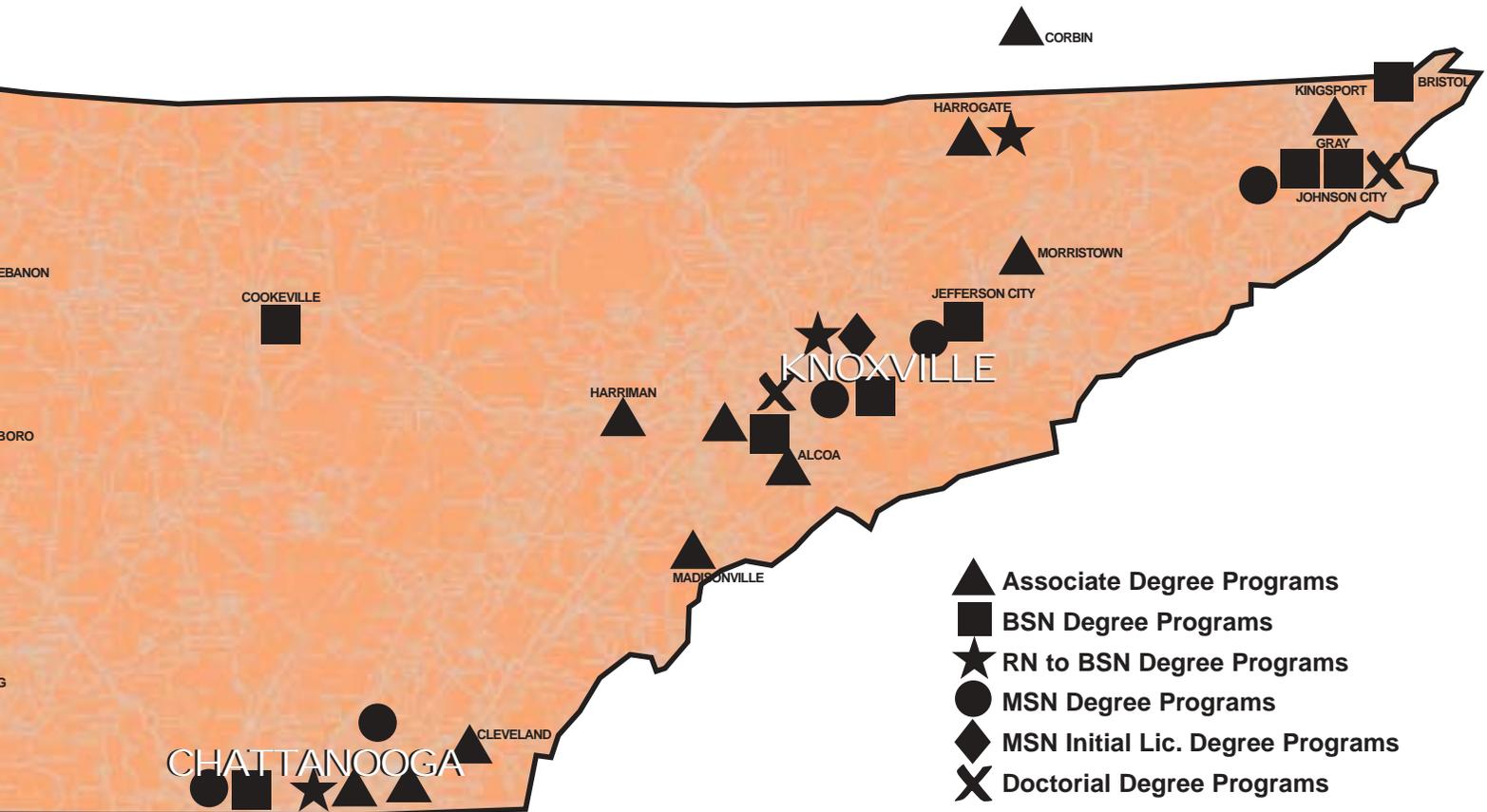
The TICUA Commission on Nursing commends the 32 Schools of Nursing in Tennessee who are all:

- Approved by the Tennessee Board of Nursing.
- Accredited by the Southern Association of Colleges and Schools (SACS).
- Accredited by either the National League for Nursing Accrediting Commission (NLNAC) or the Commission on Collegiate Nursing Education (CCNE).

Collectively, graduates of these programs exceed the national average on National Council Licensure Examination for Registered Nurses (NCLEX-RN) pass rates.

Affordability of nursing education is an issue common to many students. Single parents who wish to pursue nursing education often have financial constraints and need to work while attending college. Anecdotally, students report working to provide for basic needs and also to have medical insurance. Thus, students are forced to enroll in school on a part-time basis which delays completion of their program and may jeopardize success in completing their degree. The California Board of Registered Nursing (2000) identified that working 20 or more hours per week is one of the three most consistently identified characteristics of students at risk for not passing the NCLEX-RN on the first attempt. The other two factors are students for whom English is a second language and students with family responsibilities at home. **The Commission recommends that the Tennessee legislature appropriate funding to professional schools of nursing for stipends and scholarships, and to provide for enrollment in TennCare for nursing students who do not have medical insurance.**

Degree Programs



The academic rigor of nursing education is difficult for some students. Once enrolled in a nursing program, students may need tutorial assistance for which there is inconsistent access across institutions. Access to these services is crucial to ensure successful completion of the nursing program for a significant number of students. **The Commission recommends that the Tennessee legislature appropriate funding for schools of nursing to support initiatives that promote the success of registered nursing students. Suggested strategies include funding to strengthen nursing student support systems, such as tutor/mentoring, career counseling, stress reduction, and test taking skills.**

Program Capacity

Capacity may be determined by one or more factors including number of funded seats, sufficient qualified nursing faculty, availability of clinical placements, and/or level of funding.

There is pressure to expand nursing school enrollment to compensate for the decline experienced in the 1990s and to meet the demand projected for the future. Enrollments are again on the rise in Tennessee after dipping to a low of 4,162 in 2000 (see Figure 5). Between 2000 and 2002, enrollment in entry level registered nurse programs increased by 8.5%. It is likely that the Tennessee Education Lottery Scholarships will increase student demand for nursing education, further challenging existing nursing program capacity limits. To further complicate the issue, there are already inadequate sections of lower division, foundational, and prerequisite courses in some institutions resulting in a delay in student progression into the nursing major and thus into the workforce.

While the exact number of applicants who are denied admission to Tennessee schools of nursing is not known, at the present time applications exceed available seats in most programs (Personal



communication with Deans and Directors of Tennessee Nursing Programs, September, 2003). A national study of entry level baccalaureate programs conducted by the American Association of Colleges of Nursing (AACN) revealed that approximately 3,600 applicants were denied admission in 2002.

Reasons given for not accepting all qualified applications were:

- All admission seats filled (34.0%).
- Insufficient number of faculty (41.2%).
- Insufficient clinical or classroom space (11.3%).
- Insufficient clinical preceptors (1.0%).
- Overall budget cuts (5.2%).

Faculty

A survey conducted by SREB (2002) found that a lack of qualified faculty was the chief reason for not admitting more students into some Tennessee nursing programs. Educational requirements for holding a faculty position require a minimum of a master's degree in nursing. To further complicate the matter, accreditation agencies require that 25% of student credit hours in baccalaureate nursing programs be taught by faculty with a doctorate. Faculty teaching in graduate nursing programs are required to have a master's degree in nursing including 18 graduate

hours in their specialty, and a doctorate in nursing or a related field (www.sacs.org). In Tennessee, enrollment in graduate nursing programs declined from 2000 through 2002, further limiting the pool of potential faculty.

In Fall 2002, 10% of the 806 faculty employed by schools of nursing in Tennessee had less than a master's degree in nursing (TBN, 2002), and it can be assumed that they were hired because nurses with master's degrees were not available. Many master's-prepared nurses choose to practice in advanced practice clinical roles rather than in faculty roles. This situation

is driven, in part, by the fact that master's programs which formerly prepared nurse educators changed their focus in recent years to preparing nurse practitioners. Generally speaking, advanced practice nurse practitioners command a higher salary. In trying to recruit master's graduates for academic roles, the most commonly cited reason for nurses choosing nursing practice over teaching is the lack of competitive salaries in academic institutions. Of the schools reporting faculty shortages, 74% reported insufficient funds to hire new faculty and 64% reported competition for jobs with other marketplaces (AACN, 2003).

The Commission recommends that the Tennessee legislature increase appropriations to the Tennessee Board of Regents, the University of Tennessee System and the Tennessee Higher Education Commission's Contract Education Program for nursing education. The appropriations should focus on increasing the capacity of existing professional nursing programs by funding additional faculty positions, developing accelerated graduate programs in nursing, providing scholarships or traineeships to faculty pursuing graduate degrees in nursing who commit to teaching in a Tennessee school of nursing, developing a competitive salary structure, and expanding the nursing education component of the Contract Education Program to expand the capacity of nursing programs in Tennessee's private colleges and universities.

Clinical Facilities

Nursing education programs must have access to a sufficient number of hospitals and community settings across the spectrum of clinical specialties to provide the necessary clinical teaching and student experiences. As enrollments increase, clinical facilities' ability to accommodate the required number of students becomes strained. Particularly limited are placements in pediatric, maternity, and psychiatric in-patient units.

AACN (1999) reported that the barriers to accessing essential clinical resources include:

- A shortage of new clinical sites.
- Existing sites not accepting enough students due to a shortage of nurses.
- Competition for access to clinical facilities with other schools of nursing and other health professional schools.

Other issues inherent in the health care system that affect availability of clinical learning experiences are:

- Shortened hospital stays.
- More acutely ill patients requiring more highly skilled nursing care.
- Issues related to the Health Information Portability and Accountability Act (HIPAA).
- Emphasis on cost containment.

The Commission recommends that professional schools of nursing and health care providers work collaboratively to increase nursing program capacity by developing creative clinical schedules to include evenings, nights, and week-ends; expanding non-traditional clinical placements; and building new clinical education partnerships.

Diversity

Tennesseans suffer from a lack of diversity in the nursing workforce. Licensure data from the TBN indicate that only 7.1% of nurses in Tennessee are black and only 2.4% are from other minority groups (TBN, 2000). In contrast, statistics from the Tennessee Department of Health (TDH, 2001) estimate that blacks comprise 16.3% of the state's population and other minority groups comprise 3.3%. Thus, the nursing workforce does not mirror the diversity of the population of Tennessee.

Minority and ethnic diversity in nursing recruitment efforts must be increased. Currently there are no recognized 'best practices' to enhance entry of ethnic and racial minority groups into the professional health care workforce. Creating campaigns designed to recruit a culturally diverse workforce would serve to create a labor force that more accurately reflects the overall population, provides more culturally sensitive healthcare, reduces the disparity in health status between white and minority populations, and expands the pool of nursing recruits to further reduce the projected nursing shortage.

Increasing the diversity of the nursing workforce depends on successful recruitment, admission, retention, and graduation of students from underrepresented groups. Recruitment efforts aimed at non-white students are often broad and without regard to cultural sensitivity (Fields & Moody, 2001). Furthermore, recruitment programs fail to market nursing as a career competitive with careers frequently selected by college students from racial and ethnic minority groups. The lack of appropriate career guidance and inadequate pre-nursing academic preparation have been identified as factors that inhibit successful enrollment of a diverse student body in nursing programs. Once enrolled, the lack of an infrastructure for systematic mentoring was identified as a major shortcoming in minority retention (National Advisory Council on Nurse Education and Practice, 2000).

The Commission recommends that the Tennessee legislature appropriate funding for scholarships and stipends for students from racial and ethnic minority groups to pursue professional nursing education; funding to provide tutorial and other support services aimed at promoting their academic success; and funding to support registered nurses from diverse backgrounds to pursue graduate nursing education in preparation for faculty roles where they might serve as mentors.

Access, program capacity, sufficient numbers of appropriately credentialed faculty, adequate clinical facilities, and a lack of racial and ethnic diversity are some of the major issues facing Tennessee's ability to build a nursing workforce to care for the health needs of our growing population. If we are to reverse the current and projected nursing shortage, action must be taken NOW.

Conclusions and Recommendations

In Tennessee, a critical nursing shortage is projected to develop between now and 2020. Tennessee currently has 32 nursing programs that prepare pre-licensure nursing students to take the National Council Licensure Examination for Registered Nurses. The existing programs in Tennessee meet the TBN, SACS, and specialized accreditation standards for nursing education programs. The addition of new nursing programs will be costly to the state, and will further compromise existing programs by diluting the available pool of qualified faculty and scarce clinical resources. Because the 2000 census for population figures reflect that over 95% of Tennesseans live within 35 miles of a nursing program, this Commission recommends that resources for existing registered nursing schools be augmented to increase program capacity. The Commission recommendations follow.

The Commission recommends that the Tennessee Department of Education:

- adopt a long-term educational awareness campaign to promote the value of higher education and create a culture that assumes students will seek education beyond high school.
- expand initiatives to stimulate elementary and secondary students' interest in health sciences, provide academic advising for students to take high school courses that realistically prepare them for the academic rigor of nursing programs, and accurately inform students and parents of the roles of nurses.

The Commission recommends that the Tennessee legislature:

- appropriate funding to professional schools of nursing for stipends and scholarships, and to provide for enrollment in TennCare for nursing students who do not have medical insurance.
- appropriate funding for schools of nursing to support initiatives that promote the success of registered nursing students. Suggested strategies include funding to strengthen nursing student

support systems, such as tutor/mentoring, career counseling, stress reduction, and test taking skills.

- increase appropriations to the Tennessee Board of Regents, the University of Tennessee System and the Tennessee Higher Education Commission's Contract Education Program for nursing education. The appropriations should focus on increasing the capacity of existing professional nursing programs by funding additional faculty positions, developing accelerated graduate programs in nursing, providing scholarships or traineeships to faculty pursuing graduate degrees in nursing who commit to teaching in a Tennessee school of nursing, developing a competitive salary structure, and expanding the nursing education component of the Contract Education Program to expand the capacity of nursing programs in Tennessee's private colleges and universities.
- appropriate funding for scholarships and stipends for students from diverse racial and ethnic backgrounds to pursue professional nursing education; funding to provide tutorial and other support services aimed at promoting the academic success of these students; and funding to support registered nurses from diverse racial and ethnic backgrounds to pursue graduate nursing education in preparation for faculty roles where they might serve as mentors.

The Commission recommends that professional schools of nursing and health care providers work collaboratively to increase nursing program capacity by developing creative clinical schedules to include evenings, nights, and week-ends; expanding non-traditional clinical placements; and building new clinical education partnerships.

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