POLICY BRIEF

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NURSING EDUCATION FACULTY SHORTAGE

ICN International Council of Nurses
The global voice of nursing

Executive Summary

Nurse educators are essential to building the future nursing workforce through student education, evidence generation, and career development. Yet **the global nursing shortage threatens the availability of qualified faculty, while the current educator workforce faces challenges such as ageing, inadequate compensation, and limited institutional support.** Many nurses encounter barriers when transitioning into academic roles, including a lack of pedagogical training and burnout.

Despite sustained policy attention, significant barriers remain to recruiting and retaining nurse educators and expanding nursing education capacity. Both the State of the World's Nursing 2025 report and ICN's Charter for Change identify high-quality education systems and workforce self-sufficiency as central to meeting future health workforce needs. This policy brief provides an overview of the key issues and outlines policy considerations to support a stable and sustainable nurse educator pipeline through competency standards, fair compensation and continuing professional development.

Background

Nurse educators: Essential to expanding the nursing workforce

Nurse educators are of vital importance; they shape and prepare our next generation of nurses. The capacity and size of the nursing educator workforce becomes more significant as expectations grow, especially when they must educate and graduate larger numbers of nurses to address the current global shortage. Lee et al. (2024) point to the shortage of academic nurse educators as a major reason for the global nursing workforce shortage. The World Health Organization's State of the World's Nursing 2025 report estimates a global shortage of 4.1 million nurses by 2030 (WHO, 2025), a deficit which is intensified by the shortage of nursing faculty. Preparing new nurses for professional practice requires faculty who are skilled at facilitating the transfer of knowledge to practice through instruction and clinical experiences (Sedgwick & Harris, 2012). Assuming a minimum faculty-to-student ratio of 1:15, 273,333 faculty would be needed to educate a further 4.1 million to meet the deficit (Sedgwick & Harris, 2012).



An estimated 273,333 additional nurse educators are necessary to train enough nurses to close workforce shortage gaps.

The scale of demand and the global data gap

Based upon the State of the World's Nursing 2025 report, which notes a global nurse graduate-to-stock ratio ranging from 5.3 to 8.3 graduates per 100 active nurses, and a total nursing workforce of 29.8 million, it is estimated that approximately 1.6 to 2.5 million nursing students graduate globally each year (WHO, 2025). This data underscores the substantial demand for faculty, yet no standardized data is collected on nurse educators—highlighting a critical omission in global health workforce planning and reinforcing the need for educator-specific indicators such as faculty-to-student ratios. According to the Global Strategic Directions for Nursing and Midwifery, many countries have strong accreditation mechanisms and education standards in place. However, they are unable to meet the WHO global strategic priorities for the education sector due to widespread faculty shortages, especially at the bachelor's level (WHO, 2021). This threat, along with additional concerns, is impacting the number of nurse educators who are critical to preparing students with clinical, research, and leadership skills.

Pressures affecting the nurse educator workforce

The current nursing education workforce is rapidly ageing, and this specialty in nursing is becoming less attractive due to insufficient compensation, high faculty workloads, and challenging educational requirements, such as finding clinical placements for nursing students, as well as recruiting and educating a diverse nursing student body who can provide equitable and culturally competent health care (Brown, et. al, 2025; National Advisory Council, 2021; Wakefield et al., 2021). Nurse educators influence health care policy and maintain the academic rigour of nursing practice. Their shortage threatens both the quality and availability of nursing education, creating a bottleneck in the health care workforce development pathway (WHO, 2016).

In response to these challenges, this policy brief outlines key strategies to address the critical issues facing the nurse educator workforce. This brief will underscore the value of nurse educators in ensuring the quality and quantity of the nursing workforce, explore the need for competency standards, and identify strategies to retain and recruit nurse educators into the specialty.

The educational preparation of nurse educators supports the ability to offer rigorous academic programmes that prepare nurses to enter the workforce with the skills needed to meet evolving health care demands (WHO, 2016). While nurse educators are essential to prepare the next generation of nurses, the nursing faculty/educator workforce faces significant challenges that threaten the quality and availability of nursing education.

The shortage of nurse educators threatens both the quality and availability of nursing education, creating a bottleneck in the health care workforce development pathway.

Country case examples of faculty shortages

Globally, there is very limited knowledge about the nursing faculty workforce. For instance, the State of the World's Nursing 2025 report focuses on global nursing workforce numbers, distribution, education capacity, and projected shortages, but it does not explicitly address the nursing faculty shortage—such as educator vacancies, retirements, doctoral-level staffing, or clinical teaching constraints.

While other countries report overall nursing workforce shortages, specific data on nursing faculty numbers is rarely available. However, the USA is an exception where the American Association of Colleges of Nursing (AACN) reports a national nursing faculty shortage (AACN, 2024; Brown et al., 2025). Contributing factors include faculty retirements, limited hiring funds, job competition, low compensation, lack of diversity, insufficient qualified applicants, and heavy workloads. The National League for Nursing also notes that the shortage has nearly doubled, forcing programmes to restrict admissions and exacerbating the nursing shortage (Fang & Kesten, 2017; Mazinga, 2023). Fang and Kesten (2017) projected that one-third of faculty in baccalaureate and graduate programmes would retire by 2025. AACN's 2023 survey identified 1,977 full-time vacancies across 922 schools, plus 103 additional positions needed to meet demand, reflecting a 7.8% vacancy rate—nearly 80% requiring or preferring a doctoral degree. Aggravating factors include declining enrollment in master's and PhD programmes and turning away qualified applicants due to shortages of faculty, preceptors, and clinical sites (AACN, 2024).



Retention risks and workforce sustainability

Burnout and attrition are prevalent among nurse educators due to excessive workloads, emotional exhaustion, and limited institutional support. These deficits drive many educators, especially PhD-prepared and mid-level leaders, to leave academia (Tower et al., 2024). Additionally, negative work environments, characterized by poor leadership, incivility, and a lack of recognition, contribute to job dissatisfaction and turnover (Tower et al., 2024). These challenges are further exacerbated by inconsistent educational standards and unclear qualifications for becoming an educator, as well as the lack of recognition of the educator role as a nursing specialty (Quay et al., 2023). Furthermore, global migration and "brain drain" from low-resource countries contribute to the shortage, as many experienced nurses seek opportunities abroad (Nardi & Gyurko, 2013). A WHO analysis of health workforce trends projected that underdeveloped and developing countries will make slower progress in reducing workforce shortages by 2030, largely due to limited national education capacity. (Boniol et al., 2022)

Policy implications

Strengthen data, standards and recognition

There is currently no global system for tracking faculty numbers, qualifications, or educator-to-student ratios. Addressing this gap in health workforce data is essential for planning and scaling nursing education to meet future workforce demands. Past efforts to address the worsening nursing educator shortage have included initiatives to increase faculty development programmes, improve compensation, and incentivize clinical nurses to become educators. However, these measures have often fallen short due to systemic barriers like burnout, wage disparities, and insufficient recognition of the educator role. These persistent challenges highlight the need for comprehensive solutions, including the establishment of core competencies for nurse educators, standardized qualifications, and strategies to improve recruitment and retention.

A global framework for standardizing nurse educator qualifications and competencies could provide a useful basis for greater consistency, role clarity and international comparison. WHO's Nurse Educator Core Competencies and the National League for Nursing (NLN) Core Competencies offer valuable foundations (Fitzgerald et al., 2020; WHO, 2016). These core competencies include domains such as curriculum design, learner development, evidence use, and professionalism—ensuring that nurse educators are prepared to meet both academic and clinical demands. Formalizing educator roles with clear career pathways and aligning qualifications with national and international standards will provide clarity and recognition of nursing education as a specialty (Nardi & Gyurko, 2013; Quay et al., 2023).

Improve recruitment, retention and inclusion

Recruitment strategies accompanied by tangible incentives such as improved salaries and flexible working conditions would support the recruitment and retention of qualified educators (Tower et al., 2024). Part-time roles with suitable support, equitable promotion systems, and professional development opportunities to improve work satisfaction and reduce burnout would support a pipeline for full-time faculty recruitment. Structured mentoring, particularly for new and mid-career faculty, can support skill development and promote retention (Quay et al., 2023; Tower et al., 2024). Additionally, targeted support for underrepresented racial and ethnic minorities, including mentorship, mental health resources, and peer networks, is crucial to fostering an inclusive and sustainable academic workforce (Adynski et al., 2023; Bravo et al., 2023).

Support continuing development and digital readiness

Embedding sustained professional development that supports the educator's ability to remain current in understanding the rapid advances in health care technology, shifting care models, increasing system complexity, research engagement, and the integration of simulation and digital tools will improve both educator competence and student outcomes (Nardi & Gyurko, 2013; WHO, 2016).

Ultimately, recruitment and retention of nurse educators require multifaceted strategies that improve compensation, define clear standards, and build supportive, inclusive academic environments. These areas are closely linked to preparing the next generation of nurses and supporting health system resilience worldwide.

Strategic Policy Considerations

A sustainable nurse educator workforce is essential to expanding nursing education, strengthening health workforce self-sufficiency and protecting the quality of care. Increasing the number of nurses cannot be achieved by expanding student enrollments alone. Countries also need the educators, clinical supervisors, learning environments, data systems and career pathways required to prepare nurses safely and effectively.

This section outlines six policy considerations relevant to strengthening the nurse educator workforce. They are presented as areas for further discussion, adaptation and implementation according to national context, regulatory arrangements, education capacity and available resources. They focus on six connected policy areas: aligning education capacity with workforce needs, understanding nurse educator career conditions and retention, safeguarding education quality as capacity grows, building data systems for accountability and planning, using technology and innovation to support educators and students, and developing educator expertise, leadership and career pathways.

1. Education capacity and workforce needs

Inclusion of nurse educators in national nursing workforce plans would strengthen visibility of faculty requirements, including funded posts, educator qualifications, retirement risk, clinical supervision capacity, student demand, regional distribution and future service needs.

Education institutions and employers may consider a range of measures to strengthen the nurse educator pipeline, including succession planning, transition-to-academia pathways, clinical-academic appointments, phased retirement options and targeted recruitment of experienced clinicians into teaching and supervision roles.

Expansion of student numbers is most likely to be sustainable where there is sufficient faculty, clinical supervision, practice learning capacity and student support to maintain education quality.

2. Nurse educator career conditions and retention

Academic and health systems should assess and improve the workplace conditions that affect nurse educator recruitment and retention, including ensuring safe and sustainable workloads, positive organizational culture, fair and adequate compensation, job security, professional recognition and opportunities for career progression.

Relevant measures for education institutions include fair workload models, transparent promotion pathways, protected time for teaching preparation and scholarship, structured mentorship, leadership support and measures to prevent incivility and violence.

National recognition of nurse education as both a clinical and academic specialty could strengthen role clarity, professional identity, workforce planning and alignment of qualifications, career pathways and compensation structures.

Salary and workload benchmarking could provide a useful basis for comparing nurse educator roles with advanced clinical nursing roles, and other academic health professions and roles requiring similar levels of expertise and responsibility.

3. Safeguarding education quality as capacity grows

Regulators and accreditation bodies have an important role in assuring that growth in nursing education maintains graduate competence, student wellbeing and patient safety.

Accreditation standards can address the availability of sufficient qualified faculty, safe educator-to-student ratios, appropriate clinical supervision, adequate learning resources, interprofessional education, social determinants of health, student support and continuous quality improvement.

Regular monitoring by education institutions of curriculum quality, teaching methods, assessment standards, clinical learning, student progression, completion rates, graduate readiness and employer feedback would support quality improvement and accountability.

4. Data systems for planning and accountability

International organizations have a potential role in supporting the development of a minimum dataset for the nurse educator workforce, including faculty numbers, vacancies, qualifications, workload, educator-to-student ratios, clinical supervision capacity, retirement risk, attrition, compensation and migration.

Strengthened workforce data systems would support tracking of career pathways into and out of nurse educator roles, with appropriate data governance, privacy protections and transparent use of workforce information.

Monitoring international recruitment and mobility of nurse educators would help assess alignment with the WHO Global Code of Practice on the International Recruitment of Health Personnel and reduce the risk of weakening education capacity in source countries.

5. Technology and digital innovation as enabling supports

Technology and digital innovation can support education quality, improve access and reduce avoidable administrative burden on faculty when they are appropriately resourced and integrated.

Relevant areas for investment include simulation, digital learning platforms, learning analytics, AI-enabled administrative support and digital infrastructure. These tools are best positioned as supports for educators and students, rather than replacements for qualified faculty or high-quality supervised clinical learning.

Nursing curricula can prepare students and educators for contemporary practice, including digital health, clinical informatics, data literacy, cybersecurity and safe use of emerging technologies.

6. Educator expertise, leadership and career pathways

International organizations and education partners could contribute to the development of a global framework for nurse educator competencies, building on existing models such as the WHO Nurse Educator Core Competencies and fostering international consensus on standards.

Access to structured continuing professional development throughout nurse educators' careers would support quality, retention and professional progression. Relevant areas for professional development include pedagogy, curriculum design, assessment, clinical supervision, simulation, digital education, research, leadership, equity, student wellbeing and quality improvement.

National educator mentorship programmes could pair novice and mid-career educators with senior academic leaders to support transition into academia, retention, leadership development and professional growth.

Formal orientation for novice educators, alongside leadership development, postgraduate education, doctoral pathways and opportunities to maintain clinical expertise, would support both new and experienced educators.

CONCLUSION

Nurse educators are central to building a strong, skilled and sustainable nursing workforce. Addressing faculty shortages involves more than increasing student enrollments; it also depends on workforce planning, data systems, working conditions, education quality, technology use and career development. A stronger nurse educator workforce would support countries to safely expand nursing education, retain experienced faculty, strengthen clinical learning and prepare graduates for changing health needs. These issues are closely linked to health system resilience, patient safety and universal access to quality care.

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