Past Event: 2026 NCSBN Scientific Symposium - Vital Signs: A Trend Analysis of the Nursing Faculty Workforce Video Transcript

Event
2026 NCSBN Scientific Symposium

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- [Dr. Kaminski-Ozturk] Hello, and thank you for attending my session. My name is Nicole Kaminski-Ozturk, and I'm a Senior Data Scientist at the National Council of State Boards of Nursing. I'm here today to discuss my recent manuscript, "Vital Signs: A Trend Analysis of the Nursing Faculty Workforce."

To begin, I'd like to thank all my wonderful collaborators who were unable to appear today. Moving on, I will go over the agenda for today's talk. I will begin by providing a brief overview of the literature focused on nursing faculty. From there, we will review the project aims and methods we use to address them. We will then go over the results, discussion, key takeaways, and future directions, and have some time for questions later.

Just like all great movies, I'm going to start by mentioning the title of the presentation first. Faculty are vital to the nursing workforce. Why are they vital? Nursing faculty are often highly educated and possess a wealth of experience. These folks are tasked with educating the next generation of nurses, and in some cases, they themselves continue in secondary direct patient care roles.

Unfortunately, researchers have determined that faculty salaries do not match those of their similarly educated colleagues. Using their own faculty data and Census Bureau data, the American Association of Colleges of Nursing, or AACN, recently compared salaries between advanced practice registered nurses in clinical practice and graduate educated faculty and found an eye-popping $35,000 gap between these two groups.

More broadly, Pang and other scholars found that nursing faculty were paid nearly $9,000 less than registered nurses in other roles. As you can imagine, this salary gap creates a problem in the recruitment and retention of highly educated nurse faculty.

Higher education administrators themselves report that these salary differences are one of the primary barriers to recruiting high-quality faculty. If that wasn't enough, nursing faculty workforce is skewed

towards retirement. Mazinga and other colleagues note that faculty workforce has an unusually high proportion of nurse educators older than 45 with a limited number of younger colleagues.

In a recent faculty survey, AACN found that doctorally prepared assistant professors were, on average, 50 years old, associate professors were 56 years old, and full professors were 61 years old. These problems are not new.

Fang and Kesten were already sounding the alarm in 2017, estimating that nearly one-third of faculty would retire between 2016 and 2025. Taken together, these studies paint an alarming picture of slow progress in building the next generation of nursing faculty.

So given the very high barrier of entry, such as earning a master's degree or a doctoral degree combined with lower salaries and a workforce nearing retirement, what do we get? We get a nursing faculty workforce shortage. Moss and other colleagues note that this persistent shortage of nursing faculty is a major barrier to expanding enrollment in nursing programs and addressing the broader nursing workforce crisis.

Additionally, they argue that innovative faculty development models are necessary to support the early identification and training of potential faculty. So we see the literature on nursing faculty reveals persistent barriers to building a robust, diverse, and sustainable nursing faculty workforce despite widespread and repeated recognition of the nursing faculty shortage.

Unfortunately, much of the research is a point-in-time analysis, which, although helpful, doesn't give us the full picture. So our team proposed a trend analysis so we can provide a deeper dive into faculty demographics, work patterns, and structural patterns that influence faculty retention and recruitment. We utilized the National Nursing Workforce Survey data from 2017 through 2024 to provide a comprehensive, data-driven narrative of the nursing faculty workforce.

To begin, we utilized the National Nursing Workforce Survey data. For those unfamiliar, the NNW survey is a biennial mixed-mode survey run jointly between NCSBN and the National Forum of State Nursing Workforce Centers, affectionately referred to as the Forum. For this analysis, we selected 2017, 2020, 2022, and 2024.

We subset the data to specifically examine registered nurses who indicated their primary employment position was faculty educator and their primary employment setting was school of nursing. For transparency, the number of jurisdictions varied by survey administration as some items were not administered to all jurisdictions.

For those unfamiliar with the workforce instrument, we pull a random sample of registered nurses and licensed practical nurses from each jurisdiction and ask them about their licensure, details related to their primary and secondary employment roles, career changes, intent to leave or retire, emotional exhaustion, and broader demographics. We then weight these results to reflect a national picture of the nursing workforce.

Depending on the jurisdiction, prospective respondents either receive a paper survey, an online survey, or data retrieved from eNotify. To begin, let's get to know nurse faculty better and dive into nurse faculty demographics. From 2017 to 2024, we see nurse faculty have enjoyed modest gains within the nursing workforce, moving from 1.8% of the registered nurse workforce in 2017 to 2.3% in 2024.

For transparency, we're only looking at nurses who provided their primary title and setting to avoid accidentally counting faculty as clinical practitioners. We also see a minor bump in the proportion of faculty of color in 2020. For example, Black African American nurses represented about 8.5% of faculty in 2020, which came down in subsequent years, unfortunately.

As we turn our attention to ethnicity, we see Hispanic/Latino identifying nurses typically represent about 2% of the faculty workforce. However, similar to other faculty of color in 2022, perhaps as a result of pandemic upheaval, this value increases to 6.3%.

However, in 2024, we observe a return to pre-pandemic proportions around 1.6%. We see a similar trend when we look at the gender distribution of nurse faculty. Pre-pandemic, male faculty typically represented about 5% to 6% of the nurse faculty workforce. Once again, we see the proportion of men rise to 9% in 2022, which may be the result of pandemic upheaval.

Turning now to the highest nursing credential attained, we observe that fewer faculty are topping out with master's degrees. Rather, more faculty are earning Doctorates of Nursing Practice, or DMPs. We see that in 2017, roughly 9% of faculty had earned a DMP, while in 2024, 21% of faculty had earned a DMP.

Faculty with PhDs have had a bumpier ride, but there are about 2% more PhD-prepared faculty in 2024 relative to 2017. We have also seen the rise of other doctoral degrees, which went from about 1% in 2017 to 4.6% in 2024. Bachelor degree-prepared faculty, on the other hand, have remained about 10% of the workforce from 2017 through 2024, with no significant growth.

In terms of age, nursing faculty tended to be more heavily skewed toward the 65 years or older category. However, you can see this skew intensified in 2024. Nursing faculty age 65 years or older represented about 16.9% of the nursing workforce in 2017 to 34% in 2024. That is one-third of the nurse faculty workforce that is eligible for retirement.

This finding suggests that some of these faculty of a finer vintage may have temporarily exited the workforce during the COVID-19 pandemic, only to have returned to the workforce during calmer waters. Unfortunately, younger nurse faculty experienced an inverse trend in 2024. Nursing faculty in the 18 to 39 years age groups appeared to have rallied in 2022, but then decreased by between 1% and 7% in 2024.

To replicate the AACN analysis of nurse faculty salaries with our data set, we subset the data to only examine nurses who reported attaining a graduate-level education, that is, master's degree or higher. We then compared nurse faculty with registered nurses who reported working in non-faculty roles outside of schools of nursing.

When examining salaries derived from primary roles, we found non-faculty RNs earned about $24,000 more than faculty RNs in 2017, 2020, and 2022. The wage gap between graduate-prepared RNs and nursing faculty roles relative to those in non-faculty roles not only persisted, but also grew to $32,000 in 2024, with nursing faculty earning a median salary of $82,000 and non-faculty earning a salary of $114,000.

Our findings confirm AACN's original analysis, which suggests a major problem is brewing. Next we look at the job situation, broken down by age, to see how nurse faculty at varying ages work. We broke employment down into three distinct categories.

Faculty who indicated they only work full-time, with no additional part-time or per diem positions. Faculty who only work part-time or per diem positions. And faculty who are employed in both a full-time position and a part-time or per diem position. The graph on the right visualizes the 2024 employment patterns in nursing faculty.

We observe that the percentage of young to middle age, that is 30 to 49 years of age, faculty employed in only full-time positions dropped from 2022 to 2024, which corresponded to an increase in faculty taking up full-time plus part-time employment, as well as faculty just employed part-time.

Faculty reported holding secondary or tertiary APRN or staff nurse roles, with about 61% of these secondary roles in direct patient care. In 2022 and 2024, nurses were asked about their level of emotional exhaustion. I illustrated the percentage of faculty who indicated they were fatigued a few times a week or more.

And boy, are faculty tired. For some groups, fatigue remained the same or actually increased between 2022 and 2024. In 2022, 81% of faculty aged 18 to 29 years reported feeling fatigued more frequently relative to all other age groups.

This proportion decreased marginally in 2024 to 75%. Faculty aged 35 to 39 and 50 to 59 reported an increase in the number of occasions in which they felt fatigued from 2022 to 2024. In 2020 to '24, we asked nurses about their intention to leave or retire from nursing within five years. With most age groups' intention to leave or retire within five years peaking in 2022 and then decreasing in 2024, matching percentages observed in 2020.

The percentage of faculty aged 65 years or older who indicated they wished to leave or retire within five years increased every year of survey administration from 75% in 2020 to 85% in 2024. In 2024, we asked nurses why they are considering leaving or retiring within five years.

For nurse faculty outside of retirement, the most cited driver was stress at 22% and workload at 19%. The chasm between nursing faculty and non-faculty median salaries has continued to persist, which aligns with other scholarship.

Our findings mirror longstanding literature identifying the aging faculty workforce as a critical vulnerability in nursing education. Nurse faculty report fewer instances of fatigue and burnout in 2024 relative to 2022. However, we identified several pockets in which emotional exhaustion measures actually increased from 2022 to 2024.

These increases in exhaustion could correspond with tenure review or additional family responsibilities. Additionally, a striking proportion of nursing faculty report working multiple positions with some age groups such as 35 to 44, seeing notable increases in those holding two or more roles. This workload distribution may reflect economic necessity, staffing shortages, or institutional reliance on part-time educators.

Our key takeaways are: one-third of nursing faculty workforce is aged 65 years or older, and 85% of this group plans to retire or leave within five years. Faculty are increasingly doctorally prepared. The proportion of faculty with a DMP doubled from 9% to 21%.

For a short time during the pandemic, the proportion of faculty of color grew, and unfortunately, faculty earn less than their similarly-educated colleagues in clinical settings with a difference of $32,000 annually. Post-pandemic, many faculty continue to report being fatigued.

Outside of retirement, faculty express that workload and stress contribute to their decision to leave or retire. Advocates and policymakers may look to promote targeted investments to recruit and retain nurse faculty, address compensation gaps between clinical and faculty nurses, and expand nursing education capacity.

Stakeholders may consider loan forgiveness for nursing faculty who meet various qualifications, including service commitment requirements. Institutions have a clear opportunity to intervene through workload rebalancing and wellness initiatives to improve working conditions.

This is my bibliography. Thank you for attending my presentation. My email address is listed below my name, and the QR code to the right will take you to the manuscript this presentation is based off of if you're interested in learning more about the faculty workforce. I'd like to open it up to anybody who may have questions.

Thank you.

- [Jason] Nicole, thanks so much for sharing that research, and I see quite a few questions already. So let's kick it off with this one.

Are you aware of reasons why so many retirement-age faculty are remaining in the workforce?

- So that's a great question. We're seeing that nurses are following the broader labor statistics trends. So according to the Bureau of Labor Statistics, more retirement age folks are staying in the workforce rather than retiring, and they believe it could be the result of higher cost of living, healthcare expenses, or just generally people living longer than in previous generations.

And also retirement age faculty are a bit more amenable to part-time positions, which as we've seen are more prevalent at institutions of higher education, and we see this in our data with about 36% of faculty working in part-time positions.

- Thank you, Nicole. This next one, I suppose, maybe is a little bit of apples and oranges in that the question is whether in the study faculty salaries are annualized given that so many appointments are 9 or 10 months, whereas other nursing positions are more likely to be 12-month positions.

- No, so what we do is we ask nurses their primary salary from the previous year. So we do not annualize, we just ask for the previous year. And we also ask nurses outside of their primary position if they work additional positions, but at this point, we can only look at the one primary position.

- Thank you, Nicole. Something you mentioned was during the pandemic an increase in the diversity of the workforce as far as faculty. Do you have any reasons or factors that drove that?

- So in terms of US labor trends, the St. Louis Fed noted there was an excess of retirements during the pandemic, and that was primarily focused among college-educated Caucasian white workers, age 65 and above. And we see this play out in the nursing workforce in 2022. Many older white Caucasian nurses left their positions, and the resulting nursing workforce became much more demographically diverse in 2022.

These workers then boomeranged back into the workforce in 2024, and then the workforce demographics returned to their earlier trends.

- Okay, it sounds like you're prepared for that one. Let me ask you this. Did you look at any differences between types of education programs like two-year versus four-year as far as salary was concerned?

- So no, unfortunately, we're unable to collect that data. All we have is whether someone was considered faculty and if they worked at a school of nursing, but I think that would be a really interesting topic to explore.

- Okay, well, thank you. What do you think the employment patterns associated with nursing faculty under 55, let's say, or retirement age, say about the nursing workforce?

- So we do see that fewer younger nurses are becoming faculty, and among those who do, few are working in full-time positions only. We see a lot of these younger faculty are increasingly interested in leaving the workforce. A lot of them note that these positions are fraught with stress, burnout, and often increased workload.

- Nicole, here's a question around methodology. Someone notes that in trying to count up faculty, it's easy to double count when somebody teaches, let's say, in multiple programs at the same time, something like that. How do you guard against double counting when you're trying to get a sense of the number of faculty with a particular characteristic?

- So the workforce counts on license, so we don't have an issue with double counting because each license is then, therefore, just counted once.

- Okay, and then here's a question I wonder myself. Are nursing faculty more fatigued and burned out than the rest of us other nurses or society at large?

- So I can answer that with the work I previously did. I looked at faculty working in clinical settings relative to faculty working in more academic settings like doing lectures, didactics settings, and whatnot. So faculty that were working in clinical settings were broadly more stressed and burned out relative to those working in purely academic settings, so again, the lecturing folks.

In terms of comparison, I think the folks working, the faculty working in clinical settings were relatively, had relatively the same amount of stress and burnout when compared to their colleagues who are not faculty but working in clinical settings.

- Okay, all makes sense. How about this? Did you look at all at differences in stress or burnout based on age?

- I believe we did. I don't believe we covered it in this presentation, but I believe once faculty hit retirement age, the levels of stress and burnout appeared to come down significantly. The folks in the middle age, so probably, I believe, around 35 to, I want to say under 55, appeared to experience a great deal of stress and burnout.

In fact, in some cases, it actually increased in 2024 relative to 2022.

- Well, Nicole, as I look, I believe we've made it through all the questions that have come in, so I want to say thank you to you for the presentation and for staying on to answer questions and for our audience,

thank you as well. We will once again return to the lobby where you'll have a chance to choose which of two concurrent sessions you'd like to attend next.

Thank you very much and I'll see some of you back soon.