



An Innovative Partnership to Recruit and Retain Mental Health Nursing Clinical: Initial Results

Sheryl Cornelius*, JoAndrea Costner, and Laree Schoolmeesters

School of Nursing, Queens University of Charlotte, 1900 Selwyn Ave., Charlotte, NC, United States.

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***Corresponding Author:** Sheryl Cornelius, Ed.D., MSN, RN, CNE, Associate Professor, School of Nursing, Queens University of Charlotte, 1900 Selwyn Ave., Charlotte, NC, United States.

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Purpose

The aim of this innovative partnership project between a school of nursing (SON) and a metropolitan healthcare system is threefold. First is to increase retention rates of mental health Clinical Instructor Partners (CIP). Second is to evaluate nursing student satisfaction with the CIP and finally, is to assess student NCLEX-RN first time pass rates after a CIP-led mental health clinical. Increased first-time NCLEX rates will provide more registered nurses.

Significance

A private metropolitan SON has partnered with a metropolitan medical center into a clinical behavioral health CIP program partnership. This grant sponsored program was developed to address the severe shortage of clinical faculty, specifically in behavioral health. The significance is lack of clinical faculty that limits the number of pre-licensure students who can be assigned to clinical areas. This ultimately impacts the entry of registered nurses into the workforce.

From 2022-2032 the United States (US) will need a 6% increase in the number of working registered nurses to keep up with the current need. That is 177,400 more nurses without considering the number of nurses retiring or leaving the nursing profession nor the increase in population over the age of 65 (US Dept of Labor, 2024). Even more shocking is the number of nursing faculty needed. The American Association of Colleges of Nursing [1] report of 2021-2022 stated that 91,938 qualified students were turned away from nursing schools across the country due to lack of faculty, clinical sites, and resources. In that same report, 9,574 master's level students and 5,176 doctoral level students were turned away that would become nursing faculty upon graduation specifically because of lack of faculty [1].

One other component complicating the situation is that nursing faculty in schools of nursing often make a median wage much less than their hospital counterparts. AACN reports in 2022 the median wage for an advanced practice nurse was \$120,000, while the masters prepared nursing faculty median wage was \$87,000 (AACN, 2024). Healthcare systems are collaborating with schools of nursing to augment the salary of potential clinical faculty.

One such situation is in place with a small private liberal arts university in the Southeastern US with a metropolitan area healthcare

system to help grow those faculty numbers. This program is in place due to a grant from Allied Health Education Center (AHEC). Though there are needs in most clinical areas, this project was to increase mental/behavioral health nursing faculty. Allocation of funds was requested via a grant application and awarded to this school of nursing to 1) educate the bedside nurse to teach academic nursing students in the clinical arena; 2) to secure expert nurses in mental health from the healthcare system that have interest in becoming a clinical instructor; and 3) to supplement those nurses' salary if the clinical faculty wage was less than what they made at the healthcare system. This is the end of year one of the project and preliminary results are available.

Transitioning a registered nurse from the bedside into a teaching position is challenging. Being an excellent bedside nurse does not necessarily translate into nursing faculty. For this reason, AHEC provides a clinical education seminar to the CIP instructors free of charge as a benefit to the new CIP and the SON. Mentorship is expected in academia but is often varied in the way it is carried out. Lack of a standardized approach, lack of institutional support, ineffective pairing of mentor and mentee are issues just to name a few [2]. This preparation increased faculty confidence in their new position with the students. Having another faculty member to shadow and use as a mentor was also a satisfier for the new faculty. Although the needs of each new CIP faculty member can vary, having the mentor dispelled some of the anxiety of a new position [3].

The obstacle of taking a pay cut in moving to an education setting was also removed from the equation because if the hospital nurse made more than the SON paid for teaching, the healthcare system would bridge the gap in salary. The hospital system in question also offered scholarship funds for nurses to go back for an advanced degree. The healthcare system benefited by having more registered nurses available for hire [4,5].

Methods

This descriptive correlational longitudinal project used a convenience sample of all nursing students in the undergraduate behavioral health course (n=34) and two mental health CIPs (n=2) and one non-CIP clinical instructor (n=1). The nursing students were in their third semester of a four-semester program. A metropolitan

hospital mental health nurse manager recommended nursing staff from the mental health unit to serve as CIPs. The CIPs received clinical instructor education through the grant partner; in addition, the CIPs received orientation from the School of Nursing [6].

In the first semester (fall 2023) nursing students attended behavioral health clinical with the two CIPs at the partnered hospital and another student nursing group attended another metropolitan hospital with a clinical instructor that had not gone through the CIP education but had taught as a non-CIP instructor during summer 2023. Both groups completed satisfaction surveys before and after the clinical experience. The groups with the CIP as instructor were compared to the group with a Non-CIP instructor. Results in the first semester are as follows [7, 8].

Findings:

Institutional Review Board approval was obtained prior to data collection.

Data collection occurred in December 2023. All data is password protected and analyzed in aggregate. Data was analyzed using descriptive and inferential statistics using Excel to answer the five project questions.

1. What are the retention rates of CIPs as clinical instructors at one and two years? Two CIPs in Fall 2023, one continued into Spring 2024.
2. What is the mean student rating of CIP faculty on a 1-5 scale and how does it compare to the mean rating for another clinical faculty in the behavioral health course?

Fall 2023

CIP #1- Mean 5.0

CIP #2- Mean 5.0

Non-CIP- Range 4.3-4.8

Spring 2024

CIP #1- Mean 5.0

Non-CIP- No evaluations completed

3. Do students completing clinicals with a CIP instructor report greater satisfaction with the course than students in non-CIP lead clinicals?

Statement from Queens evaluation stating: This is an excellent course.

Spring 2023 (prior to CIP implementation) 4.9

Fall 2023- 5.0

Spring 2024- 4.4

4. What are the NCLEX-RN first time pass rates for students who had a CIP for mental health clinical instruction? **Not available until May 2024 graduates take the NCLEX**
5. Are nursing students taught by a CIP ultimately employed by the practice partner or in behavioral health?

One student chose Behavioral Health when graduating and no one had chosen this track in many years. Data will be collected over 2 years to measure CIP retention, student satisfaction with the clinical site and CIP, NCLEX first time pass rate, and student employment at the partnered hospital.

Conclusion/Implications for practice

Data collection is in progress. Anecdotally, the CIPs have been dedicated and proactive with the nursing students. For example, the CIPs created an orientation guide for nursing students to the behavioral health unit and daily clinical student schedule. It is hoped that the CIP retention rates, student satisfaction scores, and NCLEX first time pass rates improve. This grant sponsored program plans to improve the numbers of behavioral health registered nurses entering the workforce.

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