

# Charting Nursing's Future

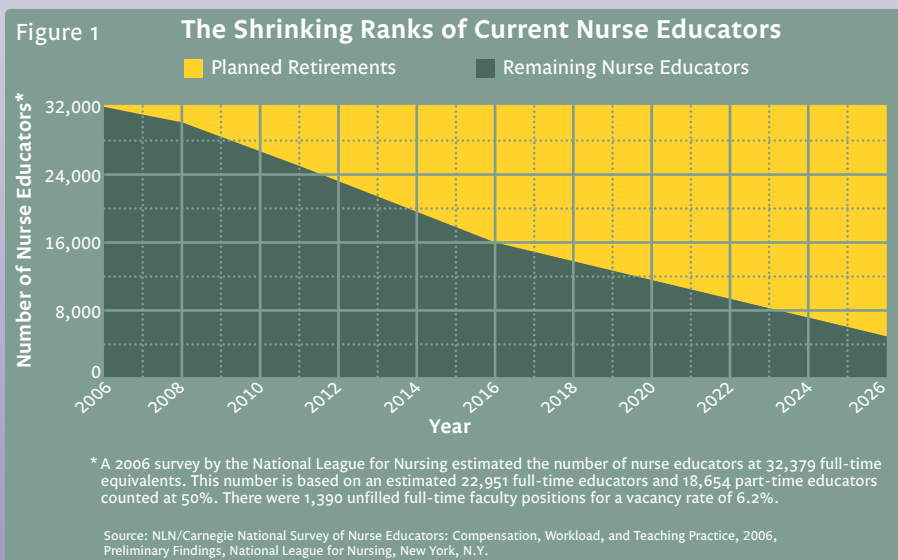
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Reports on Policies That  
Can Transform Patient Care

## The Nursing Faculty Shortage: Public and Private Partnerships Address a Growing Need

Until recently, the scarcity of bedside nurses has obscured another critical shortage. Growth in the ranks of nursing faculty is not keeping pace with declines due to faculty retirements (see figure 1 below) and a growing demand for nursing education. According to the National League for Nursing, an estimated 92,000 qualified applicants to entry-level nursing programs were rejected in 2005. The primary reason cited: a shortage of faculty.

State, regional, and local initiatives that strive to reduce the barriers to becoming a nurse educator and to promote curriculum reform and new educational delivery methods are succeeding in expanding nursing program capacity and encouraging more nurses to choose faculty careers. This brief profiles promising collaborations that states and educational systems might replicate and examines the federal contribution to addressing the nursing faculty shortage.



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## The Value of Nursing



Photo: Steve Ellwood, Emory University

As today's educators retire, nursing programs suffer a double loss: a decrease in the total number of faculty available to teach entry-level students and a reduction in the number of seasoned educators who can orient and mentor new faculty and advise graduate students. These senior faculty members also play key administrative roles that will need to be filled when they depart.

As the chart above illustrates, retirements will substantially reduce the ranks of current nurse educators over the next five years and halve their numbers by 2016. Twenty years from now, a mere 14 percent of current faculty members expect to remain on the job. Replacing these retirees and finding additional faculty to handle enrollment expansion will require thousands of new nurse educators. In addition, surveys reveal that many faculty members have considered leaving their current jobs for reasons other than retirement.

## Strategies for Replenishing Faculty Ranks

In 2006, nearly 63 percent of full-time faculty members at the nation's nursing schools were between the ages of 45 and 60. Another 9 percent were over age 61. If past patterns continue and most of these individuals retire in their early 60s, who will remain to teach the 340,000 additional nurses estimated to be needed in 2020? Can new faculty be found or produced quickly enough to replace retirees and expand nursing programs to meet growing demand? Can new curricula and educational delivery models make more efficient use of a reduced educator workforce?

The length of time it takes to earn the degrees typically required for full faculty status and a reluctance among nurses to relinquish practice opportunities have sharply curtailed the length of academic careers in nursing. Meanwhile, the nursing shortage has triggered a significant rise in industry salaries (see figure 2 below). The availability of these high-paying jobs constitutes a strong disincentive for nurses to enter teaching. In addition, the credentialing requirements of academic institutions and state regulatory bodies discourage nursing programs from developing stable employment opportunities for experienced clinicians who might welcome the opportunity to divide their time between practice and teaching.

In spite of these challenges, a number of strategies for addressing the faculty shortage appear promising:

- funding education for those willing to teach and stipends that allow them to study on a full-time basis;\*
- raising faculty salaries to encourage more nurses to choose academic careers (see p. 2);
- engaging health care providers in paying a greater share of the cost of workforce training (see p. 3);
- developing new degree programs to better prepare nurse educators and speed their entry into the faculty role (see pp. 4–6);
- revising curriculum to promote more efficient use of faculty and enrich student learning (see p. 7).

Leaders in academia, government, the health care industry, and professional associations are collaborating across sectors to put these policies into practice. The following pages highlight some of their endeavors. A chart illustrating the range of pathways to becoming a nurse educator appears on pages 4 and 5 along with a discussion of current controversies in the field about what constitutes appropriate preparation for a faculty career. Finally, we examine the federal government's contribution to addressing the shortage and proposals for expanding federal funding (see p. 8).

\*See the January 2005 *Charting Nursing's Future* brief to learn about programs in Georgia and Texas that employ this strategy. To download a PDF file, visit [www.rwjf.org](http://www.rwjf.org), select "Nursing" from the "Interest Areas" menu, then select "Publications" in the left menu bar and scroll down to find *Charting Nursing's Future*, January 2005.

## Raising Salaries for Nurse Educators

### Mississippi Legislature Responds to Unified Appeal

- **Leadership:** Mississippi Nurses Association
- **Implementation:** Taskforce partners and the Mississippi State Legislature
- **Cost:** Approximately \$7 million
- **Impact:** Statewide (Mississippi)

The gap between clinical salaries, which have risen dramatically in recent years, and academic pay is widely viewed as the greatest disincentive for nurses to take up teaching. In 2005, the Mississippi Nurses Association (MNA) decided to tackle this problem head-on. Ricki R.

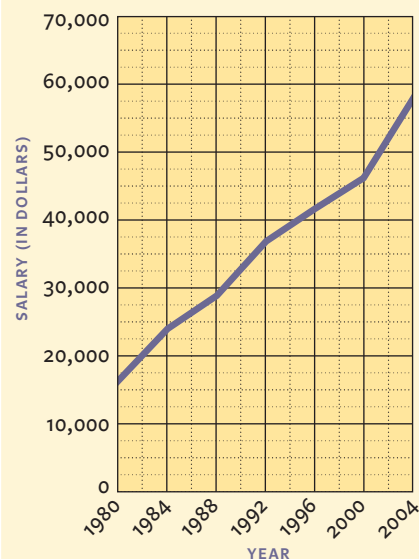
Garrett, executive director of MNA, created a taskforce that included representatives from government, academia, and the health care industry—all the constituencies with a stake in solving the nursing faculty shortage. By presenting a united front, they

succeeded in securing a \$6,000 raise from the state legislature for all 500 nurse faculty at Mississippi's public colleges and universities in 2006. A second \$6,000 raise is anticipated this year.

"What it's already accomplished is that it's encouraged some faculty members who had planned to retire to stay on a few years, others who were thinking of leaving to stay, and still others to consider teaching," says Garrett.

Nationally, the average annual earnings of RNs employed full-time was \$57,784 in 2004, a dramatic \$11,000 increase above year 2000 salaries. Average nine-month salaries for full-time nursing faculty are not keeping pace. Average 2006 earnings for an assistant professor were \$47,435, only slightly more than the average RN salary in 2000.

Figure 2  
Actual Average Yearly Earnings of Full-Time Registered Nurses in the U.S.



Source: U.S. Dept. of Health and Human Services, "The Registered Nurse Population: Findings from the March 2004 National Sample Survey of Registered Nurses," p. 22.

## State and Private Initiatives Draw on Hospitals

### Maryland Hospital “Tax” to Fund Thousands of Additional Nursing School Enrollments

- **Leadership:** Deans and directors of Maryland schools of nursing, Maryland Hospital Association
- **Implementation:** Maryland Health Services Cost Review Commission, Maryland Higher Education Commission
- **Cost:** Approximately \$90 million over 10 years
- **Impact:** Statewide (Maryland)

At a time of unmet critical demand for registered nurses, Maryland’s RN programs are admitting less than half of all qualified applicants. At the urging of nursing school deans and directors and the state’s health care providers, the Health Services Cost Review Commission, which sets hospital rates in Maryland, responded with an unprecedented initiative. They increased the rate structure of all hospitals in Maryland by 0.1 percent and earmarked the newly generated funds for nursing education.

The initiative, entitled Nurse Support Program II (NSP II), is expected to generate \$8.8 million annually and to target those funds for expanding nursing program enrollments and increasing nursing faculty. In 2006, NSP II awarded the state’s largest nursing program at the University of Maryland over \$2.3 million to support its new Doctor of Nursing Practice (DNP) degree, the first in the state, and an online master’s preparation program for staff nurses who are

willing to serve as clinical instructors. Additional money will be used to fund a variety of grants including scholarships and stipends for nursing students and fellowships for new nursing faculty.

Maryland is the only state in the country that has a commission that sets hospital rates, but this innovative program could be replicated in other states by levying a tax on hospital profits. Despite gains made with the help of NSP II, nursing deans report that salaries remain a major barrier to recruiting new nursing faculty. “In Maryland there’s currently a \$40,000–60,000 gap between what I can pay a master’s-prepared faculty of nursing and what they can earn in a clinical setting,” remarks Janet D. Allan, PhD, RN, CS, FAAN, dean of nursing at the University of Maryland. She would like to see the state legislature provide increased funding for faculty salaries. “Maryland predicts a shortage of 17,000 nurses by 2012. If the state wants to address the nursing shortage, this has to be done.”

### Health System Scholarships Expand Nursing Education in Oregon

- **Leadership and Implementation:** Providence Health System, Oregon Region University of Portland School of Nursing
- **Cost:** \$16 million over five years
- **Impact:** Regional (Portland, Oregon area)

In 2003, a study by the Oregon Center for Nursing revealed that Oregon was producing less than one-third of the nurses needed to meet the state’s growing demand. As Oregon’s largest nurse employer, Providence Health System quickly realized that it would soon run short of nurses even if it

hired every nurse graduate in the state. A nursing shortage that began in 1998 had already created bidding wars for nurses among Portland’s health care providers. With more than 1,000 nurses, or about one-sixth of Providence’s nursing staff, expected to retire by 2013, a crisis loomed.

Chief Nursing Officer Mary Kathleen Johnson, RN, wondered what it would take to graduate a large group of nurses every year just for Providence. She approached Terry R. Misener, PhD, RN, FAAN, dean of nursing at Providence’s longtime partner institution, the University of Portland. Together they created the Providence Scholars program. It fully funds 75 scholarships for juniors and 75 for seniors each year. In exchange, students commit to work for Providence for three years after graduation. The program gives the university a new stream of tuition dollars that have been used to triple the number of faculty. Providence has also begun funding master’s preparation for entry-level students and for about a dozen hospital staff nurses, many of whom serve as clinical instructors for the university (see p. 7).

The scholarship program is a good investment for both parties. It has substantially increased the university’s capacity while saving Providence money. It costs the health care provider over \$100,000 to replace a nurse. It costs less than half that to fund a Providence Scholar. Additional cost savings result because minimal employee orientation is needed for program graduates, retention rates are superb, and the influx of new nurses reduces the hospital’s use of costly overtime and agency hours.



“The nursing community came together, presented us with a plan of action, and we enacted the first step—stabilizing nursing faculty by bringing their salaries more in line with the private sector.”

Mississippi State Representative Steve Holland, (D-District 16)

# New Pathways to Becoming a Nurse Educator

## Accelerated Degrees and New Programs of Study Encourage Earlier Entry into the Faculty Role

The demand for more bedside nurses and nursing's growing appeal as a second career have led to the development of accelerated and second-degree programs. These attract mature students who are capable of intensive study or who need to remain employed while pursuing their education part-time. New graduate programs have also been created to swiftly move nurses with a talent for teaching into the faculty role (see figure 3).

These developments have the potential to create a younger nurse educator workforce, but nurses with advanced degrees are not currently

choosing academic careers in sufficient numbers to meet the demand. The percentage of nurses with doctoral degrees who teach in schools of nursing has experienced a sharp decline from 68 percent in 1992 to just under 50 percent in 2000.

In spite of these realities, the growing popularity of the new Doctor of Nursing Practice (DNP) degree and master's programs in nursing education may prove fertile ground for the production of new nurse educators. The number of nursing schools offering education majors to master's students has grown from 80 in 1995 to 193 in 2005. Graduates of the 25 existing DNP programs are beginning to enter the workforce, and another 190 such programs are currently under development.

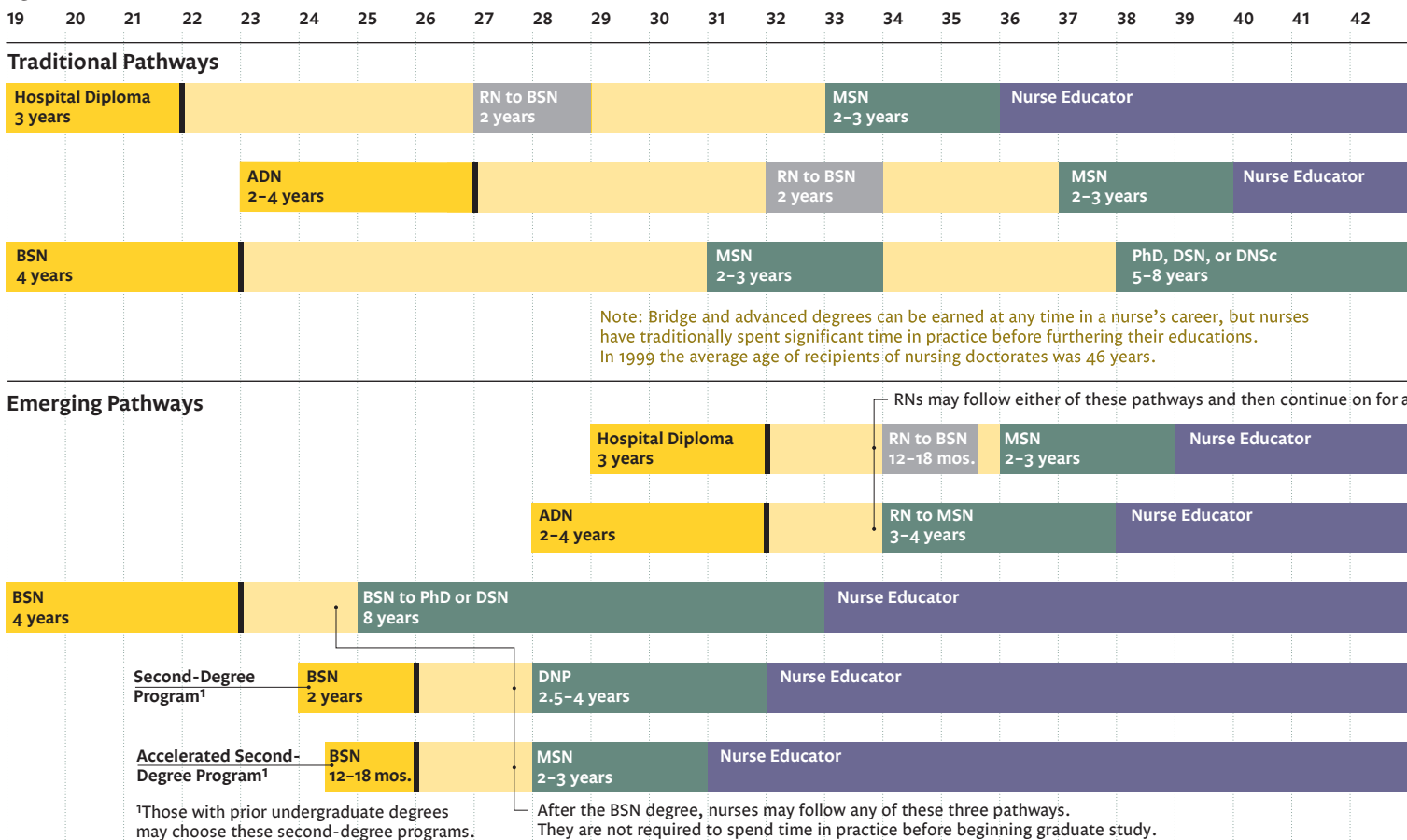
## PhD and Other Research Doctorates (DSN, DNSc)

These terminal degrees have been the gold standard for nurse educators. They take eight years to earn on average and are essential for tenure-track positions in the nation's most prestigious nursing schools. Doctorate holders who choose an academic career must divide their time between teaching, research, and service to the school. As nurse educators, these faculty members play an essential role in developing nursing curriculum and advising graduate students, some of whom will teach the next generation of bedside nurses. Most doctoral faculty have little direct contact with entry-level nursing students.

In the mid-to-late 20th century, nurses typically spent a decade or more in clinical practice before entering graduate school to prepare as educators. Most retired in their early 60s, leaving schools with a heavy recruitment burden. Today's nurses enter the field slightly later, but new pathways facilitate and encourage earlier entry into graduate programs that prepare nurses for the faculty role.

Figure 3 **Becoming a Nurse Educator: Traditional and Emerging Pathways**

Age



# Credentialing Controversies

## Doctor of Nursing Practice (DNP)

The new Doctor of Nursing Practice degree prepares nurses for leadership in practice. It requires a rigorous clinical project rather than a dissertation and can usually be earned in three years of full-time study.

It remains unclear if DNP programs will help solve the faculty shortage. Community colleges, with limited salary dollars and few practice opportunities to offer, already struggle to recruit master's-prepared faculty. And some university programs, where nurses with doctorates more often seek employment, do not consider the DNP an adequate credential for tenure-track positions. "That's hogwash," according to Carolyn A. Williams, PhD, RN, FAAN, who recently completed 22 years as dean of the University of Kentucky's College of Nursing. Her school was the first to introduce the DNP in 2001.

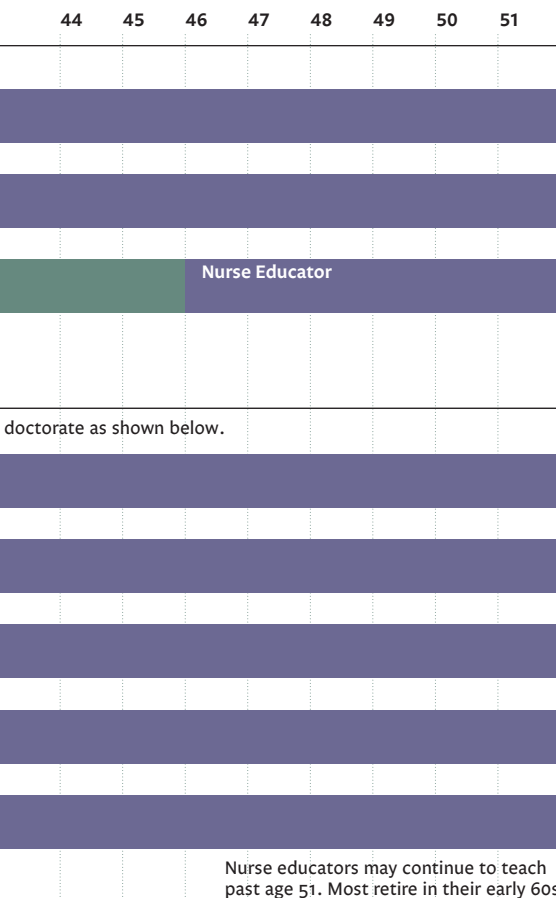
"When we developed it, we did not have faculty preparation in mind. But very early in the game, educators decided that they would like to pursue this. They didn't get a PhD because they don't want to be researchers. These people love practice. Well isn't that what we really want? After all, most of the students are learning to be clinicians."

Linda Cronenwett, PhD, RN, FAAN, dean of nursing at the University of North Carolina at Chapel Hill, accepts the idea of a post-master's practice doctorate for clinicians, but in her view, the DNP is unlikely to solve the faculty shortage. She questions whether graduates of DNP programs will retain the motivation or knowledge base needed for teaching undergraduates. She is also concerned that DNP holders risk being underprepared for careers in university settings where research credentials are

highly prized. "There's no societal mandate for this move, and we are creating a situation where we will need more faculty resources to prepare DNP students than we currently devote to master's candidates. Knowing the faculty shortage that is coming, this course of action feels unethical to me."

"A lot of people feel that in research-intensive environments DNPs can't be tenure-track faculty. I don't agree. What would medicine do without its MDs? Could it run medical schools on its PhDs who generally don't practice? I think our classical model in nursing today may be off-track when we are a practice discipline."

Carolyn A. Williams, PhD, RN, FAAN, professor, College of Nursing, University of Kentucky



## Key

### Education

- Entry-level Nursing Degree
- Bridge Nursing Degree
- Advanced Nursing Degree

### Other

- State Licensing Exam, NCLEX-RN
- Clinical Practice
- Nurse Educator

## Degree Abbreviations

- ADN** Associate Degree in Nursing
- BSN** Bachelor of Science in Nursing
- RN** Registered Nurse
- MSN** Master of Science in Nursing
- DNP** Doctor of Nursing Practice
- PhD** Doctor of Philosophy
- DSN** Doctor of Science in Nursing

Descriptions of these degrees may be found at [www.discovernursing.com/nursing-the-basics2](http://www.discovernursing.com/nursing-the-basics2)

### Sources:

American Association of Colleges of Nursing; National League for Nursing; U.S. Dept. of Health and Human Services, "The Registered Nurse Population: Findings from the March 2004 National Sample Survey of Registered Nurses"; L. E. Berlin and K. R. Sechrist, "The Shortage of Doctorally Prepared Nursing Faculty: A Dire Situation," *Nursing Outlook*, March-April 2002.

Master's-prepared educators are eligible for faculty positions in diploma and associate degree nursing programs and for clinical track (nontenured) positions in university schools of nursing. MSNs who go on to pursue a PhD become eligible for tenured faculty positions at universities, where they typically conduct research and teach graduate students. Institutions offer the DNP post-baccalaureate, post-master's, or both, and faculty who hold the degree may or may not be eligible for tenure. Exceptions to these rules apply at individual institutions.

### Master's Degrees in Nursing (MSN, MN) with an Education Major

The faculty shortage has arrived at a time of increasing concern about updating nursing curriculum to meet the demands of the 21st-century work environment. These related issues have prompted a movement, championed by the National League for Nursing, to place increased emphasis on teaching in preparing nurse educators. In the last 15 years, the number of nursing master's programs offering an education major has tripled, and they are attracting a growing number of students.

A comprehensive survey of these programs remains to be done. While many of them offer the same rigor as other nursing master's degrees, some corners of the academic community are voicing skepticism about these programs, especially those designed for second-degree students with no prior nursing experience. Many fear that master's degrees will be awarded to students who complete entry-level nurse training and education courses but not the advanced clinical training normally associated with an MSN degree. These concerns, shared by deans in both university and community college settings, may pose a barrier to hiring for some nursing education graduates.

### Hiring Clinicians: Stopgap Measure or Long-Term Fix?

The 2006 National League for Nursing Faculty Census indicates that hiring part-time instructors is the number one strategy of most institutions for coping with the faculty shortage. According to Christine A. Tanner, Youmans-Spaulding Distinguished Professor at the Oregon Health & Science University School of Nursing, "Universities requiring that faculty have PhD degrees are caught in a bind by the faculty shortage. They are hiring clinicians as adjuncts to fill the gap. These people are not integrated into the university. They don't know the curriculum well, and the quality of

education suffers as a result. When clinicians teach, they need to be relieved of enough patient duties to adequately supervise new students."

In 2006, 35 percent of budgeted, full-time faculty positions remained unfilled. Most states require a graduate degree in nursing for full-time faculty. The remaining states typically require that the majority of a nursing program's faculty hold master's degrees in nursing or a related field. Some allow BSNs who are working on master's degrees to attain faculty status, while others allow BSNs with clinical experience to serve as clinical instructors. The faculty shortage is creating pressure on some states to waive or adjust these requirements to fill faculty slots, and some already have. In 2006, 29 percent of part-time nursing faculty held baccalaureate degrees as their highest earned credential.

Edward O'Neil, MPA, PhD, FAAN, professor and director of the Center for the Health Professions at the University of California, San Francisco, advocates creating a new group of clinician educators with formal standing on nursing school faculties. He believes that as senior clinicians seek relief from the physical demands of direct patient care, the lower salaries traditionally offered educators may seem a reasonable trade-off. O'Neil acknowledges that some additional teacher training might be appropriate for these new educators, but suggests that a narrow focus on credentialing may be misplaced.



**"Twenty years of clinical work really is a terrific reservoir for clinical education."**

Edward O'Neil, MPA, PhD, FAAN, professor and director of the Center for the Health Professions at UC, San Francisco

## Distance-Friendly Courses Prepare Educators to Meet 21st-Century Needs

What makes a good 21st-century nursing educator? That educator is someone well-versed in geriatrics, sensitive to diverse cultural norms, eager to play a role in health promotion, and ready to embrace the technological changes that have revolutionized both the workplace and the academy. That, in a nutshell, is the conclusion of educators at Washington State University Vancouver (WSUV) who in 2001 developed a Nurse Educator Certification Program.

With the support of the Northwest Health Foundation, WSUV developed four largely Web-based master's-level courses in education and purchased the computer equipment needed to deliver them. The courses address multicultural issues, an aging population, and the challenges of using online delivery methods to reach students who tend to be employed and caring for families. The courses are open on a nonmatriculated basis to BSN-prepared nurses, many of whom work as clinical instructors in the region. A handful of students have chosen this option, but all of these have gone on to matriculate as master's students after discovering the relative ease of pursuing graduate study at WSUV. Master's students in the program take the same core graduate and specialty courses as other master's students in community-based, population-focused nursing and do a teaching practicum.

The program has already helped reduce the region's faculty shortage. All but one of the program's 15 graduates have found employment at nursing schools in the region. And 19 of the 34 students currently enrolled teach nursing part-time, allowing WSUV and other area institutions to increase their pre-licensure enrollments. An existing agreement allows out-of-state students in the border region to pay in-state tuition to attend WSUV. The Northwest Health Foundation would like to see the state legislatures in Washington and Oregon expand cooperation in this area.

# Using Faculty More Efficiently

## Hospital Staff Nurses Double as Clinical Instructors

- **Leadership:** University of Portland School of Nursing
- **Implementation:** University of Portland and area hospitals
- **Cost:** Unavailable
- **Impact:** Local (Portland, Oregon)

An innovative University of Portland (UP) program is turning clinicians into part-time faculty and enhancing student learning in the process. UP has enlisted three leading hospitals to establish Dedicated Education Units (DEUs) where staff nurses work as clinical instructors with UP students. For six weeks, two students work with a single nurse on the unit as she treats her patients, resulting in an intensive, highly focused, and closely supervised clinical experience. “There’s continuity, less repetition, and students can’t get away with saying, ‘I’ve never done this before,’” according to UP’s dean of nursing, Terry R. Misener, PhD, RN, FAAN. He champions this alternative approach to clinical education first developed at Flinders University in Adelaide, Australia.

“The old way, students were always waiting, waiting, waiting to learn. What else could they do when they had six to nine students with one clinical instructor? When it’s just one nurse and two students, they are a team, and bottom line, our students’ satisfaction and our staff nurse satisfaction are just off the charts.”

Oregon’s State Board of Nursing allows schools to appoint staff nurses with a bachelor’s degree in nursing and two years of clinical experience to serve as clinical instructors. UP goes a step further, providing mentoring and coaching for these new hires from a full-time clinical faculty coordinator who also interacts with students and staff in the clinical setting to maximize learning. UP will be hosting a symposium on July 22, 2007,\* to acquaint other nursing educators with the DEU concept.

\*For details, visit <http://nursing.up.edu> and click on the symposium icon at right.

## Distance Learning and Common Curriculum Extend Faculty Reach

- **Leadership:** Weingart Foundation, College of the Canyons
- **Implementation:** Community colleges, hospitals, foundations, and a corporation
- **Cost:** \$1.6 million over three years
- **Impact:** Regional (Southern California)

In southern California, five colleges, seven hospitals, three foundations, and a medical equipment manufacturer are sharing resources to expand nursing school enrollments. In 2004, the region’s five public associate degree nursing programs had a waiting list of 800 qualified applicants but lacked the facilities and faculty to enroll them. They agreed to form a regional collaborative that would employ a common first-year curriculum and make use of live videoconferencing to maximize the efficient use of faculty. Sue Albert, RN, MN, MHA, dean of Allied Health at College of the Canyons, spearheaded the effort.

The proposed collaborative attracted \$1.6 million from industry and foundation partners, enough to increase enrollments by 100 students a year. The funds have been used to hire three new full-time tenure-track faculty members, to install videoconferencing technology that allows teachers to lecture the entire cohort despite the lack of a large lecture hall, and to hire seven adjunct instructors to supervise the students’ clinical experiences. Three of the participating hospitals host the students in classrooms and skills labs.

Although still a work in progress, the Collaborative offers a resource-sharing model to other community colleges looking to address the faculty shortage.

### The Value of Nursing

At this simulation lab in Oregon, students progress from focused tasks, like giving immunizations, to the complex decision making required during a crisis. Working with human simulation models allows students to practice their skills and work as a team before they enter clinical settings.

Research shows that timely intervention by nurses makes the critical difference in arresting declines when patients experience medical emergencies.

## Simulation Transforms Clinical Education in Oregon

- **Leadership:** OR Nursing Leadership Council
- **Implementation:** Community college and university schools of nursing
- **Cost:** \$10.5 million over nine years, including \$3.5 million in donated labor
- **Impact:** Statewide (Oregon)

Confronted by one of the worst nursing shortages in the nation, Oregon’s nursing leaders developed a strategic plan that called for pooling educational resources to double nursing school enrollments. By 2003, 11 community college and university nursing schools had formed the Oregon Consortium for Nursing Education (OCNE), a pioneering partnership that offers students access to a full four-year nursing program on any OCNE campus through distance learning and shared faculty appointments.

OCNE relies heavily on the state’s extensive network of state-of-the-art simulation labs (see “The Value of Nursing” below). A new, common, competency-based curriculum exploits this technology to enrich student learning, use faculty more efficiently, and make more effective use of time spent in clinical education. OCNE aims to carefully structure clinical experiences so that every hour of faculty time results in a full hour of intensive learning for students.



Photo: Jesika S. Gavilanes

# Increasing Federal Funding for Nursing Education

*The Nursing Faculty Shortage:  
A Crisis for Health Care*

## Funding for Current and Future Programs in Doubt

In 2007, Congress will reconsider the Nurse Education, Expansion, and Development (NEED) Act, originally introduced in the House by Representatives Lowey (D-NY), King (R-NY), and Capps (D-CA), and in the Senate by Senators Durbin (D-IL) and Mikulski (D-MD). The act would address the faculty shortage by authorizing over \$250 million in capitation or formula grants based on enrollment in schools of nursing. Funds would be used for hiring and retaining faculty, and for other costs related to boosting enrollments. A similar federal program succeeded in expanding nursing school enrollments and addressing workforce shortages in the 1970s. The bill has garnered support in the last two congressional sessions, but funding for an effort of this magnitude faces stiff competition from other demands on the federal purse.

The federal government currently funds a smaller program aimed at addressing the faculty shortage. The Nurse Faculty Loan Program, authorized by the Nurse Reinvestment Act of 2002, supports full-time students completing graduate work in nursing in preparation for entering the faculty role. Allocations of \$2.9 million in 2003 and of \$4.8 million annually in subsequent years have been awarded to participating schools, which may distribute loans of up to \$30,000 per year to their students. Loan recipients who complete the nursing education program may cancel up to 85 percent of the loan in exchange for service as full-time nursing faculty. Appropriations for 2007 are expected to remain level. It is not clear whether the program will be reauthorized in future years.

In a 2006 paper prepared for the Association of Academic Health Centers (AAHC), *The Nursing Faculty Shortage: A Crisis for Health Care*, author Karl D. Yordy, MPA, argues that the “magnitude and nature of the problem deserve a national focus and justify appropriate action by the federal government, national foundations, and national professional and health care organizations.” He suggests a plan of action that would:

- provide national visibility and prestige for nurse faculty;
- emphasize excellence in training faculty;
- encourage the states’ role in supporting nursing faculty;
- and support data collection and analysis to guide future actions.

He specifically calls for:

- national fellowships for nursing faculty development;
- extension of the current federal loan programs for training faculty;
- matching grants to states to study nursing workforce issues and develop plans for faculty expansion;
- grants to support expansion of and excellence in faculty training programs;
- creation of a national nursing faculty center to gather data and offer technical assistance;
- and establishment of a research agenda on nursing faculty and education.

Yordy’s research was supported by a grant to AAHC from the Robert Wood Johnson Foundation. The entire paper begins on page 59 of a longer AAHC publication that may be accessed at: [www.aahcdc.org/pdf/factors\\_affecting\\_the\\_health\\_workforce\\_2005.pdf](http://www.aahcdc.org/pdf/factors_affecting_the_health_workforce_2005.pdf).



“With estimates that our country’s nursing shortage is only expected to worsen over the next decade, it is imperative that we increase funding for nursing education programs that will make a difference and direct nurses into critical shortage areas. The health of our citizens in future decades depends on it.”

Senator Peter King, (R-NY)

“We are lacking a national policy regarding our health professions workforce. No one is charged to take the lead in charting a collective strategy so that health care providers, regulators, academic institutions, and professional associations can work together to chart a more rational approach to meeting our nation’s health care needs.”

Daniel Rahn, MD, president of the Medical College of Georgia and senior vice chancellor for health and medical programs at the University System of Georgia



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