

Nursing in the Rural West

Challenges and Opportunities for Supporting Rural Students and Communities


by Colleen Falkenstern


In the summer of 2025, WICHE brought together stakeholders from three mountain West states — **Colorado, New Mexico, and Wyoming** — to discuss rural nursing and the challenges and potential solutions for students, institutions, and employers to provide education and care across rural communities in this region. Beyond nursing education, the meeting highlighted the complexity of rural healthcare challenges and the intersection of nursing education with broader rural healthcare accessibility. The COVID-19 pandemic accelerated the significant challenges facing the nursing profession, with rural communities enduring disproportionate impacts of nursing workforce shortages. These complex and interconnected challenges highlight the importance of understanding which supports are working for rural nursing students. They also underscore the need to help institutions and states make better-informed decisions to advance rural nursing students and, consequently, the rural nursing workforce.

This brief starts with the premise — expressed throughout the meeting — that nursing in rural areas is a critical component of rural healthcare. The multifaceted task of advancing nursing in rural areas necessitates support for nursing students from rural areas, as well as for all components of programs that serve those areas. Additionally, nursing programs in urban areas that serve rural students must recognize the importance of preparing students for practicing in rural settings, should they choose to return to their communities.

Key Findings

 **Rural communities are more impacted by nursing workforce shortages**, making it imperative that all nursing programs, including rural and urban programs, develop strategies and solutions to support the rural nursing workforce.

 **Faculty shortages, limited clinical placement capacity, and a shortage of preceptors** are the most common challenges for nursing programs seeking to expand capacity.

 **Rural nursing students face additional geographic and financial challenges**, and strategies for supporting rural nursing students must extend beyond tuition support.

 **Financial investments, innovative partnerships and clinical experiences, and train-in-place education models** are examples of strategies to address these challenges and support rural nursing education and workforce development.

RURAL NURSING CONTEXT

It is important to note that while the term “rural” is used throughout this brief, it can, and does, mean many different things. There are several definitions and classifications used across federal and state agencies, including those of the U.S. Census Bureau, which classifies “rural” as all individuals residing outside an area defined as “urban,” with at least 5,000 people or 2,000 housing units.¹ The Health Resources and Services Administration (HRSA) defines “rural” using a series of more detailed measures, including the Rural-Urban Commuting Area (RUCA) codes and Road Ruggedness Scale (RRS) codes to determine rurality at the census tract level.² While these threshold-based definitions of “rural” provide a critical benchmark for research and resource allocation, **the unique contexts and lived experiences of rural communities significantly shape access to rural healthcare.**

Participants in the meeting defined rural in the context of nursing education in several different ways. For example, one participant framed rurality in the context of Maslow’s hierarchy of needs and noted that if a person’s needs, including healthcare, cannot be met in their home community, then that community should be considered rural. Additionally, participants noted the lack of healthcare specialists as a common feature of rural healthcare. For example, a third of counties in the United States are considered a maternity care desert, with 60% of these deserts in rural areas.³ The distance and limited healthcare access in rural communities have significant implications for patients and nursing education.

The context of rural communities not only shapes the students from these communities but also how nursing education operates within

them. In many cases, rural nursing students face significant challenges, including limited access to clinical learning. However, there is also a wide array of policy and practice solutions that address these challenges and support students and institutions in rural communities. As there is continued pressure to increase the nursing workforce and the number of nursing students, it is more critical than ever to address the challenges impacting nursing education in rural communities.

Meeting participants identified several key challenges facing rural nursing education, including geographic and financial obstacles for students, limited clinical placements and preceptors, and faculty capacity and development.⁴ The discussion also emphasized that no single solution can address the complexity of these issues, especially since many of the challenges in rural nursing education are linked to broader challenges in rural healthcare. Participants also noted the need for innovative solutions and strategies that involve partnerships with key stakeholders such as rural healthcare providers and educational institutions.

RURAL NURSING STUDENT SUPPORTS

Meeting participants highlighted several key challenges facing rural nursing students. **In many cases, the challenges identified by the group aligned with those experienced by rural postsecondary students more broadly, including issues related to geographic and financial realities, as well as students’ desire to remain in their home communities.**⁵ That said, experts from the meeting highlighted how aspects of nursing education further exacerbate these challenges, and that strategies and solutions should be focused on addressing students’ geographic and financial constraints.

Challenges

Rural students often have to travel farther to access postsecondary education than their urban or suburban peers. For rural nursing students, this is further exacerbated by the requirement of clinical education placements that they must attend in-person clinicals, regardless of whether they are enrolled in a distance education program. Clinical placements are not always available within a nursing program's community, especially at rural institutions. As a result, if a student attends a rural college, they may need to travel greater distances for clinical placements and, in some cases, find lodging in a different community to meet clinical requirements. These transportation and lodging costs are borne by students, creating additional financial challenges for rural nursing students. Additionally, participants noted that given the clinical requirements of nursing programs, it is also difficult for nursing students to work while in school. This can create an additional financial burden for rural students, particularly if a student has other financial and familial obligations, such as daycare or broader family responsibilities.

Strategies and Opportunities

These challenges, while not significantly different from those faced by rural college students, require innovative solutions that meet the needs of nursing education while addressing students' financial and geographic constraints.

EXPAND TRAIN-IN-PLACE AND EARN AND LEARN MODELS

One approach many institutions have adopted to address these challenges is the development of "train in place" learning models. These programs provide students with an opportunity to learn in their home communities throughout an academic program.

- ▶ In 2024, Laramie County Community College (LCCC) launched Wyoming's first practical nursing program, aimed specifically at serving rural communities across the state. Since Wyoming is one of the least densely populated states, there is a need for statewide strategies to support the rural nursing workforce. The program is offered in an asynchronous format, allowing students to work in their local communities and travel to Cheyenne only a few times a year for in-person intensive sessions. Additionally, LCCC helps support the costs of these trips by offering free housing in the LCCC dorms.
- ▶ The University of New Mexico College of Nursing partners with six community colleges across the state, enabling students to dual enroll in an associate degree in nursing (ADN)/bachelor of science in nursing (BSN) program. This approach is especially important for rural community colleges, as it allows students to graduate with a BSN while staying in their home communities. At the core of this model is the New Mexico Nursing Education Consortium, which provides a shared curriculum for nursing programs across New Mexico, similar to programs in Wyoming and Oregon, which also provides a foundational framework for students who choose to start at a community college and transfer to another institution.
- ▶ Institutional partnerships and shared resource agreements provide students with another form of the train-in-place model. In 2023, the University of Colorado College of Nursing started a partnership with Fort Lewis College in Durango, Colorado, to develop a bachelor's-level nursing program in the southwest region of Colorado. This collaboration fills a critical need in the region while providing students with an opportunity to earn a BSN in their community, rather than traveling to another part of the state.

In addition to train-in-place models, registered apprenticeships in the nursing field have grown in recent years.⁶ Apprenticeships offer a model for practical nursing programs that allow students to earn while learning and develop critical workplace skills.⁷ While apprenticeships offer potential benefits in both rural and urban settings, the increased likelihood that an apprentice nurse will stay in the community where they are trained makes them a useful workforce development tool for rural communities.

- ▶ Lake Region State College in North Dakota offers one example of a rural-focused nursing apprenticeship. The college partners with a local healthcare provider to offer a nursing apprenticeship, allowing students to earn money while enrolled in a practical nursing or ADN program.⁸
- ▶ The Nevada Rural Hospital Partners Foundation administers the Nevada Nurse Apprenticeship program, which includes sites in multiple rural communities across the state. Additionally, the program reimburses transportation costs for apprentices who travel more than 50 miles from home.⁹

FINANCIAL SUPPORTS

Meeting participants emphasized the role of direct financial support and incentives for rural nursing students. These financial supports offer a range of aid to nursing students, including public and private support. As previously noted, the financial burden for rural nursing students extends beyond tuition and fees, so strategies should include comprehensive financial assistance addressing the full range of challenges they face. Examples include:

- ▶ Colorado's Rural Health Workforce Initiative offers scholarship funds to students who commit to practicing for two years in a rural or frontier county in Colorado.¹⁰

- ▶ The Colorado Nursing Student Success Fund provides funds to any student enrolled in a nursing program in Colorado that can be used for non-tuition expenses such as groceries, daycare, and travel expenses.¹¹
- ▶ In December 2025, the Centers for Medicare and Medicaid announced Rural Transformation Grant awards to all 50 states. These awards go beyond the nursing workforce, but several states are using these funds to provide financial support to nursing students through strategies that support "earn and learn" models in rural areas.¹²

CLINICAL PLACEMENTS

Nationally, there is growing pressure to increase the number of nurses in the workforce. As the primary driver of the nursing workforce, nursing programs are being asked to expand capacity and increase the number of students completing their programs. **One of the main challenges in increasing nursing program capacity is the shortage of clinical placements for students.** Even if nursing programs themselves expand to include more students, without increases in clinical placements, such expansion would not result in more nurses. Meeting participants highlighted the importance of partnership and coordination in addressing limited clinical placements.

△ Challenges

Addressing rural nursing workforce shortages is essential for meeting the healthcare needs of rural communities and supporting their long-term healthcare needs. Nurses trained in rural settings are more likely to work in these communities, underscoring the importance of investing in rural clinical learning opportunities for rural nursing programs and students.¹³ Moreover, participants noted that while

securing sufficient clinical placements is a challenge for both rural and urban institutions, the difficulties can be even more significant in rural areas.

Even if nursing programs themselves expand to include more students, without increases in clinical placements, such expansion would not result in more nurses.

Meeting participants shared that, from the institution's perspective, the lack of sufficient clinical placements stems from various issues, many of which extend beyond nursing education. Often, these challenges are influenced by broader systemic problems in rural healthcare.

As rural hospitals and healthcare providers face increasing budget and staffing issues, it becomes more difficult to offer clinical rotations. Rural communities and clinical providers typically have a broad scope of practice, and specialists are more difficult to access, making it difficult for rural nursing programs to secure clinical placements in specialties like pediatrics. A participant from a rural community college mentioned that although their community is home to a local hospital, it offers such limited services that many patients are transferred to a larger facility in a bigger city. As a result, the hospital often lacks the number of patients needed to meet clinical education requirements.

Participants from rural institutions also shared that, due to limited clinical options in their rural areas, most clinical slots are held at larger urban hospitals more than an hour from their campuses. This distance, as previously mentioned, is a burden for students and means that rural institutions compete with several other nearby institutions for clinical spots. This competition requires many institutions to

seek innovative strategies to support clinical education.

Another underlying challenge facing rural institutions is the disparity in resources available to support clinical education. For example, some private institutions are well-equipped to pay for clinical education spots, while rural institutions, which are also typically less resourced, cannot afford to pay for student clinical placements. As many states face budget cuts — some already impacting rural nursing programs — there is growing concern that this will continue to hinder rural institutions' ability to secure sufficient clinical placement opportunities.¹⁴

Meeting participants also emphasized the administrative burden of clinical education for students. As one example, participants noted that in rural nursing education settings, students may work at multiple clinical sites, requiring driving long distances and completing separate rounds of administrative tasks for each location. Besides the time cost to students, these tasks often involve background and health checks, which impose additional costs on students.

Strategies and Opportunities

Participants noted that addressing these challenges will require partnerships and innovative solutions between nursing programs and providers.

INNOVATIVE CLINICAL PARTNERSHIPS

A participant from a rural college shared that the institution partners with detention centers, home care providers, and foster youth clinics to help meet various clinical requirements within their own community. Research indicates that summer camps are also a feasible model for pediatric clinical placements.¹⁵

COORDINATION IN CLINICAL SCHEDULING AND ONBOARDING

Additionally, participants shared that there should be more effective coordination across providers and institutions to alleviate the administrative burden for students and institutions. Several states, including California and Hawai'i, as well as the Maricopa Community Colleges in Arizona, use a centralized clinical scheduling system to support the complex demands of clinical scheduling.

CLINICAL PARTNERSHIPS

Meeting participants highlighted the need for more effective partnerships between nursing programs and clinical partners. This can be difficult, as both the institution and clinical providers are constrained by staffing capacity, but even adding additional feedback loops and communication can help establish an effective clinical partnership.¹⁶

- ▶ Academic-practice partnerships are an effective strategy for improving practice readiness and retention of nurses. This is particularly critical in rural communities that are more impacted by healthcare recruitment and retention.¹⁷ Additionally, academic-practice partnerships have been found to have positive effects on healthcare access in rural communities.¹⁸
- ▶ Dedicated Education Units (DEUs) are an innovative model for clinical education, built on collaboration and partnership between postsecondary institutions and clinical partners to provide a clinical education model focused on peer learning and immersive teaching and learning practices. They are intended to better prepare nursing students and mitigate clinical placement and faculty shortages. A recent research study examining a DEU partnership between a rural college and rural hospital found positive benefits to both students and the hospital. For students,

the study found increased proficiency in rural healthcare settings, and the hospital was able to recruit and hire students from the DEU, meeting staffing needs with rurally trained nurses. These outcomes highlight an opportunity for DEUs to support rural nursing workforce development in addition to student experience.¹⁹

FACULTY DEVELOPMENT

One of the most frequently cited obstacles to increasing capacity in nursing programs, in addition to limited clinical placements, is faculty shortages. **Nursing faculty shortages are widespread across both rural and urban colleges, affecting the nationwide nursing workforce shortage.** Rural colleges often face additional challenges in recruiting and retaining faculty. Participants underscored the importance of financial investments at the state and federal levels to address faculty shortages.

Challenges

A shortage of nursing faculty presents a tough challenge because it is both a sign and a cause of difficulties in expanding nursing capacity. As is the case with undergraduate nursing, more than 5,000 qualified students are unable to get admitted to master's and doctoral nursing programs each year, due to the limited number of nursing faculty.²⁰ These are the very students who could be trained to become nursing faculty, underscoring the complex challenges in the nursing faculty pipeline. Nursing faculty shortages at all institutions, both rural and urban, affect the rural healthcare workforce by creating bottlenecks in the education of future rural nurses and nursing educators.

According to a 2025 American Association of Colleges of Nursing (AACN) survey, the faculty vacancy rate at nursing schools nationwide was 7.2%, with an even higher rate of 8.2% in the West. When looking at the development of future nursing faculty, the West faces additional challenges. Not every state in the region has a Ph.D. nursing program, meaning many institutions lack the chance to “grow their own” nursing faculty. Additionally, enrollment in nursing Ph.D. programs dropped by 12% between 2012 and 2022, directly affecting the pipeline of future nursing faculty.²¹

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Several underlying factors contribute to nursing faculty shortages. One key reason is that nurses earn more in clinical settings than they do as nursing faculty. According to data from the U.S. Bureau of Labor Statistics, the median salary of a registered nurse is \$93,600, about the same as the median salary of a master’s-prepared nursing professor.²² When comparing the salaries of nursing faculty, nearly all of whom hold at least a master’s degree, with advanced practice registered nurses (APRN), the median salary of clinically working APRNs is about 38% more than the median salary of master’s-prepared nursing faculty.²³

Additionally, much like the nursing workforce, nursing faculty is an aging population and expected to retire in greater numbers in the coming years. One participant noted that there was not a single Ph.D.-educated nursing faculty member at the college younger than 50. Additionally, meeting participants noted that it is difficult for a nurse to transition from a clinical setting to enroll in a Ph.D. program and become a nursing faculty member.

Recent changes to federal loan limits may affect efforts to grow the nursing profession, both in faculty and patient-facing roles. H.R. 1, known as the “One Big Beautiful Bill Act,” passed in July 2025, set updated graduate student loan limits at \$20,500 annually (\$100,000 lifetime), with higher limits (\$50,000 annually and \$200,000 lifetime) for professional degree students.²⁴ Through the federal negotiated rulemaking process, graduate nursing was not included in the list of professional programs, and effective July 1, 2026, graduate nursing students will be subject to the new loan limits.²⁵ The rule has garnered significant attention, and a bipartisan bill, the Professional Student Degree Act, was introduced in the U.S. Congress to expand the definition of professional students to include graduate nursing students.²⁶ Although it remains uncertain whether the bill will pass, nursing programs are concerned that the new limits will affect enrollment. According to a recent survey by the American Association of Colleges of Nursing, most deans of nursing programs stated that the new loan limits would negatively affect post-baccalaureate nursing enrollment.²⁷

Strategies and Opportunities

As highlighted, nursing faculty shortages are complex challenges that require a wide range of innovative solutions and strategies, including financial investments, incentives, and programs to broaden the nursing faculty pipeline.

FINANCIAL INVESTMENTS AND INCENTIVES

There have been many recent investments in nursing education to expand the number of nursing faculty. These efforts primarily focus on increasing faculty positions or on providing higher pay for nursing faculty.

- ▶ In 2022, New Mexico awarded \$15 million to expand nursing programs at institutions across the state, with a goal of improving

faculty recruitment and retention through competitive salaries, stipends, or other compensation.²⁸

- ▶ In 2022, Hawai'i invested \$1.75 million for 39 faculty positions across the University of Hawai'i system.²⁹
- ▶ In 2019, the Washington state legislature passed HB 215, providing \$40 million to the state's community and technical colleges to increase nursing faculty salaries. This reflects an overall increase of 26.5% for these salaries.³⁰
- ▶ At the federal level, the Nurse Faculty Shortage Reduction Act was introduced in 2024 and, if passed, would establish a pilot program to augment wages for nurse educators.³¹

Existing financial incentives could also be used to motivate nurses to pursue roles in nursing education. For instance, New Mexico offers a tax credit for working nurses in rural areas; however, this tax credit does not extend to nurse educators in rural communities. Colorado provides a tax credit for eligible preceptors in rural areas, but excludes nursing faculty. Meeting participants noted that this could be another opportunity to offer financial incentives to attract nursing educators.

EXPANDING THE PIPELINE

While funding provides essential financial resources to support the number of nursing faculty, there is still a need to increase the number of students enrolling in Ph.D. programs that lead to a career in nursing education. Meeting participants emphasized the need to boost mentorship for undergraduate nursing students interested in research and teaching, and to expand opportunities for accelerated BSN to Ph.D. programs that facilitate earlier entry into research careers. Additionally, many programs are growing DNP-Ph.D. pathways that offer both advanced clinical and research education for nursing students.

Across all settings, both rural and urban, the impact of nursing faculty shortages is significant. As there is a need to train more nurses and boost the number of nurses entering and staying in the workforce, there is a simultaneous need to increase the number of nurses pursuing careers in nursing education.

PRECEPTOR DEVELOPMENT

Preceptors play a vital role in nursing education, and one major challenge in securing clinical placements is their limited availability. **Several underlying factors influence the number of preceptors, and in many ways, the challenge of limited preceptors sits at the intersection of key issues in both nursing education and the rural nursing workforce.** Financial investments and expanded trainings were identified as key strategies for addressing preceptor recruitment challenges.

△ Challenges

Preceptors are working nurses who both care for patients and teach nursing students in clinical settings. The rural healthcare workforce and providers are more likely to be affected by nursing shortages, making the preceptor shortage more acute.³² In rural healthcare settings, many of which face even greater financial and staffing challenges, nurses are already juggling multiple roles and have limited capacity to take on teaching responsibilities.

According to a report from the National Rural Health Association (NHRA), the broad scope of practice required by rural healthcare providers compounds the challenges faced by rural preceptors. Specifically, rural healthcare providers already have limited staff resources, which means the same staff serves as

preceptors, increasing the risk of burnout.³³ There is limited equipment and supplies for training, as well as few opportunities to practice high-risk, low-frequency skills, which presents an issue and requires preceptors to be creative to meet the needs of nursing students.³⁴ Meeting participants noted similar challenges for rural preceptors, particularly the lack of training and the level of effort required to develop the skills needed to be a clinical preceptor.

Strategies and Opportunities

Recruitment and retention of preceptors is a top priority of nursing programs. Meeting participants shared that the top priorities for addressing this challenge were centered on funding and incentives, as well as expansion of training.

FINANCIAL STRATEGIES

Meeting participants noted an opportunity for more efficient and systematic investments in supporting clinical education and preceptorships. These varied from tax credits to federal funding.

- ▶ There is currently not a stable federal funding source that supports graduate nursing education similar to Graduate Medical Education (GME) funding. This funding gap is particularly salient for the financial support of necessary clinical instruction required for advanced practice nursing education. A Government Accountability Office report on expanding Graduate Medical Education (GME) funding for Nurse Practitioners (NP) found that several NP stakeholder groups stated that GME funding would provide stability and predictability for NP students and support long-term planning for nursing programs enrolling NP students.³⁵ A more stable investment could be critical for

rural communities that rely heavily on NPs to provide broad levels of care in light of physician shortages.³⁶

- ▶ Several states now offer tax credits to preceptors as an incentive for participation. For example, Hawai'i and Colorado both offer tax credits to eligible preceptors, with Colorado's available only to preceptors in rural communities.³⁷ It is important to note that this is not a feasible strategy in a state like Wyoming that does not have a state income tax. One state without a state income tax, Washington, developed a preceptor grant program that provides some financial incentive to preceptors.
- ▶ At the federal level, in 2025, the PRECEPT Act was introduced, but not passed, which would provide a \$2,000 federal tax credit for nurses who serve as clinical preceptors.³⁸
- ▶ Meeting participants suggested alternative incentives for preceptors, including granting adjunct status or buying out preceptors' time from clinical providers.

EXPANDED TRAINING OFFERINGS

It is essential for the success of clinical education that there are accessible training opportunities for preceptors. Systematic training reduces the cost and time burden for preceptors.

- ▶ In 2022, the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), awarded \$8.4 million dollars to Nurse Education, Practice, Quality, and Retention-Clinical Faculty and Preceptor Academies (NEPQR-CFPA).³⁹ This supports the creation of academies that develop and implement formal curricula to train clinical faculty and preceptors. Nearly every state in the WICHE region engages in a preceptor training academy.

CONCLUSION

Many of the prominent challenges identified by meeting participants for increasing capacity in nursing programs are similar across urban and rural settings. With that said, the discussion highlighted how interconnected nursing education in rural communities is with systemic issues impacting rural healthcare accessibility,

and how the rural context can further exacerbate nursing workforce challenges. As strategies and solutions are developed to increase the nursing workforce, it is critical that the perspectives and contexts of rural communities are supported and developed.

About WICHE


The Western Interstate Commission for Higher Education (WICHE) is a regional interstate higher education compact of 15 Western states and the U.S. Pacific Territories and Freely Associated States. Since 1953, WICHE has focused on its mission of expanding educational access and excellence for all residents of the West. By promoting innovation, cooperation, resource sharing, and sound public policy, WICHE strengthens higher education's contributions to the region's social, economic, and civic life.

National Rural Higher Education Research Center

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