

MISSION

The Oregon Center for Nursing facilitates research and collaboration for Oregon's nursing workforce to support informed, well-prepared, diverse and exceptional nursing professionals.

STRATEGIC OBJECTIVES

Conduct, analyze and disseminate research

Promote collaboration and build partnerships with diverse stakeholders to advance nursing

Advocate for nursing and healthcare in all settings in which nurses practice

OREGON CENTER FOR NURSING

5000 North Willamette Boulevard, MSC 192
Portland, OR 97203

Tel: 503-305-4732

Fax: 971-239-0627

E-mail: ocnadmin@up.edu

www.oregoncenterfornursing.org

REPORT AUTHORS

Beth A. Morris, MPH

Kristine K. Campbell, PhD, RN

Jana R. Bitton, MPA

Kelley Ilic, BA

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Background

A key component to maintaining a superior nurse workforce in Oregon is the quality of nursing education programs and nurse educators. The Oregon Center for Nursing (OCN) has conducted research on the nurse workforce, including nurse educators, since the center was established in 2002. This research helps guide policy, legislation, education transformation and expansion, and program funding.

Nurse faculty are comprised of nurse educators and nurse educator associates. According to Oregon Administrative Rules' Division 21, known as the Nurse Practice Act, nurse educators are registered nurses who are responsible for the development and/or implementation of the nursing program including curriculum, policies, student advising, and evaluation, mentoring and collaborating with nurse educator associates and clinical teaching associates. Nurse educator associates are registered nurses who contribute to classroom and clinical instruction in collaboration with and under the direction of a nurse educator.¹ In this report, unless otherwise noted, we use the terms nurse educators and nurse faculty interchangeably to describe individuals working in either role.

The challenges of recruiting and retaining a qualified nurse faculty workforce are well documented on a national level. In 2008, OCN surveyed nurse educators statewide to gather information specific to this subset of Oregon's

nursing professionals. Findings, published in the report titled "Oregon's Nurse Faculty Workforce," indicated nurse faculty in the state struggled with heavy workloads prevalent in academic settings, and lower pay compared to nursing colleagues practicing outside of academia. The aging workforce and anticipated retirements added to the anxiety about the future supply of nurse educators.

To address these concerns, OCN led a statewide team which developed strategies around increasing the number of quality nurse educators in Oregon. Team members included nurse educators, nurse leaders, nurse regulators, employers, consumers, representation from the Governor's office, the Department of Community Colleges and Workforce Development, the Oregon Workforce Investment Board, and philanthropic organizations.

Ongoing evaluation of the nurse faculty workforce is necessary to assess the impact of policies and programs geared toward maintaining a superior nurse faculty workforce in Oregon. The white paper "Oregon's Nurse Faculty Workforce 2011" updated OCN's original research.² The paper described nurse educators' employment status, teaching experience, workload, career satisfaction, demographics, and retirement plans. In 2014, OCN collected a third set of data on nurse faculty in Oregon.

Strategies enacted since 2008 to increase nurse educators in Oregon:

1

Senate Bill 4, a 2007 legislative action, included a Public Employee Retirement System (PERS) exception to allow nurses and faculty to work/teach full-time while retaining retirement benefits. These PERS exceptions are set to expire in 2025.

2

Senate Bill 701, passed in 2009, established a loan repayment program for nurse faculty. Funded at \$200,000 and distributed over two years, this program provided seven faculty members with loan repayment funds.

3

Two new Oregon-based master's degree programs designed to prepare graduates for teaching roles either as school of nursing faculty or staff educators in clinical settings were created. The first, established at Oregon Health & Science University in 2008, has graduated 35 nurse educators; eighteen of these graduates are currently nurse faculty in Oregon. The University of Portland began their program in 2013, and presently has 10 students enrolled. Their first cohort of three will graduate in May 2015.

4

Faculty and clinician sharing models, such as the Dedicated Education Units (DEU)* established between the University of Portland and its clinical partners, Providence Health & Services, the Portland VA Medical Center, Marquis Care and Multnomah Education Service District, have demonstrated success and expanded. These partnerships provide optimal teaching/learning environments and expand educational capacity.

Survey Methods

OCN surveys nurse educators tri-annually to gather current data regarding demographics, educational background, employment status, nurse educator experience, position responsibilities, career satisfaction, and retirement plans. To date, electronic surveys have been conducted in 2008, 2011, and 2014. All practical nursing, registered nurse pre-licensure, and graduate-level programs in Oregon are

invited to participate. Additional details are outlined in Table 1.

The two previous reports and the one presented here also incorporate data from secondary sources. These include data collected by the Oregon State Board of Nursing (OSBN) as part of their annual nursing education program survey, and relevant information published in professional journals and online.

Table 1. Survey administration and response rates

	2008	2011	2014
Survey administration	Sent directly to nurse educators by OCN	Distributed to nurse educators by program administrators	Distributed to nurse educators by program administrators
Number of nurse educators surveyed	542	696	637
Response rate	49.1%	46.4%	55.1%

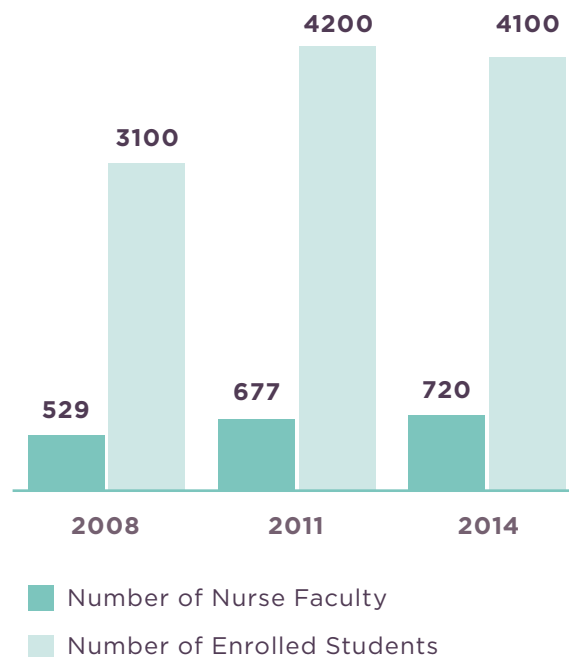
Findings and Discussion

What do we know about nursing education programs in Oregon?

According to recent estimates, 720 nurse educators work at Oregon’s five proprietary schools, 16 community colleges and six universities offering nursing programs.³ This is an increase in number of approximately one-third since 2008. Growth has occurred solely among institutions offering baccalaureate nursing programs. There has been essentially no change among community colleges, which offer associate degree nursing programs. Although the total number of nurse educators teaching at community colleges has stagnated, there has been a shift relative to geographic location within this cohort. Urban institutions have seen nearly a 20 percent increase in the number of nurse faculty while the number among those located in rural areas has decreased by the same proportion.

Oregon’s nurse educators provide instruction to 4,100 enrolled nursing students.³ Overall enrollment increased dramatically from 2008 to 2011, but declined slightly from 2011 to 2014 (*Figure 1*). Numbers of students enrolled in practical, baccalaureate, and masters programs decreased, and numbers of students enrolled in associate and doctoral programs increased from 2011 to 2014. A study conducted by OCN in 2010 found that 37 percent of qualified applicants are turned away from Oregon’s undergraduate nursing programs as a result of limited program capacity.⁴ An insufficient number of nurse faculty is widely recognized as one of the key barriers to increasing enrollments.⁵

Figure 1. Numbers of Nurse Faculty and Nursing Students in Oregon



Source: Oregon State Board of Nursing Annual School Surveys

“It is an exhausting (albeit rewarding) career.”

- Community college lecturer/instructor

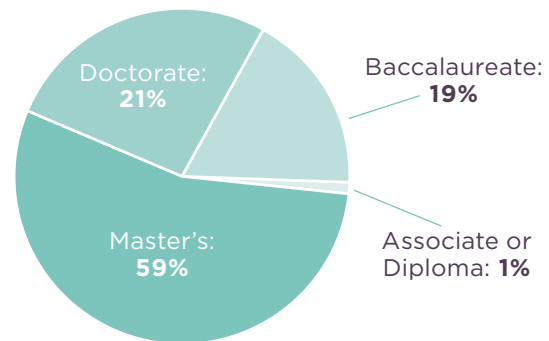
What have we learned about nurse faculty in Oregon?

Oregon's nurse faculty are highly educated and experienced. To qualify for a nurse educator position, applicants are required to hold an active registered nurse (RN) license, and most positions require advanced education. The majority of nurse educators are graduate-prepared. Three of five have an earned master's and one of five a doctorate degree (Figure 2).

In addition to their academic achievements, many nurse educators have extensive teaching experience. Two of five have worked in the field for more than 10 years. Some, on the other hand, are new to the profession. Twenty-six percent indicate they have less than three years of experience as a nurse educator. It is encouraging to note the median age among this group is 45 years. If retention efforts are successful, these new faculty may continue to teach for several decades.

Two-thirds of nurse faculty work only as educators. An additional 22 percent work primarily as educators, but also work as nurses in non-educational settings (Figure 3).

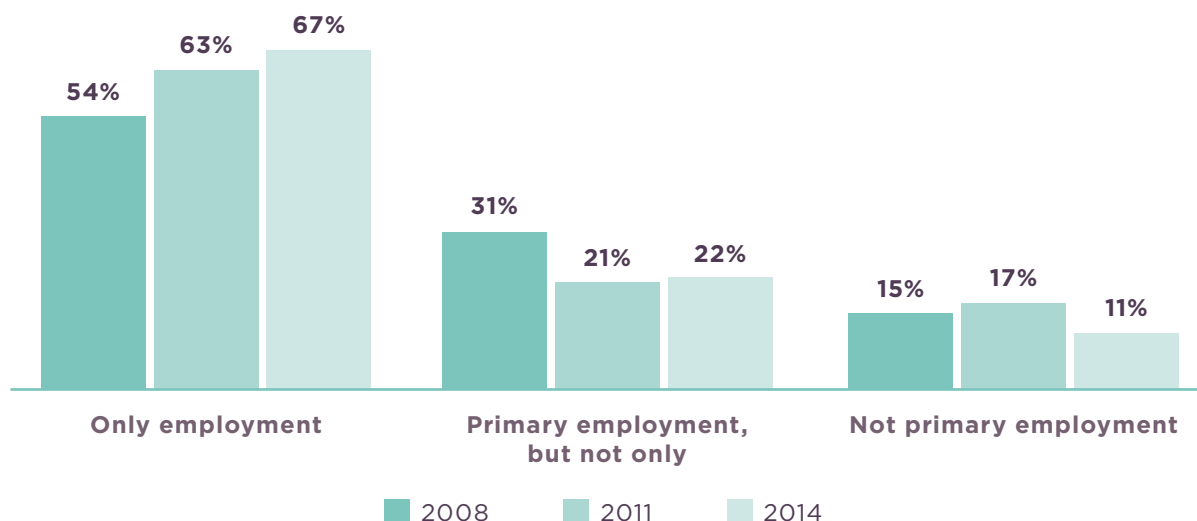
Figure 2. Highest Level of Nursing Education



Source: OCN Oregon Nurse Faculty Survey 2014

Comments from respondents indicate they work additional jobs for primarily two reasons: to maintain their clinical proficiency and/or to supplement their income.

Figure 3. Employment Status By Survey Year



Source: OCN Oregon Nurse Faculty Surveys

Table 2. Age Distribution

25-34	6%
35-44	17%
45-54	23%
55-64	42%
65+	12%

Source: OCN Oregon Nurse Faculty Survey 2014

The demographic makeup of Oregon’s nurse educators has not changed noticeably since 2008. The demographic variable most scrutinized in discussions about the registered nurse workforce is age. The issue of an aging workforce is even more acute among nurse faculty. More than one-third (36 percent) of Oregon’s registered nurses are 55 years of age or older,⁶ but the percentage is much higher within the nurse faculty workforce where more than one-half (54 percent) fall into this age group (Table 2). The median age of an Oregon nurse educator was 53 in 2008, and rose to 56 in 2014.

Table 3. Gender, Ethnicity and Race

Gender	
Female	92%
Male	6%
Decline to answer	2%

Ethnicity	
Not Hispanic or Latino	91%
Hispanic or Latino	3%
Decline to answer	6%

Currently, just six percent of nurse faculty are male, much lower than the 12 percent who reported working as registered nurses in Oregon in 2014.⁶ One of 10 educators report their race is other than White. Just three percent report their ethnicity is Hispanic or Latino (Table 3).

The lack of diversity among Oregon’s nurse educators may be cause for concern. Students looking for academic role models to encourage and enrich their learning may be frustrated in their attempts to find mentors and a community of support.⁷ Furthermore, a lack of minority nurse educators may send a signal to potential students that nursing does not value diversity or offer career ladder opportunities to advance through the profession. The 2010 *The Future of Nursing: Leading Change, Advancing Health* report from the Institute of Medicine echoes these concerns and recommends increasing the diversity of the nursing workforce, thus ensuring nurses are able to provide culturally relevant care.⁸

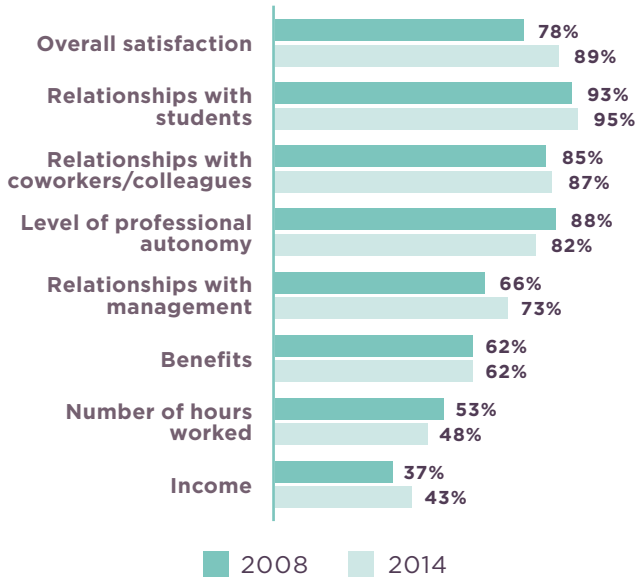
Race	
White	91%
Asian	2%
Black or African American	1%
Native Hawaiian/Pacific Islander	1%
Two or more races	2%
Decline to answer	4%

Source: OCN Oregon Nurse Faculty Survey 2014

Are nurse educators satisfied with their careers?

In general, nurse faculty in Oregon are satisfied with their chosen profession, and their level of overall satisfaction has improved in recent years (*Figure 4*). Eighty-nine percent indicate they are satisfied or very satisfied with their career, compared to just 78 percent in 2008. The majority report a high degree of satisfaction with their relationships with students, relationships with colleagues and level of professional autonomy.

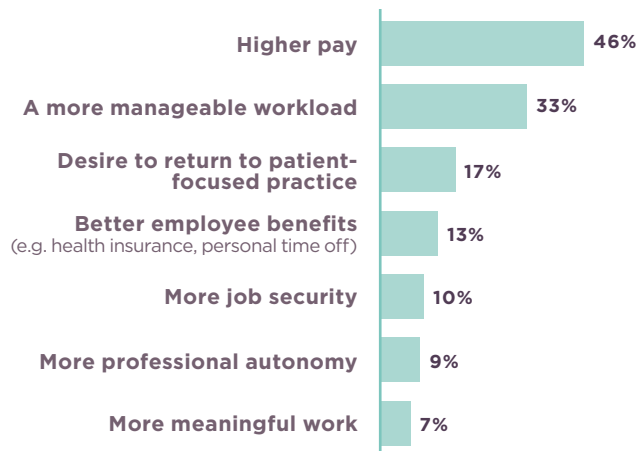
Figure 4. Career Satisfaction



Source: OCN Oregon Nurse Faculty Surveys

Even though nurse faculty are satisfied with their careers overall, many express dissatisfaction with some aspects of their jobs, namely income and the number of hours worked (*Figure 5*). For these reasons, among others, almost two-thirds of Oregon faculty considered leaving nursing education in the past year. Full-time faculty, those whose nurse educator position is their primary but not their only employment, and those working at institutions offering baccalaureate nursing programs but no graduate nursing programs were more likely to identify the prospect of higher pay as an important consideration. Part-time faculty and those employed at community colleges were less likely to consider leaving for reasons associated with workload.

Figure 5. Reasons nurse educators considered leaving the field



Source: OCN Oregon Nurse Faculty Surveys

The dissatisfaction expressed by Oregon's nurse faculty is not unique. A 2006 National League for Nursing and the Carnegie Foundation project found one in four educators said they were likely to leave their current jobs, and identified compensation and workload as significant issues and major reasons for their dissatisfaction.⁹ In addition to those who are actively pursuing new career opportunities, "passive job seekers" are also a concern. A recent article indicates that as many as 60 percent of professionals (across all industries), while not proactively seeking a new job, are seriously willing to consider other options.¹⁰

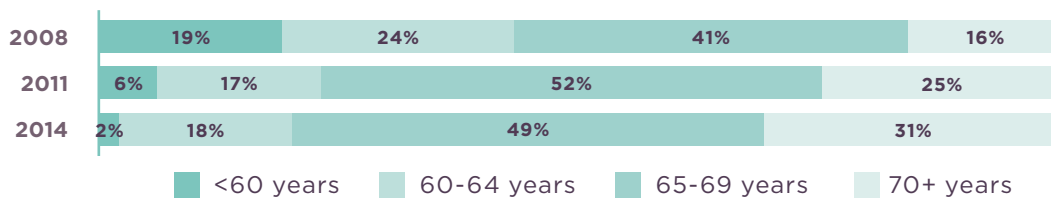
"I LOVE teaching...and it is harder than it used to be."

- University/college assistant professor

Will we have enough nurse faculty to educate the future nurse workforce?

Nursing schools across the country vie for qualified faculty candidates, and the competition can be expected to intensify in coming years as many nurse educators reach the end of their careers. Recruitment in the western states, where the current nurse faculty vacancy rate is 10.7 percent (compared to 8.3 percent nationally), is particularly troublesome. Three of five Oregon nursing programs recently reported having one or more unfilled nurse educator positions, so the problem is pervasive. Recent reports put the number of vacant nurse faculty positions in the state at 35.³

Figure 6. Anticipated Age at Retirement By Survey Year



Source: OCN Oregon Nurse Faculty Surveys

A primary driver of nurse faculty position vacancies is the aging of nurse educators, and a wave of approaching retirements.⁹ As indicated previously, the median age of an Oregon nurse educator is 56, considerably higher than that of an Oregon registered nurse which is 49.⁶ Though many faculty are nearing traditional retirement age, evidence suggests many may remain in the workforce longer than anticipated. The percentage of nurse educators planning to retire before the age of 60 has dropped dramatically, from 19 percent in 2008 to just two percent in 2014. The percentage planning to continue working into their 70s has nearly doubled (Figure 6). The movement toward

delaying retirement is consistent with national trends¹² and may reflect increases in Social Security retirement age, economic forces, or changing views about retirement.

A trend toward increasing retirement age beyond historical norms may alleviate faculty vacancies in the near term, but in the long term, maintaining an adequate and academically qualified supply of nurse faculty will be a major challenge. As many as one-half of Oregon's current nurse educators are expected to retire by 2025 despite intentions to remain in the workforce longer. Further, approximately 30 percent of both master's- and

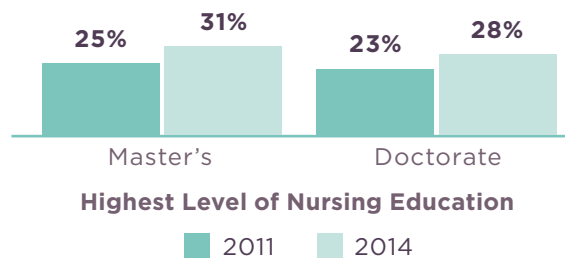
"I am in charge of hiring faculty... We anticipate up to 18 retirements in the next 5 years, along with normal attrition. I lost 1/3 of my faculty late spring and was able to hire only 5 of 11 open positions. I see this as a serious problem in the near future, bordering on crisis levels."

- University/college assistant professor

doctoral-prepared faculty expect to retire in just five short years (Figure 7).

The void left by the departure of Oregon's most experienced nurse faculty will need to be filled by academically qualified educators. Unfortunately, master's and doctoral programs in nursing are not producing a large enough pool of potential educators to keep up with demand.⁹ There are three nursing doctorate programs available in Oregon; one Doctor of Philosophy (PhD) program and two Doctorate of Nursing Practice (DNP) programs. Both prepare nurses for expanded teaching, research, and clinical roles. PhD curricula emphasize research, while DNP curricula are more practice-focused.

Figure 7. Nurse Educators Planning to Retire Within Five Years By Survey Year



Source: OCN Oregon Nurse Faculty Survey 2014

Enrollment in Oregon's only PhD program fell from 43 in 2011 to 28 in 2013. Enrollment in the DNP programs increased from 62 to 83. The retention rate of Oregon's doctoral nursing programs is estimated to be 83 percent.³ Due to the relatively small number of graduate programs in Oregon, schools recruit many faculty from out of state. It is estimated that more than one-half of Oregon's nurse faculty are trained outside of Oregon.⁶

What are the challenges to maintaining an adequate nurse faculty workforce?

The task of attracting qualified nurses is not an easy one. According to the National Advisory Council on Nurse Education and Practice, factors contributing to the challenge of recruiting nurse faculty include salaries that are not competitive with nurses who work in clinical practice settings, the high cost of education preparation for faculty roles, alternative career choices, dissatisfaction with faculty roles and workload, and limited resources to expand nurse educator supply.¹³

Registered nurses in Oregon working in non-academic settings make an average of \$81,500 per year.¹⁴ The typical nurse practitioner in Oregon makes nearly \$109,000 annually.¹⁵ In comparison, the average annual salary for full-time nurse faculty is \$71,000.⁶ This may be tempered in cases where a faculty appointment is less than 12 months, but the stark contrast

continues to be a source of frustration for many nurse educators.

In addition, becoming a nurse educator requires a considerable investment of both time and money. Tuition and fees for graduate nursing programs are considerable. A master's degree in nursing education from an Oregon-based program currently costs approximately \$28,000.^{17,18}

Nationally, the average cost is approximately \$32,000.¹⁹ Doctoral education is substantially more expensive, as these programs take three to seven years to complete, whereas most master's programs take only two years. These costs, coupled with income often forfeited while pursuing higher education, leave many nurses with considerable debt upon completion of their graduate programs.

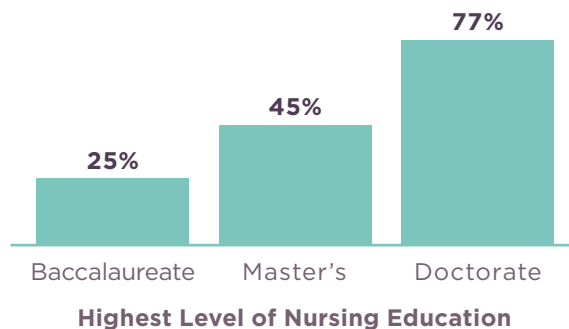
The high cost of education and relatively low faculty salaries are major barriers to the recruitment and retention of nurse faculty. In addition, nurses with master's degrees have ample employment options, most of which command significant salaries, especially in healthcare systems. Nurses also generally pursue graduate education after they have been employed in the profession for several years. Nurses who have invested in additional education may be reluctant to accept faculty positions paying less than what they are currently or were previously earning.

Upon entering the world of academia, demands placed on nurse educators are substantial. Many have responsibilities in addition to teaching, such as curriculum development, committee work both in the school of nursing and the college/university/community, writing grants, conducting research, publishing and advising students. Oregon nurse faculty consistently express dissatisfaction with their workloads. The number of hours worked increases relative to their education level. In 2014,

45 percent of master's-prepared faculty reported working more than 50 hours a week, but 77 percent of doctoral-prepared faculty reported working more than 50 hours a week (*Figure 8*).

Lack of funding to support hiring new faculty is an obstacle experienced at a national level and likely experienced by many of Oregon's programs. A recent American Association of Colleges of Nursing (AACN) survey reports two-thirds of schools nationwide cite insufficient funding as one of the biggest obstacles to hiring additional faculty.²⁰ The National Advisory Council on Nurse Education and Practice quoted a 2006 study citing "inadequate institutional funding to support and establish additional faculty positions even when schools of nursing were able to identify qualified candidates."¹³ Innovative solutions and strong commitment on the part of policy makers, nursing education programs, and their clinical partners will be essential to ensuring an adequate supply of academically prepared nurse faculty.

Figure 8. Nurse Educators Working 50+ Hours During a Typical Week



Source: OCN Oregon Nurse Faculty Survey 2014

"I'm so tired."

- University/college associate professor

What is being done in other states to recruit and retain nurse faculty?

Several states have embarked on innovative solutions to recruit new nurse faculty. The Connecticut League of Nursing offers a faculty-led online training course to better orient clinical faculty to the educator role. In New Jersey, the Robert Wood Johnson Foundation partnered with the Chamber of Commerce to create the New Jersey Nursing Initiative, which initially provided support to 61 nurse faculty enabling them to complete advanced nursing degrees. The program has evolved to focus on faculty development and encouraging nurse educators to transform nursing education in their state.²¹

The Georgia legislature created the University System of Georgia's Nursing Faculty Initiative to allow educational institutions from around the state to identify solutions to their nurse faculty shortage. With this program, the University of West Georgia received a grant to expand an online EdD degree in Nursing Education, and allowed faculty members to draw a full-time salary while teaching part-time to provide time

to pursue doctoral degrees.²¹ Oklahoma received a funding through a grant program to increase the number of master's prepared faculty and to improve nurse educator competencies.²²

Nurse faculty loan repayment and forgiveness are other tools used by states to address the nursing educator shortage. According to the AACN, 15 states offer nurse faculty loan forgiveness programs.²³

What are some recommendations for next steps?

In the 2008 OCN report, the statewide advisory team provided a list of 10 recommendations to strengthen the nurse faculty workforce, some of which have already been implemented. AACN offers similar strategies to expand the supply of nurse educators.⁵ Based on the results of OCN's 2014 survey of nurse faculty, new strategies for Oregon to consider as a high priority include:

- 1 Establish multiple sources of funding to incent nurses to teach and to fill faculty positions. Traineeships, loan forgiveness and loan repayment programs can help offset the cost of education, while grants and scholarships can help with tuition costs and/or living expenses while in school. These forms of assistance will reduce the expense burden incurred during graduate school and compensate for lower salaries former clinicians will encounter when becoming nurse educators.

**"Nursing creates many of our own problems —
therefore, we can fix them too."**

- University/college adjunct professor

2

Increase funding for faculty development and mentorship. Innovative teaching models such as simulation, distributive education, and faculty-practice models require both investment in education and development of faculty. Spending additional resources on faculty development helps with recruitment and retention. The promise of learning new and innovative education models and competencies can be an incentive to teach. Likewise, supporting and expanding the skills and competencies needed to teach effectively helps keep faculty engaged and satisfied with their jobs. Mentorship is crucial for individuals new to their faculty role and can mitigate burnout among experienced educators.

3

Develop education/practice partnerships to help mitigate the salary differential and incent clinicians to teach. These can be in the form of partnerships, such as the Dedicated Education Unit (DEU), or joint positions. Another model is the joint faculty/clinician positions, a model used frequently in medical schools. In addition, programs should develop faculty sharing models to more effectively utilize faculty, especially those who teach specialty nursing curricula. For example, assign educators specializing in academic areas difficult to fill, such as mental health or public health nursing, to teach at partner schools as well as their employing institution. Faculty sharing models may also facilitate the best use of part-time and clinical faculty. Such faculty could teach the same course at several programs or supervise students from multiple programs in the same clinical setting.

4

Create faculty workload models that recognize both the demands of clinical education and the value of relationships with students and colleagues. Additional research on faculty workload is needed to help identify the complexity and volume of work to identify potential solutions. A better understanding of nurse faculty workload will facilitate the development of strategies and policies needed to ensure an adequate nurse faculty workforce.

More resources on nurse faculty in Oregon, including work done by other organizations nationwide and other strategies to improve supply, can be found on the OCN website at www.oregoncenterfornursing.org.

“Mentorship is a great way to initiate and retain novice nurse educators.”

- University/college lecturer/instructor

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