

Addressing the nurse faculty shortage

Filling the gap requires collaboration and preparation.

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In academic nursing circles, the issues behind the nurse faculty shortage persist as a matter of great and growing concern. As a nation, we struggle to produce the number of RNs needed in the healthcare workforce. Nursing schools have expanded student enrollment to better meet the demand for nursing care, and according to the American Association of Colleges of Nursing (AACN), we've seen a 55.7% increase in the number of graduates from entry-level baccalaureate nursing programs over the last 10 years.

Despite this encouraging news, the pace of nurse retirements, growing levels of burnout among RNs (amplified by the pandemic), rural/urban distribution gaps, and an imbalance

in the supply of RNs in some regions of the country have hampered efforts to sustain a robust RN workforce. AACN and other leading authorities recognize that efforts to expand nurse supply will fall short unless we take collective action to address one of the underlying causes: the pervasive nurse faculty shortage. (See *Nursing education stats*.)

Unraveling the issues

Understanding the root causes of the nurse faculty shortage will help aid mitigation strategies. The separate and parallel systems of clinical practice and higher education have led to mostly separate workforces, with gaps and redundancies, inefficiencies, and lack of knowl-

edge and understanding. In general, clinical salaries for nurses remain higher than faculty salaries, and teaching requires a minimum of a master's degree. Completing an advanced degree affords additional career opportunities and invites competition with practice roles.

Advanced practice nursing also has provided progressive career paths that have attracted many nurses to practice careers. Nurses with doctorates in practice and research, who historically would have pursued opportunities in higher education, are drawn to practice environments and other industry opportunities. These factors and others have led to a nurse faculty shortage, threatening education capacity at a time when we need more nurses, advanced practice nurses, nurse leaders, and nurse scientists.

For more than 20 years, AACN has been highlighting the connection between the overall nursing shortage and the limited faculty supply. We need more nurse educators to replace retiring baby boomer faculty and to sustain and enhance education capacity and quality as demand for more nurses grows over the next decade. Meeting post-pandemic health and healthcare needs, addressing social determinants of health and health disparities, moving to competency-based education, and closing the historical education–practice divide require nurse faculty with graduate degrees, leadership skills, and a high degree of clinical competence.

The AACN's 2021 survey of nursing schools identified 1,965 faculty vacancies in 935 U.S. nursing schools with baccalaureate and graduate programs. These findings translate to a national nurse faculty vacancy rate of 8%, the highest rate since 2013. Most of the vacancies (84.4%) were faculty positions requiring or preferring a doctoral degree. Findings confirm that noncompetitive salaries, lack of faculty with the right specialty mix, and a limited pool of doctorally prepared faculty drives the nurse educator shortage. Survey respondents reported that the major reasons preventing schools from hiring additional faculty include insufficient funding, an unwillingness by school administration to hire more full-time faculty, and an inability to compete with jobs in clinical settings.

Although the current faculty shortage is acute, industry projections point to more trouble ahead. Using longitudinal data compiled by AACN, researchers estimate that up to one-

Nursing education stats

In April 2022, The American Association of Colleges of Nursing released data from its 2021 survey of 964 schools of nursing. Results include the following:

- **3.3%** increase in baccalaureate (BSN) program enrollment
- **4.0%** increase in doctor of nursing practice (DNP) program enrollment
- **9.6%** decrease in BSN completion program enrollment
- **3.8%** decrease in master's program enrollment
- **0.7%** decrease in PhD program enrollment
- **91,938** qualified nursing applications weren't accepted
 - **76,140** from entry-level BSN programs
 - **1,055** from RN-to-BSN programs
 - **9,574** from master's programs
 - **4,952** from DNP programs
 - **217** from PhD program

third of the rapidly aging nurse faculty workforce will retire by 2025. This finding should serve as a call to action for leaders in nursing education and practice to seek out new ways to incentivize and prepare nurses to teach, discover and translate research, and innovate clinical practice.

Finding solutions

The nurse faculty shortage demands a swift and unified response. In its 17th annual report to Congress, the National Advisory Council on Nurse Education and Practice concluded that “the gap between the supply and demand for nurse faculty to educate new generations of nurses will continue, and likely widen. Bold, creative, collaborative, and targeted approaches are needed now.” With a special emphasis on increasing the number of faculty from underrepresented groups and to ensure that the next generation of nurses reflects the communities they serve, the *Future of Nursing 2020–2030* report calls on nursing schools to redouble efforts to recruit, support, and mentor faculty from diverse backgrounds. According to AACN, only 17.3% of current full-time nursing school faculty are from underrepresented groups. The consensus report authors emphasize the need to address the faculty shortage as the means to advance health equity for all.

Finding solutions to the shortage begins by reconsidering the intersection of education and practice and professional nursing roles. AACN defines academic nursing by three missions: practice, education, and research. All are essential to the profession and interconnected, yet relatively few opportunities exist for nurses to work across missions. The separation of nursing education and practice, for example, has implications for nursing roles, education capacity, and the nursing workforce. Clinical nurses may have opportunities to precept students and engage in teaching, and nurse faculty may have some opportunities to practice or to collaborate with practice colleagues, but frequently the separation of education and practice creates barriers to meaningful roles that allow nurses to contribute to both mission areas.

Most clinical and faculty positions are generally developed for either practice or teaching, making dual-mission roles challenging. However, clinical nurses who teach enrich curricula and student learning, and faculty who practice contribute to direct care, quality improvement, and collaborative scholarship.

As we look to create a new paradigm, academic–practice partnerships can help bridge the gap between practice and education. Authors of the AACN report *Advancing Health-care Transformation: A New Era for Academic Nursing* urge closer collaboration among educators and practice leaders to meet priority concerns. The report specifically calls for stakeholders to rethink who can serve as faculty and how faculty might work together.

Schools increasingly engage with practice partners to deploy clinical staff in teaching roles—for example, expert nurses serve as clinical educators on dedicated education units under the mentoring and supervision of academic faculty. In other settings, full-time clinical educators with advanced degrees spend a portion of their time working as clinical instructors. Many schools work with clinical partners to identify graduate-prepared nurses to serve as preceptors or clinical faculty, while others give academic appointments to clinicians with advanced education and experience. Others hire faculty who aren't nurses but have important statistics, pharmacology, and behavioral and natural sciences experience to

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teach relevant content. This practice allows nurse faculty to focus on discipline-specific content and also helps advance an interprofessional perspective in nursing education.

Effectively addressing the nurse faculty shortage requires the collective effort of all stakeholders, including schools of nursing, practice leaders, legislators, corporate citizens, and consumers. AACN works to mitigate the shortage by advocating for new federal legislation and increased funding for graduate-level nursing education; coordinating a scholars program with the Jonas Center for Nursing and Veterans Healthcare to increase doctorally prepared faculty; hosting faculty development conferences, webinars, and professional development opportunities for new nurse educators; collecting and publishing data to quantify the scope of the shortage and its impact on student enrollments; and identifying and disseminating strategies to address this shortage via the media and other communication channels. The desired outcome of inspiring a new generation of nurses to teach and contribute to the profession's education mission drives all these initiatives.

Why teach?

Teaching remains an integral part of nursing, so becoming a nurse educator naturally extends from a role in which nurses already excel. Whether in course-based teaching, the practice arena, or both settings, nurses who teach help prepare and mentor future leaders. Nurse educators play a pivotal role in strengthening the nursing workforce, serving as role models, and providing the leadership needed to implement evidence-based practice and improve patient outcomes.

Many nurses enjoy working with students and welcome opportunities to combine their practice with teaching and research. Nurse faculty also welcome the chance to remain clinically active. Removing the walls between education and practice will enable professional variety, role flexibility, and expertise sharing. It also will support multiple missions if systems and roles are structured to offer meaningful and realistic lived experiences.

Those looking to add teaching responsibilities or to pursue education as their primary focus must understand and prepare for the educator role. Nurse faculty combine clinical



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knowledge and expertise with a passion for teaching. With responsibility for preparing new nurses and advancing the development of practicing clinicians, nurse educators must possess a solid clinical background, strong communication skills, and a high level of cultural humility.

Full-time faculty enjoy opportunities to conduct research, publish articles in scholarly journals, speak at nursing conferences, serve as consultants to education and health-care institutions, write grant proposals, shape public policy, and engage in community service. Many nurse educators express a high degree of satisfaction with their work. They typically cite interaction with students and seeing future nurses develop confidence and skill as rewarding aspects of their jobs. Other benefits include discovery of and access to cutting-edge knowledge and research, opportunities to collaborate with health professionals and other scholars, and a flexible work environment.

Given the growing shortage of nurse faculty, the job outlook for those seeking a career in education is bright with ample opportuni-

ties for individuals to teach in schools of nursing, hospitals, public health agencies, and other settings. For every new nurse educator prepared to teach, many more nursing students can begin their education and start down the road toward a dynamic and enriching career. Through their students and graduates, nurse faculty have a broad and deep impact on health and healthcare over the course of their careers.


Preparing to teach

Preparation to serve as a nurse educator varies by role and teaching site. Nurses with a minimum of a master's degree are needed as instructors in practice settings, clinical preceptors, staff development professionals, and faculty in associate degree RN and allied nursing programs. Nurses seeking full-time faculty positions in 4-year colleges and universities should pursue doctoral preparation.

Regardless of where you elect to teach, individuals pursuing full- or part-time faculty roles should have additional preparation in the art and science of teaching and learning (pedagogy, curriculum development, student as-

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essment) to provide evidence-based teaching and better convey their clinical mastery to students. This additional preparation may occur in formal course work, including as part of a clinically focused graduate program, or completed separate from the graduate degree.

Help shape the future

Returning to school to advance one's education requires a big commitment but a decision unlikely to be regretted. Nurses seeking to teach while continuing to practice are encouraged to make informed choices and research all available options to determine which programs best support meeting their personal and professional goals. Options in advanced degree clinical programs that offer courses in teaching and learning prepare graduates to advance clinically and engage in nursing education. Augmenting a current practice role with a new focus on education provides fascinating and fulfilling ways to leverage nursing expertise and shape the future of our profession. 

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