California Board of Registered Nursing

2018-2019 Annual School Report

Data Summary and Historical Trend Analysis

A Presentation of Post-Licensure Nursing Education Programs in California

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CONTENTS

TABLES

PREFACE AND SURVEY METHODS

Nursing Education Survey Design

The 2018-2019 Board of Registered Nursing (BRN) School Survey was designed to provide comparable data to prior surveys and was updated based on recommendations from the Board's Nursing Education and Workforce Advisory Committee. The School Survey is primarily intended to collect data on pre-licensure registered nursing (RN) education programs in California. Since 2004-2005, pre-licensure nursing education programs that also offer post-licensure programs have been asked to provide data on their post-licensure programs. Note that the data presented in this report are only for post-licensure programs that also have an approved pre-licensure program in California. Programs that are located outside California and offer post-licensure education online are not included.

The California Board of Registered Nursing commissioned the University of California, San Francisco to develop the online survey instrument, administer the survey, and report data collected from the survey. Revisions to the post-licensure sections of the survey may prevent comparability of some data.

The survey collected data about nursing programs, their students, and their faculty from August 1, 2018, through July 31, 2019. Demographic information and census data were requested for October 15, 2019.

Survey Participation

In 2018-2019, 37 RN-to-BSN programs, 35 Master's degree programs, and 13 doctoral programs responded to the survey. A list of survey respondents is provided in Appendix A.

Since 2009-2010, the number of post-licensure programs in schools with pre-licensure programs surveyed by the BRN has increased by 12.8% (n=5). This includes an increase of 19.4% (n=6) in the number of RN-to-BSN programs, 12.9% (n=4) in the number of Master's degree programs, and 85.7% (n=6) in the number of doctoral programs. However, there was an overall decrease in the number of programs reported since 2017-2018. Three RN-to-BSN programs, four MSN programs, and two doctoral programs that were reported in 2017-2018 were not reported in 2018-2019. These losses were offset by the addition of two new RN-to-BSN programs, one new MSN program, and one new doctoral program. These changes may be due to a number of reasons. For instance, the program may have closed, the school may have been exempted from answering the post-licensure survey because it ceased to offer a BRN-approved pre-licensure program, or the school did not report the program for other reasons such as lack of enrollment.

Table 1. Number of Post-Licensure Programs by Program Type by Academic Year

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019
RN-to-BSN	31*	34	33	32	35	34	34	38	38	37
Master's Degree	31	36	36	36	36	35	35	38	38	35
Doctoral	7	9	10	12	13	13	13	16	14	13
Number of schools[T]	39	43	45	44	45	44	42	46	46	44

[T]Since some nursing schools admit students in more than one program, the number of nursing programs is greater than the number of nursing schools.
*One of the RN-to-BSN programs had been counted twice when the 2009-2010 report was published. The data have been corrected in this report.

Only ten schools reported single post-licensure programs. Most had a combination of programs, the most common being an RN-to-BSN program with an MSN program.

Table 2. Post-licensure Program Combinations, 2018-19

Programs	#
RN-to-BSN only	8
MSN only	2
Doctoral only	0
RN-to-BSN & MSN	21
RN-to-BSN & Doctoral	1
MSN & Doctoral	5
RN-to-BSN, MSN & Doctoral	7
Number of schools	**44**

Analysis

This report focuses on the post-licensure data; previously published reports present the results of the pre-licensure sections of the survey. Data are presented in aggregate form to describe overall trends in RN education in California statewide and within regions of the state. Note that statistics for enrollments and completions represent two separate student populations. Therefore, it is not possible to compare enrollment and completion data.

POST-LICENSURE RN EDUCATION PROGRAM SUMMARY AND TRENDS

Since post-licensure programs offer a range of degrees, this report is presented in three sections: RN-to-BSN programs, Master's degree programs, and doctoral programs. Faculty census data and staffing data are presented separately since they are collected by school, not by program type. Note that the data do not include post-licensure education programs offered by schools that do not have an approved California pre-licensure RN education program.

RN-to-BSN Programs

Number of RN-to-BSN Programs

The number of RN-to-BSN programs increased by 19.4% (n=6) over the last ten years, from 31 programs in 2009-2010 to 37 programs in 2018-2019. In 2018-2019, more than half of RN-to-BSN programs were offered at private schools (56.8%, n=21), while 43.2% (n=16) of RN-to-BSN programs were offered at public schools. The number of RN-to-BSN programs offered at private schools increased by 61.7% (n=8) over the last ten years, while the number of RN-to-BSN programs offered at public schools decreased by 11.2% (n=2). The proportion of private RN-to-BSN programs has risen steadily over the decade, exceeding half of all RN-to-BSN programs in 2016-2017.

Table 3. Number of RN-to-BSN Programs by Academic Year and Public/Private Status

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019
Public	58.1%	55.9%	57.6%	53.1%	54.3%	52.9%	50.0%	47.4%	44.7%	43.2%
count	18	19	19	17	19	18	17	18	17	16
Private	41.9%	44.1%	42.4%	46.9%	45.7%	47.1%	50.0%	52.6%	55.3%	56.8%
count	13	15	14	15	16	16	17	20	21	21
Number of programs reporting	**31**	**34**	**33**	**32**	**35**	**34**	**34**	**38**	**38**	**37**

Program Information

Most RN-to-BSN programs use distance learning and flexible course scheduling as methods of increasing access to the program. Offering courses via distance education has risen to 78.4% (n=29) in 2018-2019 after a three-year decline. Flexible course scheduling remains a common method that RN-to-BSN programs use to increase access (62.2%, n=23), although its use has decreased somewhat since 2009-2010.

Some programs offer courses in work settings and use partial funding of classes by work settings to increase access, although use of both has declined over the last decade.

Table 4. Approaches to Increase RN Access to the Program by Academic Year

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019
Distance education modes	57.7%	56.7%	71.0%	83.3%	71.4%	83.3%	68.8%	70.3%	69.4%	78.4%
Flexibility in course scheduling	80.7%	63.3%	67.7%	63.3%	68.6%	73.3%	62.5%	62.2%	52.8%	62.2%
Partial funding of classes by work setting	46.2%	56.7%	35.5%	30.0%	22.9%	46.7%	40.6%	32.4%	30.6%	24.3%
Courses provided in work settings	38.5%	33.3%	41.9%	30.0%	17.1%	23.3%	25.0%	16.2%	11.1%	13.5%
Number of programs reporting	**26**	**30**	**31**	**30**	**35**	**30**	**32**	**37**	**36**	**37**

In 2018-2019, the most commonly cited methods to award credit for prior education and experience were direct articulation of ADN coursework (65.6%, n=21) and partnerships with ADN programs or similar collaborations (53.1%, n=17). The use of partnerships with ADN programs or similar collaborations has increased steadily over the decade, peaking in 2015-2016 at 63.3% (n=19) of programs and then declining somewhat.

The use of portfolios to document competencies as a mechanism to award credit has overall declined since 2009-2010, when 14.3% (n=4) of programs used this mechanism. By 2018-2019, only two programs reported using portfolios to document competencies to award credit. The use of other mechanisms to award credit has fluctuated over the decade.

Table 5. Mechanisms to Award Credit for Prior Education and Experience by Academic Year

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019
Direct articulation of ADN coursework	71.4%	64.5%	71.0%	73.3%	67.7%	90.0%	50.0%	61.8%	51.4%	65.6%
Partnerships with ADN programs or similar collaborations	28.6%	45.2%	45.2%	53.3%	54.8%	60.0%	63.3%	52.9%	51.4%	53.1%
Specific program advisor	53.6%	51.6%	45.2%	43.3%	38.7%	70.0%	30.0%	35.3%	37.1%	31.3%
Tests to award credit*	17.9%	22.6%	22.6%	20.0%	22.6%	30.0%	13.3%	20.6%	17.1%	21.9%
Specific upper division courses	28.6%	19.4%	12.9%	13.3%	9.7%	20.0%	10.0%	17.6%	20.0%	15.6%
Portfolios to document competencies	14.3%	19.4%	16.1%	6.7%	12.9%	20.0%	13.3%	0.0%	2.9%	6.3%
Number of programs	**28**	**31**	**31**	**30**	**31**	**30**	**30**	**34**	**35**	**32**

*NLN achievement tests or challenge exams

New Student Enrollments

In 2018-2019, 6,487 admission spaces were filled with 3,507 students. Some online RN-to-BSN programs accept all qualified applicants and there is no cap on enrollment; these programs did not report a number of admissions spaces and the number of new enrollments was used as the number of spaces available. 2018-2019 marked the second-highest number of spaces available this decade (6,487) and the lowest percent of spaces filled with new enrollments (54.1%). Twenty-nine of the thirty-seven RN-to-BSN programs listed fewer new enrollments than admissions spaces available in 2018-2019.

Table 6. Availability and Utilization of Admission Spaces by Academic Year

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019
Spaces available*	2,346	2,287	2,978	3,224	3,368	3,180	4,941	5,119	6,658	6,487
New student enrollments	2,101	1,913	1,998	2,488	2,252	2,351	4,317	3,698	4,238	3,507
% Spaces filled with new student enrollments	**89.6%**	**83.6%**	**67.1%**	**77.2%**	**66.9%**	**73.9%**	**87.4%**	**72.2%**	**63.7%**	**54.1%**

*If admission spaces were not provided in the data, the number of new enrollments was used as the number of available admission spaces.

New student enrollment reached a ten-year high of 4,317 in 2015-2016. Since that time, enrollment has fluctuated, declining to 3,507 in 2018-2019. Overall, RN-to-BSN enrollments have increased over the decade, although public program enrollments have been decreasing since 2015-2016. Private program enrollments surpassed public school enrollments in 2015-2016 and have remained more than half of all new student enrollments since that time.

Of these 3,507 new enrollments in 2018-2019, 2,873 were enrolled in a general post-licensure BSN (RN-to-BSN) while 634 were enrolled in a specific post-licensure program in which students begin taking BSN courses while still enrolled in an ADN program (e.g. California Collaborative Model for Nursing Education).

Table 7. RN-to-BSN New Student Enrollment by Program Type by Academic Year

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019
New student enrollment	**2,101**	**1,913**	**1,998**	**2,488**	**2,252**	**2,351**	**4,317**	**3,698**	**4,238**	**3,507**
Public	788	788	1,083	1,578	1,247	1,772	2,010	1,557	1,446	1,225
Private	1,313	1,125	915	910	1,005	579	2,307	2,141	2,792	2,282

Eleven programs (30.6%) reported that they enrolled fewer students in 2018-2019 than in the prior year. The majority reported that this resulted from accepted students not enrolling (63.6%, n=7), followed by lack of qualified applicants (27.3%, n=3) and competition or mode of delivery (18.2%, n=2). The latter two categories were derived from text comments. In 2018-2019, some examples of comments indicating lack of qualified applicants include "Not many applicants for program" and "Low applicant pool". Some examples of comments indicating competition/mode issues include "Cannot compete financially with online courses" and "Number of required units and cost was lower with competitors, also we offered no courses online". Other comments included, "Reduced advertising and marketing spend for this program," and "Re-launch of program in 2018."

Table 8. Reasons for Enrolling Fewer Students by Academic Year

	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019**
Accepted students did not enroll	61.5%	60.0%	60.0%	47.1%	63.6%
Lack of qualified applicants*	8.3%	40.0%	33.3%	23.5%	27.3%
Other	7.7%	10.0%	13.3%	5.9%	18.2%
Competition/mode*	7.7%	0.0%	26.7%	23.5%	18.2%
Program revisions*	-	-	6.7%	11.8%	9.1%
College/university / BRN requirement to reduce enrollment	15.4%	10.0%	0.0%	0.0%	0.0%
To reduce costs	7.7%	0.0%	0.0%	0.0%	0.0%
Unable to secure clinical placements for all students	7.7%	0.0%	6.7%	0.0%	0.0%
Lost funding	0.0%	0.0%	0.0%	0.0%	0.0%
Insufficient faculty	0.0%	0.0%	0.0%	0.0%	0.0%
All Reporting	**13**	**10**	**15**	**17**	**11**

*Categories derived from text comments.

In 2018-2019, RN-to-BSN programs received 4,468 qualified applications for admission, representing a steady decline since the ten-year high of 6,028 in 2015-2016. Of the 4,468 applications received, 11.7% (n=523) were not accepted for admission. The acceptance rates over the last three years, including 2018-2019, were considerably higher than in any of the previous seven years.

Prior to 2014-15, admitted students were recorded as enrolled students. From 2014-2015 onward, enrolled students were differentiated from admitted students because many who are admitted do not enroll. In 2019-2020, this table was revised to reflect the number admitted, not enrolled, from 2012-2013 onward.

Table 9. Applications for Admission to RN-to-BSN Programs by Academic Year

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019
Qualified applications*	**2,651**	**2,424**	**2,581**	**3,069**	**2,873**	**3,844**	**6,028**	**5,613**	**5,416**	**4,468**
Accepted	2,101	1,913	1,998	2,448	2,522	3,468	5,783	5,198	4,989	3,945
Not accepted	550	511	583	621	351	376	245	415	427	523
% of qualified applications not admitted	20.7%	21.1%	22.6%	20.2%	12.2%	9.8%	4.1%	7.4%	7.9%	11.7%

*These data represent applications, not individuals. A change in the number of applications may not represent an equivalent change in the number of individuals applying to nursing school.

Student Census Data

The total number of students enrolled in RN-to-BSN programs affiliated with BRN-approved pre-licensure programs has fluctuated over the last ten years from a low of 3,099 in 2011 to a high of 6,654 in 2017.[1] The number of students enrolled in RN-to-BSN programs increased dramatically between 2015 and 2018, largely due to increases in the number of private program enrollments. This number declined considerably in 2019, possibly due in part to a decline in the number of programs responding to this survey.

Until 2016, private school students accounted for less than half of all RN-to-BSN students, but by 2018-2019, they accounted for 58.0% of all RN-to-BSN students.

Table 10. Student Census Data, RN-to-BSN Programs, by Academic Year

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Public programs	1,873	2,086	2,182	2,624	2,194	2,536	3,073	2,224	2,298	1,929
Private programs	1,374	1,013	1,223	1,467	1,242	873	3,356	4,430	3,821	2,668
Total nursing students	**3,247**	**3,099**	**3,405**	**4,091**	**3,436**	**3,409**	**6,429**	**6,654**	**6,119**	**4,597**

Note: Census data represent the number of students on October 15 of the given year.

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[1] Much of this increase from 2014-2015 has to do with one school that did not report data previously.

Student Completions

The number of students that completed an RN-to-BSN program in California has increased over the last ten years, from in 1,374 in 2009-2010 to 3,110 in 2018-2019. There has been considerable growth in the number of completions from both public and private programs over this period, but private programs have had a greater share of RN-to-BSN completions than public programs for the past four years—peaking at 71.9% of all completions in 2018-2019. Some of this increase is due to the inclusion of a very large program that had not reported data prior to 2015-2016.

Of these 3,110 completions, 2,770 were enrolled in a standard post-licensure BSN (RN-to-BSN), and 340 were enrolled in a specific post-licensure program in which students begin taking BSN courses while enrolled in an ADN program (e.g. California Collaborative Model for Nursing Education).

Table 11. Student Completions, RN-to-BSN Programs, by Academic Year

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019
Public programs	613	696	850	1,030	1,097	1,174	1,076	1,386	1,549	874
Private programs	761	572	750	796	675	671	1,357	1,748	2,126	2,236
Total student completions	1,374	1,268	1,600	1,826	1,772	1,845	2,433	3,134	3,675	3,110

Starting in 2016-2017, RN-to-BSN programs were asked to describe the type of term system they used (semester, quarter, or other) and the average time to completion for part-time and full-time students. "Other" systems included 1-month terms, trimesters, and 10-week blocks. This answer category was discontinued in 2018-2019.

In 2018-2019, the majority of programs (83.8%, n=31) reported using the semester system and 16.2% (n=6) reported using the quarter system.

Table 12. Type of Term, RN-to-BSN Programs

	2016-2017		2017-2018		2018-2019	
	#	%	#	%	#	%
Semester	25	71.4%	26	68.4%	31	83.8%
Quarter	5	14.3%	5	13.2%	6	16.2%
Other	5	14.3%	7	18.4%	-	0.0%
Total	**35**	**100.0%**	**38**	**100.0%**	**37**	**100.0%**

In 2018-2019, part-time students required an average of 5.3 semesters or 5.5 quarters to complete the RN-to-BSN program. Full-time students required an average of 3.5 semesters or 4.7 quarters to complete.

Table 13. Time to Completion by Term, RN-to-BSN Programs, 2018-19

Time to complete	Semesters	Quarters	Programs reporting*
Part-time program	5.3	5.5	27
Full-time program	3.5	4.7	33

*Only programs that reported numbers greater than "0" were used for this analysis.

Summary of RN-to-BSN program data

The number of RN-to-BSN programs has declined slightly since last year and, for the third year in a row, there were more private than public programs. RN-to-BSN programs enrolled and graduated many more students in 2018-2019 than in 2009-2010. However, the number of spaces available, the number of new students enrolling in these programs, and the number of qualified applicants decreased over the last year. Almost a third of programs reported that they had enrolled fewer students this year compared to last largely because accepted students did not enroll and due to a lack of qualified applicants. The student census decreased by 24.9% (n=1,522), and the number of students that completed RN-to-BSN programs decreased by 15.4% (n=565) between 2017-2018 and 2018-2019.

Master's Degree Programs

Master's degree programs offer post-licensure nursing education in functional areas such as nursing education and administration, as well as advanced practice nursing fields (i.e. nurse practitioner, clinical nurse specialist, nurse midwife, and nurse anesthetist).

Number of MSN Programs

In 2018-2019, 35 schools that offered a Master's degree program responded to this survey. The number of Master's degree programs has decreased by three since 2017-18. More than half (51.4%) of reported programs are private. Prior to 2016-2017, most master's degree programs reported were in public colleges and universities.

Table 14. Number of Master's Degree Programs by Academic Year

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019
Public	58.1%	52.8%	52.8%	52.8%	52.8%	54.3%	54.3%	50.0%	50.0%	48.6%
	18	19	19	19	19	19	19	19	19	17
Private	41.9%	47.2%	47.2%	47.2%	47.2%	45.7%	45.7%	50.0%	50.0%	51.4%
	13	17	17	17	17	16	16	19	19	18
Number of programs reporting	**31**	**36**	**36**	**36**	**36**	**35**	**35**	**38**	**38**	**35**

*One private school was inadvertently coded as public in the 2016-17 report; that designation has been corrected for this report.

New Student Enrollments

New student enrollment has grown considerably over the past decade, reaching a 10-year high of 3,544 in 2017-2018, and then declining to 3,007 in 2018-2019. Admission spaces available for new student enrollments in Master's degree programs have also grown by 50.8% (n=1,358) over the last ten years to a total of 4,029 admission spaces in 2018-2019. Since 2010-2011, the gap between the number of spaces available and the number of new student enrollments has increased. In 2018-2019, about 25.4% (n=1,022) of the available spaces were not filled. Twenty-seven programs reported more admission spaces than new enrollments this year.

Table 15. Availability and Utilization of Admission Spaces, Master's Degree Programs, by Academic Year

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019
Spaces available*	2,671	2,474	2,938	2,472	2,856	2,440	3,969	3,464	4,434	4,029
New student enrollments	2,464	2,454	2,200	2,274	2,211	2,133	2,307	2,769	3,544	3,007
% Spaces filled with new student enrollments	**92.3%**	**99.2%**	**74.9%**	**92.0%**	**77.4%**	**87.4%**	**58.1%**	**79.9%**	**79.9%**	**74.6%**

*If number of admission spaces were not provided in the data, the number of new enrollments was used as the number of available admission spaces.

In the past ten years, Master's degree programs have seen enrollment grow by 22.0% (n=543). This growth is attributable to private programs, which have seen 80.5% growth (n=1,014) in new student enrollments since 2009-2010, reaching a ten-year high of 2,620 in 2017-2018. In 2018-2019, 75.6% of new Master's degree students (n=2,274) enrolled in private programs.

New student enrollment in public programs has been declining since 2010-2011, reaching a low of 733 in 2018-2019. Enrollment in private programs has decreased by 39.1% over the decade (n=471).

Table 16. New Student Enrollment, Master's Degree Programs, by Academic Year

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019
New student enrollment	**2,464**	**2,454**	**2,200**	**2,274**	**2,211**	**2,133**	**2,307**	**2,769**	**3,544**	**3,007**
Public	1,204	1,353	1,083	1,077	1,071	909	1,001	990	924	733
Private	1,260	1,101	1,117	1,197	1,140	1,224	1,306	1,779	2,620	2,274

*One private school was inadvertently coded as public in the 2016-17 report; that designation has been corrected for this report.

Thirteen programs (37.1%) reported that they had enrolled fewer students in 2018-2019 than in the prior year. The majority reported that this resulted from accepted students not enrolling (58.3%). Forty-two percent of the programs enrolling fewer students reported "other" reasons. Respondents provided write-in descriptions of some of these reasons. The more common write-in answers over the years have been recoded and are reflected as percentages in Table 17 below and indicated with an asterisk.

Examples of these write-in answers in 2018-2019 include "Students may not be interested in the Educational Leadership option," and "MSN CRNA transitioned to DNP CRNA."

Table 17. Reasons for Enrolling Fewer Students by Academic Year

	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019
Accepted students did not enroll	64.7%	78.6%	75.0%	52.9%	58.3%
College/university /requirement to reduce enrollment	0.0%	0.0%	0.0%	0.0%	0.0%
Lack of qualified applicants*	29.4%	28.6%	12.5%	47.1%	8.3%
To reduce costs	0.0%	7.1%	0.0%	0.0%	0.0%
Other	11.8%	28.6%	12.5%	11.8%	25.0%
Program discontinued*	0.0%	-	6.3%	5.9%	8.3%
Unable to secure clinical placements for all students	5.9%	7.1%	6.3%	5.9%	8.3%
Lost funding	5.9%	7.1%	0.0%	0.0%	0.0%
Insufficient faculty	0.0%	0.0%	0.0%	0.0%	0.0%
All Reporting	**17**	**14**	**16**	**17**	**12**

*Categories derived from text comments.
Note: In 2018-19, 13 programs reported enrolling fewer students, but only 12 gave reasons for the decreased enrollment.

Overall, the number of qualified applications received by Master's degree programs, both public and private, has decreased from the ten-year high of 5,086 applications in 2017-2018 to 3,766 in 2018-2019, which is very similar to the number of qualified applications a decade ago. However, very few of 2018-2019's applications were not accepted compared to prior years. In 2018-2019, only 14.6% (n=549) of applications were not accepted for admission.

Table 18. Applications for Admission to Master's Degree Programs by Academic Year

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019
Qualified applications*	**3,723**	**3,001**	**3,214**	**3,764**	**3,476**	3,217	**3,747**	**4,198**	**5,086**	**3,766**
Accepted	2,464	2,454	2,200	2,274	2,211	2,133	2,307	3,223	3,827	3,217
Not accepted	1,259	547	1,014	1,490	1,265	1,084	1,440	975	1,259	549
% Qualified applications *not* enrolled	33.8%	18.2%	31.5%	39.6%	36.4%	33.7%	38.4%	23.2%	24.8%	14.6%

*These data represent applications, not individuals. A change in the number of applications may not represent an equivalent change in the number of individuals applying to nursing school.

Student Census Data

The total number of students enrolled in Master's degree programs has increased by 17.4% (n=820) over the past ten years reaching a ten-year high of 6,267 in 2016-2017 and 2017-2018, then declining to 5,526 in 2018-2019. Private programs have had a large increase in total student enrollment since 2010 (94.1%, n=1,969) while enrollment in public programs decreased by 44.0% (n=1,149) over the same period. Private programs currently account for 73.5% of enrolled students.

Table 19. Student Census Data, Master's Degree Programs, by Academic Year

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Public programs	2,613	2,722	2,557	2,572	2,382	2,329	2,159	2,106	1,956	1,464
Private programs	2,093	1,835	2,062	2,443	2,464	2,528	2,608	4,161	4,311	4,062
Total nursing students	**4,706**	**4,557**	**4,619**	**5,015**	**4,846**	4,857	**4,767**	**6,267**	**6,267**	**5,526**

Note: Census data represent the number of students on October 15 of the given year.
*One private school was inadvertently coded as public in the 2016-17 report; that designation has been corrected for this report.

Student Completions

The number of students that completed a Master's degree program in California has increased by 30.1% (n=479) in the last decade, reaching a ten-year high of 2,306 students in 2017-2018, then declining to 2,070 in 2018-2019. Growth over this period is due to the large number of completions from private programs (109.6% growth, n=753). Public programs have experienced a decline of 30.3% since 2009-2010 (n=274).

Table 20. Student Completions, Master's Degree Programs, by Academic Year

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019
Public programs	904	952	1,034	933	933	911	852	870	921	630
Private programs	687	612	857	829	1,006	1,072	789	1,216	1,385	1,440
Total student completions	**1,591**	**1,564**	**1,891**	**1,762**	**1,939**	**1,983**	**1,641**	**2,086**	**2,306**	**2,070**

Nurse practitioners were the largest share of graduates from Master's degree programs in 2018-2019, accounting for slightly less than half of all graduates. The share of nurse practitioners has grown over the last ten years from 39.2% in 2009-2010 to 47.2% in 2018-2019. The field of nursing education, which represents the second largest group of graduates, has fluctuated over this period, increasing from 3.7% in 2014-2015 to 14.2% in 2018-2019. The field of clinical nurse specialist experienced the greatest decline in the share of graduates over the decade, reaching a ten-year low of 2.0% in 2017-2018, compared to 11.9% in 2009-2010.

In 2018-2019, "Other" included Care Transition Management, Population Health, Educational Leadership, and Nursing Leadership.

Table 21. Student Completions by Program Track or Specialty Area, Master's Degree Programs, by Academic Year

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019
Nurse Practitioner	39.2%	45.6%	44.7%	56.4%	53.4%	57.8%	52.8%	51.3%	54.3%	47.2%
Nursing Education	14.6%	13.5%	8.6%	9.6%	7.8%	3.7%	13.9%	11.2%	11.0%	14.2%
Nursing Administration	10.2%	13.4%	11.6%	7.3%	4.5%	4.2%	5.4%	5.3%	13.2%	10.0%
Other specialty	6.1%	0.7%	0.8%	1.0%	0.1%	3.1%	9.0%	9.4%	5.9%	6.3%
Nurse Generalist	3.3%	1.6%	1.2%	0.2%	1.8%	2.8%	3.7%	1.7%	4.3%	5.8%
Certified Nurse Anesthetist	4.8%	4.6%	3.8%	3.6%	3.9%	4.6%	5.3%	4.1%	3.0%	3.0%
Clinical Nurse Specialist	11.9%	8.0%	8.8%	8.9%	6.4%	6.7%	4.9%	3.4%	3.2%	2.0%
School Nurse	3.0%	1.5%	1.4%	1.1%	1.9%	1.9%	2.0%	1.8%	1.9%	2.0%
Nursing Informatics	-	-	-	-	0.3%	0.3%	0.9%	0.9%	0.8%	1.6%
Nursing Science and Leadership	-	-	2.5%	2.4%	1.2%	1.4%	1.5%	1.2%	1.0%	1.5%
Certified Nurse Midwife	1.7%	1.9%	1.2%	0.9%	0.9%	1.1%	1.1%	0.5%	0.6%	0.9%
Community Health/ public Health	1.2%	0.6%	0.5%	0.7%	1.0%	0.7%	1.0%	0.8%	0.2%	0.5%
Case Management	2.1%	2.3%	2.2%	2.3%	2.2%	2.5%	0.1%	0.0%	0.1%	0.3%
Ambulatory Care	1.2%	1.7%	2.2%	0.0%	1.9%	0.0%	0.6%	0.4%	0.3%	0.3%
Clinical Nurse Leader	3.5%	6.1%	10.4%	7.9%	9.4%	9.0%	0.1%	6.0%	0.1%	0.1%
Health Policy	-	-	2.6%	0.2%	0.0%	0.2%	0.3%	0.3%	0.3%	0.1%
Total Student Completions	**1,591**	**1,564**	**1,891**	**1,762**	**1,939**	**1,796**	**1,641**	**2,086**	**2,306**	**2,070**

Blank cells indicate that the information was not requested in the given year.
[1]- Students who double-majored were counted in each specialty area for the first time in 2008-09. Therefore, each student who completed a Master's degree program may be represented in multiple categories.
¥ This answer option was inadvertently dropped from the 2014-2015 survey.

Individual/family nursing is the most common specialty area for nurse practitioners (NPs), with 71.9% (n=703) of NPs graduating in this specialty area in 2018-2019. Other common specialty areas in 2018-2019 included adult/gerontology primary care (8.1%, n=95), psychiatry/mental health (7.3%, n=71), and adult/gerontology acute care (6.5%, n=64).

In 2018-2019, "other" specialties described by respondents included "Adult-Gero (primary) – Occup/Environmental Health focus" and "PNP + School Nurse".

Table 22. Student Completions by Nurse Practitioner Specialty, by Academic Year

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019
Acute care	12.0%	10.4%	6.2%	7.1%	-	-	-	-	-	-
Adult	8.3%	14.3%	7.1%	6.0%	-	-	-	-	-	-
Family	58.0%	53.0%	67.2%	70.9%	-	-	-	-	-	-
Individual/Family	-	-	-	-	66.9%	75.0%	64.5%	64.0%	68.2%	71.9%
Gerontology	2.7%	2.4%	1.7%	1.5%	-	-	-	-	-	-
Adult/Gerontology primary	-	-	-	-	10.8%	10.3%	12.0%	8.8%	7.6%	8.1%
Adult/Gerontology acute	-	-	-	-	6.2%	5.3%	6.7%	9.3%	8.6%	6.5%
Neonatal	1.1%	1.4%	1.2%	0.0%	0.2%	0.0%	0.0%	0.1%	0.1%	0.2%
Occupational health*	1.9%	1.4%	0.6%	0.2%	-	-	-	0.2%	0.2%	0.0%
Pediatric	9.1%	8.4%	6.2%	4.2%	-	-	-	-	-	-
Pediatric primary	-	-	-	-	5.3%	5.3%	3.6%	3.0%	3.1%	2.4%
Pediatric acute	-	-	-	-	1.5%	1.8%	1.7%	1.8%	1.0%	1.3%
Psychiatric/mental health	3.2%	5.9%	4.6%	3.4%	4.6%	3.4%	6.5%	6.8%	6.2%	7.3%
Women's health	1.9%	2.4%	3.0%	3.6%	3.3%	2.8%	3.2%	2.1%	2.4%	2.0%
Other	1.8%	0.4%	2.4%	2.9%	1.2%	1.1%	1.7%	3.9%	0.7%	0.3%
Total Number of Nurse Practitioners¥	**624**	**713**	**845**	**994**	**1,035**	**1,015**	**866**	**1,070**	**1,252**	**978**

Note: Response categories were modified in 2013-2014.
*This category was on the survey up until 2011-2012. After that time, percentages were from text comments as necessary.

Starting in 2016-2017, MSN programs were asked to describe the type of term system they used (semester, quarter, or other) and then provide the average time to completion for part-time and full-time students. The majority of programs (85.7%) reported using the semester system. The "other" category was discontinued in 2018-2019. One program reported no term type and is included in "other".

Table 23. Type of Term, MSN Programs

	2016-2017		2017-2018		2018-2019	
	Number	**Percent**	**Number**	**Percent**	**Number**	**Percent**
Semester	28	77.8%	28	73.7%	30	85.7%
Quarter	6	16.7%	7	18.4%	4	11.4%
Other	2	5.6%	3	7.9%	1	2.9%
Number of programs reporting	**36**	**100.0%**	**38**	**100.0%**	**35**	**100.0%**

In 2018-2019, part-time students required an average of 7.3 semesters or 10.5 quarters to complete their MSN program. Full-time students required an average of 5.2 semesters or 7.3 quarters to complete.

Table 24. Time to Completion by Term, MSN Programs, 2018-19

Time to complete	Semesters	Quarters	Programs reporting
Part-time program	7.3	10.5	23
Full-time program	5.2	7.3	31

Summary of MSN program data

There was a decrease in the number of master's programs over the last year, from 38 programs in 2017-2018 to 35 programs in 2018-2019. Three public MSN programs and one private MSN program that reported last year (2017-2018) did not report in 2018-2019. In addition, one public MSN program reported this year that did not report in 2017-2018. Growth in the number admission spaces (50.8%), and new student enrollments (22.0%) over the last ten years has been driven by the inclusion of large private programs, some of them online programs. Enrollments in public programs have declined over the last decade.

In 2018-2019, master's programs received 3,766 qualified applications for 4,029 admission spaces, although it is not known if students whose applications were rejected by one school were admitted to a different school. Despite the number of qualified applications, 37.1% of programs noted that they had enrolled *fewer* students than they had the prior year, with the most common reason being that accepted students did not enroll. Hence, the number of admission spaces far exceeds the number of new student enrollments, with 25.4% of spaces unfilled.

The MSN student census grew by 17.4% over the last ten years while the number of students that completed one of these programs has grown by 30.1% in the same period. In 2018-2019, the number of completions (2,070) declined slightly from last year's ten-year high.

Nurse Practitioner (NP) continues to be the most common specialty for students completing a Master's degree, making up nearly half of all completions. Nursing education, which has varied in prominence over the last ten years, was the second most common program track completion in 2018-2019. In 2018-2019, more than two-thirds (71.9%) of graduating NPs specialized in individual/family nursing.

Doctoral Programs

Number of Doctoral Programs

The number of doctoral nursing programs in California (affiliated with BRN-approved pre-licensure programs) increased by 86% (n=6) since 2009-2010. In 2018-2019, there were 13 such nursing doctoral programs in California. Two schools that reported doctoral programs in 2017-2018 did not do so in 2018-2019, and one new program was reported in 2018-2019.

More than two-thirds of the doctoral programs reported (69.2%, n=9) were in private schools.

Table 25. Number of Doctoral Degree Programs by Academic Year

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019
Public	28.6%	33.3%	40.0%	50.0%	53.8%	53.8%	46.2%	43.8%	42.9%	30.8%
count	2	3	4	6	7	7	6	7	6	4
Private	71.4%	66.7%	60.0%	50.0%	46.2%	46.2%	53.8%	56.3%	57.1%	69.2%
count	5	6	6	6	6	6	7	9	8	9
Number of programs reporting	**7**	**9**	**10**	**12**	**13**	**13**	**13**	**16**	**14**	**13**

New Student Enrollments

Admission spaces available for new student enrollments in doctoral programs have almost quadrupled in the last decade, from 159 in 2009-2010 to 645 in 2018-2019.

In 2018-2019, 413 new students enrolled in doctoral programs, a ten-year high with 161% growth since 2009-2010. Starting in 2011-2012, there have been more admission spaces available than students enrolled in doctoral programs; in 2018-2019, there were 232 unfilled spaces reported.

Table 26. Availability and Utilization of Admission Spaces, Doctoral Programs, by Academic Year

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019
Spaces available*	159	165	203	362	372	320	368	394	487	645
New student enrollments	158	186	227	314	230	198	236	290	358	413
% Spaces filled with new student enrollments	99.4%	112.7%	111.8%	86.7%	61.8%	61.9%	64.1%	73.6%	73.5%	64.0%

*If admission spaces were not provided in the data, the number of new enrollments was used as the number of available admission spaces.

Private school doctoral program enrollments have grown by 162% (n=194) since 2009-2010, while public program enrollments have grown by 161% (n=61) in the same period. In 2018-2019, private program enrollments far exceeded public program enrollments, constituting 76% of all enrollments.

Table 27. New Student Enrollment, Doctoral Programs, by Academic Year

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019
New student enrollment	**158**	**186**	**203**	**314**	**230**	**198**	**236**	**290**	**358**	**413**
Public	38	32	41	142	93	94	99	140	136	99
Private	120	154	162	172	137	104	137	150	222	314

Three of 13 programs (23.1%) reported that they had enrolled fewer students this year than in the prior year. The three programs that provided reasons for their enrollment decline reported that this resulted from accepted students not enrolling (100%) and one of the three programs reported that they enrolled fewer students because the program was not yet accredited.

Table 28. Reasons for Enrolling Fewer Students by Academic Year

	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019
Accepted students did not enroll	80.0%	75.0%	100.0%	100.0%	100.0%
Lack of qualified applicants	20.0%	0.0%	33.3%	50.0%	0.0%
Other	20.0%	50.0%	0.0%	25.0%	33.3%
Number of programs reporting	**5**	**4**	**3**	**4**	**3**

The number of qualified applications to doctoral programs has increased over the last ten years. In 2018-2019, doctoral programs received 848 qualified applications to their programs—a ten-year high and more than four times the number of applications in 2009-2010. Of these 848 applications, 22.6% were not accepted for admission.

Table 29. Applications for Admission to Doctoral Programs by Academic Year

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019
Qualified applications*	**201**	**420**	**203**	**431**	**321**	**314**	**377**	**459**	**624**	**848**
Accepted	158	186	203	314	230	255	236	372	469	656
Not accepted	43	234	0	117	91	59	141	87	155	192
% Qualified applications *not enrolled*	21.4%	55.7%	0.0%	27.1%	28.3%	18.8%	37.4%	19.0%	24.8%	22.6%

*These data represent applications, not individuals. A change in the number of applications may not represent an equivalent change in the number of individuals applying to nursing school.

Student Census Data

The total number of students enrolled in doctoral programs have tripled in ten years, from 431 students on October 15, 2010, to 1,325 in 2019. Both private and public programs increased the number of students in their programs over the last ten years, although private programs increased enrollments more rapidly. In 2018-2019, the private program doctoral census represented 83.4% of the entire census.

Table 30. Student Census Data, Doctoral Programs, by Year

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Public programs	163	176	216	376	307	338	252	393	294	220
Private programs	268	391	412	451	431	395	337	406	663	1,105
Total nursing students*	431	567	628	827	738	733	589	799	957	1,325

*Census data represent the number of students on October 15 of the given year.

Student Completions

The number of students that completed a nursing doctoral program in California more than quadrupled in the past ten years, from 64 in 2009-2010 to 279 in 2018-2019, a ten-year high. Private program graduates made up 70.3% of all graduates in 2018-2019.

Table 31. Student Completions, Doctoral Programs, by Academic Year

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019
Public programs	20	30	23	21	90	141	97	58	75	83
Private programs	44	46	61	105	96	101	79	113	110	196
Total student completions	**64**	**76**	**84**	**126**	**186**	**242**	**176**	**171**	**185**	**279**

In 2018-2019, respondents reported that 85.3% (n=238) of these graduates were doctorate of nursing practice (DNP) students. Of these 238 DNP graduates, 53.8% (n=128) completed a nurse practitioner track, 28.6% completed a nurse generalist track, and 10.9% completed a nursing science and healthcare leadership track.

Table 32. Student Completions, DNP Tracks

Track	2016-2017		2017-2018		2018-2019	
	Percent	Number	Percent	Number	Percent	Number
Nurse Practitioner	35.5%	50	20.1%	28	53.8%	128
Nurse Generalist	25.5%	36	34.5%	48	28.6%	68
Nursing Science and Healthcare Leadership	30.5%	43	36.0%	50	10.9%	26
Other / unknown	8.5%	12	1.4%	2	4.2%	10
Nursing Education	0.0%	0	0.0%	0	1.7%	4
Clinical Nurse Specialist	0.0%	0	0.7%	1	0.8%	2
Nursing Administration	0.0%	0	0.0%	0	0.0%	0
Certified Nurse Midwife	0.0%	0	0.0%	0	0.0%	0
Certified Registered Nurse Anesthetist	0.0%	0	0.0%	0	0.0%	0
School Nursing	0.0%	0	0.0%	0	0.0%	0
Clinical Nurse Leader	0.0%	0	0.0%	0	0.0%	0
Case Management	0.0%	0	0.0%	0	0.0%	0
Community Health/Public Health	0.0%	0	0.0%	0	0.0%	0
Informatics/Nursing Informatics	0.0%	0	0.0%	0	0.0%	0
Ambulatory care	-	-	0.0%	0	0.0%	0
Health Policy	0.0%	0	0.0%	0	0.0%	0
Total	**100.0%**	**141**	**100.0%**	**139**	**100.0%**	**238**

Of the 128 that completed a Nurse Practitioner program, 46.1% completed an individual/family specialty track, while 28.9% were in psychiatry/mental health and 7.8% were in pediatrics (primary).

Table 33. Student Completions, Nurse Practitioner Specialties

NP Specialty	2016-2017		2017-2018		2018-2019	
	Percent	Number	Percent	Number	Percent	Number
Individual/Family	68.0%	34	53.6%	15	46.1%	59
Psychiatric-Mental Health	6.0%	3	28.6%	8	28.9%	37
Pediatrics (primary)	8.0%	4	0.0%	0	7.8%	10
Adult/Gerontology (acute)	0.0%	0	0.0%	0	7.0%	9
Other	0.0%	0	0.0%	0	7.0%	9
Adult/Gerontology (primary)	18.0%	9	17.9%	5	2.3%	3
Pediatrics (acute)	0.0%	0	0.0%	0	0.8%	1
Neonatal	0.0%	0	0.0%	0	0.0%	0
Women's Health/Gender	0.0%	0	0.0%	0	0.0%	0
Total	**100.0%**	**50**	**100.0%**	**28**	**100.0%**	**128**

Starting in 2016-2017, doctoral programs were asked to describe the type of term system they used (semester, quarter, or other) and then provide the average time to completion for part-time and full-time students. In 2018-2019, the majority of programs (76.9%) reported using the quarter system.

Table 34. Type of Term, Doctoral Programs

	2016-2017		2017-2018		2018-2019	
	Percent	Number	Percent	Number	Percent	Number
Semester	28.6%	4	35.7%	5	23.1%	3
Quarter	71.4%	10	64.3%	9	76.9%	10
Total	**100.0%**	**14**	**100.0%**	**14**	**100.0%**	**13**

Prior to 2018-2019, time to completion was asked as one question for all program types. In 2018-2019, the question was broken out to address differences between research-based doctoral programs, entry-level DNP programs, and post-Master's-level DNP programs. While research-based doctoral programs and entry-level DNP Programs reported similar times to completion, post-Master's-level programs required much less time to complete.

Table 35. Time to Completion by Term, Doctoral Programs, 2018-19

Research-based Doctoral programs	Semesters	Quarters	Programs reporting
Part-time program	10.7	19.0	3
Full-time program	7.0	10.0	5
Entry-level DNP program	Semesters	Quarters	Programs reporting
Part-time program	11.0	19.0	3
Full-time program	8.2	11.0	5
Post-Master's-level DNP program	Semesters	Quarters	Programs reporting
Part-time program	8.8	-	3
Full-time program	5.4	-	6

Summary of doctoral program data

The number of schools offering doctoral degrees and the number of students pursuing those degrees have increased over the past ten years. However, there was a slight *decrease* in the number of doctoral programs reporting this year (n=-1). Nonetheless, 2018-2019 showed a ten-year high in the number of available spaces, new student enrollments, qualified applicants, student census, and completions.

Private programs account for 69.2% of all doctoral programs surveyed. Historically, private doctoral programs have been responsible for most of the increases in new student enrollments, student census and student completions. In 2018-2019, private programs were responsible for 76.0% of new enrollments, 83.4% of all enrolled students, and 70.3% of completions in doctoral programs.

Faculty Census Data

Faculty data were collected by school, not by degree program. Therefore, faculty data represent post-licensure programs as a whole, not a specific degree program.

On October 15, 2019, post-licensure programs reported 1,313 faculty that taught post-licensure courses; some of these faculty (398) also had a teaching role in the pre-licensure programs offered at the school. Over the last ten years, there have been fluctuations in the number of faculty teaching post-licensure students. Some of these fluctuations may be due to changes in the survey in 2009-2010[2], while others are likely due to online programs that have large fluctuations in enrollment and hence, fluctuations in faculty numbers from year to year.

Of the 44 schools that offered post-licensure nursing programs in 2018-2019, 86.0% (n=38) reported sharing faculty with the pre-licensure programs offered at their school. Thirty-nine schools (88.6%) reported that they have some faculty that exclusively teach post-licensure students. Since many programs use the same faculty for pre- and post-licensure programs, 30.3% (n=398) of the 1,313 total post-licensure faculty reported in 2019 were also reported as pre-licensure faculty. Post-licensure nursing programs reported 69 vacant faculty positions in 2019. These vacancies represent a 5.0% faculty vacancy rate.

Table 36. Faculty Census Data by Year

	2010	2011	2012	2013*	2014	2015*	2016*	2017	2018	2019
Total faculty	**1,169**	**1,598**	**1,446**	**1,086**	**1,001**	**1,085**	**991**	**1,261**	**1,653**	**1,313**
Faculty (post-licensure only)[1]	816	1,138	953	758	488	668	660	728	1,102	915
Full-time	267	302	320	237	274	285	322	336	405	356
Part-time	549	836	633	332	214	397	402	392	697	559
Faculty (also teach pre-licensure)	353	460	493	328	513	417	331	533	551	398
Vacancy rate**	**4.9%**	**1.2%**	**4.9%**	**5.0%**	**3.9%**	**13.8%**	**5.8%**	**4.4%**	**3.7%**	**5.0%**
Vacancies	60	19	75	57	41	173	61	58	63	69

Note: Census data represent the number of faculty on October 15th of the given year.
*The sum of full- and part-time faculty did not equal the total faculty reported in these years.
***Vacancy rate = number of vacancies/(total faculty + number of vacancies)
¥ Not all schools provided information for this question.

In 2018-2019, schools were asked if the school/program began hiring significantly more part-time than full-time active faculty over the past 5 years than previously. Twenty-two percent (22.2%, n=8) of 36 schools responding agreed.[3] These eight schools were asked to rank the reason for this shift. The top ranked reasons in 2018-2019 were non-competitive salaries for full-time faculty, shortage of RNs applying for full-time faculty positions, and need for part-tine faculty to teach specialty content.

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[2] Prior to 2009-2010, if schools reported that pre-licensure faculty were used to teach post-licensure programs, it was assumed that all pre-licensure faculty had a post-licensure teaching role. Feedback from nursing school deans and directors indicated that this assumption was not always true. Therefore, these questions were modified in 2009-2010 to collect data on the number of faculty that exclusively teach post-licensure students and the share of the pre-licensure faculty that also teach post-licensure courses.

[3] Seven schools did not answer this question.

Non-competitive salaries for full-time faculty has been the first or second ranked item for the four years this question has been asked. Shortage of RNs applying for full time faculty positions has been the second or third ranked reason in all four years.

Table 37. Reasons for Hiring More Part-Time Faculty

	2015-2016		2016-2017		2017-2018		2018-2019	
	Average rank	Programs reporting	Average rank	Programs reporting	Average rank	Programs reporting	Average Rank	Programs reporting
Non-competitive salaries for full time faculty	2.3	3	3.0	5	2.4	10	1.0	4
Shortage of RNs applying for full time faculty positions	2.7	3	4.8	5	3.4	9	2.3	4
Need for part-time faculty to teach specialty content	7.3	3	5.0	5	4.4	11	3.7	7
Insufficient number of full-time faculty applicants with required credential	4.3	3	5.8	5	3.9	9	4.5	4
Private, state university or community college laws, rules or policies	5.7	3	5.4	5	4.4	10	5.3	4
Insufficient budget to afford benefits and other costs of FT faculty	4.7	3	2.0	5	4.9	9	5.6	5
Need for full-time faculty to have teaching release time for scholarship, clinical practice, sabbaticals, etc.	5.7	3	6.0	1	6.7	3	5.8	6
To allow for flexibility with respect to enrollment changes	7.7	3	6.3	5	6.6	10	6.2	5
Other	-	0	10.0	5	5.0	8	7.0	2
Need for faculty to have time for clinical practice	4.7	3	5.6	6	6.8	9	7.0	4

*The lower the ranking, the greater the importance of the reason. (1 has the highest importance and 10 has the lowest importance.)

In 2018-2019, schools were asked how many of their full-time post-licensure-only faculty shifted from full-time to part-time schedules during this program year. Five schools identified six faculty who had transitioned from full-time to part-time. Top reasons given for this transition included preparing for retirement (60%), returning to clinical practice (60%), and "other (60%). The "other" reasons offered were "further education", and "higher compensation in clinical practice".

Staffing and Administration

In 2018-2019, post-licensure programs were asked to report the number of clerical staff and clinical coordinators they employed, and whether these staff were adequate for program needs.

Because only schools with approved pre-licensure programs were surveyed, there is considerable overlap in staffing numbers between pre- and post-licensure programs in the following tables as many staff reported support both types of programs. In addition, there is considerable overlap between post-licensure programs as most schools have more than one post-licensure program.

Clerical Staff

All but two schools reported clerical staff that supported their post-licensure programs. Schools reported 214 clerical staff in total, 45 supporting only post-licensure programs and 169 supporting both pre- and post-licensure programs.

Schools with doctoral programs and MSN programs were more likely to have four or more clerical staff (62.9% and 61.5% respectively) compared to 48.6% of schools with RN-to-BSN programs.

On average, schools with doctoral programs had more total clerical staff (7.3) than schools with MSN programs (6.1), and RN-to-BSN programs (5.3).

Doctoral programs were more likely to be in schools with multiple post-licensure programs, a factor which was more closely correlated with the number of clerical staff than the number of students in the program.

Table 38. Number of Clerical Staff by Size of School and Program Type, 2018-19

| | Number of Students in School* | | | | | | | | | | | |
| | Less than 100 | | | 100-199 | | | 200 or more | | | All Programs | | |
	RN-to-BSN	MSN	Doctoral	RN-to-BSN	MSN	Doctoral	RN-to-BSN	MSN	Doctoral	RN-to-BSN	MSN	Doctoral
None	6.7%	0.0%	0.0%	0.0%	0.0%	0.0%	7.1%	12.5%	11.1%	5.4%	5.7%	7.7%
1 clerical staff	6.7%	10.0%	0.0%	0.0%	0.0%	0.0%	21.4%	12.5%	11.1%	10.8%	8.6%	7.7%
2 clerical staff	60.0%	30.0%	50.0%	12.5%	11.1%	0.0%	0.0%	0.0%	0.0%	27.0%	11.4%	7.7%
3 clerical staff	0.0%	0.0%	0.0%	25.0%	22.2%	0.0%	7.1%	12.5%	22.2%	8.1%	11.4%	15.4%
4 clerical staff	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	14.3%	18.8%	11.1%	5.4%	8.6%	7.7%
>4 clerical staff	26.7%	60.0%	50.0%	62.5%	66.7%	100.0%	50.0%	43.8%	44.4%	43.2%	54.3%	53.8%
Average # clerical staff**	3.5	5.2	4.0	8.3	7.9	17.5	5.5	5.5	5.5	5.3	6.1	7.3
Number of programs reporting	15	10	2	8	9	2	14	16	9	37	35	13

*Student data were collected by program while staff numbers were collected by school. Since most schools have multiple post-licensure programs, the number of students was combined and the same data were reported for both programs.

Clerical staff provided a total of 3424.5 hours of support weekly, 1,283.5 dedicated to post-licensure programs only, and an additional 2,141 split between pre- and post-licensure programs. This is an average of 27.8 hours per capita.

On average, schools with doctoral programs had more clerical hours per week (187.2) than schools with MSN programs (175.5) and RN-to-BSN programs (167.1). The average number of total clerical hours per reported staff did not vary a great deal between RN-to-BSN and MSN programs, ranging from 27.2 hours for MSN programs to 28.0 hours per staff member for RN-to-

BSN programs. The average number of total clerical hours per clerical staff in doctoral programs was 24.6 hours.

Table 39. Average Number of Clerical Staff Hours by Size of School and Program Type, 2018-19

| | Number of Students in School* | | | | | | | | | | | |
| | Less than 100 | | | 100-199 | | | More than 200 | | | All Programs | | |
	RN-to-BSN	MSN	Doctoral	RN-to-BSN	MSN	Doctoral	RN-to-BSN	MSN	Doctoral	RN-to-BSN	MSN	Doctoral
1 clerical staff	5.0	40.0	0.0	0.0	0.0	0.0	22.5	40.0	5.0	16.7	40.0	5.0
2 clerical staff	110.0	140.0	140.0	0.0	0.0	0.0	0.0	0.0	0.0	110.0	140.0	140.0
3 clerical staff	0.0	0.0	0.0	100.0	100.0	0.0	120.0	116.3	116.3	110.0	110.8	116.3
4 clerical staff	0.0	0.0	0.0	0.0	0.0	0.0	142.5	143.3	145.0	142.5	143.3	145.0
>4 clerical staff	480.0	300.0	120.0	260.0	260.0	615.0	194.4	194.4	200.5	248.0	235.2	256.2
Number of programs reporting	**15**	**10**	**2**	**8**	**9**	**2**	**14**	**16**	**9**	**37**	**35**	**13**
Average hours per week**	**176.3**	**195.0**	**130.0**	**220.0**	**220.0**	**615.0**	**142.2**	**152.2**	**148.1**	**167.1**	**175.5**	**187.2**

*Student data were collected by program while staff numbers were collected by school. Since most schools have multiple post-licensure programs, the number of students was combined and the same data were reported for both programs.

**Average hours reported are for all staff and not per person.

Respondents were asked to report on the adequacy of the amount of clerical support at their schools. Respondents at schools with RN to BSN and MSN programs were more likely to report that the amount of clerical support was somewhat or very adequate (88.6% and 87.5% respectively) compared to schools with doctoral programs (83.4%).

Table 40. Adequacy of Amount of Clerical Support, 2018-19

Adequacy	RN-to-BSN	MSN	Doctoral
Very adequate	40.0%	37.5%	41.7%
Somewhat adequate	48.6%	50.0%	41.7%
Somewhat inadequate	11.4%	12.5%	16.7%
Very inadequate	0.0%	0.0%	0.0%
Number of programs reporting	**35**	**32**	**12**

Clinical Coordinators

All but six schools reported clinical coordination staff. Schools reported 134 clinical coordination staff: 71 working with post-licensure students only, and 63 working with both pre-and post-licensure students. Together these 134 clinic coordination staff worked 2,652 aggregate hours per week, or an average of 19.8 hours each. Three schools with both an RN-to-BSN and an MSN program reported no clinical coordinator, as did two schools with both an MSN and doctoral program, and one school with just an RN-to-BSN program.

Schools with doctoral programs were more likely to have two or more clinical coordinators (53.8%) compared to 34.3% of schools with MSN programs and 27.0% of schools with RN-to-BSN programs. On average, schools with doctoral programs had more clinical coordinator staff (7.1) than schools with MSN programs (4.1), and RN-to-BSN programs (2.8). Some respondents reported that clinical coordinators were faculty who dedicated some of their time to clinical coordination, not a standalone position. Overall, clinical coordinators were reported to spend about 19.8 hours a week on these responsibilities.

Table 41. Number of Clinical Coordinators by Size of School and Program Type, 2018-19

	Number of Students in School*											
	Less than 100			100-199			More than 200			All Programs		
	RN-to-BSN	MSN	Doctoral	RN-to-BSN	MSN	Doctoral	RN-to-BSN	MSN	Doctoral	RN-to-BSN	MSN	Doctoral
No clinical coordinator	20.0%	20.0%	0.0%	12.5%	11.1%	0.0%	0.0%	12.5%	22.2%	10.8%	14.3%	15.4%
1 clinical coordinator	26.7%	10.0%	0.0%	37.5%	33.3%	0.0%	35.7%	25.0%	22.2%	32.4%	22.9%	15.4%
2 clinical coordinators	33.3%	40.0%	100.0%	25.0%	22.2%	0.0%	28.6%	25.0%	0.0%	29.7%	28.6%	15.4%
>2 clinical coordinators	20.0%	30.0%	0.0%	25.0%	33.3%	100.0%	35.7%	37.5%	55.6%	27.0%	34.3%	53.8%
Average number of clinical coordinators	**2.2**	**2.6**	**2.0**	**2.3**	**2.6**	**4.0**	**3.7**	**5.7**	**9.4**	**2.8**	**4.1**	**7.1**
Number of programs reporting	**15**	**10**	**2**	**8**	**9**	**2**	**14**	**16**	**9**	**37**	**35**	**13**

*Student data were collected by program while staff numbers were collected by school. Since most schools have multiple post-licensure programs, the number of students was combined and the same data were reported for both programs.

**Average hours reported are for all staff and not per person.

Private schools had slightly more clinical coordinator hours (20.5) per week on average than did public schools (19.0).

Schools with doctoral programs reported more clinical coordination hours per week on average (126.3) on average than did schools with MSN programs (80.3) or MSN programs (53.8). Schools with MSN programs reported more hours *per clinical coordinator* per week on average (19.1 hours) than did schools with RN-to-BSN and doctoral programs (18.3 and 17.8 hours per week respectively).

Table 42. Average Number of Clinical Coordinator Hours by Size of School and Program Type, 2018-19

	Number of Students in School*											
	Less than 100			100-199			More than 200			All programs		
	RN-to-BSN	MSN	Doctoral	RN-to-BSN	MSN	Doctoral	RN-to-BSN	MSN	Doctoral	RN-to-BSN	MSN	Doctoral
Coordinator 1	26.3	40.0	0.0	12.0	12.0	0.0	40.8	50.0	12.0	28.8	34.5	12.0
Coordinator 2	43.0	45.0	40.0	40.0	40.0	0.0	43.3	43.3	0.0	42.5	43.3	40.0
All other clinical coordinators	69.0	69.0	0.0	45.0	76.7	110.0	131.0	204.2	213.0	95.2	138.5	183.6
Number of programs reporting	**12.0**	**8.0**	**2.0**	**7.0**	**8.0**	**2.0**	**13.0**	**13.0**	**7.0**	**32.0**	**29.0**	**11.0**
Average hours per week**	43.9	53.4	40.0	29.4	43.3	110.0	76.1	119.6	155.6	53.8	80.3	126.3

*Student data were collected by program while staff numbers were collected by school. Since most schools have multiple post-licensure programs, the number of students was combined and the same data were reported for both programs.

**Average hours reported are for all staff and not per person.

Respondents were asked to report the adequacy of the amount of clinical coordination support at their schools. Respondents at schools with doctoral programs were more likely than other schools to report that the amount of clinical coordination support was adequate or very adequate. (83.3%) as compared to 80.0% for MSN programs and 78.8% for RN-to-BSN programs. Overall, 82% of schools found their clinical coordination support to be "somewhat adequate" or "very adequate."

Table 43. Adequacy of Amount of Clinical Coordination Support, 2018-19

Adequacy	RNBSN	MSN	Doc
Very adequate	27.3%	13.3%	8.3%
Somewhat adequate	51.5%	66.7%	75.0%
Somewhat inadequate	9.1%	10.0%	8.3%
Somewhat inadequate	12.1%	10.0%	8.3%
Total number of programs reporting	**30**	**33**	**12**

APPENDICES

APPENDIX A – List of Post-Licensure Nursing Education Programs

RN-to-BSN Programs (37)

Azusa Pacific University
Brandman University Musco School of Nursing*
California Baptist University
Charles R. Drew University of Medicine and Science
CNI College (Career Networks Institute)
Concordia University Irvine
CSU Bakersfield
CSU Channel Islands*
CSU Chico
CSU East Bay
CSU Fresno
CSU Fullerton
CSU Long Beach
CSU Los Angeles
CSU Northridge
CSU Sacramento
CSU San Bernardino
CSU San Marcos
CSU Stanislaus
Glendale Career College
Gurnick Academy of Medical Arts*
Holy Names University
Loma Linda University
Mount St. Mary's University BSN
National University
Pacific Union College
Point Loma Nazarene University
Samuel Merritt University
San Diego State University
Sonoma State University
The Valley Foundation School of Nursing at
Unitek College
University of Phoenix-NorCal
University of Phoenix-SoCal
Vanguard University
West Coast University
Western Governors University

Master's Degree Programs (35)

Azusa Pacific University
California Baptist University
Charles R. Drew University of Medicine and Science
Concordia University Irvine
CSU Bakersfield
CSU Chico
CSU East Bay*
CSU Fresno
CSU Fullerton
CSU Long Beach
CSU Los Angeles
CSU Sacramento
CSU San Bernardino
CSU San Marcos
CSU Stanislaus
Holy Names University
Loma Linda University
Mount St. Mary's University BSN
National University
Point Loma Nazarene University
Samuel Merritt University
San Diego State University
San Francisco State University
Sonoma State University
The Valley Foundation School of Nursing at San Jose
University of California Davis
University of California San Francisco
University of Phoenix-NorCal
University of Phoenix-SoCal
University of San Diego, Hahn School of Nursing
University of San Francisco
Vanguard University*
West Coast University
Western Governors University
Western University of Health Sciences

*New program in 2018-2019

Doctoral Programs (13)

Azusa Pacific University
Brandman University Musco School of
    Nursing*
CSU Fresno
CSU Fullerton
California Baptist University
Loma Linda University
Point Loma Nazarene University
Samuel Merritt University
University of California Davis
University of California San Francisco
University of San Diego, Hahn School of
    Nursing
University of San Francisco
Western University of Health Sciences

*New program in 2018-2019

APPENDIX B – BRN Nursing Education and Workforce Advisory Committee

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Stephanie L. Decker	Kaiser Permanente National Patient Care
Denise Duncan, BSN, RN	The United Nurses Associations of California/Union of Health Care Professionals (UNAC/UHCP)
Jose Escobar, MSN, RN, PHN	Los Angeles County Department of Public Health
Brenda Fong	Community Colleges Chancellor's Office
Sabrina Friedman, EdD, DNP, FNP-C, PMHCSN-BC, FAPA	University of California, Los Angeles School of Nursing Health Center at the Union Rescue Mission
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Kathy Hughes, RN and Carol Jones, MSN, RN, PHN	Service Employees International Union (SEIU)
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