



Oregon Center for
N U R S I N G

Testimony for Senate Committee on Workforce

Regarding HB 2684

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April 29, 2015

Good afternoon, Chair Dembrow, Vice-Chair Thatcher, and members of the Committee. My name is Jana Bitton, and I am the Executive Director of the Oregon Center for Nursing. I am here to provide testimony on behalf of House Bill 2684, a bill that would allow retiring nurse educators to continue working without losing benefits from the Public Employees Retirement System.

The Oregon Center for Nursing is a nonprofit organization with a mission to ensure a superior, well-prepared and diverse nursing workforce to meet the health and wellness needs of our communities. Our work centers on identifying issues critical to the nursing workforce, and then bringing together industry, education and nursing organizations to provide solutions. Our work is proactive, and allows leaders to make course corrections as needed to ensure Oregonians have the best possible nursing workforce.

To keep the number of quality trained nurses in the Oregon workforce at necessary levels, Oregon needs to have a good supply of educators, trainers and knowledge-bearers who will share expertise and keep the nursing workforce strong.

Senate Bill 4, the legislation passed in 2007 declaring an emergency shortage of nurses also identified a shortage of nurse educators, and outlined the PERS exceptions and health insurance benefits through Public Employees' Benefit Board as tools to retain state-employed nurses, including nurse faculty.

Since the passage of SB4, the nursing community has taken action to encourage the retention and recruitment of nurse faculty. In 2009, SB701 established a loan repayment program for nurse faculty. OHSU and the University of Portland created a Nurse Educator Master's degree programs. Of the 35 nurse educators who have received degrees from the OHSU program, 18 are currently teaching nursing in Oregon. Also, new faculty and clinician sharing models, such as the Dedicated Education Unit program established by the University of Portland and Providence Health System, allow education at the bedside and alleviate some of the high workload issues nurse faculty experience.

OCN has been studying the nurse faculty workforce since 2009 and is in the final stages of releasing an updated report on the nurse faculty in Oregon. Based on our research, two issues that are severely impacting the nursing workforce are A) the difference in pay between nurse faculty and nurses in a practice setting, and B) the aging demographic of the nurse faculty workforce.

Registered nurses in Oregon working in non-academic settings made an average of \$81,500 per year. The typical nurse practitioner in Oregon makes nearly \$109,000 annually. In comparison, the average annual salary for full-time nurse faculty is \$71,000. This stark contrast continues to be a source of frustration for nurse educators.

Many nurse faculty intend to retire or already have retired. Results of our nurse faculty study reports 54 percent of current nurse faculty are over the age of 55, and 12 percent are over the age of 65. Thirty-one percent of nurse faculty with a master's degree and 28 percent of nurses with a doctorate plan to retire in the next five years. This means, Oregon will need 117 new nurse faculty in the next 10 years.

Over the last four years, Oregon nursing programs have reported an average of 30 unfilled faculty positions each year. For 2013-2014, there were 35 unfilled faculty positions reported. This is defined as a nursing faculty position that is open and active recruitment is underway.

It takes time to educate nurses to the master's and doctorate levels, which is necessary to become educators. Across the two graduate programs in Oregon that educate individuals at the master's level with a focus in nursing education, there would be less than 20 graduates each year. A Master's of Nursing Education degree isn't the only graduate level degree that allows one to teach, but those who seek graduate degrees with other focus areas are probably more likely to seek employment in those areas (i.e., advanced practice, nursing management, etc.). Nursing education in Oregon is better if we can keep experienced nurse faculty in the workforce to teach the new generation of nurse educators.

HB 2684 will provide incentive for experienced nurses to delay retirement, which will in turn give Oregon the time to prepare future nurse educators. By extending the sunset of providing exceptions to PERS rules, Oregon will be able to continue to pursue innovations to stimulate the recruitment of new nurse faculty, and encourage the retention of experienced nurse educators.

Thank you for this opportunity. I am happy to answer any questions you may have.