A looming nurse faculty shortage continues to be a priority concern for the profession, evidenced by the sustained presence of almost 1,500 vacant nursing faculty positions and 80,000 qualified applications being turned away by U.S. schools of nursing (American Association of Colleges of Nursing, 2015). The projected future faculty vacancy rate is of great concern given the large numbers of nurse educators who are expected to retire in the coming decade and the ongoing need to ensure a robust, diverse, and doctoral prepared faculty workforce to meet demands for increasing numbers of baccalaureate and doctoral prepared nurses (National Academies of Sciences, Engineering, and Medicine, 2016). Viable solutions are needed to effectively address this almost two-decade-old problem, and we propose a call to action to tap the potential of military nurse officers as one answer.

Our potentially transformative solution is to capitalize, embrace, recruit, and mentor the talented, already prepared cadre of retired or otherwise separated men and women military nurse officers (MNOs) to transition to nurse faculty roles. Currently, numerous MNOs are preparing to leave successful clinical and leadership careers after more than 20 years of military service. Another MNO group of Captains and Majors (Army and Air Force) or Lieutenant Commanders (Navy) are separating from military service due to current restructuring and Congressional budget cuts. These MNOs are multigenerational, as well as gender and racially and ethnically diverse. In addition, many have sought graduate degrees as they pursued military promotions while in service.

These service members were courageously deployed during the wars in Iraq and Afghanistan, whether Army, Air Force, or Navy, in either Active Duty, Reserve, or National Guard status. Since 2001, their successful efforts have achieved the vital mission of providing comprehensive triage and interventional care for more than 2.2 million deployed troops, with more than 110,000 wartime and non-wartime complex physical and psychological wounds (Baker, 2014). Many health care teams under the leadership of MNOs were deemed so valuable that battlefield operations often were not conducted without MNOs nearby (Furari, Ford, & Schoneboom, 2011).

We believe that MNOs offer one potential solution to the nursing faculty shortage. Given their credentials and experience, MNOs can be recruited and mentored with deliberate strategies and support in a relatively short period of time to fill faculty vacancies. The time is now for our academic leaders and faculty colleagues to acknowledge and capitalize on the clinical competencies and leadership capabilities of MNOs to create opportunities to transition to faculty roles for those who are considering postmilitary career options.

Because of their careers as MNOs, these individuals possess a range of interests and skills that would translate well to faculty roles, making them a valuable resource for schools of nursing. Their organizational, teamwork, communication, and program execution skills, coupled with a sustained work ethic and demonstrated ability to understand and succeed in complex systems, are indispensable faculty member characteristics. In addition, MNO advanced nurse practitioners offer a much needed knowledge and skill set to fill vacancies in the nation’s advanced practice graduate programs. MNOs with the requisite graduate credentials can not only relieve faculty vacancies in our nursing programs but, perhaps most important of all, also can share the valuable knowledge, skills, and commitment to serve that they bring from a stellar military career to enhance the faculty workforce and enrich their faculty colleagues, a school’s academic–clinical partnerships, and, most especially, new generations of nursing students.

Although the military’s mission is to protect the country’s security and not to prepare MNOs for second-career trajectories, this faculty shortage solution will require collaborative actions, as well as one-on-one networking. The task is not insurmountable, although it will take targeted dissemination and some deliberate action by schools of nursing. Already the authors recently have provided information for deans, directors, and faculty through an American Association of Colleges of Nursing webinar (available at https://www.aacn.nche.edu/webinars/info-page?sessionaltcd=WFR15_11_18). In addition, a personal MNO Tool Kit is being created to provide MNOs with preretirement career decision information about potential college and university faculty opportunities, educational requirements and trajectories, and resumed development to highlight the service skills that would make MNOs attractive prospects for transitioning to faculty roles.

To capitalize on these initiatives to date, we believe schools of nursing will need to both embrace the idea and take specific steps aimed at recruiting, hiring, orientating, mentoring, and supporting MNOs to ensure their effective transition and assimilation into a faculty career. To this end, we offer several suggestions.

An initial step would be to disseminate targeted faculty position advertisements to nationwide military medical
An FMC can be charged with assisting with outreach to MNOs to make them aware of and ascertain their potential interest in a faculty career. The FMC’s role can include providing information about the requisite qualifications, assisting with curriculum vitae preparation and the faculty application process, and serving as a liaison to specific school contacts for potential faculty openings and interview process. If the MNO does not hold the necessary advanced degree or other credentials, the FMC could help the MNO explore what educational credentials would be needed to facilitate future hiring and opportunities for acquiring these. After the MNO has applied and been selected for an interview, the FMC can assist in helping the MNO prepare for the interview; translate academic appointment, rank, and promotion criteria; and anticipate other hiring process nuances.

After an MNO is hired, the FMC’s role may shift to include a range of orientation and support activities, such as introducing and educating the MNO about faculty roles and expectations in both the general higher education context and the local school’s context, including the meaning of shared governance, academic freedom, tenure, and other language and processes unique to the academic environment. The FMC also can provide important information and insights about the local institutional and school climates as well as resources such as the teaching–learning center, the school’s online learning platform, support personnel, and ongoing faculty development opportunities.

Assisting the MNO in designing an individualized professional development plan can be especially valuable, with the FMC periodically checking in to ascertain progress and needs for further support or resources. As the MNO acclimates to the faculty role, the FMC’s role can transition to serving as an ongoing resource person to ensure a successful transition and career satisfaction.

We urge academic and faculty leaders to seize the opportunity to capitalize on the value MNOs can bring to our schools of nursing and help address the looming faculty shortage. MNOs have answered the country’s call to duty once and can now become a viable resource as critically needed nurse educators. Academic advocates for retired and separated MNOs can elevate their voice and value to the profession, and important contributions from academic leaders and faculty colleagues, including FMCs, can provide tangible support to help MNOs transition from military officer to productive and confident academic faculty.

What a transformative opportunity to help ensure the profession has the faculty workforce needed to prepare the next generation of nurses ready to meet the growing health needs of the public!

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