



Oregon's Nurse Faculty Workforce: A Report from the Oregon Center for Nursing

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The Oregon Center for Nursing

The Oregon Center for Nursing, a 501(c)(3) non-profit organization, was established by nursing leaders in 2002 with a mission to provide the leadership to solve the nursing workforce shortage in Oregon. The Oregon Center for Nursing fulfills this critical leadership role through collaborative work and coordination of a variety of programs, projects, and initiatives in the areas of:

- Nursing workforce analysis and research
- Nursing workforce diversity
- Nursing leadership development
- Long term care leadership development
- Support of nursing education initiatives and innovations
- StudentMAX clinical placement program

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Issue at a Glance

Nurses are at the forefront of patient care. The greatest impact of the nurse and nurse faculty shortage is the harmful effect on quality patient care.¹

Recent projections indicate the supply of registered nurses (RNs) in Oregon will fail to meet anticipated demand by 2020.² Our ability to educate new nurses is crucial to ensuring an adequate supply of RNs.

Oregon's nursing programs have more than doubled enrollment since 2001, but the number of nurse faculty has increased by just 14 percent.^{3,4} The result is a corresponding increase in nurse faculty workloads.

Current numbers of nursing school graduates cannot be sustained, and certainly cannot be expanded, without sufficient numbers of qualified nurse faculty.

Immediate Actions Needed to Address this Issue

Establish loan repayment programs for master's and doctoral degrees for educators who teach in a nursing program in Oregon. Incentives to pursue careers in nursing education are essential to a healthy nurse faculty workforce.

Create new and expand existing scholarships and traineeships for graduate degrees in nursing to motivate nurses to further their nursing education. Quality nursing education and practice requires an adequate supply of graduate-prepared nurses.

Develop equitable faculty workload formulas. Demands placed on nurse faculty in the current environment undercut recruitment and retention of nurse educators.

Increase nurse faculty salaries. Low pay relative to other nursing positions discourages entry into educator roles.

Quick Facts about Nursing Education in Oregon

6	Number of qualified applicants for every nursing school seat in Oregon
3.6	Number of nursing students per faculty in 2001
6.8	Number of nursing students per faculty in 2008
1	Oregon's rank among all states for registered nurse exam (NCLEX-RN) pass rate
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529	Number of filled nurse faculty positions in Oregon's nurse education programs
18	Number of vacant nurse faculty positions in Oregon
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39	Percentage of nurse faculty who have worked as a nurse educator for more than 10 years
52	Average age of a nurse educator in Oregon
64	Age at which the typical nurse educator plans to retire
48	Percentage of current nurse faculty who will retire by 2025
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13	Percentage of nurse faculty with a doctoral degree
55	Percentage of nurse faculty with a master's degree
18,500	Annual tuition cost of a graduate degree in nursing
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“I plan to retire from nursing education at age 55 because I can make the same amount of money working two 12-hour shifts a week at a local hospital.”

Nurse Faculty in Oregon

Oregon's nurse faculty are highly educated and experienced. To qualify for a nurse faculty position, applicants are required to hold an active RN license. Most faculty positions require advanced education as well. The majority of nurse educators are graduate-prepared. Seven of ten have earned a master's or doctoral degree (Table 1).³ In addition to their academic achievements, many have extensive teaching experience. Two of five have been a nurse educator for more than ten years (Figure 1).⁵

Becoming a nurse educator requires a considerable investment of both time and money. Of 529 filled nurse faculty positions in Oregon, 55 percent are held by master's-prepared educators and 13 percent by faculty holding a doctoral degree.⁴ The typical full-time master's program is two years in duration while the typical doctoral student takes five years to complete his/her degree. Tuition and fees for such programs are appreciable. For example, resident tuition and fees for Oregon Health & Science University's School of Nursing graduate degree programs run just over \$18,500 per year.⁶ These costs coupled with income often forfeited while pursuing higher education leave many graduates with substantial debt upon completion of their graduate programs.

Once in the workforce, nurse faculty fill a variety of roles. They prepare nurses for entry into the profession and advanced practice, mentor and teach experienced nurses who will assume leadership roles, and conduct research that advances both health care and the nursing profession. Perhaps most importantly, faculty are responsible for preparing the next generation of nurse educators. In addition to the traditional

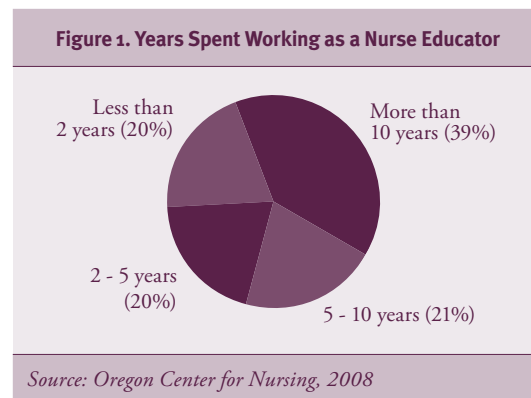
academic role, many faculty spend extended hours advising and mentoring students outside the classroom, preparing for and evaluating clinical experiences, developing curricula, participating in committees both in their institutions and with their practice partners, and mastering new advances in technology.

Nurse faculty value the level of professional autonomy required of the profession. However, there is evidence that diverse and seemingly limitless occupational demands have led to dissatisfaction among their ranks. Nearly 4 of 5 nurse faculty are satisfied with their careers overall, but they are frustrated by the number of hours they are required to work. Compared with

Table 1. Highest Degree Earned by Oregon's Nurse Faculty

Highest Degree Earned	Current Nurse Faculty
Doctorate	13%
Master's	55%
Baccalaureate	29%
Associate	3%

Source: Oregon State Board of Nursing, 2008

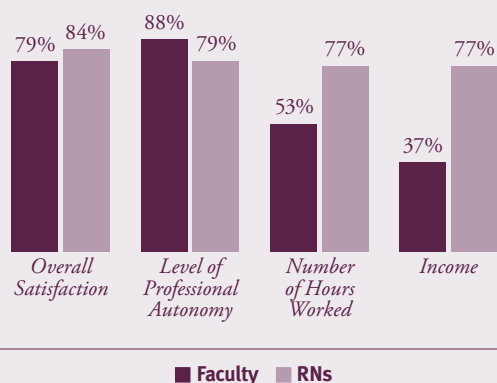




registered nurses working in non-teaching roles, nurse educators are significantly less satisfied with the time demands of the profession (Figure 2).^{5,7} A stark increase in the student-to-faculty ratio—from 3.6 students per nurse educator in 2001 to 6.8 in 2008 (Figure 3)^{3,4}—is another indicator that nurse faculty workloads have become increasingly burdensome.

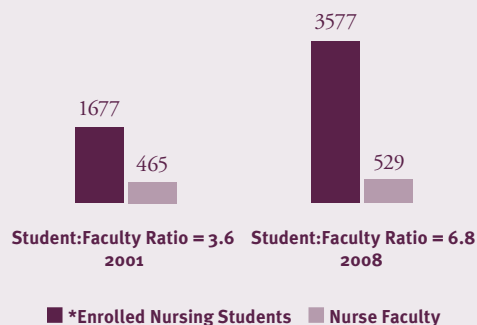
Nurse faculty also express frustration with their incomes. About one-third are satisfied with their salaries compared to three-fourths of their non-teaching peers (Figure 2).^{5,7} In general, salaries for RNs working in other areas are higher than those of nurse educators. Registered nurses in Oregon working in non-academic settings make an average of \$69,000 per year.⁸ The typical nurse practitioner in Oregon makes nearly \$86,000 annually.⁹ In comparison, the average annual salary for full-time nurse faculty with an academic rank is \$57,000.⁴ The problem of lower salaries is exacerbated by extended work hours. Nurse faculty report they routinely work 60 hours a week.⁵ This coupled with relatively low faculty salaries creates a disincentive for nurses to enter or remain in education.

Figure 2. Nursing Faculty and Registered Nurses Satisfied with Various Aspects of Their Careers



Source: Oregon Center for Nursing, 2008

Figure 3. Numbers of Nurse Faculty and Enrolled Nursing Students, 2001 & 2008



* Includes enrollees in Practical Nursing, Associate Degree, and Baccalaureate Degree programs.

Source: Oregon Center for Nursing, 2008

“Offer reimbursement for graduate-degree courses for nurses working full-time.

I can’t go to school if I don’t work full-time.”

Nurse Faculty: Recruitment, Retention & Retirements

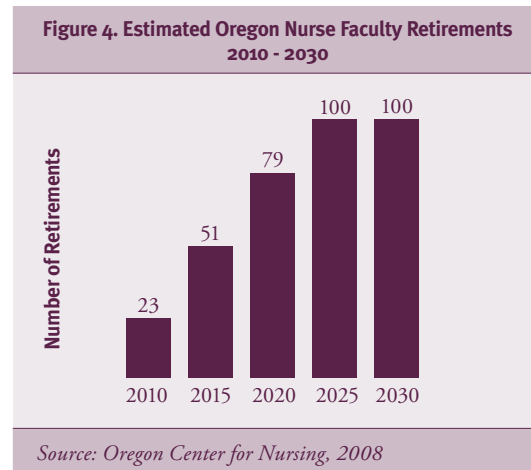
There are several trends influencing the future of nursing education including an aging nurse faculty population, reliance on a disproportionate number of part-time faculty, and a lack of nurse educators prepared at the doctoral level.¹⁰ Each of these factors contributes to the difficulty now experienced by colleges and universities in growing their nursing education programs. The number of unfilled full-time nurse faculty positions in the U.S.—1,390 in 2006—reveals the extent of the problem.¹¹

With educational programs across the country competing for a dwindling number of nurse educators, the task of attracting qualified applicants is not an easy one. Recruitment in the western states, where the nurse faculty vacancy rate is 8.1 percent (compared to 6.2 percent nationally),¹¹ is particularly troublesome. Oregon's nursing programs recently reported they are actively recruiting for a total of 18 vacant nurse faculty positions.⁴ The struggle to fill these positions in non-urban areas of the state is worsened by generally lower wages and greater difficulty in attracting workers.

A primary driver of nurse faculty position vacancies is the aging of nurse educators and a wave of approaching retirements.¹² Seven of ten nurse faculty teaching in Oregon are 50 years of age or older (average age: 52).⁵ With the typical nurse educator planning to retire at the age of 64, nearly 75 positions are expected to be vacated due to retirements by 2015 (Figure 4).

Cumulatively, almost one-third of the state's current nurse faculty will retire by 2020, one-half will retire by 2025, and two-thirds will retire by 2030.¹³

While there are limits to how long a nurse educator can or will remain in the workforce, it is possible that the problem can be alleviated by current faculty remaining in their jobs longer. The Oregon Center for Nursing surveyed nurse faculty to ask what policy makers can do to encourage them to remain in teaching beyond their projected retirement date. More than 50 percent of those responding said increased compensation would entice them to stay in education longer.⁵ This option is preferable to strategies currently used to compensate for unfilled budgeted faculty positions, including hiring more part-time faculty, increasing teaching loads, and limiting admissions/enrollments.¹¹ These approaches are counterproductive and ultimately perpetuate the problem.



“I have been in nursing education since 1998. I recently took a \$10,000 wage cut when I relocated and went from a community college to work for a university. I love what I am doing but can’t afford to keep teaching with the substandard wages.”

An Overview of Nursing Education Programs in Oregon

In Oregon, 21 institutions on more than 25 campuses offer nursing education programs that prepare students for a career as a registered nurse. There are currently more than 3,100 students enrolled in such programs across the state. Unfortunately, for every student enrolled it is estimated that as many as five qualified applicants are turned away.³

Undergraduate students can choose between an Associate Degree in Nursing (ADN) or a Bachelor of Science in Nursing (BSN) curriculum. Associate degree programs are offered by community colleges throughout the state. Baccalaureate degree programs are offered by Oregon's public and private colleges and

universities. (Additional details regarding these programs are shown in Table 2.) For associate degree nurses who wish to continue their formal education, three universities offer ADN to BSN completion programs. Both ADN and BSN programs prepare students to take the National Licensure Examination for Registered Nurses (NCLEX-RN). Oregon ranks first among all states in NCLEX-RN pass rates.¹⁴

Graduate degrees in nursing are offered at the University of Portland, Oregon Health & Science University, and Washington State University-Vancouver. Students can choose between a Master's Degree, a Doctorate in Nursing Practice (DNP), or a PhD in Nursing in Oregon and Southwest Washington.

Table 2. Description of ADN and BSN Nursing Education Programs in Oregon

	Associate Degree (ADN)	Baccalaureate Degree (BSN)
Number of Programs	15	6
Where Offered	Community Colleges	Colleges and Universities
Program Duration	2-3 years	4 years
Number of Enrolled Students (2008)	1,383	1,752
Number of Graduates (2008)	646	564
Increase in Graduations Since 2001	64%	84%

Source: Oregon State Board of Nursing, 2008

“Improving nursing faculty pay is a critical issue. Nurses can make so much more... in acute care settings, whereas nursing faculty make much less and work long hours and on weekends to prepare for courses.”

Innovations in Nursing Education

Oregon Consortium for Nursing Education

The Oregon Consortium for Nursing Education (OCNE) is a partnership of Oregon nursing programs dedicated to educating future nurses. Faculty from eight community colleges and Oregon Health & Science University (OHSU) School of Nursing have created a shared curriculum taught at these consortium campuses:

Blue Mountain Community College
 Clackamas Community College
 Lane Community College
 Mt. Hood Community College
 OHSU - Ashland Campus
 OHSU - Klamath Falls Campus
 OHSU - La Grande Campus
 OHSU - Monmouth Campus
 OHSU - Portland Campus
 Portland Community College
 Rogue Community College
 Southwestern Oregon Community College
 Umpqua Community College

OCNE is one mechanism by which Oregon nursing programs can dramatically expand capacity and equip graduates with the competencies necessary to address the rapidly changing health care needs of Oregonians. Through OCNE, students can complete coursework for the Bachelor of Science Degree in Nursing from OHSU without leaving their home communities. Upon completion of the Associate Degree in Nursing program at their local community college, students can continue their nursing education through distance-delivered senior-level coursework required for the baccalaureate degree. Graduates of OCNE programs are skilled in clinical judgment, culturally appropriate and relationship-centered care, systems thinking and leadership, and evidence-based practice.

***For more information visit:
www.ocne.org***

The Dedicated Education Unit

Finding and sustaining quality clinical experiences for nursing students represents a key limitation for nursing education programs attempting to increase student enrollments. The Dedicated Education Unit (DEU) is a creative strategy for addressing this challenge. In addition to expanding nursing school capacity, DEUs enhance the clinical learning environment, maximize the achievement of learning outcomes, and nurture partnerships between clinicians and academics.

Dedicated Education Units transform existing hospital units into environments of support for nursing students, nursing staff, and patients. Student learning outcomes are maximized through the integration of clinical learning experiences and care delivery. Partnerships between nursing staff and faculty offer added benefit by providing synergistic environments to best educate the next generation of nurses. Nursing staff stay fresh and motivated in their roles as mentors and role models while faculty remain grounded in current clinical reality.

The University of Portland School of Nursing and its clinical partners—Providence Portland Medical Center, Providence St. Vincent Medical Center, and Portland VA Medical Center—launched the first DEUs in 2003. Today, the collaborative includes five medical/surgical unit DEUs and one psychiatric unit DEU across the three partnering medical centers. DEUs are now considered best practice for clinical learning as well as an essential component of any comprehensive plan designed to address critical nurse and nurse faculty shortages.

***For more information visit:
www.nursing.up.edu***

StudentMAX®

Building Educational Opportunities that Provide Quality Student Clinical Experiences

In 2003, nursing leaders from hospitals and schools of nursing throughout the Portland–Vancouver area met to discuss the feasibility of developing a centralized approach to clinical placements of nursing students. The intent was to proactively respond to a statewide initiative to double student enrollment in nursing programs. The approach to clinical placements at the time was a time-consuming, redundant, counter-productive process that minimized the potential for existing placement opportunities.

With an amazing 100 percent participation from local hospitals and both ADN and BSN nursing programs, the Regional Clinical Placement Workgroup—now known as the StudentMAX Connection—was formed. The Workgroup evolved into a collaborative partnership, defining their mission and goals to proactively support a vital part of the future of nursing education in the region. Out of this vision and early work a software product was created—StudentMAX—a centralized clinical placement system designed to increase capacity, improve the efficacy of the placement process, and enhance connectivity between faculty, clinical educators, and students.



Thirty-two partners continue to meet monthly to expand opportunities for clinical placements, network and dialogue on clinical and education issues, share innovative models for maximizing placements and quality student experiences, streamline partner links as a means to efficient communication, and create processes for a unified, common approach to clinical requirements and orientation of students. StudentMAX, owned and licensed by the Oregon Center for Nursing, has evolved into a web-based software tool that is marketed, sold, and used throughout the United States. In addition to the Portland-Vancouver regional partners, 11 states and/or regions are currently licensed to use the software: Michigan, Minnesota, Missouri, Mississippi, Colorado, Tennessee, Ohio, Georgia, Illinois, San Antonio, TX, and Austin, TX.

***For more information visit:
www.oregoncenterfornursing.org***

A Call to Action

A statewide team led by the Oregon Center for Nursing is working collaboratively with members that represent nurse educators, nurse leaders, nurse regulators, employers, consumers, the Governor's office, the Department of Community Colleges and Workforce Development, the Oregon Workforce Investment Board, and philanthropic organizations to develop strategies to increase the number of quality nurse educators in Oregon. Support of these efforts is essential if Oregon is to secure adequate nursing care. The statewide team developed and endorses the following ten strategies:

1. Establish loan repayment to incent nurses to teach and to fill faculty positions. This will offset the burden of expenses incurred during graduate school followed by lower salaries that former clinicians will encounter upon entry into nursing education.
2. Increase scholarships for graduate education in nursing. Allow scholarship monies to pay for living expenses if needed so students can go to school full-time.
3. Increase funding for traineeships for graduate degrees in nursing. Allowing graduate students to work as teaching assistants can help to alleviate the faculty shortage and develop critical teaching competencies.
4. Develop faculty workload models that recognize the demands of clinical education and reward teaching. Nurse educators value their relationships with students and colleagues, so workload models must reflect the value of teaching.
5. Raise nurse educator salaries to be competitive with nurses in practice.
6. Develop faculty sharing models to most effectively utilize faculty, especially those who teach specialty nursing curricula. For example, educators specializing in mental health or public health nursing, academic specialty areas that are extremely difficult to fill, teach at partner schools as well as their employing institution. Faculty sharing models improve the experiences of both students and educators.
7. Develop joint faculty/clinician positions that will help mitigate the salary differential and will incent clinicians to teach. This will also strengthen faculty/practice partnerships.
8. Increase funding for faculty development. Innovative teaching models such as simulation, distributive education, and faculty-practice models require both investment in education and development of faculty.
9. Continue to expand partnerships with industry that develop and educate student nurses, increase the competencies of nurse educators and clinicians, and serve our communities.
10. Increase the diversity of the nurse faculty workforce. Faculty diversity is essential to ensuring an adequate supply of nurse educators, recruiting underrepresented candidates into nursing, and improving the cultural competence of the nurse workforce.



Key Initiatives Undertaken to Address the Issue

The Oregon Nursing Leadership Council developed a strategic plan in 2001 to solve the nursing shortage in Oregon and created the Oregon Center for Nursing to execute the plan.

The Oregon Consortium for Nursing Education (OCNE), a partnership between Oregon Health & Sciences University's five branches and eight community colleges, implemented a shared curriculum across campuses as well as a plan to share faculty between partner campuses.

The Oregon Simulation Alliance (OSA), a network of 24 simulation labs statewide, implemented simulation technology that increases capacity by alleviating strain on the clinical environment through sharing of faculty and learning resources. Private colleges and hospitals have also developed simulation labs.

The Oregon Center for Nursing created StudentMAX®, a clinical software program designed to centrally manage clinical placement of nursing students that has significantly increased clinical training placements and maximized faculty and clinician time.

The University of Portland instituted Dedicated Education Units (DEUs), a new model of clinical education. DEUs have supported the tripling of educational capacity at the University of Portland, enhanced teaching skills among clinical staff, and facilitated student learning in the clinical setting.

The Oregon Legislature passed Senate Bill 4 in 2007 which includes a Public Employee Retirement System (PERS) exception allowing nurses (including faculty) to work/teach full-time while retaining retirement benefits. The bill also expands the ability of employers to offer health care benefits to part-time faculty.

“My main source of discouragement is my very heavy workload. My position has become less enjoyable over the past 5+ years as my workload has increased significantly. The only way that I would consider working beyond my projected retirement date is if I could be guaranteed a job that allowed me to have my evenings and weekends free for personal interests and, unfortunately, that doesn't seem likely.”

References

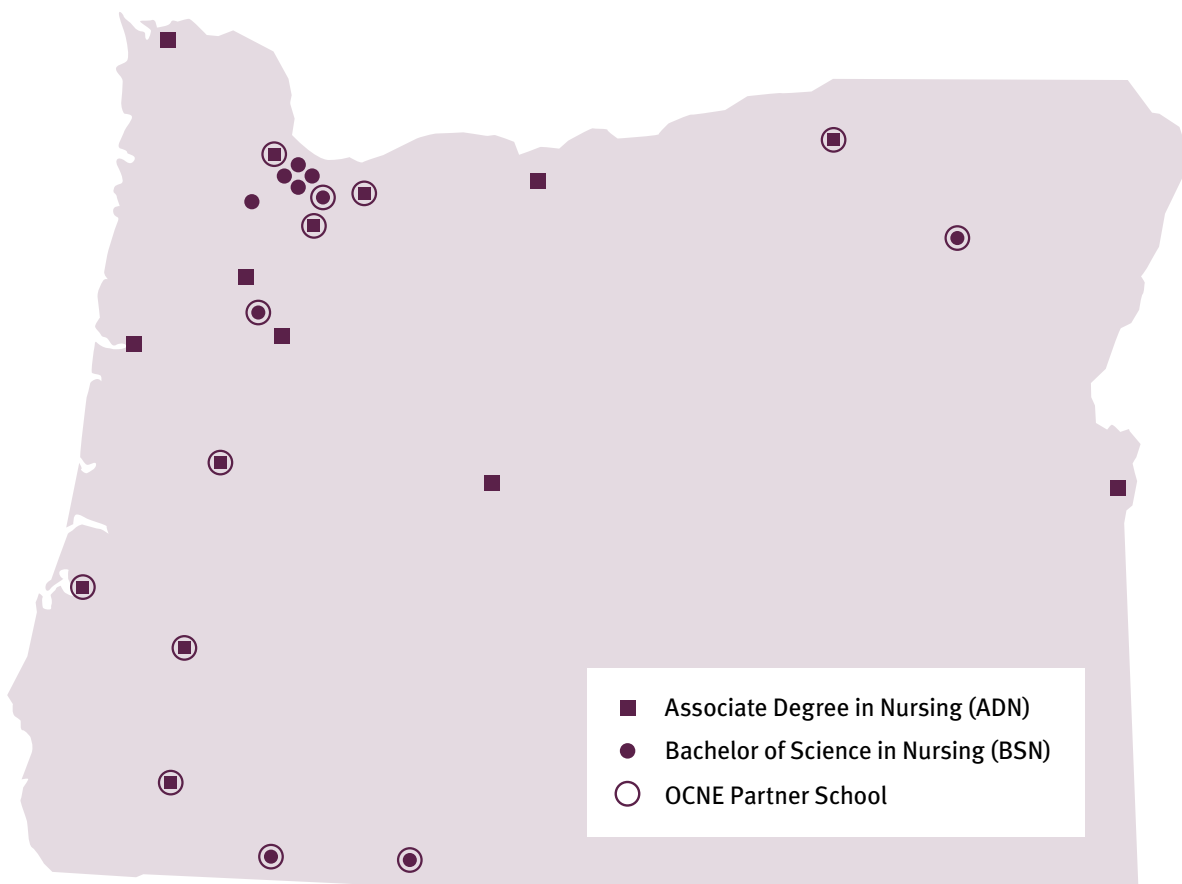
1. P.I. Buerhaus, D.O. Staiger, and D.I. Auerbach, *The Future of the Nursing Workforce in the United States* (Sudbury, MA: Jones and Bartlett, 2009).
2. Oregon Center for Nursing, "When Not If...A Report On Oregon's Registered Nurse Workforce, 2005," (Portland, OR: Oregon Center for Nursing, 2005).
3. Oregon State Board of Nursing, statistics provided upon request, (2007).
4. Oregon State Board of Nursing, "Annual Report for Nursing Programs," (unpublished raw data, 2008).
5. Oregon Center for Nursing, "The Oregon Center for Nursing 2008 Nurse Faculty Survey," (unpublished raw data, 2008).
6. Oregon Health & Science University, "Oregon Health & Science University 2008-2009 Academic Year Fee Book," <http://www.ohsu.edu/registrar/fees2008-09final.htm> (accessed 20 November 2008).
7. Oregon Center for Nursing, "The Oregon Center for Nursing 2008 Registered Nurse Survey," (unpublished raw data, 2008).
8. Oregon Labor Market Information System (OLMIS), "2008 Oregon Wage Information: Statewide and Regional," <http://www.qualityinfo.org/olmisj/OlmisZine> (accessed 20 November 2008).
9. Rollet J. and Lebo S., "A Decade of Growth: Salaries Increase as Profession Matures," *Advance for Nurse Practitioners* 33, no. 1 (2008): 29-35.
10. National League for Nursing, "Nurse Faculty Shortage Fact Sheet," August 2005, <http://www.nln.org/governmentaffairs/pdf/NurseFacultyShortage.pdf> (accessed 20 November 2008).
11. Kovner, C., Fairchild, S. and Jacobson, L., *Nurse Educators 2006: A Report of the Faculty Census Survey of RN and Graduate Programs* (New York: National League for Nursing, 2006).
12. American Association of Colleges of Nursing, "Nursing Shortage Fact Sheet," September 2008, <http://www.aacn.nche.edu/Media/pdf/NrsgShortageFS.pdf> (accessed 24 November 2008).
13. We used data collected by the Oregon State Board of Nursing (OSBN) and the Oregon Center for Nursing (OCN) to estimate the number of nurse faculty who are expected to retire between 2008 and 2030. OSBN data were collected as part of the 2008 annual survey of nursing programs. OCN data were collected as part of a survey of nurse faculty in Oregon conducted in 2008.
14. PearsonVue, "National Council Licensure Examination for Registered Nurses: July 1, 2008 through September 30, 2008," (NCSBN NCLEX Administration, 15 October 2008).

Data Sources

The Oregon Center for Nursing (OCN) reviewed existing data sources to explore issues concerning the nurse faculty workforce. We also carried out original research. In 2008, the OCN conducted a survey of nurse faculty in Oregon. The instrument contained items concerning current employment status, future career plans, retirement plans, and career satisfaction as well as a series of questions designed to identify incentives that would encourage nurse educators to increase the number of hours they currently work as well as remain in the workforce beyond their projected retirement date. Of 542 e-mailed questionnaires, 282 usable surveys were returned. Sixteen respondents indicated they were not currently working in a nurse faculty position in Oregon and were excluded from the analysis. Results from the remaining 266 surveys (response rate: 49 percent) are reported here. A similar survey was sent to a random sample of registered nurses licensed by the Oregon State Board of Nursing between February and April 2008. Of the 2,800 registered nurses surveyed, 865 usable surveys were returned (response rate: 31 percent). Findings regarding career satisfaction are included in this report.



Registered Nurse Programs in Oregon



Associate Degree in Nursing Programs

Blue Mountain Community College	Pendleton
Central Oregon Community College	Bend
Chemeketa Community College	Salem
Clackamas Community College	Oregon City
Clatsop Community College	Astoria
Columbia Gorge Community College	The Dalles
Lane Community College	Eugene
Linn-Benton Community College	Albany
Mt. Hood Community College	Gresham
Oregon Coast Community College	Newport
Portland Community College	Portland
Rogue Community College	Grants Pass
Southwestern Oregon Community College	Coos Bay
Treasure Valley Community College	Ontario
Umpqua Community College	Roseburg

Bachelor of Science in Nursing Programs

Concordia University-Portland	Portland
George Fox University	Newberg
Linfield-Good Samaritan School of Nursing	Portland
Oregon Health & Science University main campus	Portland
OHSU - Southern Oregon University branch	Ashland
OHSU - Oregon Institute of Technology branch	Klamath Falls
OHSU - Eastern Oregon University branch	La Grande
OHSU - Western Oregon University branch	Monmouth
University of Portland	Portland
Walla Walla University	Portland

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