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Sheba Jennings

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STUDENT AND FACULTY PERCEPTIONS OF ACCELERATED
NURSING PROGRAMS ON THE NURSING SHORTAGE
IN THE MISSISSIPPI DELTA

By

Sheba Jennings

A Dissertation
Submitted to the Faculty of
Mississippi State University
for the Degree Doctor of Philosophy
in Community College Leadership
in the Department of Educational
Leadership and Foundations

Mississippi State, Mississippi

December 2008

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Sheba Jennings

2008

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NURSING PROGRAMS ON THE NURSING SHORTAGE
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MISSISSIPPI DELTA

Pages in Study: 123

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The purpose of the study was to determine students' and faculty members' perceptions of the accelerated nursing programs at two colleges in the Mississippi Delta, Coahoma and Mississippi Delta Community College. The study centered on whether the age, race or gender of the students affected their perceptions of program support, key issues and challenges, and program limitations. The study explored differences in faculty and students' perceptions of the accelerated nursing program in regards to local support, nursing faculty, most complicated areas of the program (which were clinical and exams), and barriers.

A quantitative research design was used for this study. The survey was the methodological framework that was employed in this investigation to collect the data.

The participants consisted of 13 faculty members and 33 students of the accelerated

nursing program at two community colleges. The procedure to gather data for this study was two surveys developed by the researcher.

The data in this study were obtained by using an Independent t-test, ANOVA and descriptive statistics. The following were findings of this study. No significant differences found in students' perceptions of the accelerated nursing program by age or gender. Significant differences were found in students' perceptions of the accelerated nursing program by race. The differences found were that Caucasians had a more positive perception than African Americans of salary attracting them to stay and work in the Mississippi Delta. Caucasians also had a more positive perception than African Americans that clinical is the most complicated area of the nursing program. In addition, Caucasians had a more positive perception than African Americans that transportation was a program barrier.

Overall, faculty perceptions of the accelerated nursing program varied. Significant differences were found when students; and faculty perceptions were compared. The differences found were that students felt positive about the exams being the most complicated area of the program and the faculty disagreed. The other difference found was that faculty had a negative feeling toward their college lacking financial support from the local area, while students had a positive feeling.

DEDICATION

This study is dedicated to the loving memory of my mother, Mrs. Queen Jennings, who sacrificed much for me. She taught and showed me the true meaning of strength and endurance. When she could not encourage me in person any longer, she became the wind beneath my wings. I still strive daily to make you proud. To my dad, Mr. George Jennings, who taught me the true meaning of sacrifice and faith. Thanks for all the words of wisdom and encouragement that you continuously give me. Thanks to you and Mom for teaching me the value of an education.

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Finally, I am thankful to Jesus Christ who is the one constant in my life. "I can do all things through Christ who strengthens me" (Philippians 4:13).

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CHAPTER I

INTRODUCTION

The nursing shortage is a major problem in health care affecting our nation. Supply and demand seem to be the major problems that are causing this gripping shortage. According to the American Association of Colleges of Nursing (AACN), what the nation needs are more individuals to employ at local hospitals, clinics, and private and public institutions, to meet the needs of the growing demand for services. The United States is in the midst of a nursing shortage that is expected to magnify as baby boomers age and the need for health care grows. Adding to the problem is the fact that nursing colleges and universities across the country are struggling to expand enrollment levels to meet the rising demand for nursing care (AACN, 2004).

Shuman (2003) noted factors that lead to the current shortage: high turnover rates, job dissatisfaction among nurses, diversity among the profession, inadequate salaries to compensate for the workload, stress on the job, burnout, and not enough individuals who hold advanced degrees in the profession to teach. Demand for nurses is soaring to unprecedented levels while a variety of factors are limiting the number of available nurses.

Some of the issues that make the nursing shortage in the nation complex are an aging professional population, workload pressures, and employment alternatives. Many

nursing students choose not to continue their education beyond a Bachelor's degree thereby creating a limited number of Master's and Doctoral educated nursing professors to teach in the profession. The nation's long-term healthcare facilities lack adequate nursing staff to administer even the most basic care, thus, putting patient's lives in danger (AACN, 2001).

The fact that salaries are not adequate enough to compensate for work overload, is a major problem driving the nursing shortage. Low salaries are another major problem nurses have to face. The AACN reported in 2000 that the average nurse practitioner's salary was \$80,000, while the master's-prepared nurse faculty member earned about \$48,000 (Larson, 2002).

The rural areas of the country suffer the greatest in regards to the nursing shortage and other health care. Because rural locations usually don't attract individuals to the area and frequently lack funds to provide competitive salaries, it takes facilities in these rural areas longer to fill vacancies than urban facilities. The Mississippi Delta is among the poorest, most disadvantaged areas in the United States. The eighteen counties (Washington, DeSoto, Humphreys, Carroll, Issaquena, Panola, Quitman, Bolivar, Coahoma, Leflore, Sunflower, Sharkey, Tunica, Tallahatchie, Holmes, Yazoo, and Warren) that comprise the Mississippi Delta share several characteristics that impact the health of their residents. They are located in rural areas, have high poverty levels, and a high percentage of African Americans, thereby making them particularly vulnerable to the disproportionate number of diseases that burden our nation's existing racial and ethnic health disparities (About Delta Health Alliance, n.d.).

The Mississippi Delta is extremely rural, characterized by small, sparsely populated cities, towns or communities that are among the most impoverished in the nation. The population is over 60% non-white with an emerging population of Hispanic and other ethnic groups. The major employer for the region is the health industry even though the Delta is known primarily for agriculture. The Delta is deficient in all social, economic and health indicators. Historically, statistics present an extremely negative view of the overall health in Mississippi. All 82 counties in Mississippi are federally designated, whole or in part, as a Medically Underserved Area (MUA). (Coahoma Community College's Mississippi Delta Rural Health Care Training Partnership, n.d.).

Since the nursing shortage in the Mississippi Delta has raised major concerns in the overall health of the area, both Coahoma and Mississippi Delta Community Colleges have taken on the challenges of helping alleviate the nursing shortage in the area. Both of these schools have traditional Associate Degree Nursing (ADN) programs that take two years to complete as with most colleges and schools.

Mildred Montag, is considered to be the progenitor of the modern Associate Degree in Nursing Education (Andrist, Nicholas, & Wolf, 2006). Historically, many junior or community colleges in Mississippi and over the nation became in some way involved in nursing education. The American Association of Junior Colleges became very active in aiding junior and community colleges deal with the developing program. In 1952, the Associate Degree Program in Nursing became a part of the American System of Nursing Education (Anderson, 1966). This program required two years to complete, in some cases two academic years, but in other cases it required two calendar years. A student at the completion of these two years is qualified to take the State Board

Test for licensure and is also qualified for graduation from the junior college with an Associate of Arts Degree. In 1957, the first Associate Degree Program was established in a Mississippi junior college (Anderson). An act was passed by the Mississippi Legislature in 1964 supporting nursing training as the responsibility of educational institutions, both in the junior college and in the senior institutions (Ewing & Young, 1978).

Community Colleges are the primary educators of registered nurses in the United States. In 1997, out of 701 community colleges, 41,258 Associate Degrees in Nursing were awarded. Community colleges are the colleges of choice for African American, Hispanic, and Native American students. Community colleges educate the majority of nursing professionals in rural areas: 73% of all nursing graduates in rural settings came from ADN programs (Teich & Viterito, 2002).

Both Coahoma and Mississippi Delta Community Colleges have implemented an accelerated nursing program in their college curriculum to address the nursing shortage in the Mississippi Delta. The Accelerated Nursing Program allows students to advance from a Licensed Practical Nurse (LPN) to a Registered Nurse (RN) in one year. The students start school and take accelerated summer courses plus one year of ADN courses. After these students complete a rigid, accelerated summer course, they are placed in the traditional nursing degree program with the sophomore students of the traditional program. As opposed to taking two years to complete like the traditional ADN program, the Accelerated Nursing Program only takes one year.

The counties that Mississippi Delta Community College serves in its community are Humphreys, Leflore, Bolivar, Sharkey, Washington, Issaquena, and Sunflower.

Historically, Mississippi Delta Community College has had an ADN Program since 1964. What is now called the Accelerated Nursing Program was implemented in June of 2000. With the nursing shortage in the Delta being such a crisis, Mississippi Delta Community College just took the initiative and implemented what is known as the Accelerated Nursing Program. According to Patti Livingston, Director of Nursing at Mississippi Delta Community College, the accelerated program at Mississippi Delta Community College currently has 11 faculty members and 66 students have graduated from the program (P. Livingston, personal communication, June 17, 2008). The mission of the college is “to provide quality educational experiences that include intellectual, academic, career, technical, social, cultural, and recreational learning opportunities, at a nominal cost, to those who qualify for the courses of study and programs offered” (Mississippi Delta Community College, 2008).

The ADN was implemented in August 2005 at Coahoma Community College. The ADN Program clearly relates to the Mission and Goals of Coahoma Community College’s Mission Statement: “The institution provides accessible, accredited, affordable, diverse, and quality learning opportunities for the development of intellectual skills, job skills, personal growth and/or transfer to a baccalaureate program.” The primary service provided by students, faculty and graduates of this program will be the improvement of the health status and quality of life medically underserved populations such as the Northwest Region of the Mississippi Delta (Coahoma Community College, 2008).

Coahoma Community College researched the need for registered nurses by surveying its five-county service area and consulting with the Mississippi Department of Health and Human Services and the Office of Nursing Workforce and, as a result, the

ADN Program was implemented in order to provide registered nurses for the community it serves.

The national nursing shortage has affected every area of the United States. In response to the shortage in the Mississippi Delta area, the LPN/RN Fast Tract program was implemented in the Summer of 2006 at Coahoma Community College. The problem in the Mississippi Delta is that there are not enough master's prepared nursing education graduates to fill vacant positions in schools of nursing to meet the enrollment demands for nursing classes. The Mississippi Legislature has addressed nursing educator salaries for the last two academic years by allocating \$6,000 raises each year. The Department of Labor awarded a three-year grant to the institution to fund a one-year fast track program for Licensed Practical Nurses (LPN) to complete a degree in nursing. All admitted students must pass a nursing transition course in the Summer I session to get credit for the freshman year of study so they may enter as sophomores. Coahoma Community College's program admitted three students in the 2006/2007 academic year. Current enrollment is fifteen for the 2007/2008 school year (Coahoma Community College's Mississippi Delta Rural Health Care Training Partnership, n.d.).

Statement of the Problem

Mississippi Delta is one of the most economically depressed areas in the United States, with the Delta having the highest percentage of African Americans in the nation. The health of the area's population is poor and the healthcare needs are unmet. African Americans are particularly vulnerable to the disproportionate disease burden that accompanies our nation's existing racial and ethnic health disparities (About Delta Health

Alliance, n.d.). In addition, there is a nursing shortage crisis in the Mississippi Delta area. Hospitals and clinics in the Mississippi Delta don't have enough nurses to employ at their facilities. Current nurses in the field face long working hours, burnout, and low salaries. The medical needs of many individuals in the area who go to local hospitals and clinics are not met. One reason for this situation is patients' refusing to wait for long periods of time to be seen.

Reid's (2004) dissertation at the University of North Texas stressed that community colleges appear to be in the perfect position to assist health care facilities to obtain the nurses needed to care for their patients. Since community colleges are designed to serve the community in which they are located, these rural colleges need to have adequate funding to offer nursing programs and other allied health programs to meet the demand of the communities. However, severe budget cuts combined with internal budget flexibility and lower economy of scale have challenged rural community colleges to deliver the nursing and allied health programs that urban and suburban Americans take for granted.

Purpose of the Study

The purpose of the study was to determine students' and faculty members' perceptions of the accelerated nursing programs at two colleges in the Mississippi Delta, Coahoma and Mississippi Delta Community College. The study centered on whether the age, race or gender of the students affected their perceptions of program support, key issues and challenges and program limitations. The study explored differences in faculty

and students' perceptions of the accelerated nursing program in regards to local support, nursing faculty, most complicated areas of the program, and barriers.

Research Questions

Answers to the following questions were sought:

1. Is there a significant difference in students' perception of the accelerated nursing program by gender?
2. Is there a significant difference in students' perception of the accelerated nursing program by race?
3. Is there a significant difference in students' perception of the accelerated nursing program by age?
4. What is the faculty perception of the accelerated nursing program?
5. Do the faculty and students differ in their perceptions of the accelerated nursing program in regards to a) transportation being a program barrier students, (b) is there enough nursing faculty or staff for the accelerated program, c) the clinical is the most complicated area of the nursing program, d) exams are the most complicated area of the program, and e) if their college receives enough local support?

Significance of the Study

This study was significant for several reasons. First, the nursing shortage in the nation is increasing daily and the overall health of the country is being affected by this shortage. The Mississippi Delta's population, which is predominately African American, has one of the highest poverty rates in our nation. It is being hit the hardest by the

nursing shortage. The area is economically depressed, and healthcare is a major issue in this part of the nation. The need to help the Mississippi Delta advance, especially in the area of healthcare is paramount. It appears that rural areas, especially the Mississippi Delta are affected the most by the nursing shortage.

Relevant data regarding the different perceptions of the students and faculty of the Accelerated Nursing programs will enlighten nursing faculty on students' attitudes of different aspects of the program. Since the nursing shortage is so severe in this area, with this data faculty members and the colleges can attempt to find strategies to improve the overall dynamics of the program in hopes of attracting students to the program. By understanding the factors that influence students' perceptions of the program, nursing faculty members can assist in nurturing nurses and preparing them for the workforce.

College administrators can benefit from the study as well. Recruiting nursing faculty to work at colleges and universities is a challenge. College Presidents, Deans, and other professionals will be able to understand what prospective individuals may consider when applying for a job at their institution. Secondly, this study will help enhance the knowledge and understanding of medical professionals in attempts to recruit graduates of the accelerated programs to their agencies, which will help alleviate the shortage.

Limitations

The study identifies students' and faculty perceptions of the accelerated nursing program at two colleges in the Mississippi Delta.

1. The data in this study was delimited to the survey instruments which were developed and administered for this study.

2. The data in this study was collected from only two colleges that offer the Accelerated Nursing Program during the fall semester of 2008
3. This study is not to be generalized to four year colleges.

Definition of Terms

For the purpose of this study, the following terms were defined:

Associate Degree in Nursing (ADN) – A nursing degree granted by a two-year college on successful completion of undergraduate course of study. The two-year program is designed to prepare students to provide and manage client care and to become members within the discipline of nursing. Core components are introduced, developed, and built upon throughout the curriculum. Upon graduation, the graduates are eligible to take the National Council Licensure Examination for Registered Nurses (NCLEX-RN) (Reid, 2004).

Community college – A comprehensive postsecondary higher education institution that offers a wide range of curriculum while awarding the associate’s degrees as the terminal credential. It includes academic courses that correspond with those offered in the first two years of a baccalaureate granting institution and a number of vocational/technical occupational programs. This term encompasses community colleges, junior colleges, and vocational/technical institutions (Reid, 2004).

Mississippi Delta – “The Mississippi Delta is the distinct northwest section of the state of Mississippi that lies between the Mississippi and Yazoo Rivers. This region, created by regular flooding over thousands of years, is remarkably flat and contains some of the most fertile soil in the world. It includes the following counties: Washington,

DeSoto, Humphreys, Carroll, Issaquena, Panola, Quitman, Bolivar, Coahoma, Leflore, Sunflower, Sharkey, Tunica, Tallahatchie, Holmes, Yazoo and Warren.”

(www.wikipedia.com).

Accelerated Nursing Program - A program designed for Licensed Practical Nurses (LPN) to complete requirements to become a Registered Nurse (RN) in one year. Students take accelerated summer classes and are matriculated in the 2nd year or sophomore class of the traditional program. The traditional Associate Degree Nursing program takes two years to complete and the Accelerated Nursing Program takes one year to complete. Upon completion of both programs, all students will receive an Associate Degree in Nursing (ADN) (Livingston, 2008).

License Practical Nurse (LPN)- These individuals usually have twelve months to two years of training in anatomy and physiology, medications, and practical patient care. They must pass state or national boards (such as NCLEX-PN in the U.S.) and renew their license periodically. LPNs must at least be high school graduates. They follow the rules of State Boards of Nursing. Requirements for taking boards usually include a clean criminal record and graduation from an approved vocational nursing program (Reid, 2004).

Registered Nurse (RN) - Individuals graduating from a college of nursing and passing the licensure examination to become registered in that state. This includes both Associate Degree graduations from community colleges and Baccalaureate graduates from universities. There are still some diploma nursing schools within the hospital setting from which individuals graduate and they take the same licensure exam as other RNs (Reid, 2004).

National Council Licensure Examination (NCLEX) - The NCLEX is a test required of all students to enter into the practice of nursing in the United States and its territories. To ensure public protection, each jurisdiction requires a candidate for licensure to pass an examination that measures the competencies needed to perform safely and effectively as a newly licensed, entry-level registered nurse. The National Council of State Boards of Nursing (NCSBN) developed two licensure examinations, the National Council Licensure Examination for Registered Nurses and the National Council Licensure Examination for Practical Nurses that are used by state and territorial boards of nursing to assist in making licensure decisions (NCLEX, n.d.).

Perceptions – For purposes of this study, perception was students and faculty opinions’ or feelings about the accelerated nursing programs.

The following chapter will discuss the nursing shortage the nation is facing, particularly in Mississippi, nursing education, minorities in nursing, and possible strategies for solving the nursing shortage.

CHAPTER II
REVIEW OF RELATED LITERATURE

Introduction

The review of the literature presented in this chapter focused on the nursing shortage in the nation, the impact the shortage has had in regards to faculty and nursing education, and the impact for minorities in the field of nursing. Finally, strategies that can be implemented to solve the nursing shortage were addressed in this chapter.

History of the Nursing Shortage in the United States

Elgie (2007) asserts that the nursing shortage in the nation is nothing new. This problem dates back as far as 1964 when the Nursing Student Loan program under Title VIII of the Public Health Service Act first began as an attempt to entice students into nursing to solve a similar problem at that time. There have been a series of significant events that have occurred over the years that shaped the modern nursing profession into what it is today and contributed to the shortages we seem to continually face.

In 1965, the American Nursing Association (ANA) wrote its first position paper on education for nurses. At that time, up to 85% of the nurses in the United States were educated in hospital-based diploma programs. In 1965, the ANA document promoted change in entry level nursing practice education requirements. Thirteen authors of the

1965 ANA envisioned all nursing education based in colleges or universities, and the effect of this document over time was to wrest control of nursing education away from hospitals and physicians. With hospitals no longer controlling a free nurse supply in the form of student nurses to manage ward staffing needs, national demand for graduate nurses increased (Elgie, 2007).

Elgie (2007) further discussed that in 1983, legislation changed the Medicare reimbursement fee, so additional pressure was applied from government policy to the demand side of nursing. Although patient length of stay decreased and beds were closed, the intensity of nursing care, technology, and paperwork increased as did the demand for nurses. At the same time, the supply of nurses decreased as all nursing programs showed declines in enrollment because “nursing was judged to be too demanding, too undervalued, and too unrewarding.”

To date, cycles of nursing shortage have continued with only a few brief periods of exception: in the mid-1980s supply and demand for nurses were relatively balanced, and from 1990-1992 there was a slight surplus of nurses. The current shortage is likely to continue for the long term due population growth, the rising proportion of elderly people, and economic growth (Auerbach, Buerhas, & Staiger, 2003).

According to the American Federation of State, County and Municipal Employees (AFSCME), hospital management policies during the 1990s, including significant nurse layoffs in many hospitals, is a direct cause of the nursing shortage. Evidence shows that the nursing shortage was caused by there being no support of changes in the cultural status of nursing as a profession. Increased career options for women were primary factors creating the nursing shortage. The American Organization of Nurse Executives

has described in detail the histories of the crisis, locating the origins of each of these problems in management strategies adopted in the 1990s. Managed care penetration increased dramatically across the country in the early 1990s. Between 1985 and 1994, there was a 15 percent decrease in bed utilization in community hospitals. Numerous decisions were made at that time, which included respondents to decreasing patient days, and this resulted in nurse layoffs or unusually low rates of nurse hires. New graduates experienced difficulty finding employment in hospitals and schools of nursing and subsequently experienced declining enrollments. Many hospitals instituted restructuring and redesign of their care delivery systems, reintroducing non-RN caregiver to their skill mixes. This also included unlicensed assistive personnel which was an additional strategy to slow health care cost growth. Even though the number of nurses employed in hospitals continued to rise, this had the effect of reducing the percentage of RN staff. While recruitment needs declined, the commitment of resources by facilities and educational institutions to the infrastructure that supported the nursing workforce, such as specialty training programs and investments in mentoring new graduates, decreased proportionately (AFSCME).

Jones (2001) article, *As I See It*, notes that before the 20th century, most women were not gainfully employed outside the home. Working outside the home was socially frowned upon and somewhat impractical due to large families and absence of modern conveniences. When women began to enter the paid workforce, teaching and nursing were the only jobs that seemed socially accepted. Since women were not the primary bread winner, their pay could be justifiably lower than a man's.

Jones (2001) reported that World War II changed the perception of a women's role in society. While the men were away fighting, women took their places in factories. When the men came home, things were totally different from when they left and it never would be as it was before. Women proved they could do a man's work, and they should receive equity in pay. The perception that teaching and nursing were women's work and need only command a modest salary changed. Although men joined the ranks of teachers and nurses, the profession was still treated as low-cost labor. This perception has persisted today, and is reflected each year as administrators budget the labor costs for our schools and hospitals.

Women now choose such occupations as architects, physicians, and construction workers as well as teachers and nurses, among others. Everyone wants to be fairly compensated. Skilled people are attracted to jobs that provide sufficient compensation to be comfortable in the middle class. To sum it up, women are not willing any longer to accept second class pay (Jones, 2001).

Triggered in the last two decades by attempts to balance the expertise of the nurse and the demand by employers for their expert services has been the nursing shortage (Anderson, 1966). The Oncology Nursing Society Position (ONSP), stresses with the nursing shortage entering its 10th year in 2007 makes it the longest shortage in the past 50 years. A report describing employment trends of RNs since the mid-1990s noted that despite the increased employment of nearly 185,000 hospital RNs since 2001, no evidence indicates that the nursing shortage has ended. A national survey was done and a clear majority of RNs (82%) and doctors (81%) perceived nursing shortages where they worked (ONSP, 2007).

Today there is evidence that indicates that the current nursing shortage is broad-based. There are serious staff vacancies that exist in hospitals, nursing homes and home health care agencies. In 2000, the national vacancy rate for hospitals averaged 10.2% and some areas of the country are experiencing worse shortages than others (ONSP, 2007).

National Nursing Shortage

Nationally, the vacancy rate for nurses will increase from about 7% to 29% by the year 2010 (Jeter, 2006). No matter the locale, by the year 2020 it is predicted there will be a 20% shortage in the number of nurses needed in the U.S. healthcare system, which translates into an unprecedented shortage of more than 409,000 RNs according to an article in the Journal of American Medical Association (Kirkland, 2002).

According to the U.S. Bureau of Labor Statistics (n.d.), Registered Nursing is one of the occupations with the largest job growth from 2002-2012. Other federal projections indicate that by 2020, the U.S. nursing shortage will grow to more than 800,000 registered nurses. Even as health care continues to shift beyond hospitals to more community-based primary care and other outpatient sites, federal projections say the rising complexity of acute care will see demand for RNs in hospitals climb by 36% by 2020.

The nursing shortage that the United States is facing is so severe that it is causing increased death and illness for American patients, says a report released on September 5, 2007 by the National Foundation for American Policy (NFAP). NFAP performed a number of studies on surgery patients and found that increasing a nurse's workload from four to eight patients could be accompanied by a 31% increase in patient mortality. The

study concluded that substantial decreases in mortality rates could result from increasing registered nursing staffing especially for patients who develop complications (Anderson, 2007).

Doheny (2006) predicted that currently in U.S. hospitals 118,000 registered nurses are needed to fill vacancies. This is according to a report released by the American Hospital Association in April. A survey was conducted by the American Healthcare Association that surveyed 6,000 facilities in 2002 and found that 15% of staff RN positions were vacant and nearly 14,000 nurses would be needed to fill those vacancies.

Some of the most pressing issues that impact the nursing workforce shortage are conditions in the workplace and quality care. It is estimated that the nation will be short of 760,000 nurses by 2020. However, Buerhasus and his colleagues discovered the number will be closer to 340,000 nurses. The decrease in numbers is related to the fact that more people in their late 20s and early 30s will be entering the profession (Roman, 2008). It is predicted that the full impact of the shortage will not be felt until 2015 and 2020 because the demand for nurses is expected to grow well beyond the number of RNs available.

With the United States facing a severe nursing shortage, it will potentially affect the ability to deliver optimum quality care in some very real ways such as: waiting longer in the emergency room for care; forcing cancellation of elective surgeries, closing beds, and to diverting emergency room patients. Also, nursing homes will be forced to close beds and units, compromising access to nursing home care, and home health care agencies will be able to accept new clients (Focus on Health Care, 2001).

There are some key indicators that the nursing shortage is worsening: a large number of individuals are approaching retirement age, there is an increase in turnover, and there is a wait to fill the RN vacancies. In New York State the average age of RNs is 48; the average RN retirement age is 52; and only 10% of working RNs are under the age of 30 (Focus on Health Care, 2001).

Hospitals throughout the world are reporting an acute shortage of registered nurses, especially in the areas of the emergency room, intensive care (cardiac, medical, surgical) and the operating rooms. The shortages have developed because of low nursing school enrollment and nurses leaving the profession for personal reasons. Other shortage include the uprising of the opening of many home health care agencies, new and convenient community settings, evolving settings such as hospice care, homeless shelters (men, women and children), and prison health care services. The aforementioned factors are impacting the shortage of nurses. The interest of individuals to work in hospitals is declining because educational experience or performance is not reflected in salaries and benefits and whether 8 or 12 hours, weekend or shift work for a tour of duty is unattractive to today's nurses (Brown, 2003).

Vanderbilt University Medical Center's School of Nursing and Center for Health Services Research in Nashville, Tennessee, conducted a national poll and found that most Americans are worried about the nursing shortage. Results of the poll confirmed that a vast majority of Americans are concerned about the impact the nursing shortage may have on their personal health and quality of patient care in the United States. The Vanderbilt poll showed that: 65% of Americans believe that the shortage is either a major problem or crisis, and 81% of Americans recognize that there is a shortage while 93%

agree that the nursing shortage jeopardizes the quality healthcare in the United States. Seniors, who are 55 and older, are particularly sensitive to the shortage's impact on the quality of the health care system. Additionally, 75% are concerned the nursing shortage could affect their individual health care, and 65% of younger Americans (age 18 to 34) experienced anxiety over the shortage. Ninety-five percent of the individuals polled found nurses' opinions on health matters to be credible and Americans overwhelmingly trust, respect, and admire nurses. Ninety-seven percent view nurses and the nursing profession favorably and 91% say nurses play a critical role in the health care system. The main reason that Americans have considered a career in nursing is the care that nurses offer patients. Of those who have considered nursing as a career, 34% say the primary reason is because nurses care about people and want to help others (Weyrauch, 2002).

There have been numerous studies conducted that have demonstrated that a shortage of qualified nurses has a direct impact on patient safety. In May 2002, a report issued by The New England Journal of Medicine, found that America's nursing shortage directly affected patient care which correlated to longer lengths of stay and increased incidences of urinary tract infections, upper gastrointestinal bleeding, pneumonia, shock, and cardiac arrest. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) stated that America's nursing shortage contributed to nearly a quarter of all unexpected incidents that affected hospital patients (Dienno, 2006).

Dienno (2006) recognized that nurses are usually the first line of defense using detailed assessment skills to detect early signs of a developing complication. The skills set that nurses have put them in a direct path to affect morbidity and mortality rates.

However, in order for nurses to stay in tune with patients, they must have time to spend observing them. Maintaining a realistic nurse-to-patient ratio is critical to maintaining the quality of care every patient deserves.

Mississippi Nursing Shortage

According to the Mississippi Department of Health and Human Services, the demand for health care services will likely climb 40% from 2000-2020 versus a projected 65% growth in the number of nurses. Mississippi's Office of Nursing Workforce recently reported that out of the 86 hospitals across the state that responded to their 2003 survey, most reported a need for staff registered nurses and medical/surgical registered nurses. The need for registered nurses is expected to increase in several areas that graduates will only be able to fill as they gain clinical experiences – case management, quality improvement, in-service education, and patient education (Mississippi Office of Nursing Workforce, nd).

A 2003 survey by Mississippi's Office of Nursing Workforce was conducted of the Mississippi's health care industry showing that there is a need for more nurses than any other health care professional. By 2012, an estimated 41,985 registered nurses will be needed, and 17,129 practical nurses will be needed.

Statistical data provided by the Mississippi Employment Security Commission shows the number of registered nurses needed in the Coahoma Community College service area as well as the state of Mississippi. Statistics indicate a total 550 registered nurses are needed in the Coahoma Community College service area by 2008. Statistics further indicate the State of Mississippi suffers a nursing shortage and a total of 7,240,

are needed by year 2008. However, further research estimates that it will be 2013 before enough nursing graduates move through the system to fill the demand for hires (Coahoma Community College's Mississippi Delta Rural Health Care Training Partnership, n.d.).

Like the rest of the nation, Mississippi is experiencing a nursing shortage because of an increased demand for nurses and because fewer individuals are entering the nursing field. Before the problem becomes severe, increasing nursing faculty statewide could help alleviate the problem. "We've been anticipating a nursing shortage for some time now because of the need for more nurses due to advanced technologies in the healthcare arena, the fact that people are living longer, and that nursing is a primary female profession and more women are now choosing other fields," said Dickinson (Jeters, 2003, p.1).

According to Jeters (2003), the vacancy rates for RNs in Mississippi were 5.6%, and 9.5% for LPNs in 2002. In 2002, the vacancy rate for RNs had jumped to 9.7%, and 14.6% for LPNs. Nursing roles such as administrative positions, case management positions, quality improvement positions, patient education positions and first assistant's positions have increasing vacancy rates. The Mississippi Delta is the hardest hit area in the state for RNs. In Mississippi, the vacancy rate varies between 7% in an urban area like Jackson to about 20% in the Delta and other rural underserved areas.

In 2001, hospitals across Mississippi have experienced increased difficulty recruiting and retaining registered nurses. Vacancy rates for RNs in hospitals are 9.5% statewide, reflecting a rate that has doubled in the last 12 months. Vacancy rates range from 4% to more than 20% depending on the area of the state. According to Kirkand (2002), the Mississippi Hospital Association (MHA) found that it was difficult to recruit

nurses for staff nurse positions, particularly in critical care areas, medical surgical unit, labor and delivery and emergency rooms. The list of areas with nursing shortages across the state includes metro Jackson, the Delta, and Northwest Mississippi where Mississippi hospitals compete for personnel with the Memphis market. Hospitals are working with area nursing schools to encourage students to enroll in healthcare programs. And in some areas of the state, schools and hospitals are jointly advertising to recruit students into nursing (Kirkland, 2002).

In Mississippi, from 2000-2001, the use of temporary staffing rose from 20% to 26% of hospitals responding. The Mississippi Nursing Association (MNA 2002) reports that the average age of an RN is just over 40, and the number of RNs working in nursing dropped for the first time from 29,766 to 28,518. Additionally, the number of people successfully completing the NCLEX from approximately 1400 in 1966 to approximately 700 in 2001.

According to the Sun Herald (2001), in Mississippi, only certain areas are experiencing critical nursing shortages. But there is concern that more nurses are leaving their jobs especially for work across state lines. “We don’t have the nursing shortage that other parts of the country are seeing,” said Betty Dickson, executive director of Mississippi Nurses Association in Madison. “We do have shortages in certain geographic areas, like the Delta, and in certain areas, like critical care.” “In the Delta and northern areas of the state, (the medical community) competes with the Memphis area, which offers better pay,” Hoover said (Sun Herald, 2001).

In 2002, a University of Tennessee Health Science Center Dissertation, discussed that in 2002, the number of registered nurses (RNs) on the inactive list in Mississippi was

2443. Of these, 1870 registered nurses lived in the state of Mississippi where there is a hospital vacancy rate of 9.7% or 1,108 full time enrollments for RNs. The statistics demonstrate the public health crisis existing in Mississippi. A total of 428 inactive RNs under the age of 60 resided in Mississippi in 2004. Little is known about why nurses become inactive and what it would take to get them to return.

Gillette (2008) believes that meeting the demand for nurses is a moving target because of several factors: The average age of nurses is between 45 and 50, and many nurses are in their 50's and 60's resulting in increasing numbers of retirees annually. Large numbers of Baby Boomers are retiring and will require more healthcare services. According to Jones (2001), life expectancy is increasing and people in their 80's are the fastest-growing age group. Increases in healthcare technology resulted in decreased deaths, but individuals may live with more and more chronic illnesses requiring additional care. The healthcare delivery system is very diverse with increasing numbers of outpatient clinics and home health care agencies. Patients are experiencing shorter and shorter lengths of stay resulting in lower patient-to-nurse ratios, although more nurses are needed to care for the same number of patients than in the past.

Shortage of Minorities in Nursing

There is an extensive amount of literature in regards to the nursing shortage in the United States. However, there is another nursing shortage that we tend to overlook and that is the shortage of minorities in nursing. When speaking of minorities in this study, minorities are not limited to race, males are also considered minority as well. African

Americans, Hispanics, and American Indians make up nearly 25% of the United States population, only 9% of nurses belong to these ethnic groups (Henle, 2007).

In 2007, a Dowlin College student's dissertation researched the distribution of nurses by racial and ethnic background. The distribution of nurses consisted of 88.4% White, 4.6% Black/African American, 3.3% Asian or Pacific Islander, 1.8% Hispanic, 0.4% American Indian/Alaskan Native, and 1.5% from two or more racial backgrounds in 2004 (Henle, 2007). In 2000, the population in the United States consisted of 69% White, 12% Black, 12% Hispanic, 4% Asian Pacific Islander, and 3% other. By the year 2010, it is predicted that more than one-third of the United States, population will be made up of residents with ethnic minority backgrounds. In the United States the portion of ethnic and racial representatives among registered nurses is far below their actual ratio in the population of the United States (Henle, 2007).

Henle (2007) proposed that a more diverse nursing population serves many purposes. It has been indicated that minority nurses are more likely to work in underrepresented communities, and these underrepresented populations actually prefer to have a healthcare provider of their own racial and ethnic background. As a result, this leads to a larger number of satisfied patients, decreased communication gaps, and increased patient compliance with treatment regimens. It is vital for nursing schools to provide mentoring, social and financial support, recognize commonalities and respect differences in order to promote success in minority students.

According to the Institute of Medicine, the key to eliminating care disparities related to patient race and ethnicity is increasing the number of minority health care professionals. Evidence proves that these professionals tend to work in minority and

medically underserved communities, and adding more minority nurses would surely improve the quality of health care to these groups (Henle, 2007).

Disturbing trends among minority nursing students were found by the Sullivan Commission on Diversity in the Healthcare Workforce. According to Carroll (2001), in 2002, of all nurses graduating, 5.5% were African American, 1.5% were Hispanic, and 0.4% were American Indian. As discouraging as these figures are, they do not reflect the number of students entering school who never graduate. In both 1997 and 2002, the number of graduating African-Americans were about half of the number of students who entered nursing schools, and the number Hispanic graduates was only a fourth of those enrolled. It was also noted that the number of men account for almost half the population but only slightly more than 5% of nurses (Carroll).

Race in nursing education is categorized by terms that include multiculturalism, transculturalism, and diversity (Fitzgerald, Villarruel, & Porter, 2004). In 2001, Villarruel, Cannales, and Torres conducted a study using a focus group format to explore the barriers and bridges experienced by Hispanic nurses during their academic programs. There were six same academic-degree focus groups with a total of 37 nurses who participated. A variety of barriers were noted by participants at the baccalaureate and master's levels. Some of the institutional barriers included unsupportive faculty, perceived discrimination by faculty and peers, and lack of advisement. What was particularly problematic for nursing students was the perceived discrimination that directly contributed to unsupportive relationships and learning environments. A frequent, strong, and resonant theme was the discriminatory practices which the students described as horrific and painful. (Fitzgerald et al., 2004).

Schiff (2001) suggested that in order to battle the current nursing shortage, the profession must look toward attracting young minorities and men, according to a study released earlier this year by the UCSF Center for Health Professions. The California-based organization found that in this state more than 30% of the population is made up of Latinos, but comprise only 4% of the state's nurses. African Americans make up 7% of the state's population, and comprise 4% of the state's nurses. In the same state, only 6% of men account for the state's nursing population.

The study also suggested that some minorities work as nurses' aides, emergency medical technicians, and medical assistants because it is difficult or impractical to seek advanced careers in the nursing profession. Some of these barriers include lack of financial resources or incentives, lack of cultural knowledge between familiar and professional worlds, and lack of information about nursing education. To reduce barriers that minorities face, the study suggested conducting additional research and improving the professional education system (Schiff, 2001).

Andrist et al. (2006) asserts that the opportunities for African Americans and other minorities interested in pursuing a nursing career or acquiring advanced preparation in nursing are wide open. One question that continues to remain is whether White nurses and the power structure within nursing are committed and/or prepared to share the power base in professional nursing with African Americans and other minority nurses. The Cleveland Council of Black Nurses (CCBN) point out the high attrition rates among African American nursing students around the country is described as the revolving door syndrome (Andrist et al.). CCBN noted the difficulties that African American nursing students face. African American students reported feelings of estrangement and isolation

on campus; pressure to conform to stereotypes; unequal treatment by faculty, staff and teaching assistants; and more faculty racism than other students of color. There was a parallel noted between occurrences of today and those of yesterday, when White nurse educators and administrators took no responsibility for negative attitudes and discriminatory practices that excluded “Negroes” from admission into nursing programs and limited their employment opportunities. It is predicted that the future of the nursing workforce will look different (Andrist et al.).

In addition to the concerns regarding the nursing shortage are concerns that nursing should reflect the racial, ethnic, and gender characteristics of the population it serves. A small percentage of men continue to represent the nursing workforce. The percentage of men in nursing increased from 5.4% in 1996 to nearly 6% in 2000, even though growth has been slow. The media reflects a nursing shortage in the United States, however, the need to retain both men and women in nursing programs are very important. Nursing educators must be aware of the specific characteristics of minorities during the learning process. (Brady & Sherrod, 2003).

Historically, it is believed that men were inappropriate in the feminine caregiver role of nurse. Many nursing schools refused to admit men in their programs, citing reasons such as lack of residential accommodation and inadequate bathroom facilities. Only 25 of 170 schools of nursing admitted male students in 1961. Basically, the message was implying that it was unnecessary and inappropriate for men to teach women how to do that which comes naturally to them as women (Evans, 2004).

Smith (2007) continues to look for ways to offset projected nursing vacancies that could leave many hospitals beds uncovered. Men, who make up half the population, are

a natural place to look. Change is slow. Even though the number of men in nursing is increasing, it is growing slowly. In a 2004 federal sample survey of nurses, men are an estimated 5.8% of the 2.9 million registered nurses in the United States (Smith). Males bring a different feeling to the environment. Men can lift and move and turn patients with ease. When you have a lot of women with different attitudes working together, men can bring a whole different employee perspective to issues. However, patients sometimes mistake them for doctors. The disadvantage in having male nurses is that some patients do not want male nurses to perform certain procedures.

Terhune (2004) recognized that even though the nursing profession is slow to adapt to environmental changes, the profession has always been influenced by its environment changes. The environment is a critical component in the sustainability of an organization, academic institution, or profession. If organizations are going to survive they must always pay close attention to their external and internal environments and must achieve an appropriate relationship with their environment. The nursing environment must increase the diversity of the profession in order to alleviate a critical nursing shortage. Considering that men make up of approximately 49% of the U.S. population and minority group representation is rapidly approaching 33%, today's nursing students do not reflect the U.S. population. According to the 2000 National Sample Survey of Registered Nurses, only .4% of all RNs are men and only 12.3% of RNs represent racial or ethnic minority groups (Terhune, 2004).

Nursing Education

The Baccalaureate and Associate Degree nursing programs are facing a crisis. The nature of the training in the programs requires insurance, supplies and intense supervision (faculty to student ratio is one to ten) (Munchus, Rivers, & Tsai, 2005). The ratio puts severe financial stress on the funding of these nursing programs. Across the nation, universities lack the adequate resources and faculty to fund their nursing programs. This results in the schools turning away qualified students (Munchus et al.).

There are several reasons enrollment in nursing schools has decreased. Women today have many choices when selecting a post-high school education and career. Many young people do not perceive nursing as a positive career choice. Working conditions that involve evening, night, and weekend shifts, or the exposure to contagious elements do not appeal to the majority of people (Andrist et al.).

Andrist et al. (2006) predicted that as the nursing shortage continued to increase, thousands of qualified applicants who apply to nursing programs are being declined due to the inadequate amount of qualified faculty members to teach nursing. The numerous demographic trends that are coupled with the demand for RNs are intensifying the need for additional graduate-prepared nurses to serve as educators and clinicians. The most challenging factor contributing to the nursing shortage increasing is the deficit of master's-prepared and doctoral prepared nursing faculty. In order to address adequately the nursing shortage, the Health Resources and Services Administration (HRSA), Bureau of Health Professions (2004) projected that nursing schools must increase the number of graduates by 90%.

Federal support for nursing education over the last 40 years has been implemented for graduate student enrollment in nursing programs. In 1964, the Federal Training Act added Title VIII to the Public Health Service Act. This Title authorized special project grants, formula payments to schools of nursing, and training programs for students. Since the 1950s and 1960s, federal programs have continuously evolved to support the nursing education and practice. These federal programs were designed to support the supply and distribution of qualified nurses to promote the public's health (Andrist et al., 2006).

From the late 1960s through the 1970s, enrollment grew in all nursing education programs as much as 65%; whereas, growth in faculty lagged at approximately half the same rate. During the emphasis of Title VIII in the 1970s, authorities moved away from theory development to the expansion primary care provides to improve access to care in under-represented areas, specifically to meet mental health needs. The emphasis that was placed on advanced nursing practice. This became evident with the passage of the Nurse Training Act of 1975. The Act provided special grants that supported advanced practice nursing education. Numerous advanced practice nurses now serve as faculty as a result of the Nurse Training Act of 1975 (Andrist et al., 2006).

Up until the 1990s, federal funding for Title VIII programs remained relatively flat. Enrollment of full-time graduate students in a doctoral-granting institution grew almost 30%, from 5,703 in 1992 to 8,065 in 1999. The AACN (2005), report that enrollment in master's degree programs declined during the late 1990s contributing to a smaller number of individuals prepared to enter doctoral education (Campbell, Green & Livsey, 2007).

According to Larson (2006), the National League for Nursing (NLN) reports that, in 2005, more than 147,000 qualified applicants was rejected from different nursing schools in the nation because there was not enough qualified faculty to teach them. This was an increase of 18% over the year before. An estimated 1,390 full time faculty positions in the country are unfilled. This represents a vacancy rate of 7.9% to teach baccalaureate and higher degree programs, a 32% increase since 2000; and a 5.6% vacancy rate to teach in associate degree programs, which is an increase of 10% from four years ago. The NLN recognized three specific trends contributing to the nursing faculty shortage: a 72% growth in faculty seeking to teach only part-time over the past four years; the aging of the faculty population; and the fact that more than 56% of full-time nurse faculty are not prepared at the doctoral level (Larson).

Meyers (2004) reported that according to the AACN the average doctoral-prepared faculty member currently is about 54 years old. A wave of retirements is expected within the next ten years primarily due to faculty shortage. The AACN projects that between 200 and 300 doctoral-prepared faculty members will be eligible for retirement each year from 2003 to 2012, and 280 master's prepared nurse faculty will be eligible for retirement each year between 2012 and 2018. With an insufficient number of students enrolled in graduate nursing programs coupled with faculty retirement patterns, this presents a tremendous challenge to nursing schools to increase and or even maintain student capacity (Meyers).

In 2004, the AACN completed a survey and found that 8%, or 900, of nursing teaching positions were vacant. Other issues that were evident included 61.5% of the baccalaureate schools said they had vacancies, while 31% said they would hire more

faculty if only they had funds. The mean salary for an assistant nursing professor is \$58,000 which accounts for the scarcity of nursing educators. Salaries could be supplemented by working extra shifts or hours in a hospital or nursing home. The AACN data showed that a nurse with an advanced practice degree could make \$20,000 more in a clinical setting than as an educator (Meyers, 2004).

Meyers (2004) reported that long-lead time to become a faculty member is another factor that affects the nursing educator shortage. Nurses often go to graduate school part time and work between programs. Colleges can do more to attract faculty utilizing professional development opportunities, offering equitable pay, and funding clinical research.

According to the Hospitals and Health Network (2005), the number of qualified students being turned away from nursing schools is due to limited faculty, funding, and space. This problem may have arisen from the image and salary overhaul of the nursing profession, which occurred in the late 1990's.

In 2006, the Education, Expansion, and Development Act of 2005 was introduced in the senate. The Act would provide grants to increase nurse faculty thereby allowing more students to enroll in nursing programs. It is noted that the Nurse Reinvestment Act did increase applicants 175% (Losey, 2008). However, even though applications to nursing programs increased, there were still not enough educators to accommodate the influx of students. It is difficult to persuade clinic nurses to pursue academic positions. Comparing the salaries of clinical areas to those of educational positions that do not require a Ph.D., it may difficult to get nursing educators (Losey, 2008).

According to Larson (2006), in 2000-06, approximately 66% of nursing schools had between 1 and 16 vacant faculty positions. In addition to that, approximately 15% of nursing schools required more faculty but did not have the funding to add positions. By 2012, due to insufficient graduates, there will be approximately 2616 vacant faculty positions. There will not be enough nurses to take care of increasing healthcare needs of today's aging society if there is not enough nursing faculty to teach.

Strategies to Solving the Nursing Shortage

Solving the nation's supply of registered nurses could be easily alleviated. Institutions of higher learning should place a high priority on recruiting students to the nursing program. Possible strategies to increase enrollment include increased scholarship pools, student loan extensions, and programs that enable graduates to provide professional services in exchange for reduction or cancellation of their student loans. In order to improve the retention rate, employers of nurses must find ways to improve employee satisfaction. Alleviating poor working conditions, including mandatory overtime, lack of qualified support staff, and high patient-to-nurse ratios must be addressed. In addition to those strategies, the AHA recommends that hospitals adopt incentives to retain nursing personnel, such as flexible work schedules, bonuses, childcare, relocation compensation, reimbursement for transportation costs, higher wages, and better benefits (Teich & Viterito, 2002).

The ANA conducted a satisfaction survey in 2005 and found that most nurses were satisfied with certain aspects of their job. Receiving the highest level of satisfaction were those aspects that related to the interactions with other nurses, professional status,

and career development opportunities. Nurses' satisfaction with the profession was due to relationships with other staff and patients. Most nurses want to be able to provide quality patient care and to develop strong relationships with others in the profession (Albaugh, 2005).

Albaugh (2005) recognized numerous factors influencing professional job satisfaction. One part of the solution to increase nursing job satisfaction includes strengthening morale with other nurses through team building and mentoring programs to connect novice nurses with expert nursing clinicians. Relationships with colleagues are not only important to nurse job satisfaction but also connect to patients. The ability to provide quality patient care influences nursing job satisfaction. Adequate staffing allows nurses to provide safe, quality care and thereby improves job satisfaction. Nurses repeatedly identify improving the work environment as improving satisfaction, and this seems to be one of the most important solutions to resolving the nursing shortage. There are many other aspects of a nurse's job that contribute to job satisfaction: such as working for managers who recognize the importance of a nurse's personal life and family, job security, time off, and benefits.

Belcher and Walrath (2004) suggested addressing the faculty shortage in nursing by forming strategic partnerships, funding for new faculty, and streamlining advanced degree programs. Partnerships between hospitals and an academic setting require hospital-based master's prepared nurses to serve as faculty members to nursing students. Collaborating hospitals and schools of nursing include hospitals allocating funds to support faculty salaries in exchange for educating nurses who would then practice for a set period of time in the partnered hospitals.

Opportunities need to be developed for both bachelor's and master's prepared RNs to acquire nurse educator competencies through accelerated educational programs and web-based learning programs. Providing support and scholarships for minority nurses willing to accept the role of faculty under the mentorship of seasoned faculty have been initiated. Professional groups must continue to garner increased state and federal funding to meet the increased demand for faculty. While these initiatives are being implemented, nurses must use their personal circle of influence to affect changes in the supply of nurses. For future faculty, hospitals must be the training ground. Nurses can accept mentoring roles for new students or for retiring nurses. Hospital-based nurse administrators can partner with universities to increase clinical placement opportunities within hospitals. RNs must support each other and it must be a workplace priority (Belcher & Walrath, 2004).

The foundation of nursing needs to be reestablished by the profession. The nursing profession has always revolved around the patient. The image of nurses must be addressed by celebrating and marketing a positive professional image in order to recruit the younger generation into nursing. The nursing profession allows mobility and flexibility which are characteristics that need to be marketed to the young public. A new recruitment strategy must be implemented to attract a new generation of nurses. The new generation motivators in life are completely different. The new generation values freedom, they want flexible scheduling, vacation packages and on-campus workout centers. This generation's loyalties lie only with themselves, and this generation expects a thorough on-the-job training from their employer. Instead of having a profession that discourages the younger generation from pursuing the profession a collaborative effort

needs to be made to encourage younger people to go into the nursing profession. In order to promote nursing to others, RNs need to be satisfied with their jobs. Nurse managers need to learn how to effectively communicate and lead the new generation of nurses. Utilizing what is known about how the different generations think can help effective recruitment and retention strategies. The profession must use the information it knows and build upon that foundation. It is paramount that recruitment and retention plans be implemented into healthcare institutions immediately or the profession will lose an entire generation that could offer qualified RNs (Westendorf, 2007).

Bellack (2004), indicated that given the projected trends in the U.S. workforce and the need to avoid an even bigger shortage of nurse educators, the nation must begin thinking of new ideas and devise strategies to retain our seasoned, experienced older members, as well as continue efforts to retain new faculty. There is a need to redirect our lens to look at those at the other end of the spectrum, for at least a partial and more immediate solution to the looming faculty shortage. Recently, there has been a focus on increasing the numbers of new nurse educators through scholarships or other incentive programs. Schools of nursing must continue to ask federal and state governments to give more support to nursing education by expanding master's programs that prepare academicians, and the addition of nontenure or clinical tracks for nondoctoral prepared faculty. Even though these strategies are necessary, they are not likely to be sufficient to ensure an adequately prepared and numbered faculty work force into the future, one with the capacity to educate the number of nurses needed to meet the nation's demands for nursing care.

Bellack (2004) discussed that over the past several decades, many nursing schools have been encouraging earlier retirements to make room for younger, doctorally prepared and research-focused faculty. By doing this, the profession has been losing the knowledge, skills, and wisdom that older faculty, with their years of experience, bring to the educational enterprise. It is time to stop the loss of the educators who are valuable to the profession and find way to delay their retirement. Bellack further states that some retention incentives may include allowing older faculty to focus their work completely on teaching and service; offering less teaching workloads after age 62 while maintaining full pay and benefits; and paying yearly retention bonuses.

Bellack (2004) states that for years, flexible work options like shared positions have been successful in the corporate sector. Adopting a similar approach, nursing schools could allow for two faculty members to share single faculty positions. Instead of employees retiring, a retirement contribution that benefits each person could be offered. Such an arrangement could be split in different ways such as 50/50 or 75/25 depending on the needs of the school and the preferences of the two individuals involved. The individuals could even have the option to split an academic year appointment with one semester on and one semester off for each. Bellack further indicates other possible strategies are to reach out to nurses retiring from clinical practice and employ retired faculty as independent contractors. Schools of nursing should create incentives and design arrangements in order to retain seasoned nurse educators. It is better to do so while they are still actively engaged in the profession before we risk losing them altogether (Bellack, 2004).

Brady (2007) believes that in an attempt to help alleviate the nursing shortage, demanding additional numbers of nursing faculty at all levels of nursing education are needed. In order to recruit and retain the necessary faculty, ADN programs must look closely at the issues of salary, workload, and work hours to determine ways to increase salaries and flexibility. Overall, the goal of any nursing program is to have high-quality graduates who are committed to patient safety, whether they show that commitment by caring for patients in a clinical setting or by educating those who will eventually be in the health care field. To achieve this goal, full-time nursing faculty is essential (Brady).

According to Anema and McLean (2004), the nursing shortage highlights the necessity for a variety of options to increase the workforce. There are many inactive nurses who could re-enter the profession if there were refresher courses with options that met their needs. Some strategies include developing local and regional courses to identify inactive nurses and determine what they need to return to nursing. Local or regional courses should be created that utilize technology options to increase access to refresher courses, especially in rural areas. Inactive nurses could be included in current orientation plans of institutions and agencies by having part-time options available. Other suggestions include providing specific programs for inactive nurses in hospitals and other agencies that consist of mentoring and support while marketing other positions that require registered nurses but are not as physically demanding. Work options could be provided for experienced nurses who decide they are quitting, while determining what it would take to keep them employed at least part-time. Nursing education programs are needed to address the impact of nurses expecting to become inactive (Anema & McLean).

Summary

An extensive amount of research has been conducted in regards to the nursing shortage as a whole and the different factors that contribute to the shortage the nation is facing. In efforts to alleviate the shortage many solutions have been given. Without ample amount of faculty to teach students, the shortage will only persist. If nurses in the field continue to choose not to the further their education, teaching these students will be impossible. Minorities and men entering in the nursing field can play a large role in the shortage, so educating and hiring minorities and men can help relieve the national shortage. Many strategies are in place in order to combat this shortage the nation is facing.

CHAPTER III

METHODOLOGY

The purpose of the study was to determine students and faculties' perceptions of the accelerated nursing programs at two colleges in the Mississippi Delta, Coahoma and Mississippi Delta Community College. The study centered on whether the age, race or gender of the students affected their perceptions of program support, key issues and challenges and program limitations. The study explored differences in the faculty and students' perceptions of the accelerated nursing program in regards to local support, nursing faculty, most complicated areas of the program, and barriers. The study explored differences in the faculty and students' perceptions of the accelerated nursing program in regards to local support, nursing faculty, most complicated areas of the program, and barriers was investigated. Other topics included in the study were faculty and student recruitment, faculty retention, and employing minority faculty. Discussion in this chapter was divided into nine major areas: (1) Type of Design, (2) Population, (3) Instrumentation, (4) Validity of the Instrument, (5) Reliability of the Instrument, (6) Data Collection, (7) Research Questions, and (8) Statistical Analysis.

Type of Research Design

A quantitative research design was used for this study. The survey was the methodological framework that was employed in this investigation to collect the data.

Gay and Airasian (2003) explained that collecting data to answer questions about current issues or topics is involved in survey research. Surveys are used to gather information about preferences, attitudes, practices, concerns, or interest of some groups of people. Tests and questionnaires that the researcher self-administers is the primary way research data is collected (Gay & Airasian). Using a survey is best way to determine student and faculty perceptions of the accelerated nursing program.

Population

The participants involved in this study included students and faculty of the accelerated nursing programs from Coahoma and Mississippi Delta Community colleges. The population consisted of 13 faculty members and 33 students of the Fall semester of 2008. The faculty and students completed a survey questionnaire. These chosen institutions offered the Accelerated Track in their Associate Degree Nursing programs. The 13 faculty members and 33 students each completed a survey questionnaire.

Instrumentation

The procedure to gather data for this study was dependent upon two surveys developed by the researcher (see Appendix D & E). The survey instrument gathered quantitative data to analyze all research questions. The researcher developed the instrument for the study because no standardized instrument was available which could be used to determine perceptions of accelerated nursing programs, particularly in the Mississippi Delta. No instrument was available that could ascertain the perception of faculty and students in these programs in regards to key issues, challenges, alleviating the shortage, recruitment, and program limitations.

Items on the student survey contained demographic items; some items were in the form of a Likert-scale, requiring the subjects to choose one of five fixed-alternatives. For the purpose of this study, the responses were assigned the following for analysis: Strongly Agree (5), Agree (4), Undecided (3), Disagree (2), Strongly Disagree (1). Some items on the survey contain simple yes/no responses and multiple choice responses.

Items on the faculty survey contained descriptive items, items in the form of a Likert-scale, multiple choice responses, and simple yes/no items, much like the student survey, however some questions were slightly different for faculty.

Validity of the Instrument

Panel of Experts

To test the validity of the survey, the researcher administered the instrument to a group of three nursing faculty members. The panel of experts was asked to assess the content of each item and of the test as a whole. Once the panel of experts agreed that the survey was a valid instrument for use in this study, the researcher conducted a pilot test of the instrument.

Reliability of the Instrument

Pilot Study

A field study examined the appropriateness and clarity of the items as well as acquired an estimate of reliability of the investigative survey. During the Fall of 2008, the survey was given twice to 16 nursing students at a different community college other than the two in the study. The pilot study survey was examined and scores correlated.

Test re-test method was used during the pilot study. The student survey consisted of 31 questions. Of the 31 questions, 13 questions had 100% agreement. Six of the questions in the pilot study had 87.5% agreement, 8 questions had 93.8% agreement, 1 question had 81.3% agreement, and 3 questions had 68.8% agreement. The test re-test correlation was done together on questions 10-22, 25, 28, 30 and 31, (which were Likert scale items) $r=.94$. The data in the pilot study suggests that the study was reliable. No necessary revisions and recommendations regarding the survey were incorporated.

Data Collection

The researcher contacted the Presidents of both colleges to receive permission to conduct research at their perspective colleges. Once permission was granted from the Presidents of both institutions, the researcher sought Institutional Review Board (IRB) approval through Mississippi State University. After IRB approval was granted (see Appendix F), the researcher contacted the Deans/Directors of the nursing programs at both colleges to inform them of the study, to inform them of the procedures to be conducted and to inform them that the researcher had received permission by their college Presidents to conduct the study. Once contact was made, the researcher arranged a time with the Deans/Directors to come to their campuses to conduct the survey with the faculty and students of the accelerated nursing programs.

The procedure for administering the survey consisted of a two-fold-process. First, the researcher verbally communicated the purpose of the research to the students and faculty. Both the students and faculty were given a consent form (see Appendix C) in which they were allowed to keep for their records. Secondly, the researcher administered

the survey to the students and faculty after proper instructions had been given. The students and faculty were asked to respond honestly to all the items of the surveys to eliminate non-responses.

To ensure anonymity of participant responses, the researcher instructed participants that no names were to appear on the instruments. All 33 (n=33) student surveys and all 13 (n=13) faculty surveys were completed and logged. Once that was completed, the researcher coded the data from the survey. The researcher entered the codes into the computer. All students in the accelerated nursing program and all faculty members who worked in the accelerated nursing program completed a survey.

Statistical Analysis

The data gathered in this study was analyzed by using the Statistical Program for Social Sciences (SPSS) software package. All data was tested at the .05 Alpha level. The following research questions were used as the conceptual framework for this study.

1. Is there a significant difference in students' perception of the accelerated nursing program by gender?
2. Is there a significant difference in students' perception of the accelerated nursing program by race?
3. Is there a significant difference in students' perception of the accelerated nursing program by age?
4. What is the faculty perception of the accelerated nursing program?
5. Do the faculty and students differ in their perceptions of the accelerated nursing

program in regards to a) transportation being a program barrier students, (b) is there enough nursing faculty or staff for the accelerated program, c) the clinical is the most complicated area of the nursing program, d) exam are the most complicated areas of the program, and e) if their college receives enough local support?

CHAPTER IV

ANALYSIS

The purpose of the study was to determine students and faculties' perceptions of the accelerated nursing programs at two colleges in the Mississippi Delta, Coahoma and Mississippi Delta Community College. The study centered on whether the age, race or gender of the students affected their perceptions of program support, key issues and challenges and program limitations. The study explored differences in the faculty and students' perceptions of the accelerated nursing program in regards to local support, nursing faculty, most complicated areas of the program, and barriers.

The student population consisted of a total of 33 students in the accelerated nursing programs. Of those 33 students, 5 were males and 28 were females, 22 were African American and 11 were Caucasian. The students' ages ranged from 18 to 35 years of age. The faculty population consisted of a total of 13 faculty members. Gender, race or ages were not identified in the faculty sample.

Five specific research questions were addressed in the study.

Examination of Research Question One

Research Question One: Is there a significant difference in students' perception of the accelerated nursing program by gender?

Data obtained from the student survey instrument found that there was no significant difference found in students' perception of the accelerated program by gender. An independent t-test was used to obtain data for this question. Independent t-test was used because it compared the two groups, which was gender (male and female). Since all variance met Levene's test, the equal variance estimate was used.

Even though no differences were found on gender both groups perceptions of the accelerated nursing programs were in the agree or strongly agree area for the following questions. Question 11 asked students to give their opinion on the statement family attracts me to stay and work in the Mississippi Delta. Question 13 asked students to give their opinion on the statement my college has adequately prepared me to enter the nursing field. Question 15 asked students to give their opinion on the statement my college has enough nursing faculty or staff. Question 16 asked students to give their opinions on the statement my college provides enough student support. Question 18 asked students to give their opinion on the statement my college offers enough clinical support. Question 19 asked students to give their opinion on the statement testing is the most complicated area of the nursing program. Question 20 asked students to give their opinion on the statement the fast paced curriculum is the most complicated area of the nursing program. Question 30 asked students to give their opinion on the statement my college should form a partnership with local hospitals in the area to hire new graduates of the Accelerated Nursing Programs. Question 31 asked students to give their opinion on the statement if local hospitals in the area would offer incentives, I would stay in the area to work after graduation.

Both groups (male and female) perceptions of the accelerated nursing programs were in the disagree or strongly disagree area for the following questions. Question 10 asked students to give their opinion on the statement salary attracts me to stay and work in the Mississippi Delta. Question 12 asked students to give their opinion on the statement location attracts me to stay and work in the Mississippi Delta. Question 14 asked students to give their opinion on the statement my college gives enough financial support to nursing students. Question 17 asked students to give their opinion on the statement my college lacks financial support from the local area. Question 21 asked students to give their opinion on the teaching method is the most complicated area of the nursing program. Question 22 asked students to give their opinion on the statement the clinical is the most complicated area of the nursing program. Question 25 asked students to give their opinions on the statement transportation to my college is a barrier. Question 28 asked students to give their opinions on the statement my college has job fairs or healthcare facilities come and recruit nurses frequently. See Table 1 presents results of the students' perceptions of the accelerated nursing program by gender.

Table 1

Means and Standard Deviations of Students' Perceptions of Accelerated Nursing Program by Gender

<i>Questions</i>	<i>Gender</i>	<i>Mean</i>	<i>Std. Dev.</i>	<i>Min.</i>	<i>Max.</i>
Q10 Salary attracts me to stay and work in the Mississippi Delta.	Male	2.20	1.304	1	4
	Female	2.71	.937	1	5
Q11 Family attracts me to stay and work in the Mississippi Delta.	Male	3.60	1.673	1	5
	Female	3.64	1.339	1	5

Table 1 (continued)

Q12	Location attracts me to stay and work in the Mississippi Delta.				
	Male	3.60	.894	3	5
	Female	3.21	1.315	1	5
Q13	I think my college has adequately prepared me to enter the nursing field.				
	Male	4.40	.548	4	5
	Female	4.07	.813	1	5
Q14	My college gives enough financial support to nursing students.				
	Male	3.20	1.643	1	5
	Female	2.96	1.232	1	5
Q15	My college has enough nursing faculty or staff.				
	Male	4.00	1.225	1	5
	Female	3.68	1.090	2	5
Q16	My college provides enough student support.				
	Male	3.40	.548	3	4
	Female	3.93	.940	1	5
Q17	My college lacks financial support from the local area.				
	Male	3.20	1.483	1	5
	Female	2.71	1.049	1	5
Q18	My college offers enough clinical experience.				
	Male	4.20	.837	3	5
	Female	3.93	.858	1	5
Q19	Testing is the most complicated area of the nursing program.				
	Male	4.20	.837	3	5
	Female	3.89	.956	2	5
Q20	The fast paced curriculum is the most complicated area of the nursing program.				
	Male	4.40	.548	4	5
	Female	2.64	1.129	1	5
Q21	The teaching method is most complicated area of the nursing program.				
	Male	3.40	1.342	2	5
	Female	2.64	1.129	1	5
Q22	The clinical is the most complicated area of the nursing program.				
	Male	2.20	.447	2	3
	Female	2.32	1.020	1	5
Q25	How far is your institution from your home if you don't live on campus.				
	Male	3.00	1.414	2	5
	Female	2.07	1.086	1	5
Q28	My college has job fairs or health care facilities come and recruit nurses frequently.				
	Male	3.00	1.000	2	4
	Female	3.39	1.031	1	5

Table 1 (continued)

Q30	My college should form a partnership with local hospitals in the area to hire new graduate of the accelerated nursing program.				
	Male	3.80	1.643	1	5
	Female	3.89	.737	2	5
Q31	If local hospitals in the area would offer incentives, I would stay in the area to work after graduation.				
	Male	4.40	.894	3	5
	Female	3.89	1.100	1	5

Strongly Agree (5), Agree (4), Undecided (3), Disagree (2), Strongly Disagree (1).

Examination of Research Question Two

Research Question Two: Is there a significant difference in students' perception of the accelerated nursing program by race?

Data obtained from the student survey instrument found significant difference in students' perception of the accelerated program by race on questions 10, 15, and 22. An independent t-test was used to obtain data for this question. Independent t-test was used because it compared the two groups, which were perception and race of the students. Since all variance met Levene's test, the equal variance estimate was used. The population consisted of 22 (n=22) African Americans and 11 (n=11) Caucasian. Question 10 asked student to express their feelings about the statement "salary attracts me to stay and work in the Mississippi Delta." Scores obtained were significant ($t(31) = 2.88, p = 0.07$). Caucasians felt more positive about salary attracting them to stay and work in the Mississippi Delta. Question 15 asked students to express their feelings about the statement "my college has enough nursing faculty or staff." Scores obtained were significant ($t(31) = 2.14, p = .040$). Caucasians felt more positive about my college has enough nursing faculty or staff. Question 22 asked students to express their feelings

about the statement “the clinical is the most complicated area of the nursing program.” Scores obtained were significant ($t(31) = 2.86, p = .007$). Caucasians felt more positive about the clinical is the most complicated area of the nursing program. See Table 2 for independent t-test data by race.

Table 2

Independent t-Test of Students’ Perception of Accelerated Nursing Program by Race

<i>t-Test for Equality of Means</i>					
Question	Mean	t	df	Sig. (2-tailed)	
Q10 Salary attracts me to stay and work in the Mississippi Delta.					
Faculty	2.32	-2.881	31	.007	
Student	3.27				
Q15 My college has enough nursing faculty or staff.					
Faculty	3.50	-2.143	31	.040	
Student	4.18				
Q22 The clinical is the most complicated area of the nursing program.					
Faculty	2.00	-2.864	31	.007	
Student	2.91				

Table 3 displays the means and standard deviations of students’ perception of accelerated nursing program by race. African Americans and Caucasians felt positive about Question 11 which stated, “Family attracts me to stay and work in the Mississippi Delta.” African American and Caucasian student felt positive about Question 13 which stated, “I think my college has adequately prepared me to enter the nursing field. Both groups felt positive about Question 30 which stated, “My college should form a

partnership with local hospitals in the area to hire new graduates of the accelerated nursing program.”

African Americans and Caucasians had negative feelings about Question 14 which stated, “My college gives enough financial support to nursing students.” Both groups felt negative about Question 17, which stated, “My college lacks financial support from the local area.” African Americans and Caucasians also had negative feelings about Question 21 which stated, “the teaching method if the most complicated area of the nursing program.” See Table 3.

Table 3

Means and Standard Deviations of Students’ Perceptions
of the Accelerated Nursing Program by Race

Questions	<i>African-American</i>		<i>Caucasian</i>	
	Mean	Std. Deviation	Mean	Std. Deviation
Q11 Family attracts me to stay and work in the Mississippi Delta.	3.41	1.403	4.09	1.221
Q12 Location attracts me to stay and work in the Mississippi Delta.	3.50	1.225	4.18	.603
Q13 I think my college has adequately prepared me to enter the nursing field.	4.05	.844	4.27	.647
Q14 My college gives enough financial support to nursing students.	2.91	1.231	3.18	1.401
Q16 My college provides enough student support.	2.00	.690	2.91	1.136
Q17 My college lacks financial support from the local area.	2.86	1.125	2.64	1.120
Q18 My college offers enough clinical experience.	3.86	.941	4.18	.603
Q19 Testing is the most complicated area of the nursing program.	4.00	1.069	3.82	.603
Q20 The fast paced curriculum is the most complicated area of the nursing program.	3.73	1.032	3.55	1.128
Q21 The teaching method is the most complicated area of the nursing program.	2.73	1.241	2.82	1.079

Table 3 (continued)

Q25	Transportation to my college is a barrier.	3.37	1.241	2.09	1.044
Q28	My college has job fairs or healthcare facilities come and recruit nurses frequently	3.09	1.065	3.82	.751
Q30	My college should form a partnership with local hospitals in the area to hire new graduate of the accelerated nursing program.	3.91	1.065	3.82	.405
Q31	If local hospitals in the area would offer incentives, I would stay in the area to work after graduation.	4.00	1.113	3.91	1.044

Strongly Agree (5), Agree (4), Undecided (3), Disagree (2), Strongly Disagree (1)

Examination of Research Question Three

Research Question Three: Is there a significant difference in students' perception of the accelerated nursing program by age?

Data obtained from the student survey instrument found that there was no significant difference found in students' perception of the accelerated program by age. ANOVA was used to obtain data for this question. ANOVA was used to compare student's perceptions by age. Student age groups were 18-21 years of age, 22-25 years of age, 26-30 years of age, 31-34 years of age, and 34 or older years of age. See Table 4 for ANOVA results by age.

Table 4

ANOVA Results by Student's Age

<i>Questions</i>	<i>Sum of Squares</i>	<i>df</i>	<i>Mean Square</i>	<i>F</i>	<i>Sig.</i>
Q10 Salary attracts me to stay and work in the Mississippi Delta.					
Between Groups	1.056	4	.264	.242	.912
Within Groups	30.580	28	1.092		
Total	31.636				
Q11 Family attracts me to stay and work in the Mississippi Delta.					
Between Groups	11.565	4	2.891	1.684	.182
Within Groups	48.072	28	1.717		
Total	59.636				
Q12 Location attracts me to stay and work in the Mississippi Delta.					
Between Groups	8.506	4	2.127	1.416	.254
Within Groups	42.039	28	1.501		
Total	50.545				
Q13 I think my college has adequately prepared me to enter the nursing field.					
Between Groups	2.899	4	.725	1.221	.324
Within Groups	16.616	28	.593		
Total	19.515	32			
Q14 My college gives enough financial support to nursing students.					
Between Groups	1.162	4	.291	.160	.957
Within Groups	50.838	28	1.816	1	5
Total	52.00	32			
Q15 My college has enough nursing faculty or staff.					
Between Groups	2.831	4	.708	.555	.697
Within Groups	35.714	28			
Total	38.545	32			
Q16 My college provides enough student support.					
Between Groups	2.892	4	.723	.867	.496
Within Groups	23.351	28	.834		
Total	26.242	32			
Q17 My college lacks financial support from the local area.					
Between Groups	8.276	4	2.069	1.854	.146
Within Groups	31.240	28	1.116		
Total	39.515	32			
Q18 My college offers enough clinical experience.					
Between Groups	.453	4	.114	.141	.965
Within Groups	22.516	28	.803		
Total	22.970	32			

Table 4 (continued)

Q19	Testing is the most complicated are of the nursing program.				
Between Groups	2.133	4	.533	.580	.680
Within Groups	25.746	28	.920		
Total	27.879	32			
Q20	The fast paced curriculum is the most complicated area of the nursing program.				
Between Groups	5.181	4	1.295	1.203	.332
Within Groups	30.153	28	1.077		
Total	35.533	32			
Q21	The teaching method is the most complicated area of the nursing program				
Between Groups	3.262	4	.815	.560	.694
Within Groups	40.799	28	1.457		
Total	44.061	32			
Q22	The clinical is the most complicated area of the nursing program.				
Between Groups	1.730	4	.433	.445	.775
Within Groups	27.240	8	.973		
Total	28.970	32			
Q25	Transportation to my college is a barrier.				
Between Groups	7.109	4	1.777	1.367	.271
Within Groups	36.406	8	1.300		
Total	43.515	32			
Q28	My college has job fairs or healthcare facilities come and recruit nurses frequently.				
Between Groups	7.336	4	1.834	1.976	.126
Within Groups	25.997	8	.928		
Total	33.333	32			
Q30	My college should form a partnership with local hospitals in the area to hire new graduates of the accelerated nursing programs.				
Between Groups	2.162	4	.540	.648	.633
Within Groups	23.353	8	.834		
Total	25.515	32			
Q31	If local hospitals in the area would offer incentives, I would stay in the area to work after graduation.				
Between Groups	7.124	4	1.781	1.671	.185
Within Groups	29.846	8	1.066		
Total	36.970	32			

Table 5 displays the means and standard deviations of students' perceptions of accelerated nursing program by age. All students, ages 18-34 or older, agreed or strongly agreed on question 13 which stated, "I think my college has adequately prepared me to

enter the nursing field.” All students of all age groups also agreed or strongly agreed on question 18 which stated, “My college offers enough clinical experience.” Students of all age groups agreed or strongly agreed on question 31 as well, which stated, if local hospitals in the area would offer incentives, I would stay in the area to work after graduation.”

Students of all ages disagreed or strongly disagreed on Question 17 which stated, “My college lacks financial support from the local.” All students of all age groups disagreed or strongly disagreed to Question 21 which stated, “The teaching method is the most complicated area of the accelerated nursing program.” In addition, students of all ages disagreed or strongly disagreed to question 14 which stated, “My college gives enough nursing financial support to nursing students.” See Table 5 for means and standard deviations of students’ perceptions of accelerated nursing program by age.

Table 5
Means and Standard Deviations for Students’ Perceptions of Accelerated Nursing Program by Age

<i>Questions</i>	<i>Age</i>	<i>Mean</i>	<i>Std. Deviation</i>	<i>Min.</i>	<i>Max.</i>
Q10 Salary attracts me to stay and work in the Mississippi Delta.	18-21	2.50	.707	2	3
	22-25	2.55	1.368	1	5
	26-30	2.75	.500	2	3
	31-34	2.43	.787	1	3
	34 or older	2.89	.928	2	4
Q11 Family attracts me to stay and work in the Mississippi Delta.	18-21	4.00	.000	4	4
	22-25	3.91	1.221	2	5
	26-30	2.75	2.062	1	5
	31-34	2.86	1.676	1	5
	34 or older	4.22	.677	3	3

Table 5 (continued)

Q12	Location attracts me to stay and work in the Mississippi Delta.				
	18-21	3.00	.000	3	3
	22-25	3.27	1.421	1	5
	26-30	2.50	1.732	1	1
	31-34	2.86	1.215	1	5
	34 or older	4.00	.707	3	5
Q13	I think my college has adequately prepared me to enter the nursing field.				
	18-21	4.00	.000	4	4
	22-25	4.45	.522	4	5
	26-30	3.50	1.732	3	5
	31-34	4.00	.577	3	5
	34 or older	4.11	.601	3	5
Q14	My college gives enough financial support to nursing students.				
	18-21	3.50	.707	3	4
	22-25	3.09	1.446	1	5
	26-30	3.00	1.826	1	5
	31-34	2.71	1.380	1	4
	34 or older	3.00	1.000	2	4
Q15	My college has enough nursing faculty or staff.				
	18-21	3.00	.000	3	3
	22-25	4.00	.894	2	5
	26-30	4.00	1.414	2	5
	31-34	3.43	1.397	1	5
	34 or older	3.67	1.118	2	5
Q16	My college provides enough student support.				
	18-21	4.00	.000	4	4
	22-25	4.18	.751	3	5
	26-30	4.00	1.414	2	5
	31-34	3.43	1.272	2	5
	34 or older	3.67	.500	3	4
Q17	My college lacks financial support from the local area.				
	18-21	3.00	1.414	2	4
	22-25	2.18	1.079	1	4
	26-30	2.50	.577	2	3
	31-34	3.43	.976	2	5
	34 or older	3.11	1.167	1	5
Q18	My college offers enough clinical experience.				
	18-21	4.00	.000	4	4
	22-25	3.91	1.136	1	5
	26-30	4.25	.500	4	5
	31-34	3.86	.900	2	5
	34 or older	4.00	.707	3	5

Table 5 (continued)

Q19	Testing is the most complicated area of the nursing program.				
	18-21	3.00	1.414	2	4
	22-25	4.00	1.000	2	5
	26-30	4.00	.816	3	5
	31-34	4.14	1.215	2	5
	34 or older	3.89	.601	3	5
Q20	The fast paced curriculum is the most complicated area of the nursing program.				
	18-21	3.00	1.414	2	4
	22-25	3.36	1.120	1	5
	26-30	3.25	1.258	2	5
	31-34	4.14	1.215	2	5
	34 or older	4.00	.500	3	5
Q21	The teaching methods if the most complicated area of the nursing program.				
	18-21	2.00	.000	2	2
	22-25	2.82	1.250	1	5
	26-30	2.25	.500	2	3
	31-34	3.14	1.574	1	5
	34 or older	2.78	1.093	3	5
Q22	The clinical is the most complicated area of the nursing program.				
	18-21	3.00	1.414	2	4
	22-25	2.18	1.079	1	5
	26-30	2.50	.577	2	3
	31-34	2.43	1.272	1	5
	34 or older	2.11	.601	1	3
Q25	Transportation to my college is a barrier.				
	18-21	1.50	.707	1	2
	22-25	2.18	.603	1	3
	26-30	2.50	1.732	1	5
	31-34	1.57	.787	1	3
	34 or older	2.78	1.563	1	5
Q28	My college has job fairs or healthcare facilities come and recruit nurses frequently.				
	18-21	4.00	.000	4	4
	22-25	3.55	.934	2	5
	26-30	4.00	.816	3	5
	31-34	2.57	1.272	1	4
	34 or older	3.22	.833	2	4

Table 5 (continued)

Q30	My college should form a partnership with local hospitals in the area to hire new graduates of the accelerated nursing programs.				
	18-21	4.00	.000	4	4
	22-25	4.00	.632	3	5
	26-30	3.75	.500	3	4
	31-34	3.43	1.618	1	5
	34 or older	4.11	.601	3	5
Q31	If local hospitals in the area would offer incentives, I would stay in the area to work after graduation.				
	18-21	5.00	.000	5	5
	22-25	4.09	1.221	1	5
	26-30	3.30	1.000	3	5
	31-34	4.43	.976	3	5
	34 or older	3.44	.882	2	4

Strongly Agree (5), Agree (4), Undecided (3), Disagree (2), Strongly Disagree (1)

Examination of Research Question Four

Research Question Four: What is the faculty perception of the accelerated nursing program?

Data obtained to answer research question 4 used responses from the faculty survey, 13 (n=13) faculty members responded. Data analysis for this question reported frequencies, means and standard deviations from the faculty survey. The frequency of questions 1 through 8, 20, and 22-25 are reported in Tables 6 through 18. The faculty survey required faculty to respond yes/no, multiple choice and used a Likert Scale which was Strongly Agree (5), Agree (4), Undecided (3), Disagree (2), and Strongly Disagree (1). The faculty descriptive for Likert Scale Items is presented in Table 19.

Table 6 presents the frequency of faculty titles. Most of the respondents, 8 (61.5%) were other. One (7.7%) respondent was Director of Nursing and 8 (30.8%) were professors. See Table 6 for Faculty Titles.

Table 6

Faculty Titles

<i>Q1</i>	<i>What is your title at your college?</i>	<i>%</i>	<i>n</i>
	Director of Nursing	7.7	1
	Professor	30.8	4
	Other	61.5	8

Table 7 presents the frequency for number of years employed at the college. The faculty that had been employed at the college 1-5 years had the highest number of respondents with 6 (46.2%). Three (23.1%) of faculty respondents had been employed at the college for more than 15 years. Two (15.4%) faculty respondents had been employed at the college for 11-15 years. One (7.7%) faculty respondent had been employed at the college for less than one year and one (7.7%) faculty respondent had been employed at the college for 6-10 years. See Table 7 for number of years at college.

Table 7

Number of Years Employed at College

<i>Q2</i>	<i>How long have you been at this college?</i>	<i>%</i>	<i>n</i>
	Less than 1 year	7.7	1
	1-5 years	46.2	6
	5-10 years	7.7	1
	11-15 years	15.4	5
	More than 15 years	23.1	3

Table 8 presents the frequencies for Length of Time as Dean/Director. One (7.7%) faculty respondent had been Dean/Director for 1-5 years. Two (15.4%) faculty respondents had been Dean/Director previously for more than 15 years. Six (76.9%) faculty respondents was not a Dean/Director.

Table 8

Length of Time as Dean/Director

<i>Q3</i>	<i>Length of time as Dean/Director</i>	<i>%</i>	<i>n</i>
	1-5 years	7.7	1
	More than 15 years	15.4	2
	I'm not a Director/Dean of Nursing	76.9	6

Table 9 presents frequencies for the number of years the accelerated program has been offered at the college. One (7.7%) faculty member responded that the accelerated nursing program had been offered for less than 1 year. Two (15.4%) faculty members responded that the accelerated nursing program had been offered for 4-6 years. Five (38.5%) faculty members responded that the accelerated nursing program had been offered 1-3 years. Five (38.5%) faculty members responded that the accelerated nursing program had been offered for 7-9 years.

Table 9

Year Accelerated Program Offered at College

<i>Q4</i>	<i>Years Accelerated Program Offered</i>	<i>%</i>	<i>n</i>
	Less than 1 year	7.7	1
	1-3 years	38.5	5
	4-6 years	15.4	2
	7-9 years	38.5	5

Table 10 presents frequencies for program growth. All 13 (100%) faculty respondents answered yes to the question, “has your nursing program experienced growth over the past five years.” Eleven (84.6%) faculty responded that they expect their

program to grow over the next 5 years. Two (15.4%) of faculty respondents do not expect their program to grow over the next 5 years.

Table 10

Program Growth

<i>Question (Q)</i>		<i>%</i>	<i>Yes</i>	<i>No</i>
Q5	Has your nursing program experienced growth over the past five years?	100	13	0
Q6	Do you expect your nursing program to experience growth over the next five years?	84.6	11	2

Table 11 presents frequencies for the economic health of the college service area. Six (53.8%) faculty respondents assessed the general economic health of their college's service area over the past five years as strong. Four (30.8%) faculty respondents assessed the general economic health of their college's service area as flat. Two (15.4%) faculty respondents assessed the general economic health of their college's service area as distressed. One (7.7%) faculty respondents assessed the general economic health of their college's service area as severely distressed.

Table 11

Economic Health of College Service Area

<i>Q7</i>	<i>How would you assess the general economic health of your college's service area over the past five years?</i>	<i>%</i>	<i>n</i>
	Strong	53.8	6
	Flat	30.8	4
	Distressed	15.4	2
	Severely Distressed	7.7	1

Table 12 presents frequencies for estimated enrollment trends. Seven (53.8%) of faculty respondents estimated that their nursing program enrollment trend had a significant increase from 2005 to the present year. Five (38.5%) of faculty respondents estimated that their nursing program enrollment trend had a slight increase from 2005 to present year. One (7.7%) of faculty respondents estimated that their nursing program enrollment trend was flat.

Table 12

Estimated Enrollment Trend

<i>Q8</i>	<i>What is the estimated enrollment trend of your nursing program from 2005 to the present year?</i>	<i>%</i>	<i>n</i>
	Significant increase	53.8	7
	Slight increase	38.5	5
	Flat	7.7	1

Table 13 presents frequencies for on campus residences. Twelve (92.3%) faculty members responded yes that their college offers on campus residences for students. Interestingly, only one (7.7%) responded no to their college offering on campus residences for students.

Table 13

On Campus Residences

<i>Q20</i>	<i>Does your college offer on campus residences for students?</i>	<i>%</i>	<i>n</i>
	Yes	92.3	12
	No	7.7	1

Table 14 presents frequencies for childcare services. All 13 (100%) faculty members responded no when asked if low cost, on campus childcare services for students offered.

Table 14

Childcare Services

<i>Q22 Is low cost, on campus childcare services for students offered at your college?</i>	<i>%</i>	<i>n</i>
No	100	13

Table 15 presents frequencies for students receiving financial aid. Six (46.2%) faculty respondents estimated that over 80% of the students in the nursing program received direct grant student financial aid. Four (30.8%) respondents estimated that 41-60% of the students in the nursing program received direct grant financial aid. Two (15.4%) of faculty respondents estimated that 61-80% of the students in the nursing program received direct grant financial aid. One (7.7%) faculty respondent estimated that 20-40% of the students in the nursing program received direct grant financial aid.

Table 15

Students Receiving Financial Aid

<i>Q23 What is the estimated percentage of students receiving direct grant student financial aid in your nursing program?</i>	<i>%</i>	<i>n</i>
20-40%	7.7	1
41-60%	30.8	4
61-80%	15.4	2
Over 80%	46.2	6

Table 16 presents frequencies for minority enrollment. Eleven (84.6%) faculty respondents estimated that over 80% of minorities are enrolled in the accelerated nursing program. One (7.7%) faculty respondent estimated that 31-40% of minorities are enrolled in the accelerated nursing program. One (7.7%) faculty respondent estimated that 41-50% of minorities are enrolled in the accelerated nursing program.

Table 16

Minority Enrollment

<i>Q24 What is the estimated percentage of minorities enrolled in your accelerated nursing program?</i>	<i>%</i>	<i>n</i>
20-40%	7.7	1
41-50%	7.7	1
Over 50%	84.2	11

Table 17 presents frequencies for male enrollment. Six (46.2%) faculty respondents estimated that 5-10% of the enrollment in the accelerated nursing program are males. Four (30.8%) faculty respondents estimated that under 5% of the enrollment in the accelerated nursing program were males. Two (15.4%) of the faculty respondents estimated that 11-20% of the enrollment in the accelerated nursing program were males. One (7.7%) of the faculty respondents estimated that 31-40% of the enrollment were males.

Table 17

Male Enrollment

<i>Q25 What is the estimated percentage of students receiving direct grant student financial aid in your nursing program?</i>	<i>%</i>	<i>n</i>
Under %5	30.8	4
5-10%	46.2	6
11-20%	15.4	2
31-40%	7.7	1

Table 18 presents frequencies for reasons students do not excel in the accelerated nursing program. Five (38.5%) faculty respondents felt that the reason students do not excel in the accelerated nursing program is because of the fast paced curriculum. Five (38.5%) faculty respondents felt that the reason students do not excel in the accelerated nursing program is because they are employed while in school. Two (15.4%) faculty respondents felt that the reasons students do not excel in the accelerated nursing program is because of childcare issues and test taking skills. One (7.7%) faculty respondent felt that the reasons students do not excel in the accelerated nursing program is because of the fast paced curriculum, employment while in school, childcare issues and test taking skills.

Table 18

Reasons Students Do Not Excel In Programl

<i>Q23 In your opinion, what is the reason most students do not excel in the accelerated nursing program?</i>	<i>%</i>	<i>n</i>
Fast paced curriculum	38.5	5
Employment while in school	38.5	5
Childcare Issues and Test Taking Skills	15.4	2
Fast paced curriculum, employment while in school, Childcare issues, and test taking skills	7.7	1

Table 19 presents the faculty descriptive for Likert Scale Items for questions 9 through 19, 21, 26 through 35, and 37 through 41. Faculty agreed or strongly agreed to question 19 which stated, “My college has limited slots at area hospitals/clinics for student clinical experience. Faculty had agreed or strongly agreed to question 21, which stated, “Childcare is an issue for students.” Faculty agreed or strongly agreed to question 28, which stated, “The fast paced curriculum of the accelerated nursing program is most difficult for students.” Faculty agreed or strongly agreed to question 30 which stated, “Students who complete the accelerated nursing program are fully prepared to sit for licensure.” Faculty agreed or strongly agreed to question 30, which stated, “Students who complete the accelerated nursing program are fully prepared to sit for licensure.” Faculty also agreed or strongly agreed to question 31 which stated, “There is an adequate amount of tutoring available for students.” Faculty agreed or strongly agreed to question 32 which stated, “Students in the accelerated nursing program get an equal amount of instruction as they would in the traditional nursing program.” Faculty agreed or strongly agreed to question 33 which stated, “The accelerated nursing program is helping alleviate the nursing shortage in the Mississippi Delta.” The faculty also agreed or strongly agreed

to question 34 which stated, “Hospitals in the local area attempt to recruit students from my college.” Faculty agreed or strongly agreed to question 35 which stated, “There should be more slots allowed for students to be accepted into the accelerated nursing program.” Faculty agreed or strongly agreed to question 37 which stated, “Offering scholarships is a recruiting tool that will help attract students to the accelerated nursing program.” In addition faculty agreed or strongly agreed to question 40 which stated, “My college recruits enough minority nursing faculties.”

Faculty respondents disagreed or strongly disagreed to question 10 which stated, “My college lack financial support from the state.” Faculty disagreed or strongly disagreed to question 12, “My college lack financial support from the federal government.” Faculty disagreed or strongly disagreed to question 16 which stated, “Lower salaries offered at your college than at other colleges is a factor in retaining faculty to your college.” Faculty respondents also disagreed or strongly disagreed to question 29 which stated, “Students are academically prepared for the accelerated nursing program when they enter.” Faculty disagreed or strongly disagreed to question 41 which stated, “My college should offer minority faculty members incentives when recruiting.”

Table 19

Faculty Descriptive Statistics

	<i>Questions</i>	<i>Min.</i>	<i>Max.</i>	<i>Mean</i>	<i>Std. Deviation</i>
Q9	My college lack financial support from the local area.	1	4	2.08	.862
Q10	My college lack financial support from the state.	1	3	2.31	.630

Table 19 (continued)

Q11	My college lack financial support from the federal government.	1	3	2.15	.555
Q12	My college has the number of faculty that is needed for the nursing program.	1	5	3.15	1.345
Q13	Remoteness of the institution is a factor in retaining faculty to your college.	2	4	2.77	.832
Q14	Limited social activities in the area are a factor in retaining faculty to your college.	2	4	3.08	.862
Q15	Severity of the poverty level in the area is a factor in retaining faculty to your college.	2	5	2.92	1.038
Q16	Lower salaries offered at your college than at other college is a factor in retaining faculty to your college.	1	4	2.31	1.109
Q17	My college has to limit the number students admitted into the accelerated program due to limited number of faculty.	1	5	2.69	1.136
Q18	My college has limited slots at area hospitals/clinics for student clinical experiences.	1	5	3.38	1.193
Q19	Transportation to your college is a barrier for students.	1	4	2.85	.987
Q21	Childcare is an issue for students.	1	4	3.62	.870
Q26	The clinical section of the accelerated nursing program is most difficult for students.	1	4	2.46	.967
Q27	The exams given in the accelerated nursing program is most difficult for student	2	5	3.08	1.115
Q28	The fast paced curriculum of the accelerated nursing program is most difficult for students.	2	5	3.62	.870
Q29	Students are academically prepared for the accelerated nursing when they enter.	1	5	2.69	1.251
Q30	Students who complete the accelerated nursing program are fully prepared to sit for licensure.	1	5	3.54	1.330

Table 19 (continued)

Q31	There is an adequate amount of tutoring available for students.	1	5	4.23	1.092
Q32	Students in the accelerated nursing program get an equal amount of instructions as they would in the traditional nursing program.	1	5	3.69	1.109
Q33	The accelerated nursing program is helping alleviate the nursing shortage in the Mississippi Delta.	1	5	3.92	1.115
Q34	Hospitals in the local area attempt to recruit student from my college.	4	5	4.85	.376
Q35	There should be more slots allowed for student to be accepted into the accelerated nursing program.	2	5	3.46	1.050
Q37	Offering scholarships is a recruiting tool that will help attract students to the accelerated nursing program.	3	5	4.00	.408
Q38	Affordable childcare is recruiting tool that will help attract students to the accelerated nursing program.	3	5	3.85	.689
Q39	Job recruitment upon completion of the program is a recruiting tool that will help attract students to the accelerated nursing program.	3	5	3.77	.599
Q40	My college recruits enough minority nursing faculties.	2	5	4.00	.816
Q41	My college should offer minority faculty members incentives when recruiting.	1	4	2.08	1.115

Strongly Agree (5), Agree (4), Undecided (3), Disagree (2), Strongly Disagree (1)

Examination of Research Question Five

Research Question Five: Do the faculty and students differ in their perceptions of the accelerated nursing program in regards to a) transportation being a program barrier students, (b) is there enough nursing faculty or staff for the accelerated program, c) the clinical is the most complicated area of the nursing program, d) exams are the most complicated area of the program, and e) if their college receives enough local support?

Research question 5 used item numbers 9, 12, 26, 27, and 19 from the faculty survey and item numbers 17, 15, 22, 19, and 25 from the student survey to analyze data because the questions were identical, and they targeted the specific areas that were being compared. An independent t-test was used to obtain data for this question. Independent t-test was used because it compared the two groups, which were student's perceptions and faculty perceptions. Since all variance met Levene's test, the equal variance estimate was used.

Data obtained found significant differences in obtained scores between students and faculty on their perceptions of question 9 on the faculty survey and question 17 on the student survey which both stated, "My college lack financial support from the local area." Significant scores obtained were $t(44) = 2.07, p = .044$. See Table 20 for independent t-test for local support. Faculty disagreed or strongly disagreed that their college lacked financial support from the local area, while students agreed or strongly agreed their college lacked financial support from local area. See Table 21 for means and standard deviations for local support.

Data obtained found no significant differences in obtained scores between students and faculty on their perceptions of question 12 on the faculty survey and question 15 on the student survey which both stated, "My college has the number of faculty that is needed for the nursing program." No significant scores were obtained $t(44) = 1.497, p = .142$. See Table 20 for independent t-test for enough faculties. Both faculty and students agreed or strongly agreed to their college having the number of

faculty that is needed for the nursing program. See Table 21 for means and standard deviations for enough faculties.

Data obtained found no significant differences in obtained scores between students and faculty on their perceptions of question 26 on the faculty survey and question 22 on the student survey which both stated, “The clinical section of the accelerated nursing program is most complicated area of the program.” No significant scores were obtained $t(44) = -.506, p = .011$. See Table 20 for independent t-test for clinical. Both faculty and students disagreed or strongly disagreed that the clinical section of the accelerated program is the most complicated area of the program. See Table 21 for means and standard deviations for clinical.

Data obtained found significant differences in obtained scores between students and faculty on their perceptions of question 27 on the faculty survey and question 19 on the student survey which both stated, “The exams given in the accelerated nursing program are the most complicated area of the program.” Significant scores obtained were $t(44) = 2.67, p = .011$. See Table 20 for independent t-test for exams. Faculty disagreed or strongly disagreed on exams being the most complicated area of the program, while students agreed or strongly agreed that exams were the most complicated area of the program. See Table 21 for means and standard deviations for exams.

Data obtained found no significant differences in obtained scores between students and faculty on their perceptions of question 19 on the faculty survey and question 25 on the student survey which both stated, “Transportation to the college is a barrier for students.” No significant scores were obtained $t(44) = -1.729, p = .091$. See Table 20 for independent t-test for transportation. Both faculty and students disagreed or

strongly disagreed to transportation being a barrier for students in the accelerated nursing program. See Table 21 for means and standard deviations for clinical.

Table 20
Independent t-tests for Support and Exams

<i>Questions</i>	<i>Mean</i>	<i>t</i>	<i>df</i>	<i>Sig. (2-tailed)</i>
Local Support				
Faculty	2.7879	2.069	44	.044
Student	2.0769			
Exams				
Faculty	3.9394	2.670	44	.011
Student	2.0769			

Table 21
Means and Standard Deviations for Support, Faculty, Clinical, Exams and Transportation

<i>Questions</i>	<i>Group</i>	<i>Mean</i>	<i>Std. Deviation</i>
Local	Students	2.7879	1.11124
	Faculty	2.0769	.86232
Enough Faculty	Students	3.7273	1.09752
	Faculty	3.1538	1.34450
Clinical	Students	2.3030	.95147
	Faculty	2.4615	.96742
Exams	Students	3.9394	.93339
	Faculty	3.0769	1.11516
Transportation	Students	2.2121	1.16613
	Faculty	2.8462	.98710

Strongly Agree (5), Agree (4), Undecided (3), Disagree (2), Strongly Disagree (1)

CHAPTER V

SUMMARY, CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS

This chapter presents the summary, conclusions, implications and recommendations for future studies. The analysis in Chapter 4 used the research questions, faculty and student survey responses as the conceptual framework. The statistical procedures employed in the study used descriptive statistics, Independent t-tests and ANOVA. This chapter relates the purpose and the significance of this study of this study to the conclusions, implications and recommendations. The research questions which have guided this study also served as a framework for the discussion in this chapter.

Conclusions

The following conclusions were drawn from the research questions and the findings of this study.

Research Question One

Is there a significant difference in students' perception of the accelerated nursing program by gender?

The population consisted of 5 male students and 28 female students. It is probable that there will continue to be a shortage in male nurses if more males do not

apply to the programs or are not accepted. The number of males in the program is consistent with research of Evans (2004). Evans reported that historically it is believed that men were inappropriate in the feminine caregiver role of nurse. Many nursing schools refused to admit men in their programs. Only 25 of 170 schools of nursing admitted male students in 1961 (Evans, 2004).

Research Question Two

Is there a significant difference in students' perception of the accelerated nursing program by race?

Question 10 asked if salary attracted them to stay and work in the Mississippi Delta. Caucasians were in agreement more than African Americans that salary attracts them to stay and work in the Mississippi Delta. Questions 15 asked if their college has enough nursing faculty and staff. Caucasians were in agreement more than African Americans that their college has enough nursing faculty or staff. It can be concluded that African Americans may feel that their college does not have enough nursing faculty, especially of a similar ethnicity, who can understand their differences. Henle (2007) believed that in order to promote success in minority students, it is vital for nursing schools to provide mentoring, to provide social and financial support, and to recognize commonalities and to respect differences. Brady and Sherrod (2003) noted that nursing educators must be aware of the specific characteristics of minorities during the learning process. It is probable that African Americans and Caucasians have different views on certain aspects of the program. Educators must be aware of each race differences and learn to adapt to the dynamics of these individuals.

Research Question Three

Is there a significant difference in students' perception of the accelerated nursing program by age?

Students ages 18 to 35 were surveyed in this study. It can be concluded that students of all ages have the same perceptions of the accelerated nursing program in regards to the overall dynamics of the program. It seems as though they are all looking for same factors when it comes to job recruitment, salary, program support, etc. no matter what their age is.

Twenty nine of the students state that they plan to work in the Mississippi Delta after they graduate from the program. In Mississippi, the vacancy rate varies between 7% in an urban area like Jackson to about 20% in the Delta and other rural underserved areas (Jeters, 2003). If these students in the accelerated nursing program are serious about working in the Mississippi Delta upon graduation, then this will help the Delta and alleviate some of the nursing vacancies. "In the Delta and northern areas of the state, (the medical community) competes with the Memphis area, which offers better pay," Hoover said (Sun Herald 2001). Students had a favorable perception of location attracting them to stay and work in the area, 30.3% both agreed and strongly agreed, respectively. Ten students remained neutral, seven agreed and strongly agreed, respectively that family attracted them to stay in the area to work. It can be concluded that salary in the Mississippi Delta is not as competitive as it is in other areas, which is one of the main reasons that the shortage exists. Students want to work for employers in the nursing field that can offer salaries that can compensate for their education and cost-of-living.

Students' perception of alleviating the nursing shortage was a component of the student survey. The last two questions 30 and 31 were about alleviating the nursing shortage. Eighteen students agreed and seven strongly agreed that their college should form a partnership with local hospitals in the area to hire new graduates. The students had a favorable perception on the last question that if local hospitals in the area would offer incentives, they would stay in the area and work after graduation, 10 agreed and 13 strongly agreed. Belcher and Walrath (2005) suggest that nurses can accept mentoring roles for new students or for retiring nurses. Hospital-based nurse administrators can partner with universities to increase clinical placement opportunities within hospitals. RNs must support each other and it must be a workplace priority.

Research Question Four

What is the faculty perception of the accelerated nursing program?

The sample description of the faculty survey consisted of 13 faculty members of the accelerated nursing program. Eight were instructors (other), 1 director, and 4 professors. Only 1 faculty member had been employed at the college for less than 1 year, 6 employed for 1 to 5 years, 1 employed for 6 to 10 years, 2 employed for 11 to 15 years, and 3 had been employed for more than 15 years.

It can be concluded that the faculty members believe that their college receives an adequate amount of support necessary to fund its accelerated nursing program. The faculty perceptions' of program support coincides with Andrist et al. (2006), noting that the Federal Training Act added Title VIII to the Public Health Service Act. This Title authorized special project grants, formula payments to schools of nursing, and training

programs for students. Since the 1950s and 1960s, federal programs have continuously evolved to support the nursing education and practice. These federal programs were designed to support the supply and distribution of qualified nurses to promote the public's health.

The faculty perceptions' of retaining faculty was another component of faculty survey. There was a split decision for the question about their college having enough faculties for the nursing program. It can be concluded that since two different colleges were participants in the study, maybe one college has enough faculty and one does not. Losey (2008) found that even though applications to nursing programs increased, there were still not enough educators to accommodate the influx of students. It is difficult to persuade clinic nurses to pursue academic positions. Comparing the salaries of nurses who work in a clinical setting which does not require a Ph.D. to those of nursing educators, it may difficult to get nursing educators. Other questions from the faculty survey in regards to retaining faculty were (a) remoteness of the college, (b) limited social activities, (c) severity of poverty level, and (d) lower salaries. Surprisingly, faculty responses to lower salaries offered at their college was a factor in retaining faculty were not favorable, 4 responded neutral, 4 strongly disagreed, 2 agreed. Meyers (2004) explained that fueling the scarcity in the nursing educators, the mean salary for an assistant nursing professor at the college is \$58,000. That salary could be met by working extra hours in a healthcare setting. The AACN data showed that a nurse with an advanced practice degree could make \$20,000 more in a clinical setting than as an educator. It can be concluded that salary may be an issue for some faculty while other

faculty members would prefer to work in an educational setting because there is less stress and set work hours.

Among faculty members taking the survey, 6 disagreed and 4 responded neutral to having to limit the number of students admitted into the accelerated program due to limited number of faculty. Faculty members were in agreement more to their college having to limit slots at area hospitals/clinics for student clinical experience, 8 agreed and 1 strongly agreed. Belcher and Walrath (2004) suggested that nurses can accept mentoring roles for new students or for retiring nurses. Hospital-based nurse administrators can partner with universities to increase clinical placement opportunities within hospitals. Faculty had a favorable perception on adequate tutoring being available for students. It can be concluded from the results that faculty members feel that they are providing students with adequate support needed to excel in the accelerated program.

Faculty agreed that childcare was an issue for students. All faculty members answered no to their college offering low cost childcare services to students. It can be concluded that the students in the accelerated program that have kids, have to work while attending school because they are financially able to stop working. With the accelerated nursing program demanding a lot of time studying, working to care for children could potentially affect the necessary time allowed for the students to study. Some students may have to miss class due to having children for reasons such as their children being sick. So providing low cost affordable on campus childcare services, would help relieve students paying for expensive day cares while in school.

Faculty responded that over 80% of the students received direct financial aid. Faculty estimated that over 50% of the students enrolled in the program are minorities.

Andrist et al. (2006) assert that the opportunities for African Americans and other minorities interested in pursuing a nursing career or acquiring advanced preparation in nursing are wide open. There are only an estimated 5-10% of men enrolled in the accelerated nursing program. It can be concluded that the high number of minorities enrolled in the accelerated program is due to the population of the area which is majority African American. Brady and Sherrod (2003) explained that the media reflects a nursing shortage in the United States; however, the need to retain both men and women in nursing programs is very important. In the Mississippi Delta, African Americans make up the majority of the population. Male enrollment in nursing programs is low and not equal to the female enrollment.

Faculty was asked to respond to which area of the nursing program was most complicated for students. Brady (2007) believes that overall, the goal of any nursing program is to have high-quality graduates who are committed to patient safety, whether they show that commitment by caring for patients in a clinical setting or by educating those who will eventually be in the health care field. It can be concluded that faculty believe that they have provided their students with enough educational tools and clinical competencies needed to pass the nursing licensure exam. The faculty responded that the reasons students do not excel in the accelerated nursing program is because of the fast-paced curriculum and employment while in school.

Faculty had a favorable perception to the accelerated nursing program is helping alleviate the nursing shortage in the area, 6 agreed and 7 strongly agreed. It can be concluded that the faculty believe that if students continuously excel in the accelerated

nursing program, upon graduation, they will work in the Mississippi Delta, and that would help ease the nursing shortage crisis.

Faculty had a favorable perception to hospitals in the local area recruit students, 11 strongly agreed and 3 agreed. Eight faculty members agreed that more slots should be allowed for student enrollment. Eleven faculty members agreed that offering scholarships would be a good recruiting tool, and 7 agreed that affordable child care services to students would be a good recruiting tool. Teich and Viterito 2002 researched possible strategies to help increase enrollment which included increased scholarship pools, student loan extensions, and programs that enable graduates to provide professional services in exchange for reduction or cancellation of their student loans. It can be concluded that even though hospitals in the local area recruit students, the colleges could enhance those recruiting efforts by offering scholarships and affordable childcare services.

Faculty agreed that their college recruits enough minority faculty members, 7 agreed and 2 strongly agreed. Faculty did not have a favorable response to their college offering minority faculty members incentives when recruiting, 5 strongly disagreed and 4 agreed. It can be concluded that faculty members believe that they have an ample amount of minority faculty members, so there is not a need to offer incentives when the need to recruit staff becomes an option.

Research Question Five

Do the faculty and students differ in their perceptions of the accelerated nursing program in regards to a) transportation being a program barrier

students, (b) is there enough nursing faculty or staff for the accelerated program, c) the clinical is the most complicated area of the nursing program, d) exams are the most complicated area of the program, and e) if their college receives enough local support?

The areas of the accelerated programs that were compared from student and faculty responses from both surveys were local support, adequate faculty for program, most complicated areas of program which were clinical and exams and program barrier, which was transportation. The following conclusions were formed after analyzing data to determine differences among students and faculty perceptions in the areas above.

Faculty disagreed that their college lacks financial support from the local area, and students agreed that their college lacks financial support from the local area. It can be concluded that the overall goal of the community college is to provide vocational and technical training to students in hopes that the students will use the educational skills obtained and work in the local area. Simply stated, faculty provides education to the students and students keep revenue in the community by working in the area upon graduation. As a result, local support is given, as long as the cycle continues.

Nursing faculty was compared in the study as well. The question stated my college has enough nursing faculty. Both the faculty and students were in agreement that their college has enough nursing faculty.

The complicated areas of the program compared were clinical and exams. The questions stated (a) clinical and (b) exams is most complicated area of the accelerated program. Both faculty and students disagreed that the clinical section was the most complicated area of the accelerated program. Students and faculty perceptions differed on exams being the most complicated area of the accelerated nursing program. Students

perceived exams to be the most complicated area of the program and faculty believed exams were not the most complicated areas of the program. It can be concluded that students enjoy clinical because it is a hands on approach to teaching, very similar to on-the-job training. An assumption that exams are the most complicated area of the program for students could be that students do not have good test-taking skills or study techniques.

Transportation being a barrier was compared in the study as well. Faculty and students both agreed that transportation was not a barrier for students. It can be concluded that students get to class on time and their class attendance is good.

Implications

The findings of this study provided several implications for the accelerated nursing program.

1. Nursing educators need to be cognizant of race and its influence on the students' perception of the accelerated nursing program.
2. Nursing educators should be aware of the overall students' perception of the accelerated nursing program, in order to meet the needs of students, so that they may excel in the program.
3. School officials need to cognizant of the faculty perceptions of the accelerated nursing program. Faculty perceptions can offer advice on what they believe the program needs in order to enhance the overall dynamics of the program, in regards to students and recruiting and retaining faculty.

4. The healthcare settings in the Mississippi Delta need to be aware of what it will take to recruit new graduates and retain them in the profession. If healthcare settings in the Mississippi Delta are aware of what new graduates are seeking in employment, then this will allow them to recruit students from the accelerated nursing program. As more graduates are recruited from these programs, this will help alleviate the nursing shortage.
5. Healthcare settings in the Mississippi Delta definitely need to form local partnerships with these colleges in efforts to provide students clinical experience and implement programs that would offer new graduates incentives to work in their area upon graduation.

Recommendations for Further Research

Based on findings of this study, the following are suggestions for further research:

1. A study can be conducted on the faculty and students' perceptions of all community colleges in the State of Mississippi who have the accelerated nursing program as part of their curriculum. The study could determine if perceptions of students and faculty of these accelerated programs differed based on locations as in North and South.
2. A study can be conducted examining the impact of the accelerated nursing programs on the nursing shortage in all of the Mississippi Delta.
3. For future studies, research can also be conducted on 4 year institutions that offer the accelerated nursing program.

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APPENDIX A
LETTERS TO PRESIDENTS

January 11, 2008

Dr. Vivian Pressley
Coahoma Community College
3240 Friars Point Road
Clarksdale, MS 38614

Dear Dr. Pressley:

I am Sheba Jennings, currently a doctoral candidate at Mississippi State University in the Department of Instructional Systems, Leadership and Workforce Development. I am conducting research for my dissertation and my topic is the Impact of Accelerated Nursing Programs on the Nursing Shortage in the Mississippi Delta.

Because of your position in one of Mississippi's community colleges, I am requesting permission for your nursing faculty members and students to participate in a brief survey questionnaire that deals with the accelerated nursing program at your college. Your faculty responses could be helpful in meeting the challenges of nursing shortage in the Mississippi Delta.

Your nursing faculty members and students names will be converted to code numbers and the information that will be collected will not have any identifying information on them. Your participation is voluntary and will be highly appreciated.

My contact information is Sheba Jennings, 411 Hacienda Avenue, Hattiesburg, MS 39402, 601-408-4029 or 601-408-3896. My email address is usmalumni_1999@yahoo.com. Or you can contact my committee advisor, Dr. Ed Davis at 662-325-2291 at Mississippi State University.

Sincerely,

Sheba Jennings, M.S.
Doctoral Candidate

January 11, 2008

Dr. Larry Bailey
Mississippi Delta Community College
P.O. Box 668
Hwy 3 & Cherry Street
Moorhead, MS 38761

Dear Dr. Bailey:

I am Sheba Jennings, currently a doctoral candidate at Mississippi State University in the Department of Instructional Systems, Leadership and Workforce Development. I am conducting research for my dissertation and my topic is the Impact of Accelerated Nursing Programs on the Nursing Shortage in the Mississippi Delta.

Because of your position in one of Mississippi's community colleges, I am requesting permission for your nursing faculty members and students to participate in a brief survey questionnaire that deals with the accelerated nursing program at your college. Your faculty responses could be helpful in meeting the challenges of nursing shortage in the Mississippi Delta.

Your nursing faculty members and students names will be converted to code numbers and the information that will be collected will not have any identifying information on them. Your participation is voluntary and will be highly appreciated.

My contact information is Sheba Jennings, 411 Hacienda Avenue, Hattiesburg, MS 39402, 601-408-4029 or 601-408-3896. My email address is usmalumni_1999@yahoo.com. Or you can contact my committee advisor, Dr. Ed Davis at 662-325-2291 at Mississippi State University.

Sincerely,

Sheba Jennings, M.S.
Doctoral Candidate

APPENDIX B
LETTERS TO DEANS

January 26, 2008

Dr. Evelyn Smith, Director
ADN/LPN/RN Fast Track programs
Coahoma Community College
3240 Friars Point Road
Clarksdale, MS 38614

Dear Dr. Smith:

I am Sheba Jennings, currently a doctoral candidate at Mississippi State University in the Department of Instructional Systems, Leadership and Workforce Development. I am conducting research for my dissertation and my topic is Perceptions of Accelerated Nursing Programs on the Nursing Shortage in the Mississippi Delta.

In pursuit of my research for dissertation, I am asking for your help. Dr. Pressley, President has given me permission to conduct research at your college. I would like to invite the faculty and students of the accelerated nursing program to participate in a survey. I would like to contact you to arrange a time that I can come to your campus to conduct my research. A survey developed for the faculty and students of the accelerated nursing program is how I will collect data. It will take about 10 to 15 minutes to complete surveys.

Your nursing faculty members and students' names will be converted to code numbers and the information that will be collected will not have any identifying information on them. Their participation is voluntary and will be highly appreciated.

My contact information is Sheba Jennings, 411 Hacienda Avenue, Hattiesburg, MS 39402, 601-408-4029 or 601-408-3896. My email address is usmalumni_1999@yahoo.com. Or you can contact my committee advisor, Dr. Ed Davis at 662-325-2291 at Mississippi State University.

Sincerely,

Sheba Jennings, M.S.
Doctoral Candidate

January 26, 2008

Patti Livingston, Director of Nursing
Mississippi Delta Community College
P.O. Box 668
Hwy 3 & Cherry Street
Moorhead, MS 38761

Dear Ms. Livingston:

I am Sheba Jennings, currently a doctoral candidate at Mississippi State University in the Department of Instructional Systems, Leadership and Workforce Development. I am conducting research for my dissertation and my topic is the Impact of Accelerated Nursing Programs on the Nursing Shortage in the Mississippi Delta.

In pursuit of my research for dissertation, I am asking for your help. Dr. Pressley, President has given me permission to conduct research at your college. I would like to invite the faculty and students of the accelerated nursing program to participate in a survey. I would like to contact you to arrange a time that I can come to your campus to conduct my research. A survey developed for the faculty and students of the accelerated nursing program is how I will collect data. It will take about 10 to 15 minutes to complete surveys.

Your nursing faculty members and students' names will be converted to code numbers and the information that will be collected will not have any identifying information on them. Their participation is voluntary and will be highly appreciated.

My contact information is Sheba Jennings, 411 Hacienda Avenue, Hattiesburg, MS 39402, 601-408-4029 or 601-408-3896. My email address is usmalumni_1999@yahoo.com. Or you can contact my committee advisor, Dr. Ed Davis at 662-325-2291 at Mississippi State University.

Sincerely,

Sheba Jennings, M.S.
Doctoral Candidate

APPENDIX C
CONSENT FORM

Consent form

Title of Study: Students and Faculty Perceptions of Accelerated Nursing Programs on the Nursing Shortage in the Mississippi Delta

Study Site: 411 Hacienda Avenue, Hattiesburg, MS 39402

Researcher: Sheba Jennings

University Affiliation: Mississippi State University

The subjects of the research will complete a survey that will take about 10-20 minutes to complete.

There are no anticipated risks involved in participation.

Participation in this research will benefit the nurses, hospitals/clinics, colleges, faculty and students.

The information will be kept strictly confidential.

**Also, please note that these records will be held by a state entity and therefore are subject to disclosure if required by law.

If you should have any questions about this research project, please feel free to contact Sheba Jennings at 601-408-4029. Or you can contact my Advisor, Dr. Ed. Davis at 662-325-2281. For additional information regarding your rights as a research subject, please feel free to contact the MSU Regulatory Compliance Office at 662-325-5220.

Please understand that your participation is voluntary, your refusal will involve no penalty or loss of benefit to which you are otherwise entitled, and you may discontinue your participation at any time without penalty or loss of benefits. Additionally, you may skip any item(s) that you do not wish to answer.

Please keep this form for your records.

APPENDIX D
STUDENT SURVEY

Students and Faculty Perceptions of Accelerated Nursing Programs on the Nursing Shortage in the Mississippi Delta

(Student Survey)

Directions: Your information will be kept confidential and the responses will be anonymously coded. Please provide all requested information.

1. What is your ethnic background?

African American

Caucasian

Hispanic

Indian

Other (please specify) _____

2. What is your gender?

Male

Female

3. What is your age?

18-21 years

22-25 years

26-30 years

31-34 years

34 or older

4. How long have you been in the nursing program?

0-6 months

7 months – 1 year

1 year – 2 years

2 years or longer

5. Do you plan on pursuing a BSN or higher degree in nursing?

Yes

No

6. Do you currently work in a hospital or healthcare setting?

Yes

No

7. If you are currently working in a healthcare setting is it in the Mississippi Delta?

Yes

No

N/A

8. Upon graduation do you plan to work in the Mississippi Delta area?

Yes

No

9. If no to question 8, please check reasons why you will not work in the Mississippi Delta area?

Low Salaries

Large Caseloads

Location

Family

Other (please specify): _____

N/A

10. Salary attracts me to stay and work in the Mississippi Delta.

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

11. Family attracts me to stay and work in the Mississippi Delta.

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

12. Location attracts me to stay and work in the Mississippi Delta.

Strongly Disagree

- Disagree
- Neutral
- Agree
- Strongly Agree

13. I think my college has adequately prepared me to enter the nursing field.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

14. My college gives enough financial support to nursing students.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

15. My college has enough nursing faculty or staff.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

16. My college provides enough student support.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

17. My college lacks financial support from the local area.

- Strongly Disagree

- Disagree
- Neutral
- Agree
- Strongly Agree

18. My college offers enough clinical experience.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

19. Testing is the most complicated area of the nursing program.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

20. The fast paced curriculum is the most complicated area of the nursing program.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

21. The teaching method is most complicated area of the nursing program.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

22. The clinical is the most complicated area of the nursing program.

- Strongly Disagree
- Disagree

- Neutral
- Agree
- Strongly Agree

23. Do you live on campus?

- Yes
- No

24. How far is your institution from your home if you don't live on campus?

- 0-30 miles
- 31-60 miles
- 61-90 miles
- 91 or further miles

25. Transportation to my college is a barrier.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

26. Do you have children?

- Yes
- No

27. Is childcare an issue for you?

- Yes
- No

28. My college has job fairs or healthcare facilities come and recruit nurses frequently.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

29. Why did you choose the accelerated nursing program at your college?

- Challenge of early completion
- Financial
- Convenient time frame
- Other (please specify): _____

30. My college should form a partnership with local hospitals in the area to hire new graduate of the Accelerated Nursing Programs.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

31. If local hospitals in the area would offer incentives, I would stay in the area to work after graduation.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

APPENDIX E
FACULTY SURVEY

Students and Faculty Perceptions of Accelerated Nursing Programs on the Nursing Shortage in the Mississippi Delta

(Faculty Survey)

Directions: Your information will be kept confidential and the responses will be anonymously coded. Please provide all requested information.

1. What is your title at your college?

- Dean of Nursing
- Director of Nursing
- Professor
- Other (please specify):

2. How long have you been at this college?

- <1 year
- 1-5 years
- 6-10 years
- 11-15 years
- >15 years

3. How long have you been the director/dean of this program at this college?

- <1 year
- 1-5 years
- 6-10 years
- 11-15 years
- >15 years
- I am not a director/dean of a nursing program

4. How many years has your college offered the accelerated nursing program?

- <1 year
- 1-3 years
- 4-6 years
- 7-9 years

5. Has your nursing program experienced growth over the past five years?

- Yes
- No

6. Do you expect your nursing program to experience growth over the next five years?
- Yes
 - No
7. How would assess the general economic health of your college's service area over the past 5 years?
- Very strong
 - Strong
 - Flat, stable
 - Distressed
 - Severely distressed
8. What is the estimated enrollment trend of your nursing program from 2005 to the present year?
- Significant increase (+8% or more)
 - Slight increase (+4 to +7)
 - Flat/stable (+ or 3%)
 - Slight decrease (-4 to -7)
 - Significant decrease (-8 or more)
9. My college lacks financial support from the local area.
- Strongly Disagree
 - Disagree
 - Neutral
 - Agree
 - Strongly Agree
10. My college lacks financial support from the state.
- Strongly Disagree
 - Disagree
 - Neutral
 - Agree
 - Strongly Agree
11. My college lacks financial support from the federal government.
- Strongly Disagree

- Disagree
- Neutral
- Agree
- Strongly Agree

12. My college has the number of faculty that is needed for the nursing program.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

13. Remoteness of the institution is a factor in retaining faculty to your college.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

14. Limited social activities in the area is a factor in retaining faculty to your college.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

15. Severity of the poverty level in the area is a factor in retaining faculty to your college.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

16. Lower salaries offered at your college than at other colleges are a factor in retaining faculty to your college.

- Strongly Disagree

- Disagree
- Neutral
- Agree
- Strongly Agree

17. My college has to limit the number of students admitted into the accelerated program due to limited number of faculty.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

18. My college has limited slots at area hospitals/clinics for student clinical experiences.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

19. Transportation to your college is a barrier for students.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

20. Does your college offer on campus residences for students?

- Yes
- No

21. Childcare is an issue for students.

- Strongly Disagree
- Disagree
- Neutral
- Agree

Strongly Agree

22. Is low cost, on campus childcare services for students offered at your college?

Yes

No

23. What is the estimated percentage of students receiving direct grant student financial aid in your nursing program?

Under 20%

20-40%

41-60%

61-80%

Over 80%

24. What is the estimated percentage of minorities enrolled in your accelerated nursing program?

Under 5%

5-10%

11-20%

21-30%

31-40%

41-50%

Over 50%

25. What is the estimated percentage of men enrolled in your accelerated nursing program?

Under 5%

5-10%

11-20%

21-30%

31-40%

41-50%

Over 50%

26. The clinical section of the accelerated nursing program is most difficult for students.

Strongly Disagree

Disagree

- Neutral
- Agree
- Strongly Agree

27. The exams given in the accelerated nursing program is most difficult for students.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

28. The fast paced curriculum of the accelerated nursing program is most difficult for students.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

29. Students are academically prepared for the accelerated nursing program when they enter.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

30. Students who complete the accelerated nursing program are fully prepared to sit for licensure.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

31. There is an adequate amount of tutoring available for students.

- Strongly Disagree

- Disagree
- Neutral
- Agree
- Strongly Agree

32. Students in the accelerated nursing program get an equal amount of instruction as they would in the traditional nursing program.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

33. The accelerated nursing program is helping alleviate the nursing shortage in the Mississippi Delta.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

34. Hospitals in the local area attempt to recruit students from my college.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

35. There should be more slots allowed for students to be accepted into the accelerated nursing program.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

36. In your opinion, what is the reason most students do not excel in the accelerated nursing program?

- Fast paced curriculum
- Employment while in school
- Childcare issues
- Test taking skills
- Other (please specify: _____)

37. Offering scholarships is a recruiting tool that will help attract student to the accelerated nursing program.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

38. Affordable childcare is a recruiting tool that will help attract student to the accelerated nursing program.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

39. Job recruitment upon completion of the program is a recruiting tool that will help attract student to the accelerated nursing program.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

40. My college recruits enough minority nursing faculties.

- Strongly Disagree
- Disagree
- Neutral

- Agree
- Strongly Agree

41. My college should offer minority faculty members incentives when recruiting.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

APPENDIX F
IRB APPROVAL LETTER



September 24, 2008

Sheba Jennings
411 Hacienda Ave
Hattisburg, MS 39402

RE: IRB Study #08-065: Perceptions of Accelerated Nursing Programs on the Nursing Shortage in the Mississippi Delta

Dear Ms Jennings:

The procedural modification that you submitted for the above referenced project was reviewed and approved on 9/24/2008. You may implement the approved changes effective immediately.

The title has been changed as requested and a letter outlining your initial IRB approval date has been generated to reflect the change. Enclosed please find the signed approval letter as well as an unsigned version for use with electronic submission of your dissertation.

Please note that the MSU IRB is in the process of seeking accreditation for our human subjects protection program. As a result of these efforts, you will likely notice many changes in the IRB's policies and procedures in the coming months. These changes will be posted online at <http://www.orc.msstate.edu/human/aahrpp.php>. The first of these changes is the implementation of an approval stamp for consent forms. The approval stamp will assist in ensuring the IRB approved version of the consent form is used in the actual conduct of research. You must use copies of the stamped consent form for obtaining consent from participants.

Please refer to your IRB number (#08-065) when contacting our office regarding this application.

Thank you for your cooperation and good luck to you in conducting this research project. If you have questions or concerns, please contact Christine Williams at cwilliams@research.msstate.edu or call 662-325-5220.

Sincerely,

A handwritten signature in cursive script that reads "Christine Williams".

Christine Williams
IRB Compliance Administrator

cc: Dr. James Davis

APPENDIX G

PERMISSION FROM PRESIDENT OF MISSISSIPPI DELTA

Dear Ms. Jennings:

I am writing to grant you permission to utilize faculty and staff at Mississippi Delta Community College to conduct the survey research necessary to gather the data for your dissertation.

I understand the nature of your study and see no problems with the research. If you have any questions or need any further information, please do not hesitate to contact me.

Best regards,

Larry G. Bailey, Ph.D.
President

APPENDIX H

PERMISSION FROM PRESIDENT OF COAHOMA

Hello Sheba,

Yes, you have my permission to conduct research on my campus in regards to our accelerated nursing program. Good luck with your dissertation.

Vivian M. Presley

APPENDIX I

VITA

VITA

1978	Born -Greenville, MS
1999	B.A., University of Southern Mississippi Hattiesburg, MS
2003	M.S., William Carey University Hattiesburg, MS
2002-Present	Psychologist 1 Ellisville State School Ellisville, MS
2003-2005	Substance Abuse Counselor Dismas Charities, Inc. Hattiesburg, MS
Major Field	Community College Leadership