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Perspective

From Turnover to Tenure: One Program's Efforts to Create Faculty Longevity in Nurse Anesthesia Education

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Importance

Faculty burnout and turnover in nurse anesthesia education threatens program stability, student outcomes, and the profession's capacity to meet the rising demand for Certified Registered Nurse Anesthetists.

Objective

To describe a nurse anesthesia program's targeted strategies for improving faculty retention and promoting longevity in nurse anesthesia education.

Design, Setting, Participants

This is a descriptive analysis of a nurse anesthesia program's first 5 years, reflecting the experiences of faculty and supported by literature on academic retention and burnout.

Main Outcomes and Measures

Key strategies implemented included structured mentorship, alignment of teaching responsibilities with faculty clinical expertise, and initiatives addressing systemic challenges such as salary disparities and workload distribution.

Results

Faculty morale and retention improved through intentional efforts to create a supportive academic culture. Specific interventions led to increased job satisfaction and reduced faculty turnover.

Conclusion

A multi-faceted approach to faculty retention including mentorship, workload realignment, and institutional support can improve faculty stability and enhance program sustainability. These findings offer actionable strategies for institutions striving to cultivate long-term faculty engagement in nurse anesthesia education.

INTRODUCTION

The demand for Certified Registered Nurse Anesthetists (CRNA) is increasing, driven by workforce projections and evolving healthcare needs. The Bureau of Labor Statistics projects a 10.4% employment growth for nurse anesthetists from 2023 to 2033 in the U.S., with an estimated 5,200 new positions expected to become available.[1] This growth is fueled by an aging U.S. population requiring more surgical interventions, healthcare reforms, and the increasing reliance on CRNAs for cost-effective anesthesia care, particularly in underserved rural areas where they often serve as primary anesthesia providers.[2] The American Association of Nurse Anesthesiology (AANA) reports that CRNAs administer over 58 million anesthetics annually in the U.S., a figure that reflects an increase in outpatient surgeries and diagnostic procedures.[2] Legislative shifts further amplify this demand. As of June 2024, 25 states and Guam have opted out of federal physician supervision requirements for CRNAs, granting them full practice authority and increasing their utilization in diverse settings.[2]

Despite this robust demand for CRNAs, nurse anesthesia educational programs face a critical challenge: high faculty turnover. Lee et al[3] noted that "the average turnover rate between the years 2016-2020, for CRNA program administrators, was 15% with some programs changing leadership as often as every 2 to 4 years." In its 2023 annual report data, the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) noted that the turnover rate in

program administrators in 2023 was 15%, in 2022 was 12%, in 2021 was 12%, and in 2020 was 10%.[4]

This nurse anesthesia program's inception coincided with significant hurdles including the submission of the program's initial self-study report to the COA in February 2020, just before COVID-19 shutdowns began in March 2020. The onsite accreditation review, originally scheduled for April 2020, was delayed and conducted virtually in December 2020. The first cohort of students was admitted as non-degree-seeking in January 2021, with final accreditation granted in May 2021. Amidst these challenges, from 2020 to 2023, the Program Administrator navigated the turnover of 2 Assistant Program Directors and 3 other faculty members. A significant factor in nurse anesthesia faculty turnover is the lure of lucrative clinical positions as CRNAs often hesitate to transition to full-time academic roles with significantly lower compensation. This perspective examines current advances in addressing faculty retention, proposes future directions for fostering longevity, and offers insights into how this specific program continually works to create a sustainable academic environment for nurse anesthesia educators.

CURRENT FACULTY RETENTION STRATEGIES

Recent efforts to improve faculty retention in nurse anesthesia education focus on 3 key areas: mentorship, professional development, and work-life balance. Mentorship programs have emerged as a cornerstone of faculty support. A scoping review by Stuit et al[5] identified several challenges in transitioning from clinical practice to academia, including perceived lack of credentials, time commitments, loss of clinical skills, academic workload stress, burnout, and salary disparities. The authors found that the establishment of strong mentorship programs are crucial to supporting, coaching, and encouraging faculty in new roles.[5] Professional development opportunities have gained traction, and many programs now offer funding for faculty to attend conferences, pursue advanced degrees, or engage in research.

While not directly addressing faculty roles, Vells et al[6] discuss that burnout management skills are necessary for nurse anesthetists, who are often working long hours in high stress environments. The AANA provides links to resources that provide help with burnout and compassion fatigue. One such resource, The American Institute of Stress[7] writes, "Workplace stress is likely to be an issue for all professionals at some stage in their careers. However, regardless of industry or experience, all workers can experience burnout due to overwhelming or poorly managed workplace stress," and 46% of healthcare workers experience high or extreme stress. To address these issues, some institutions offer flexible scheduling, reduced teaching loads for new faculty, and wellness programs to combat burnout which is a pervasive issue in academia and clinical practice alike. These advances, while promising, must be tailored to address the unique challenges of nurse anesthesia educators, such as the salary disparity between clinical and academic roles, working both clinically and as academicians, along with time commitment required to fulfill academic loads.

THE EXPERIENCES OF A PROGRAM IN ITS FIRST 5 YEARS

This nurse anesthesia program faced significant challenges in its early years, particularly around faculty retention. Between 2020 and 2023, the program experienced the turnover of 2 Assistant Program Directors and 3 additional faculty members. While multiple factors contributed, the most persistent issue was the significant salary disparity between clinical and academic roles. Many CRNAs were reluctant to leave financially advantageous clinical positions for less compensated full-time academic roles, despite their interest in education. This challenge was compounded by the uncertainty of the accreditation process during the COVID-19 pandemic, which placed additional stress on faculty as virtual reviews and delayed timelines were navigated. Furthermore, starting a new program in a state with a culture that values CRNAs but retains a heavy "house of medicine" mentality, influenced by historical physician-led frameworks, carried its own significant challenges.

To address these issues, faculty have taken a proactive approach. They have remodeled the curriculum as needed based on student feedback, ensuring that course content aligned with their needs as licensed professionals entering a graduate level program with diverse backgrounds while meeting all COA standards. These curricular amendments included changing appropriate courses to hybrid or flipped classroom format to lessen loads on faculty. All faculty members are consistently involved in these processes, selecting content areas to teach based on their clinical and teaching expertise. For example, a faculty member with extensive experience in cardiac anesthesia takes the lead on related coursework, enhancing both their sense of ownership and the quality of instruction. Student feedback is consistently positive regarding having access to pre-recorded lectures and videos that allow them to watch and listen to content on their own followed by in-person, guided simulation lab sessions with faculty that also offer the opportunity for question-and-answer sessions.

The team has also worked to ensure that faculty feel fulfilled both academically and clinically. Faculty have been supported in maintaining part-time clinical practice if they wish, allowing them to balance financial needs and the desire to continue practicing clinically with their passion for education. These efforts aim to create a sense of purpose and fulfillment that encourages longevity. Additionally, feedback from students who know that faculty continue to practice clinically on a regular basis gives them increased confidence in the faculty's maintenance of current knowledge in anesthesia practice and the translation of those trends into the classroom.

Faculty for the program have ongoing conversations with university administration to highlight the unique nature of nurse anesthesia programs. The student demographic, licensed professionals with varied backgrounds

(married, single, with or without children), and the clinical salaries distinguish nurse anesthesia from other health professions disciplines. It is imperative to advocate for market value salaries, even in a climate when trends show that increases may not be immediately possible. When faculty see that program administration consistently listens to and advocates for their concerns, they feel valued and are more likely to stay in their roles.

EXPERIENCES OF THE MOST RECENT FACULTY ADDITIONS

Entering academia while continuing to work as a clinician often draws new faculty members by the promise of flexibility and the potential for achieving balance between the clinical setting and academic responsibilities. More importantly, it offers fulfillment in shaping the next generation of providers and leaders. Academia presents a unique opportunity to pursue scholarship while still practicing, empowering the thriving clinician to make a broader impact. Yet, this rewarding path is not without its challenges. The journey is demanding, but the satisfaction it brings to faculty, students, and the university as a whole is undeniably meaningful.

From the perspective of 1 of the university's more recent faculty hires, the first 2 years in academia were eye-opening. The inevitable cloud of burnout loomed, particularly as the strain on work-life balance and family life grew more apparent. Pursuing tenure while simultaneously building new lecture content, advising students, and developing lesson plans looked starkly different than the structured rhythm of a clinical position at a hospital. What were once days off from clinical duty quickly became filled with academic responsibilities. Successfully balancing the 2 roles required strategic planning, intrinsic motivation, and, most importantly, support from colleagues and leadership.

Despite the demanding nature of the transition, the momentum upon entering the program was palpable. This was a thriving, growing institution where new faculty could immediately feel part of something bigger. The support from leadership and peers was evident from the very beginning. Though the program faced its share of unforeseen challenges, it rebounded swiftly, thanks to resilient leadership and a strong recruitment strategy focused on forming a cohesive, supportive team.

Mentorship in the form of new faculty training events offered by the university's Center for Teaching Excellence and the pairing of experienced faculty members to junior faculty was offered generously. Faculty had input on lecture preferences and enjoyed flexibility with vacation coverage. University leadership acknowledged workload challenges and encouraged wellness days in course schedules. Program leadership scaffolded lecture development for new faculty and allowed for creative teaching methods such as trialing flipped classroom models. The team found camaraderie not just in curriculum meetings but also in team-building activities in the form of scheduled activities outside of the classroom, such as participating together in intramural sports teams. These efforts were strategic moves toward creating a sustainable work environment.

Among the most effective buffers against the stress of transitioning into academia was the intentional creation of a positive workplace culture—one that prioritized relationships and fostered a genuine sense of team and family. This culture aligned with what the literature identifies as essential to faculty retention.[8,9] As nurse anesthesia faculty grow in their academic experience, actively involving them in decision-making processes has been shown to foster a sense of ownership, reduce burnout, and increase job satisfaction.[10] Furthermore, regularly soliciting feedback and incorporating it into program decisions cultivates empowerment and engagement, both key factors in reducing turnover.[8,11]

SHOULD FACULTY TAKE ON TENURIAL APPOINTMENTS?

There are significant challenges that can accompany tenurial appointments, primarily regarding time limitations, both personally and professionally, and the risk for burnout. Ashcraft et al[12] discuss the perceived differences in academic tenure among tenured, tenure track, and nontenured faculty. Tenure criteria vary across institutions, often leading to unclear expectations and dissatisfaction with the promotion and tenure process.[12] In 2004, an American Association of Colleges of Nursing (AACN) task force recommended replacing the term 'clinical doctorate' with 'practice doctorate,' proposing these programs as additional pathways to obtain a terminal degree in nursing.[13] Those universities who hire Doctor of Nursing Practice (DNPs) faculty must evaluate the requirements and expectations for tenure, since DNPs generally do not conduct research to produce new knowledge but translate research into practice and quality improvement and take part in other forms of scholarship.[12]

At this university, during the faculty appointment process, individuals may choose to accept a tenure-track appointment. Currently, 4 out of 5 of the program's full-time faculty hold the DNP degree and are on a tenure track. It is the opinion of the faculty authors that tenure elevates the program's academic credibility both at the university level and at the level of the profession. A faculty with tenured CRNAs signals to accrediting bodies, prospective students, and other disciplines that the program prioritizes quality education over short-term staffing solutions. This can enhance recruitment, both of students and additional faculty, in an effort to address faculty shortages. Tenure also positions CRNAs as academic leaders, countering historical narratives that relegated nursing roles below physician-led models. The program leadership promotes the profession by demonstrating CRNAs' intellectual and educational value in addition to clinical expertise.

The university's annual faculty evaluation process supports these efforts by providing a structured framework for assessing and supporting faculty. Evaluations require a statement specifying weights for teaching (minimum 50%), professional activity (minimum 20%), and service (mini-

mum 10%), with the remaining 20% distributed among these areas as agreed upon by the faculty member, chair, and dean during a January goal-setting meeting. Faculty submit a self-evaluation using student feedback to reflect on teaching successes, challenges, and planned improvements, alongside a survey of professional activities, syllabi, a Summary of Professional Activities form, course evaluations with comments, and an updated Curriculum Vitae (CV). Optional peer reviews of teaching by tenured faculty, with a faculty response, can be included, and academic units annually decide whether peer reviews are required, though individuals may request them. This process fosters self-improvement and accountability, aligning with retention goals by identifying areas where faculty need support.

The probationary period and review procedures further reinforce faculty development. The standard 6-year probationary period includes annual reviews, with formal evaluations in the 2nd and 4th years to assess progress toward tenure and offer constructive feedback. During formal reviews, probationary faculty submit a dossier (CV, self-evaluation, course evaluations with reflection, 2 peer reviews of teaching, publications, and supporting materials), while tenured faculty provide assessment letters, and the Program Administrator and Dean write summary evaluations submitted to the Executive Vice President of Academic Affairs. If fewer than 3 tenured faculty are available to review the dossiers, external reviewers are selected, ensuring robust oversight. This process encourages mentorship and tracks progress, helping to address retention challenges like burnout or salary dissatisfaction early.

The nurse anesthesia program's Scholarship and Service Policy, developed by the Program Administrator, is utilized as a guide for faculty in promotion and tenure positions. Faculty must engage in scholarly activities aligned with their teaching responsibilities or the program's mission, completing scholarship activities (i.e., peer-reviewed publications as first/single author, presentations at peer-reviewed conferences) and service activities (i.e., serving on state or national nurse anesthesia boards or committees, university committees, maintaining clinical practice) before applying for Associate or Full Professor ranks. Faculty are encouraged to share research and experiences through publications, presentations, and posters at state, national, or international venues, fostering a culture of scholarship that enhances professional fulfillment and retention. While this Scholarship and Service Policy is not necessarily recognized by the university's Promotion and Tenure Committee, it can be helpful to the committee in discerning the differences among various programs when awarding tenure.

University service represents a vital component of academic engagement, yet it is often an area in which many clinically focused CRNAs have limited prior experience. Despite this, the specialized expertise of CRNA faculty has been increasingly recognized and leveraged by university leadership. Notably, both the Program Administrator and Assistant Program Director have been invited to serve on institutional program incubator committees, where their insights have contributed meaningfully to the development and strategic planning of new academic programs.

The Assistant Program Director, who holds a Master of Business Administration degree, has provided expert consultation on matters related to program development, operational strategy, and fiscal planning. These contributions fall under the broader scope of university service and have facilitated productive collaborations between CRNA faculty and senior university administrators. This engagement has not only elevated the visibility of the nurse anesthesia program but has also strengthened institutional relationships and supported programmatic growth and innovation.

SUCCESSES RELATED TO FACULTY STABILIZATION

The program has graduated 2 cohorts (n=16 each) with zero attrition, and 3 cohorts (n=16, n=21, n=22) are currently enrolled. The first graduating class (2023) achieved a first-time National Certification Examination (NCE) pass rate of 63%, increasing to 88% within 60 days. The average score for first-time takers was 483.75, while the average score for all test takers including those taking it for a 2nd time was 503.75. The 2nd graduating class increased both the first-time NCE pass rate (81.25%) and the 60-day pass rate (100%). The average score for first-time test takers was 482.19, and the average score for all test takers including those taking it for a 2nd time was 490.75. No graduates have required more than 2 attempts to pass the NCE.

Currently, the 3rd cohort of students is in the process of completing the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) Self-Evaluation Examination (SEE). Average scores on the SEE in this program have improved consistently over the past 3 years (see Table 1). Faculty attribute these steady improvements to the same team being in place for 2 years. Consistency in teaching and standardized techniques have added stability to the faculty's experience in the workplace environment and the students' academic experience.

Faculty service and scholarship efforts have strengthened as the team has spent 2 full years working together adapting curriculum, adding advanced technological platforms to the simulation lab, and helping each other to find individual strengths and areas in which to utilize those strengths as part of the promotion and tenure process. Currently, 2 faculty members have achieved journal publication, and 1 faculty member is finalizing a chapter for an upcoming textbook. The faculty are pursuing further scholarship opportunities based on their interests both didactically and in the clinical setting.

The nurse anesthesia program faculty is much more involved in institutional service now than at any other time since its inception. Faculty serve on standing faculty senate committees, including the Faculty Professional Affairs Committee, Graduate Curriculum and Admissions/Standards Committee, and the General Education Subcommittee. An Assistant Professor represents the nurse anesthesia program as a member of the Interprofessional Education Committee for the College of Education and Health Sciences (CEHS). The Program Administrator serves as a Faculty Senator for the CEHS representing graduate programs

Table 1. NBCRNA Self-Evaluation Examination (SEE) Scores Across Cohorts

Cohort	First-Time SEE Score Average	Highest SEE Score Average
Cohort 1 (Graduated 2023)	369.8	451.5
Cohort 2 (Graduated 2024)	391.0	462.3
Cohort 3 (Expected Graduation 2025)	431.9	466.8[a]

Abbreviation: NBCRNA, National Board of Certification and Recertification for Nurse Anesthetists; SEE, Self-Evaluation Examination.
[a]In Cohort 3 all students have taken the SEE for the first time; n=5 have reached the program's required score (450). The highest score average reflects the current average.

and will serve as Chair of the Faculty Senate during the 2025-2026 academic year. One Assistant Professor serves on a steering committee for the upcoming Higher Learning Commission 10-year regional reaffirmation onsite visit in the Fall of 2025. The program is amid its 5-year COA reaccreditation process, with an onsite visit proposed to occur in the Fall of 2025. All faculty are fully invested in writing a robust self-study for the program and ensuring that all facets of the accreditation process are met and exceeded.

Of the faculty members who are tenure-track employees, 1 has undergone the 2nd year review, 2 will undergo the 4th year reviews in 2025, and 1 has undergone both the 2nd and 4th year reviews and will submit their dossier for promotion and tenure in 2026. The faculty team believes that the time and effort involved in pursuing tenure exhibits a dedication to quality and distinction by the program. Not only do the faculty desire to be recognized as CRNAs advocating for the profession, but it is crucial that faculty are recognized within the conducting institution to display a commitment to bettering themselves and fostering a culture of excellence for students.

LIMITATIONS

While this initiative yielded encouraging results in faculty stability, satisfaction, and student success, several limitations must be acknowledged. First, this analysis reflects the experience of a single nurse anesthesia program within a specific institutional and geographic context, which may limit generalizability to other academic environments. Second, the timeframe of 5 years offers a valuable but still preliminary view of long-term retention outcomes. Faculty turnover may fluctuate over longer periods due to factors such as leadership transitions or institutional budget constraints. Third, while the program's structure allowed for creative solutions like part-time clinical work and flexible course delivery, these may not be feasible at institutions with different administrative policies, resources, or clinical partnerships. Lastly, because this is a descriptive initiative rather than a controlled study, outcomes are based on qualitative observation rather than causally established. Future research involving multi-institutional comparisons or longitudinal tracking could offer a more comprehensive understanding of which strategies are most impactful across diverse settings.

FUTURE DIRECTIONS AND RECOMMENDATIONS FOR FOSTERING FACULTY LONGEVITY

To support faculty retention and longevity in nurse anesthesia programs, the following strategies, adapted from this program's experiences, can be considered by other institutions. Competitive compensation must be prioritized. Clinical practice often offers significantly higher CRNA salaries than academic positions, creating a financial incentive to leave education or never pursue an academic position at all. Programs should advocate for salary parity, potentially through partnerships with healthcare systems where faculty can maintain limited clinical practice to supplement income. Unfortunately, trends in higher education limit the ability of most universities to match, or even come close to, these clinical salaries. The College and University Professional Association for Human Resources (CUPA-HR)[14] provides knowledge, resources, advocacy, and connections essential to achieving organizational and workforce excellence. CUPA-HR 2024-2025 trends report that non-tenure-track teaching faculty received a 3.2% salary increase, which is lower than the previous year but still among the largest increases seen in recent years. Tenure-track faculty received the lowest salary increase of all employee categories (2.6%) for 3 consecutive years. Across 9 years of data collected, tenure-track faculty salaries have never exceeded the rate of inflation, meaning that in real dollars they have received salary decreases for the past decade.[14]

It is worth noting here that while CUPA-HR is widely regarded as a leading authority for salary data in higher education, it is not the CRNA standard for compensation and benefits. According to the AANA 2024 Practice Profile and Compensation & Benefits Member Survey, the median total compensation for full-time employee CRNAs increased by 7% from 2022 to 2023.[15] One suggestion for addressing the salary disparity between academia and clinical practice is allowing faculty to maintain part-time clinical practice to support financial needs and clinical relevance. Partnering with local healthcare institutions can create joint appointments that benefit both faculty and students.

Institutional support for research and scholarship should be expanded. Many nurse anesthesia educators are passionate about advancing the field through research, but heavy teaching loads and administrative duties leave little time for such pursuits. Institutions should consider offering protected time for scholarship, non-teaching credit for ad-

ministrative duties, and realistic expectations for research and service, particularly for tenure-track faculty from clinical backgrounds. Allocating protected time for research, as well as providing grants, could incentivize faculty to remain in academia. Along with this, customizing tenure pathways for clinical faculty can reduce ambiguity and promote advancement through the development of promotion and tenure policies that acknowledge the practice-oriented scholarship and service of doctorally-prepared CRNAs. As faculty pursue the specific requirements for tenure, aligning teaching with faculty expertise encourages faculty to lead coursework in their clinical specialty areas, which boosts confidence, effectiveness, and engagement.

Technology can reduce faculty workload and enhance job satisfaction by leveraging learning management systems such as Blackboard or Canvas to automate grading and facilitate online course delivery, freeing up time for mentoring and professional development. Additionally, artificial intelligence platforms are increasingly adopted in academia to streamline repetitive tasks like data collection, analysis, and test question formulation, enabling faculty to focus on high-impact activities such as research and student engagement.[16]

The implementation of structured mentorship programs allows new faculty to benefit from formal mentorship, pairing junior and senior educators to provide academic guidance, reduce isolation, and accelerate professional development. By viewing faculty retention as a strategic priority, universities and programs can proactively invest in their educators, ensuring continuity, quality, and student success. Adjustment to new career roles and professional expectations while engaging new faculty within departments and peer groups is facilitated by effective mentoring and onboarding processes. Mentorship programs, whether formal or informal, should promote environments of engagement and support for new educators so that they may learn to balance teaching, research, clinical practice, scholarship, and service.[5]

Fostering a culture of recognition is essential. Awards, public acknowledgment of teaching excellence, and clear pathways to tenure or promotion can make faculty feel valued, encouraging long-term commitment. A study by Boamah et al[17] addresses that supportive workplace cultures have profound impacts on the effectiveness of organizations and how they can lessen negative outcomes on the job regardless of the setting. Workplace culture that fosters collaborative and constructive workplace environments and recognizes the value of all faculty members, regardless of rank, is vital in faculty retention. Dedicated research time and reduced faculty workloads for those whose tenure and promotion guidelines require additional scholarship and service activities significantly enhance productivity, satisfaction, and contributions to knowledge.[17] Inclusive decision-making, wellness initiatives, and social cohesion all contribute to a supportive work environment that enhances retention.

These faculty retention strategies are not exclusive to this institution and may be tailored based on available resources and administrative flexibility. They may be adapted for different program types, such as Master of Science in Nursing-to-DNP transition programs, which serve experienced Advanced Practice Registered Nurses balancing clinical work and advanced study. Such programs require flexible course delivery and increased faculty involvement in scholarly project mentorship. This may necessitate protected time, customized faculty development, and clear promotion pathways that recognize practice-based scholarship. Content areas like systems improvement may require faculty with non-clinical expertise or targeted training. Leveraging technology and tailoring mentorship models to these unique demands can help maintain faculty satisfaction and retention in transition-format programs.

DISCUSSION

Faculty longevity in nurse anesthesia education is not solely about retaining individuals, but also about cultivating a professional environment where faculty are valued, supported, and empowered to grow. Programs must move beyond short-term staffing solutions and invest in long-term strategies that promote faculty satisfaction, academic fulfillment, and professional identity. When institutions demonstrate a genuine commitment to their educators, they not only stabilize their workforce but also elevate the quality and continuity of student education. Current advances like mentorship and professional development are steps in the right direction, but systemic barriers such as compensation disparities and burnout remain significant hurdles.

This program's experience illustrates how deliberate faculty engagement strategies, such as aligning teaching with clinical strengths, offering part-time clinical practice, and supporting tenure-track pathways, can enhance both retention and job satisfaction. These efforts reflect broader national initiatives that seek to reduce burnout, enhance well-being, and increase professional fulfillment across nursing faculty. By centering mentorship and flexible teaching formats, the nurse anesthesia program not only improved retention but also strengthened its academic culture. Ongoing dialogue with university administration has played a vital role in addressing and advocating for the specific needs of the program. By emphasizing the distinct student demographic and the high clinical salaries in nurse anesthesia compared to other health professions, faculty have worked and maintain open dialogue to secure institutional support for faculty retention strategies.

The annual faculty evaluation process provides a foundation for retention by encouraging self-reflection and offering flexibility in weighting teaching, professional activity, and service. This adaptability allows faculty to prioritize areas where they excel, such as clinical expertise, which can enhance job satisfaction. However, the minimum 50% teaching requirement ensures that educational quality remains paramount - a critical balance given the demand for well-trained CRNAs. The probationary review process complements this by fostering mentorship and identifying retention risks early, though its 6-year timeline may deter some CRNAs accustomed to faster career progression in

clinical practice, suggesting a need for tailored incentives during this period.

The Scholarship and Service Policy developed to guide the nurse anesthesia program faculty activities strengthens faculty engagement by aligning scholarly pursuits with teaching and clinical strengths, encouraging contributions that enhance both personal fulfillment and program visibility. Yet, the requirement of scholarship and service activities for promotion may be daunting for new faculty transitioning from clinical roles, highlighting the need for institutional support like protected research time. To support administrative duties, the institution grants nonteaching credit hours annually to the Program Administrator and Assistant Program Director, allowing more time for program development and faculty support.

At a broader level, these findings align with and support national concerns raised by the AANA, COA, and academic leaders regarding the instability of the nurse anesthesia faculty workforce. Programs across the country report similar patterns of high turnover, unfilled positions, and a shrinking pipeline of CRNAs entering academia. This case illustrates that targeted, multi-pronged strategies, especially those that respect clinical expertise and support hybrid professional identities, can effectively counteract those trends. Faculty development models that integrate mentorship, flexible academic structures, and transparent advancement opportunities are increasingly viewed as essential components of a sustainable workforce. Moving forward, nurse anesthesia programs must continue to address systemic barriers like salary disparities through advocacy and partnerships with healthcare systems, ensuring that faculty can thrive in both academic and clinical roles.

This program's faculty retention outcomes contribute practical insights to the larger dialogue about academic workforce sustainability. In particular, the integration of structured team building, responsive curriculum design, and wellness strategies echoes recommendations in the broader literature for cultivating healthy academic environments. These elements, although often viewed as intangible, have concrete impacts including increased faculty stability, improved student outcomes, and a stronger institutional reputation.

The intentional choice by faculty to pursue tenure and contribute meaningfully to institutional service counters the narrative that CRNA educators are transitory or 2nd tier academics. Their advancement within university structures not only benefits the program but sets a precedent for elevating the voice of advanced practice clinicians in higher education governance. This shift is critical to long-term recruitment and retention as faculty are more likely to stay in environments where they feel professionally respected and empowered to lead.

The challenges of launching the program during a global pandemic reinforced for the faculty the critical importance of resilience, adaptability, and team cohesion. Despite the high turnover in the first 2 years of the program, efforts to align faculty roles with their expertise and provide opportunities for clinical fulfillment have shown promise in stabilizing the team. Ultimately, the faculty's intentional approach to fostering a positive work environment, centered on collaboration, recognition, and wellness, illustrates the broader principle that recruitment is only the beginning. Retention and longevity require strategic, sustained support at the programmatic and institutional levels. As nurse anesthesia programs continue to grow in number and scope, integrating these lessons will be essential for building a stable, expert academic workforce. Faculty believe that by prioritizing longevity, programs are not only strengthened but there is assurance that students receive the mentorship and education they deserve. The path from turnover to tenure requires collective commitment from Program Administrators, institutions, and professional organizations like the AANA and COA to create an environment where faculty can thrive and not merely survive.

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REFERENCES

1. Best Health Care Jobs of 2025. Accessed March 28, 2025. https://money.usnews.com/careers/best-jobs/rankings/best-healthcare-jobs

2. American Association of Nurse Anesthesiology (AANA). Fact Sheet Concerning State Opt-Outs. Accessed March 28, 2025. https://www.aana.com/wp-content/uploads/2023/10/Fact-Sheet-Concerning-State-Opt-Outs-10.pdf

3. Lee R, Bonanno L, O'Sullivan C, et al. Supporting the foundation of nurse anesthesia education: a report of the Faculty Stabilization Taskforce. *AANA J*. 2022;90(3):3-9. PMID:38809209

4. Council on Accreditation of Nurse Anesthesia Educational Programs (COA). Program Directors' Update: Issue 96. 2024. Accessed March 28, 2025. https://www.aana.com/about-us/partners-and-affiliates/council-on-accreditation-of-nurse-anesthesia/

5. Stuit DJ, Chabo TL, Hart D, Sewell K, McMullan SP. Factors affecting nurse anesthetists' transition from clinical practice to academia: a scoping review. *AANA J*. 2024;92(6):411-419.

6. Vells B, Midya V, Prasad A. Experiences of burnout among nurse anesthetists. *Online J Issues Nurs*. 2021;26(2). doi:10.3912/ojin.vol26no02ppt41

7. The American Institute of Stress. Workplace Stress. February 15, 2023. Accessed March 28, 2025. https://www.stress.org/workplace-stress/

8. Andrews SP, Haskell B. Establishing a nursing academic healthy work environment: an evolving process. *Teach Learn Nurs*. 2023;18(4):442-446. doi:10.1016/j.teln.2023.09.013

9. Alqahtani HMH, Alharbi A, Alherz SS, Alnasser SM. Optimizing workforce well-being and retention in integrated health systems: a multidisciplinary approach to combating burnout. *Int J Health Sci (Qassim)*. 2023;7(S1):1-11. doi:10.53730/ijhs.v7ns1.15445

10. Christensen SS, Nixon TL, Aguilar RL, Muhamedagic Z, Mahoney K. Using participatory management to empower nurses to identify and prioritize the drivers of their burnout. *Int J Healthc Manag*. 2023;17(2):389-397. doi:10.1080/20479700.2023.2190251

11. Sadagheyani HE, Ebrahimi M, Tatari F. Investigating policies and factors affecting the faculty members' retention. *J Adv Pharm Educ Res*. 2022;12(1):74-83. doi:10.51847/rvnmrfctxp

12. Ashcraft A, Andersen JS, Rogge MM, Song H, Opton L. Academic tenure: perceptual variations among tenured, tenure-seeking and non-tenure faculty. *J Prof Nurs*. 2021;37(3):578-587. doi:10.1016/j.profnurs.2021.03.002

13. American Association of Colleges of Nursing (AACN). AACN Position Statement on the Practice Doctorate in Nursing.

14. College and University Professional Association for Human Resources (CUPA-HR). Workforce Pay Increases. Accessed March 29, 2025. https://www.cupahr.org/surveys/workforce-data/workforce-pay-increases/

15. American Association of Nurse Anesthesiology (AANA). *2024 Practice Profile and Compensation & Benefits Member Survey (2023 Data)*. American Association of Nurse Anesthesiology; 2024.

16. Watermark Insights. Can AI Reduce Faculty Workload? March 21, 2025. Accessed March 28, 2025. https://www.watermarkinsights.com/resources/blog/ai-reduce-faculty-workload/

17. Boamah SA, Kalu ME, Havaei F, McMillan K, Belita E. Predictors of nursing faculty job and career satisfaction, turnover intentions, and professional outlook: a national survey. *Healthcare*. 2023;11(14):2099. doi:10.3390/healthcare11142099