

2020 LPN NURSING FACULTY SURVEY SUMMARY

The West Virginia Center for Nursing has conducted a survey of licensed professional nursing education programs in West Virginia to gather information on nursing faculty shortages and nursing education. It is the hope of the Center that information collected will be used for education planning, workforce development, and legislative decisions as the Center continues its work on reducing the nursing shortage in West Virginia.

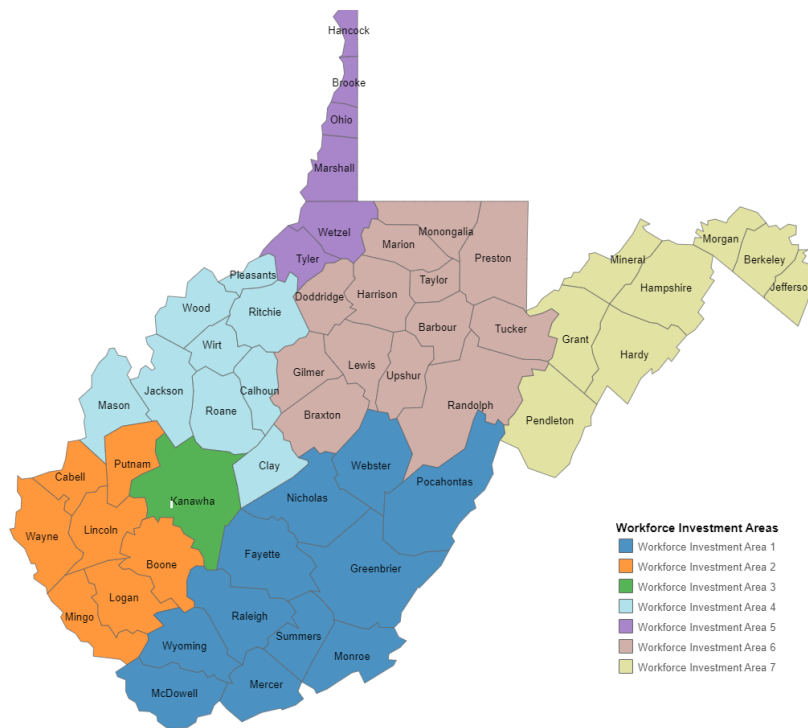
METHODOLOGY OVERVIEW

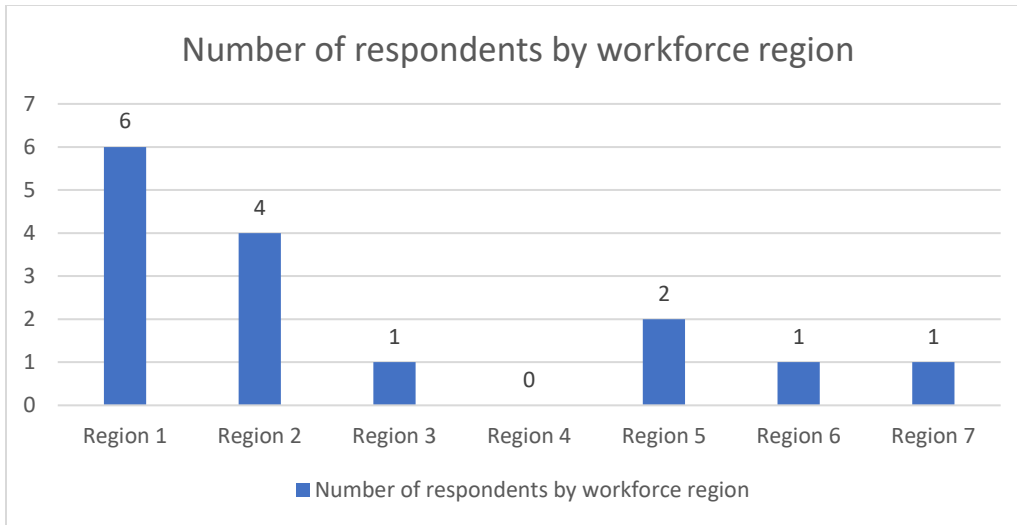
The 2020 Nursing Faculty Survey was sent to each of the 27 schools of LPN education in West Virginia who offer nursing degree programs leading to LPN certificates in January 2021. Several reminders to respond to the survey were sent to program directors. Of the 27 schools of nursing, 15 responded for a 55.55% response rate. Responses were collected through mid-February 2021.

Below you will find a breakdown of the information provided by the responding schools.

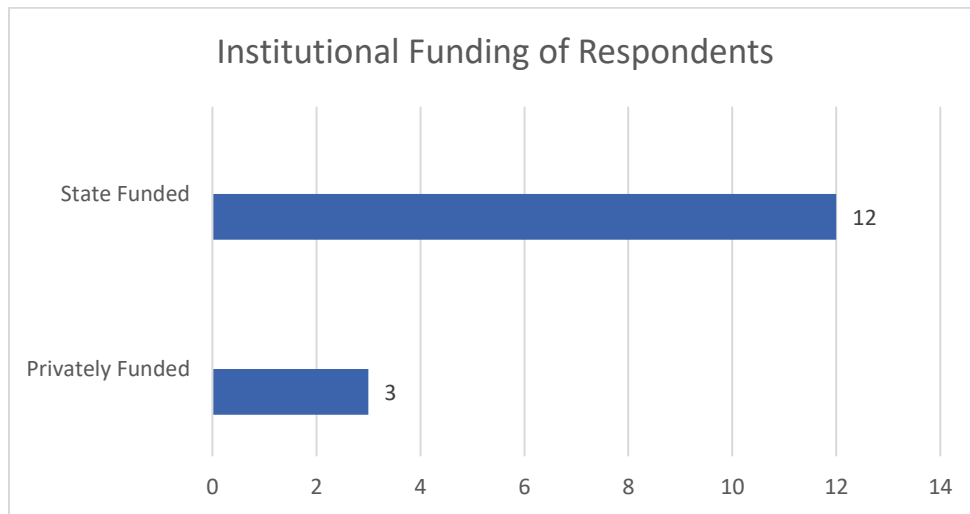
DEMOGRAPHICS

To better understand the geographic distribution of respondents, the survey asked respondents to identify which of the 7 workforce regions in West Virginia they belonged to (see map of workforce regions below). Regions are not equally represented because some workforce regions have more schools of nursing than others. One workforce region had no respondents (region 4).





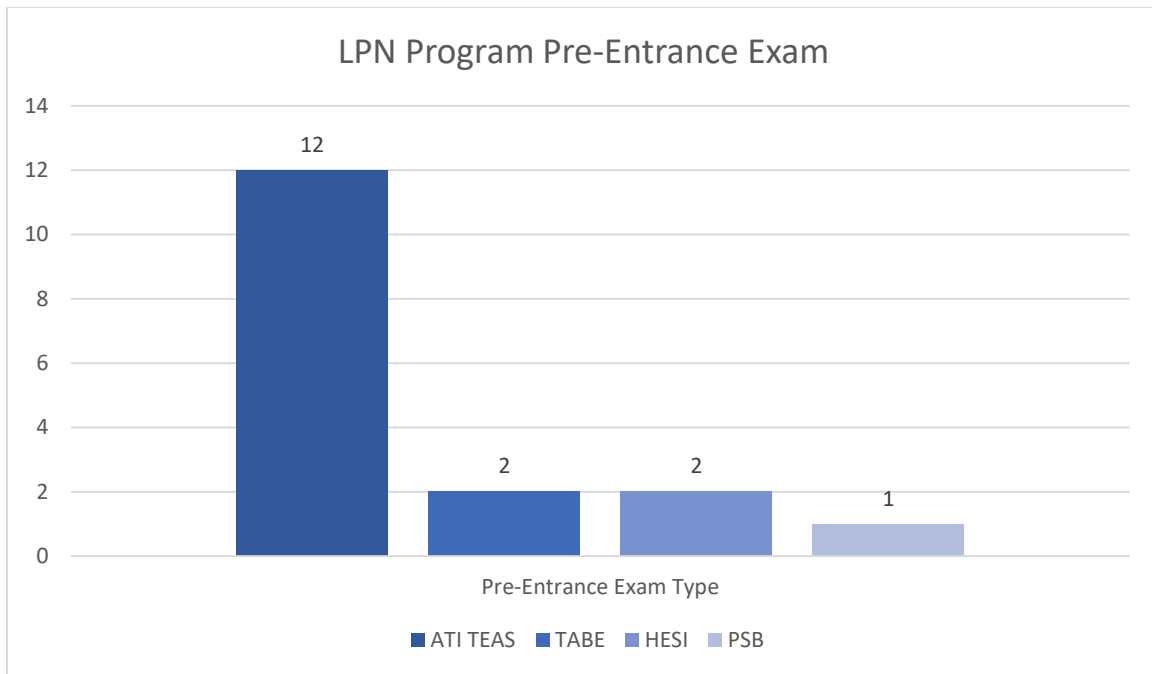
Institutional funding types was mixed, with three schools being privately funded and 12 schools being state funded.



LPN PROGRAM DETAILS

Most LPN programs report that they are accredited by The Council on Occupational Education (COE) (9 programs) and one program states they are accredited by The Accrediting Commission for Education in Nursing (ACEN).

Most LPN programs report that they require students take the ATI TEAS exam prior to admission into their programs. Two programs report that they give students the option in what kind of pre-entrance exam they can take for entry (TABE or TEAS; TABE or HESI).



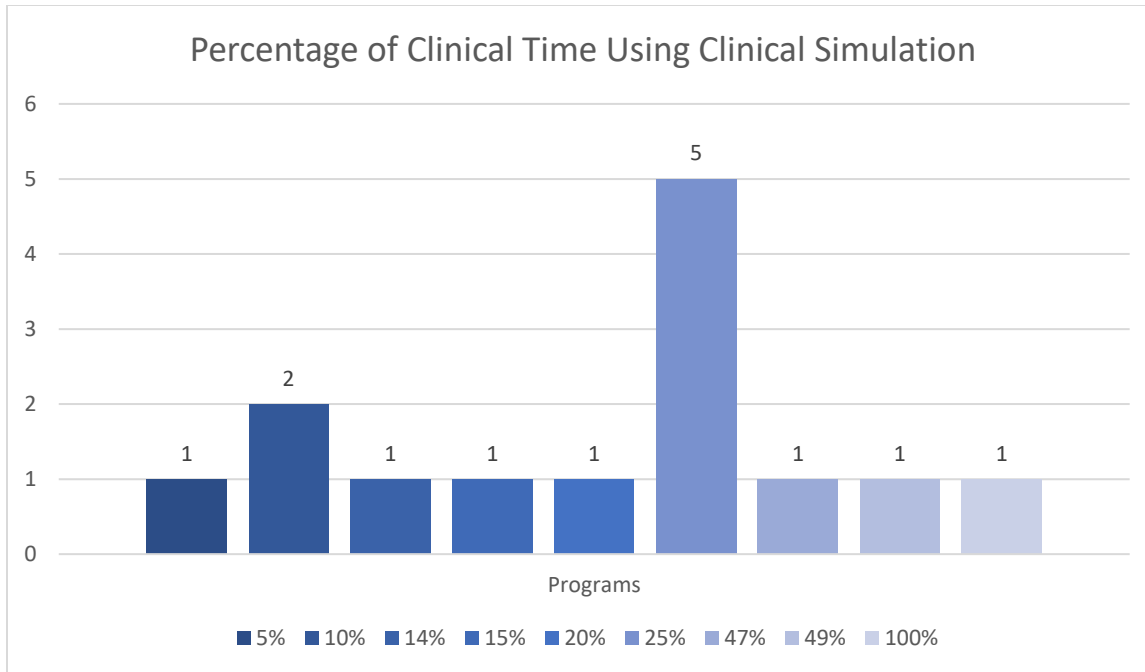
Of those programs that require or give the ATI TEAS exam for pre-entrance into the program, acceptable scores range from 50 to 60. Those taking other tests must earn the following scores for entry – PSB (40), TABE (60), and HESI (60-70).

Of the 15 respondents to this survey, 10 do not require pre-requisite courses prior to admission. Of those 10 programs, one indicated they planned to start some pre-requisite courses, but the pandemic has put those plans on hold. Of those five programs requiring pre-requisite courses, their requirements vary by program. The requirements are as follows:

- Math Review (2-week program)
- Math Review (2-week program); ACT only after passing the other requirements
- Medical Terminology and PreLPN course (includes math and reading remediation)
- Adult Education, Anatomy and Physiology, Medical Terminology, Medical Math
- English 101, Introduction to Anatomy and Physiology, Medical Terminology

Among the 15 respondents, there is the capacity for 455 students to enter programs. Since not all programs responded to this survey, this number does not represent the total capacity of LPN programs. Since respondents represent just over half of all respondents, it is likely that the true capacity of LPN programs statewide is around 1,000. The number of students capable of being admitted to a program range from 18 to 70 per cohort among respondents. All respondents are admitted one cohort at a time and one program has both morning and evening options for students.

All programs utilize clinical simulation for clinical time, but the percentage of time that programs use simulation varies widely by program. Of the 15 respondents, 8 respondents indicated they use 25% or more of their clinical time using clinical simulation. During the pandemic, 14 of 15 respondents indicate that they increased the use of clinical simulation.



The types of clinical simulation vary widely by program. Respondents indicated they utilize the following types of clinical simulation:

- Sims Simulation through Elseviser
- Cardiac arrest and maternity through Noel Birthing
- ATI
- OB/PEDs
- Written case studies and scenarios
- Nursing.com clinical nursing 360 course
- Montgomery College clinical simulations
- Oxford Medical
- SimPractice
- Lab simulation
- Simulation Lab
- HESI simulation package for practical nursing programs
- High Fidelity
- Mid Fidelity
- SimRX
- Medcom Videos
- V-Sim
- VCE case studies
- EHR GO
- ALEX simulation and med cart
- Simulation Learning Systems

FACULTY

Of the 15 respondents, only one respondent indicates they have a shortage of qualified nursing educators. There are 55 LPN instructors employed both full and part-time among respondents. Most LPN instructors are employed full-time (44).

Compensation for LPN faculty varies based on a few factors. LPN programs require that faculty be RNs. For those programs connected with K-12 education system, compensation is based on West Virginia Department of Education pay-scales. Program directors salary among those respondents indicating a specific salary (9), pay ranges from \$52,000 to \$78,000. For full-time faculty among those respondents indicating a specific salary (11), pay ranges from \$39,000 to \$70,000. Most respondents who have part-time faculty cite an hourly or per day fee for instructors. Hourly paid part-time faculty (4) pay ranges from \$24 to \$25 per hour while those earning a per day rate (1) receives \$120 per day.

When respondents were asked the primary reasons for LPN instructor resignations were ranked as follows:

1. Career advancement and salary
2. Retirement
3. Return to clinical practice
4. Relocation of a spouse and termination or requested resignation
5. Other (not specified)

When respondents were asked the primary reasons for nursing faculty seeking LPN instructor positions was were ranked as follows:

1. Desire to pursue an academic career and better work hours
2. Career advancement, less stressful than clinical practice, and other reasons (most other reasons were not specified; only other reasons specified was to be closer to home)
3. Better salary

EXPANSION OF PROGRAMS

To evaluate how many more LPN faculty would be needed to expand program enrollment by 20 students, the survey asked respondents how many additional FTEs they would need. Among respondents, 28 additional faculty would be needed among respondents of the survey. One respondent indicated they would need a part-time faculty but did not indicate a number for the FTE equivalent of what would be needed. It can be estimated that 50-60 FTEs would be needed to expand program enrollment by 20 across all LPN schools based on the respondents of this survey.

Respondents were also asked to rank the barriers to program expansion. The results of this ranking were as follows:

1. Non-competitive salary rates, insufficient clinical sites, and other
2. Shortage of qualified nursing educators and insufficient funding for nursing positions

Those respondents who indicated other barriers responded as follows:

- Need accreditation for Financial Aid so students can obtain PELL grants.
- Space for buildings and classrooms for more students

- Limited physical space and a focus of the institution on RN students causes LPN students to not be prioritized for expansion.
- Salary

To further evaluate what additional resources would be needed to expand programs, the survey asked respondents if they would need additional clinical laboratories, computers and software, library holdings and supplies to expand offerings to more students and what kind of things they would need. Of the 15 respondents, 9 indicate they would need additional resources to expand. Of those 9 needing additional resources, they would need the following:

- Additional classroom and clinical space
- Computers
- Nursing supplies
- Clinical sites
- Simulation suites and skills workstations
- Library holdings
- Simulation mannequins

NCLEX-PN EXAM

The figure below demonstrates the NCLEX-PN passage rates for the most recent years. As demonstrated by the figure, the rate has decreased statewide for the past several years.

[Figure here](#)

To better evaluate why NCLEX-PN passage rates have fallen in recent years, this survey asked a series of questions to better understand this challenge. Respondents to this survey had a range of passage rates during the last quarter available. Passage rates ranged from 50% to 95%. Respondents were asked what contributed to their passage rates to better understand from a nursing faculty perspective why some rates were so low. Respondents answered as follows:

- Under 90% - COVID-19 pandemic and the associated challenges of virtual learning; students begin working on their temporary licenses and stop studying for the NCLEX-PN exam; inaccessibility of the exam due to the shutdown of testing centers; test anxiety.
- 90% and above – dedicated instructors, motivated students, administrative support, ATI's live NCLEX review, hands on clinical experiences, study habits.

With the changes made to the oversight of LPN education during the 2019 Legislative Session, the survey asked respondents if they had higher passage rates with the WV LPN Board oversight of their programs. Responses were mixed with 53.33% (8) indicating their passage rates were higher and 46.67% (7) that they were lower.

Respondents ranked the categories that they believe are the largest barriers to higher NCLEX passage rates. The rankings are as follows:

1. Students (i.e., student support services, working more with at risk students, faculty assistance, admissions quotas, admission pool, etc.)

2. Policies (i.e., admissions, graduation requirements, grading) and Testing and Evaluation (i.e., utilizing NCLEX testing plans more, standardized testing and remediation planning needed, testing calendar, more instruction on test taking strategies, etc.)
3. Curriculum (i.e., teaching methods, faculty review of curriculum needed, clinical sites available, class format, etc.), Faculty (i.e., faculty orientation and training, faculty recruitment and retention, faculty administration, etc.), and Evaluation Methods (i.e., need new tools for analysis and revision of tests, revised grading scales needed, consistency needed for test items, elimination of grade inflation, etc).

To better understand the strategies that LPN schools are currently undertaking to improve success in NCLEX pass rates, the survey asked respondents what strategies they are currently deploying. The following is a summary of responses:

- 2-day NCLEX review and other NCLEX review methods
- Revising exams to reflect test plans.
- Variety in teaching strategies
- Curriculum review
- HESI Exit Exam to identify weak areas and revise instruction.
- Adaptive quizzing for NCLEX-PN
- HESI Live Review
- Teaching students test taking strategies.
- On-site review
- Increased use of ATI
- Remediation on failed exams
- Incorporating NCLEX style questions into exams.
- Case studies
- Virtual clinicals
- Evolve Adaptive quizzing
- Nursing.com subscriptions
- UWorld for NCLEX prep
- HESI benchmark testing
- Attending Next Gen NCLEX webinars for faculty
- Review of admission criteria
- Creating policies to hold students more accountable
- Incorporating computer testing to be more like NCLEX exam
- Using the Concept Based Curriculum Model

For schools who have indicated they are satisfied with their NCLEX passage rates, the survey asked them to outline what strategies they would suggest other programs utilize to help them improve. The following is a summary of results:

- Incorporate more clinical reasoning into all areas along with simulations
- Review NCLEX test plan and follow NCLEX style questions throughout the program to prepare.
- Utilize a comprehensive program like ATI to prepare students for NCLEX review that incorporates rationales and guided feedback to the students for weaknesses

- HESI Case studies, virtual clinical excursions, and high simulation labs
- Incorporate more simulation into theory instruction
- Hold students accountable for learning

And finally, the survey asked respondents to list any comments, suggestions, or ideas they have to improve NCLEX passage rates among LPN programs in West Virginia. Below is a summary of the responses:

- Schools should consider having prerequisites at the college level before entering an LPN program to ensure that students have a base knowledge of reading comprehension and body systems. Pre-requisite course requirements would also help those students who are interested in LPN to RN bridge programs complete courses they would be required to complete for their RN bridge programs.
- Schools should consider requiring students pass an ATI or HESI exit exam prior to being allowed to sit for the NCLEX exam.
- Schools should utilize remediation more.
- Schools should work to build an administration team that is strong and collaborative. Team members should be dedicated to the profession and motivated to encourage students to be prepared.
- LPN schools and the LPN board should work to keep lines of communication open Students must be dedicated to their programs to ensure success.
- Schools should work with local adult basic education programs to develop some prerequisite courses in medical terminology, test taking skills, etc.
- Both schools and students should encourage an environment to keep learning and improving. Critical thinking and clinical reasoning should be incorporated into coursework as much as possible.

CONCLUSION

The results of this survey confirm that barriers exist in LPN programs in recruiting faculty and in maintaining competitive salaries. Expansion of LPN programs will require additional funding and resources. LPN programs are using innovative strategies to improve NCLEX-PN success in their students. Student centered, faculty centered and program centered changes may lead to better outcomes among LPN graduates.