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TO: Chair Dembrow, Vice-Chair Suzanne Weber, and Members of the Senate Committee on Education

FROM: Paul Smith, PhD, RN, CNE
Dean & Professor, Linfield University Good Samaritan School of Nursing

DATE: March 1, 2023

RE: Concerns with SB 523

Dear Senators of the State Committee on Education:

As the current nursing dean at Linfield University Good Samaritan School of Nursing, which is a member institution of the Oregon Alliance of Independent Colleges and Universities (OAICU), I write to you with concerns regarding SB 523.

Linfield's nursing program and Linfield University is committed to diversity, equity, and inclusion. We, as a school of nursing, want to increase diversity not only among our students but also the nursing workforce in Oregon. While Linfield is a private institution, we have significant aid that is provided to our students which allows for us to be affordable for those from a lower socioeconomic status. Currently we have 364 students in our pre-licensure nursing programs that includes our Traditional BSN program and our Accelerated BSN program (second degree). Of these 364 current students, 66 students (18.1%) identify as Hispanic/Latino and 112 students (30.8%) identify as Non-White. These numbers align with Linfield's emergence as an upcoming Hispanic serving institution. Additionally, Linfield sees a high number of first-generation college students, which is another initiative from Linfield and the School of Nursing.

I believe Senate Bill 523, which proposes to permit Oregon's Community Colleges to offer a Bachelor's of Science in Nursing (BSN), will not help address the nursing shortage in Oregon, and could potentiate the current nursing faculty shortage. Some of my concerns include (but not limited to):

- Finding qualified nursing faculty and clinical placements are current challenges for all nursing programs in Oregon. Allowing community colleges to confer BSN degrees, would only exacerbate these challenges. At Linfield, we consistently have open faculty positions as well as a constant need for qualified clinical instructors. The majority of our full-time faculty have a workload assigned to clinical teaching whether it be in a clinical site or in our simulation area.
- The wage gap and nursing faculty retention. According to the [Oregon Longitudinal Data Collaborative's \(OLDC\) "Addressing the Nursing Shortage in Oregon" draft report](#), when examining the faculty/retention issue, the wage gap between nursing faculty and a nurse

practitioner, both of whom require a graduate degree, results in faculty earning \$49,000 less per year. Even more concerning, faculty earn approximately \$10,000 less per year than registered nurses in practice with an associates or baccalaureate degree. Further, states with a higher nursing faculty salary gap graduate fewer students per capita.

- Linfield, along with other OAICU member institutions, maintain articulation agreements with various community college programs to provide seamless transitions for students to transition from their ADN to achieving their BSN.

Ample flexible and affordable options already exist for ADNs to attain a BSN from accredited nursing programs within Oregon and across the country (through online programs). Linfield has such a program with our RN to BSN program that is offered completely online in an asynchronous manner. Creating another pathway for ADNs to attain a BSN does not address the need to expand the pipeline of qualified nurses entering the profession in Oregon.

Some potential negative consequences if community colleges can confer BSN degrees include a continued impact on the already limited clinical placements we have state-wide and redundancy of educational resources that will cause an increased need for nursing faculty for which there is already a shortage. There is not a shortage of applicants applying for any of the baccalaureate programs in Oregon. Most of our programs have two to three times more qualified applicants to available seats. Several of our programs have plans to increase enrollment in the next academic year and beyond. We have the infrastructure in place to grow. For example, at Linfield University, we already have national nursing accreditation, a conceptually based baccalaureate curriculum, an expanded simulation center, and clinical placements in community health, med-surg, and other various settings to meet the increased clinical needs. We just need to find qualified faculty who are willing to come for lower salaries and who will stay to continue to educate future nurses.

In 2022, the legislature passed House Bill 4003, directing the Oregon Health Authority (OHA) to create the nursing workforce study, [The Future of Oregon's Nursing Workforce: Analysis and Recommendations](#). This study, funded by the legislature, provides an extensive, data-driven analysis of the nursing workforce issues we currently face, as well as excellent conclusions. Recommendations included:

- Workforce retention;
- Increasing seats in current nursing programs to increase the nursing education pipeline;
- Increasing education capacity by addressing the faculty wage gap by offering supplemental pay, tax incentives, or loan repayment programs; and
- Increasing access to clinical experiences through a centralized clinical placement system and funding the expansion of simulation education.

The recommendations of this study provide a clear strategy for addressing the issues, and none of those recommendations include community colleges conferring a BSN degree. If we are going to strategically address our nursing workforce challenges, we need to follow the recommendations of the report the legislature has already commissioned. Putting limited resources toward initiatives that are not deemed to solve the problem are simply not a prudent use of public funds.

There are several legislative actions being taken on the strategic and data-driven recommendations of the study to help address some of the barriers needed to close the gap in Oregon's nursing workforce demand. These include House Bill 2926 to provide financial incentives to hospitals for offering clinical opportunities for nursing students, and Senate Bill 485 and House Bill 2928 to include registered nurses as approved health care providers for incentive programs for those who commit to serving rural or medically underserved areas of the state.

Thank you for the work you are doing to develop and implement evidence-based strategies to address the complex issues of the nursing pipeline and workforce needs.

Respectfully submitted,

A handwritten signature in black ink that reads "Paul S. Smith". The signature is written in a cursive style with a large initial "P" and "S".

Paul Smith, PhD, RN, CNE
Dean and Professor
Linfield University Good Samaritan School of Nursing