

Title:

Nursing Leadership Role: Development and Implementation of a New Nursing Faculty Clinical Workload Policy

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References:

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Abstract Summary:

This presentation will examine the nursing academic administration role of policy development and implementation. This project demonstrates the process involved to create the amendment to present faculty clinical workload policy and to follow it through to implementation.

Learning Activity:

| LEARNING OBJECTIVES | EXPANDED CONTENT OUTLINE |
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| The learner will discover the process for initiating policy change. | Investigation of university policy change process, and discussion of all stakeholders involved. |
| The learner will clarify methods to determine work load for faculty. | Review of contracts, agreements with facilities and government agency, and current literature, learners will determine methods to determine workload that meets the needs of all stakeholders. |

Abstract Text:

This change project was implemented as part of the Emerging Educational Administrator Institute sponsored by Sigma Theta Tau International by Grace Moodt (Scholar), and Jeanette Lancaster (EEAI faculty). The public university workload for faculty is 15 hours per semester, 3 dedicated to advising, scholarly work and community service. Nursing faculty are given credit for contact hours for clinical teaching. The nursing program director assigns workload credit as prescribed by the university workload

policy. In the fall of 2015, new university administrators reviewed faculty teaching load credits throughout the university. Academic affairs found that the School of Nursing (SON) was not following the present policy. In fact nursing was using almost twice the number allowed by the present workload policy. The 25 year old nursing faculty workload policy for nursing clinical assignment was "Clinical Instruction Nursing clinics involve groups of no more than ten students (mandated by State Board of Nursing)." Administration interpreted this workload policy that faculty would be credited with 1 clinical group for every 10 students. This would increase faculty workload by decreasing the number of credits per course and reduce the number of adjuncts in the program. When presented to faculty it was determined this was unacceptable due to several factors, including limitation placed in certain acute care facilities, and safety in certain critical care and mental health areas. When these concerns were addressed, the administration charged the SON director to change the workload policy.

Method: Analysis of faculty clinical activities, review of current affiliation agreements for limits of faculty to student ratio, review of current Board of Nursing requirements, and review of literature to determine if safety with faculty to student ratios had been studied.

Results: the analysis of clinical activities found 3 different types of clinical instruction. **Nursing laboratory**, where students were instructed in the labs at the university. **Nursing clinical instruction**, faculty accompanied groups of students to clinical facilities to provide patient care. This was further divided to direct care and direct and indirect care. Direct care courses faculty would accompany students to clinical facilities to provide direct care to a group of patients. Direct and indirect courses where students would attend facilities for direct care and also have facilities with indirect patient care. The third type was nursing **practicum**.

Review of affiliation agreements, it was found no mention of student to faculty ratios, except for the local children's hospital. The children's hospital directly stipulated 6 students per faculty. Without documentation, this was sent to the clinical faculty, they provided documentation from nursing leaders in facilities that limited students in certain units, CCU, PACU, ect.

Review of the Board of Nursing found the 10 students per faculty limit had been removed over 20 years ago. The Board of Nursing member stated the limit had been removed to allow schools of nursing to determine patient, student and faculty safety. They removed the limit to allow schools more flexibility for workload.

Review of the literature revealed little current research of faculty to student ratios in the clinical setting. Workload for faculty has been studied and revealed that due to several factors, increases in workload has led to decrease in numbers of faculty. Safety and patient outcomes were not addressed in respect to student to faculty ratios.

Collaborating with the Dean of the college and the nursing faculty the policy amendment was submitted to the policy process for change in spring 2016. It was returned twice to the dean and with some simple change in wording, the policy amendment was approved and implemented in spring 2017.