
California Board of Registered Nursing

2015-2016 Annual School Report

Data Summary and Historical Trend Analysis

A Presentation of Post-Licensure Nursing Education Programs in California

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Contents

PREFACE	2
NURSING EDUCATION SURVEY BACKGROUND	2
ORGANIZATION OF REPORT	2
VALUE OF THE SURVEY	2
SURVEY PARTICIPATION	3
DATA SUMMARY AND HISTORICAL TREND ANALYSIS	4
RN TO BSN PROGRAMS	4
<i>Number of RN to BSN Programs</i>	<i>4</i>
<i>Program Information</i>	<i>5</i>
<i>New Student Enrollments</i>	<i>6</i>
<i>Student Census Data</i>	<i>8</i>
<i>Student Completions</i>	<i>8</i>
<i>Summary</i>	<i>8</i>
MASTER’S DEGREE PROGRAMS	9
<i>Number of MSN Programs</i>	<i>9</i>
<i>New Student Enrollments</i>	<i>9</i>
<i>Student Census Data</i>	<i>11</i>
<i>Student Completions</i>	<i>11</i>
<i>Summary</i>	<i>13</i>
DOCTORAL PROGRAMS	14
<i>Number of Doctoral Programs</i>	<i>14</i>
<i>New Student Enrollments</i>	<i>14</i>
<i>Student Census Data</i>	<i>16</i>
<i>Student Completions</i>	<i>16</i>
<i>Summary</i>	<i>16</i>
FACULTY CENSUS DATA	17
APPENDICES	19
APPENDIX A – LIST OF POST-LICENSURE NURSING EDUCATION PROGRAMS	19
APPENDIX B – BRN EDUCATION ISSUES WORKGROUP MEMBERS	21

Tables

Table 1. Number of Post-Licensure Programs by Program Type by Academic Year	3
Table 2. Number of RN to BSN Programs by Academic Year	4
Table 3. Approaches to Increase RN Access to the Program by Academic Year	5
Table 4. Mechanisms to Award Credit for Prior Education and Experience by Academic Year	5
Table 5. Availability and Utilization of Admission Spaces by Academic Year	6
Table 6. RN to BSN New Student Enrollment by Program Type by Academic Year	6
Table 7. Reasons for Enrolling Fewer Students by Academic Year	7
Table 8. Applications for Admission to RN to BSN Programs by Academic Year	7
Table 9. Student Census Data, RN to BSN Programs, by Academic Year	8
Table 10. Student Completions, RN to BSN Programs, by Academic Year	8
Table 11. Number of Master's Degree Programs by Academic Year	9
Table 12. Availability and Utilization of Admission Spaces, Master's Degree Programs, by Academic Year	9
Table 13. New Student Enrollment, Master's Degree Programs, by Academic Year	10
Table 14. Reasons for Enrolling Fewer Students by Academic Year	10
Table 15. Applications for Admission to Master's Degree Programs by Academic Year	10
Table 16. Student Census Data, Master's Degree Programs, by Academic Year	11
Table 17. Student Completions, Master's Degree Programs, by Academic Year	11
Table 18. Student Completions by Program Track or Specialty Area, Master's Degree Programs, by Academic Year	12
Table 19. Student Completions by Nurse Practitioner Specialty, by Academic Year	13
Table 20. Number of Doctoral Degree Programs by Academic Year	14
Table 21. Availability and Utilization of Admission Spaces, Doctoral Programs, by Academic Year	14
Table 22. New Student Enrollment, Doctoral Programs, by Academic Year	14
Table 23. Reasons for Enrolling Fewer Students by Academic Year	15
Table 24. Applications for Admission to Doctoral Programs by Academic Year	15
Table 25. Student Census Data, Doctoral Programs, by Academic Year	16
Table 26. Student Completions, Doctoral Programs, by Academic Year	16
Table 27. Faculty Census Data by Year	17
Table 28. Reasons for Hiring More Part-time Faculty	18

PREFACE

Nursing Education Survey Background

Development of the 2015-2016 Board of Registered Nursing (BRN) School Survey was the work of the Board's Education Issues Workgroup, which consists of nursing education stakeholders from across California. A list of workgroup members is included in the Appendices. The University of California, San Francisco was commissioned by the BRN to develop the online survey instrument, administer the survey, and report data collected from the survey. Pre-licensure nursing education programs that also offer post-licensure programs were invited to provide data on their post-licensure programs for the first time in 2004-2005. Revisions to the post-licensure sections of the survey may prevent comparability of some data.

Funding for this project was provided by the California Board of Registered Nursing.

Organization of Report

The survey collects data about nursing programs and their students and faculty from August 1 through July 31. Annual data presented in this report represent August 1, 2014 through July 31, 2016. Demographic information and census data were requested for October 15, 2016.

Data from pre- and post-licensure nursing education programs are presented in separate reports and will be available on the BRN website. Data are presented in aggregate form and describe overall trends in the areas and over the times specified and, therefore, may not be applicable to individual nursing education programs.

Statistics for enrollments and completions represent two separate student populations. Therefore, it is not possible to directly compare enrollment and completion data.

Value of the Survey

This survey has been developed to support nursing, nursing education and workforce planning in California. The Board of Registered Nursing believes that the results of this survey will provide data-driven evidence to influence policy at the local, state, federal and institutional levels.

The BRN extends appreciation to the Education Issues Workgroup and all survey respondents. Your participation has been vital to the success of this project.

Survey Participation

Pre-licensure nursing education programs that also offer post-licensure programs were invited to provide data on their post-licensure programs for the first time in 2004-2005. In 2015-2016, 34 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 2006-2007, the number of post-licensure programs in California has grown by 10% (n=3) for RN to BSN programs, 17% (n=5) for Master's degree programs, and 117% (n=7) for doctoral programs. Although the number of programs is the same between 2014-2015 and 2015-2016, the number of schools has decreased because four schools that previously reported data did not do so in 2015-2016, but two schools that did not report in 2014-2015 reported data this year. In addition, four of the existing schools reported programs that they did not report in 2014-2015.

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

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
RN to BSN	31	32	32	31**	34	33	32	35	34	34
Master's Degree	30	28*	29	31	36	36	36	36	35	35
Doctoral	6	7	7	7	9	10	12	13	13	13
Number of schools^T	41	37	39	39	43	45	44	45	44	42

^TSince some nursing schools admit students in more than one program, the number of nursing programs is greater than the number of nursing schools.

*Although there were 29 master's degree programs in 2007-2008, only 28 programs reported data that year.

**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.

DATA SUMMARY AND HISTORICAL TREND ANALYSIS

This analysis presents data from post-licensure nursing programs that responded to the 2015-2016 BRN School Survey in comparison with data from previous years of the survey. 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. Data presented include the number of nursing programs, enrollments, completions, and student and faculty census data. Faculty census data are presented separately since they are collected by school, not by program type.

RN to BSN Programs

Number of RN to BSN Programs

While the number of RN to BSN programs has increased by 10% (n=3) over the last ten years, from 31 programs in 2006-2007 to 34 programs in 2015-2016, this number has fluctuated since 2010-2011. The share of RN to BSN programs offered at private schools has shown an overall increase over the last ten years. In 2015-2016, 50% (n=17) of RN to BSN programs were offered at public schools, and the other half were offered at private schools.

Table 2. Number of RN to BSN Programs by Academic Year

	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015	2015- 2016
# Programs	31	32	32	31	34	33	32	35	34	34
Public	61.3%	59.4%	59.4%	58.1%	55.9%	57.6%	53.1%	54.3%	52.9%	50.0%
Private	38.7%	40.6%	40.6%	41.9%	44.1%	42.4%	46.9%	45.7%	47.1%	50.0%

Program Information

Most RN to BSN programs use distance learning and flexible course scheduling as methods of increasing RN access to the program. Offering courses via distance education has become more common over the last ten years, reaching its highest level (83%) in 2012-2013. However, considerably fewer RN to BSN programs reported using distance education in 2015-2016 than in the prior year. Flexible course scheduling remains a common method that programs use to increase RN access to the program, but the share of programs using flexible course scheduling has fluctuated. Some programs offer courses in work settings (25% in 2015-2016) and use partial funding of classes by work settings (41% in 2015-2016).

Table 3. Approaches to Increase RN Access to the Program by Academic Year

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Distance education modes	58.1%	68.0%	66.7%	57.7%	56.7%	71.0%	83.3%	71.4%	81.3%	68.8%
Flexibility in course scheduling	64.5%	72.1%	74.1%	80.7%	63.3%	67.7%	63.3%	68.6%	71.9%	62.5%
Partial funding of classes by work setting	41.9%	32.0%	33.3%	46.2%	56.7%	35.5%	30.0%	22.9%	43.8%	40.6%
Courses provided in work settings	29.0%	40.1%	33.3%	38.5%	33.3%	41.9%	30.0%	17.1%	21.9%	25.0%
Number of programs	31	25	27	26	30	31	30	35	32	32

In the last six years, the share of programs using partnerships with ADN programs, or similar collaborative agreements, to award credit for prior education and experience to their students has increased. More than half (63%) of RN to BSN programs have partnerships with ADN programs or similar collaborations in 2015-2016. The share of programs that have direct articulation of ADN coursework and use a specific program advisor had increased over the last six years, however, both decreased in 2015-2016 is not consistent with prior years and should be interpreted with caution. In 2015-2016, 50% of RN to BSN programs reported direct articulation of ADN coursework and 30% of programs reported using a specific program advisor. A limited number of programs used specific upper division courses, portfolios to document competencies, or testing to award credit to ADN-prepared nurses entering the program.

Table 4. Mechanisms to Award Credit for Prior Education and Experience by Academic Year

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Partnerships with ADN programs or similar collaborations	10.0%	16.0%	23.3%	28.6%	45.2%	45.2%	53.3%	54.8%	61.3%	63.3%
Direct articulation of ADN coursework	73.3%	64.0%	70.0%	71.4%	64.5%	71.0%	73.3%	67.7%	90.3%	50.0%
Specific program advisor	36.7%	52.0%	60.0%	53.6%	51.6%	45.2%	43.3%	38.7%	67.7%	30.0%
Tests to award credit*	36.7%	36.0%	20.0%	17.9%	22.6%	22.6%	20.0%	22.6%	29.0%	13.3%
Portfolios to document competencies	13.3%	24.0%	16.7%	14.3%	19.4%	16.1%	6.7%	12.9%	19.4%	13.3%
Specific upper division courses	26.7%	16.0%	30.0%	28.6%	19.4%	12.9%	13.3%	9.7%	19.4%	10.0%
Number of programs	31	25	30	28	31	31	30	31	31	30

*NLN achievement tests or challenge exams

New Student Enrollments

In 2015-2016, there were 4,941 admission spaces that were filled with a total of 4,317 students. Since an online RN to BSN program accepts all qualified applicants, the number of new students enrolling in these programs can vary dramatically depending on interest in the program rather than on program resources. For instance, one program enrolled 507 students in 2011-2012, but only 172 in 2015-2016. In addition, a number of postlicensure programs do not cap enrollment and hence do not report a discrete number for admission spaces, in these instances the number of new enrollments is used as the number of spaces available.

Table 5. Availability and Utilization of Admission Spaces* by Academic Year

	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015	2015- 2016
Spaces available	2,296	1,998	2,286	2,346	2,287	2,978	3,224	3,368	3,280	4,941
New student enrollments	1,438	1,754	1,985	2,101	1,913	1,998	2,488	2,252	2,355	4,317
% Spaces filled with new student enrollments	62.6%	87.8%	86.8%	89.6%	83.6%	67.1%	77.2%	66.9%	71.7%	87.4%

*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 in public RN to BSN programs has increased since 2006-2007. Private program enrollments have fluctuated over the past ten years. Since 2011-2012, public programs had generally increasing enrollment numbers, rising to 2,010 in 2015-2016, a ten year high. In 2015-2016 the number of private program enrollments increased from the previous year and is also at a ten year high.

Table 6. RN to BSN New Student Enrollment by Program Type by Academic Year

	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015*	2015- 2016
New student enrollment	1,438	1,754	1,985	2,101	1,913	1,998	2,488	2,252	2,355	4,317
Public	687	978	867	788	788	1,083	1,578	1,247	1,772	2,010
Private	751	776	1,118	1,313	1,125	915	910	1,005	583	2,307

A total of 10 programs (30%) reported that they had enrolled fewer students this year than in the prior year. The majority reported that this resulted from accepted students not enrolling (60%), followed by lack of qualified applicants (40%).

Table 7. Reasons for Enrolling Fewer Students by Academic Year

	2014-2015	2015-2016
Accepted students did not enroll	61.5%	60.0%
Lack of qualified applicants*	8.3%	40.0%
College/university requirement to reduce enrollment	15.4%	10.0%
Other	7.7%	10.0%
To reduce costs	7.7%	0.0%
Program revisions*	7.7%	0.0%
Unable to secure clinical placements for all students	7.7%	0.0%
Lost funding	0.0%	0.0%
Insufficient faculty	0.0%	0.0%
All Reporting	13	10

*Categories derived from text comments in 2014-2015

In 2015-2016, RN to BSN programs received 6,028 qualified applications for admission, the largest number of applications reported in ten years. Of the 6,028 applications received, 28% (n=1,711) were not accepted for admission.

Table 8. Applications* for Admission to RN to BSN Programs by Academic Year

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Qualified applications	2,341	2,769	2,364	2,651	2,424	1,998	3,069	2,873	3,834	6,028
Accepted	1,438	1,754	1,985	2,101	1,913	1,998	2,488	2,252	2,355	4,317
Not accepted	903	1,015	379	550	511	0	581	621	1,479	1,711
% Qualified applications <i>not</i> enrolled	38.6%	36.7%	16.0%	20.7%	21.1%	0%	18.9%	21.6%	38.6%	28.4%

*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 has fluctuated over the last ten years from a low of 2,954 in 2008 to a high of 6,429 in 2016, an 89% increase from the previous year (n=3,020), mainly due to an increase in reporting by one program.¹ The number of students in public RN to BSN programs continue to increase (49%, n=1,005) since 2007. While the number of students in private RN to BSN programs has fluctuated over the years, it more than tripled in the last year resulting in a new high of 3,356.

Table 9. Student Census Data*, RN to BSN Programs, by Academic Year

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Public programs	2,068	2,033	2,055	1,873	2,086	2,182	2,624	2,194	2,536	3,073
Private programs	1,068	921	1,427	1,374	1,013	1,223	1,467	1,242	873	3,356
Total nursing students	3,136	2,954	3,482	3,247	3,099	3,405	4,091	3,436	3,409	6,429

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

Student Completions

The number of students that completed an RN to BSN program in California has more than doubled over the last ten years, from 1,044 in 2006-2007 to 2,433 in 2015-2016, a 32% increase from the previous year (n=588). Even though there has been dramatic growth in the number of graduates in both public and private programs over this time period, public programs have overall graduated a larger share of RN to BSN students than private programs over the past five years. In 2015-2016, public programs graduated 1,076 students, while the number of private program graduates doubled from the previous year (102%, n=686), setting a new record high. This is largely due to the inclusion of a very large program that had not previously reported.

Table 10. Student Completions, RN to BSN Programs, by Academic Year

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Public programs	502	548	608	613	696	850	1,030	1,097	1,174	1,076
Private programs	542	458	831	761	572	750	796	675	671	1,357
Total student completions	1,044	1,006	1,439	1,374	1,268	1,600	1,826	1,772	1,845	2,433

Summary

RN to BSN programs enrolled and graduated significantly more students in 2015-2016 than in 2006-2007. While the number of RN to BSN programs stayed the same from the last year, the number of spaces, qualified applications, new students enrolling in these programs, and the number of students completed these programs increased dramatically during that time period. This was largely due to a change in the composition of schools and programs reporting. Most RN to BSN programs continue to use distance education modes and flexibility in course scheduling in order to increase RN access to the program. Programs increasingly used partnerships with ADN programs or similar collaborations to award credit for prior education and experience.

¹ Much of this increase has to do with one school that did not report data previously.

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 areas (i.e. nurse practitioner, clinical nurse specialist, nurse midwife, nurse anesthetist, and school nurse).

Number of MSN Programs

In 2015-2016, 35 schools that offered a Master's degree program responded to this survey. The number of Master's degree programs has remained the virtually the same since 2010-2011. Of the schools that offer a Master's degree program, 54% are public programs.

Table 11. Number of Master's Degree Programs by Academic Year

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
# Programs	30	28*	29	31	36	36	36	36	35	35
Public	56.7%	57.1%	55.2%	58.1%	52.8%	52.8%	52.8%	52.8%	54.3%	54.3%
Private	44.4%	43.3%	42.9%	44.8%	41.9%	47.2%	47.2%	47.2%	45.7%	45.7%

*Although there were 29 Master's degree programs in 2007-08, only 28 programs reported data that year.

New Student Enrollments

Admission spaces available for new student enrollments in Master's degree programs have doubled over the last ten years, from 1,977 in 2006-2007 to 3,969 in 2015-2016 (n=1992). These spaces were filled with a total of 2,307 students. After reaching a high of 2,938 available admission spaces in 2011-2012, the number of available admission spaces has declined somewhat over the years, with a recent increase of 63% in 2015-2016 from the previous year. While new student enrollment has grown considerably since 2006-2007, there has been a decline since the high of 2,464 in 2009-2010.

Table 12. Availability and Utilization of Admission Spaces*, Master's Degree Programs, by Academic Year

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Spaces available	1,977	2,136	2,491	2,671	2,474	2,938	2,472	2,856	2,440	3,969
New student enrollments	1,722	1,956	2,147	2,464	2,454	2,200	2,274	2,211	2,133	2,307
% Spaces filled with new student enrollments	87.1%	91.6%	86.2%	92.3%	99.2%	74.9%	92.0%	77.4%	87.4%	58.1%

*If 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, overall Master's degree programs have seen an overall growth of 34% (n=585) in new students enrolling in their programs. Private programs have seen the most growth, 88% since 2006-2007, reaching a new high of 1,306 in 2015-2016. New student enrollment in public programs increased almost every year from 2006-2007 through 2010-2011 and has declined almost every year since. In 2015-2016, more than half of new students (57%, n=1,306) enrolled in private programs.

Table 13. New Student Enrollment, Master's Degree Programs, by Academic Year

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
New student enrollment	1,722	1,956	2,147	2,464	2,454	2,200	2,274	2,211	2,133	2,307
Public	1,028	1,196	1,221	1,204	1,353	1,083	1,077	1,071	909	1,001
Private	694	760	926	1,260	1,101	1,117	1,197	1,140	1,224	1,306

A total of 14 programs (41%) reported that they had enrolled fewer students this year than in the prior year. The majority reported that this resulted from accepted student not enrolling (79%). About half of programs (29%) noted other reasons, including students deferring start date, and students preferring online programs.

Table 14. Reasons for Enrolling Fewer Students by Academic Year

	2014-2015	2015-2016
Accepted students did not enroll	64.7%	78.6%
Lack of qualified applicants*	29.4%	28.6%
To reduce costs	0.0%	7.1%
Other	11.8%	28.6%
Unable to secure clinical placements for all students	5.9%	7.1%
Lost funding	5.9%	7.1%
All Reporting	17	14

*categories derived from text comments in 2014-2015

The number of qualified applications received to Master's degree programs has increased over the previous two years to 3,747 applications in 2015-2016. In 2015-2016, 38% (n=1,440) of applications were not accepted for admission.

Table 15. Applications* for Admission to Master's Degree Programs by Academic Year

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Qualified applications	2,696	2,175	2,760	3,723	3,001	3,214	3,764	3,476	3,217	3,747
Accepted	1,722	1,956	2,147	2,464	2,454	2,200	2,274	2,211	2,133	2,307
Not accepted	974	219	613	1,259	547	1,014	1,490	1,265	1,084	1,440
% Qualified applications not enrolled	36.1%	10.1%	22.2%	33.8%	18.2%	31.5%	39.6%	36.4%	33.7%	38.4%

*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 20% over the past ten years (n=778). After two years of increasing total enrollment between 2011 and 2013, total enrollment declined to 4,767 students in 2016. While private programs have had dramatic increases in total student enrollment since 2007, these programs have also had more fluctuation in their year-to-year enrollment than public programs. Private programs currently account for 55% of enrollment.

Table 16. Student Census Data*, Master's Degree Programs, by Academic Year

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Public programs	2,601	2,643	2,775	2,613	2,722	2,557	2,572	2,382	2,329	2,159
Private programs	1,388	1,180	1,583	2,093	1,835	2,062	2,443	2,464	2,528	2,608
Total nursing students	3,989	3,823	4,358	4,706	4,557	4,619	5,015	4,846	4,857	4,767

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

Student Completions

The number of students that completed a Master's degree program in California has increased by 32% in the last ten years. In 2015-2016, 1,641 students completed Master's degree programs, a 17% decrease (n=342) from the previous year's high of 1,983. While both public and private programs graduated more students this year than they did in 2006-2007, private programs had more dramatic growth during this period. The growth in the number of students completing Master's degree programs between 2013-2014 and 2014-2015 was due to graduates of private programs. While both public and private programs experienced a decrease in completions in 2015-2016, private programs had larger decrease from the previous year than public programs (26% vs 6%).

Table 17. Student Completions, Master's Degree Programs, by Academic Year

	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015	2015- 2016
Public programs	849	844	892	904	952	1,034	933	933	911	852
Private programs	390	452	646	687	612	857	829	1,006	1,072	789
Total student completions	1,239	1,296	1,538	1,591	1,564	1,891	1,762	1,939	1,983	1,641

Nurse practitioners represent the largest share of graduates from Master's degree programs and the share of graduates in 2015-2016 was 53%. Nursing Education has increased to 14% in 2015-2016 from its low of 3.3% in 2014-2015. Clinical Nurse Specialist and Nursing Administration have had the greatest declines in the share of students completing those specialty areas since 2007-2008.

Table 18. Student Completions by Program Track or Specialty Area¹, Master's Degree Programs, by Academic Year

	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Nursing Education	14.1%	15.1%	14.6%	13.5%	8.6%	9.6%	7.8%	3.3%	13.9%
Nursing Administration	9.7%	10.0%	10.2%	13.4%	11.6%	7.3%	4.5%	3.4%	5.4%
Clinical Nurse Specialist	13.8%	13.8%	11.9%	8.0%	8.8%	8.9%	6.4%	6.1%	4.9%
Nurse Practitioner	43.7%	40.4%	39.2%	45.6%	44.7%	56.4%	53.4%	52.3%	52.8%
Certified Nurse Midwife	2.0%	1.0%	1.7%	1.9%	1.2%	0.9%	0.9%	1.0%	1.1%
Certified Nurse Anesthetist	4.2%	4.6%	4.8%	4.6%	3.8%	3.6%	3.9%	4.1%	5.3%
School Nurse	0.8%	0.7%	3.0%	1.5%	1.4%	1.1%	1.9%	1.7%	2.0%
Clinical Nurse Leader		4.4%	3.5%	6.1%	10.4%	7.9%	9.4%	8.2%	0.1%
Case Management		0.7%	2.1%	2.3%	2.2%	2.3%	2.2%	2.3%	0.1%
Community Health/ Public Health		0.1%	1.2%	0.6%	0.5%	0.7%	1.0%	0.6%	1.0%
Nursing Informatics							0.3%	0.3%	0.9%
Ambulatory Care [‡]		1.2%	1.2%	1.7%	2.2%	0.0%	1.0%		0.6%
Nurse Generalist		9.0%	3.3%	1.6%	1.2%	0.2%	1.8%	2.6%	3.7%
Health Policy					2.6%	0.2%	0.0%	0.2%	0.3%
Nursing Science and Leadership					2.5%	2.4%	1.2%	1.3%	1.5%
Other specialty	11.8%	2.7%	6.1%	0.7%	0.8%	1.0%	0.1%	2.8%	9.0%
Total student completions	1,298	1,538	1,591	1,564	1,891	1,762	1,939	1,983	1,641

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 65% of NPs graduating in this specialty area in 2015-2016. Other common specialty areas in 2015-2016 include adult/gerontology primary care (12%), adult/gerontology acute care (7%) and psychiatry/mental health (7%). Gerontology has had one of the greatest increases among NP graduates over the last ten years. In 2013-2014, the survey responses to these questions were changed to align with population foci recommendations from the National Organization of Nurse Practitioners Faculty (NONPF).

Table 19. Student Completions by Nurse Practitioner Specialty*, by Academic Year

	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Acute care	8.8%	9.0%	12.0%	10.4%	6.2%	7.1%	-	-	-
Adult	14.8%	4.7%	8.3%	14.3%	7.1%	6.0%	-	-	-
Family	53.1%	62.5%	58.0%	53.0%	67.2%	70.9%	-	-	-
Individual/Family							66.9%	74.3%	64.5%
Gerontology	3.0%	2.9%	2.7%	2.4%	1.7%	1.5%	-	-	-
Adult/ Gerontology primary							10.8%	10.3%	12.0%
Adult/ Gerontology acute							6.2%	5.2%	6.7%
Neonatal	1.2%	0.8%	1.1%	1.4%	1.2%	0.0%	0.2%	0.0%	0.0%
Occupational health	0.7%	1.3%	1.9%	1.4%	0.6%	0.2%	-	-	-
Pediatric	6.2%	8.5%	9.1%	8.4%	6.2%	4.2%	-	-	-
Pediatric primary							5.3%	5.8%	3.6%
Pediatric acute							1.5%	1.7%	1.7%
Psychiatric/mental health	1.9%	1.6%	3.2%	5.9%	4.6%	3.4%	4.6%	3.9%	6.5%
Women's health	7.4%	5.0%	1.9%	2.4%	3.0%	3.6%	3.3%	2.7%	3.2%
Other	2.8%	3.7%	1.8%	0.4%	2.4%	2.9%	1.2%	1.1%	1.7%
Total number of nurse practitioners	567	622	624	713	845	994	1,035	1,038	866

*These data were not collected prior to 2006-07. Response categories were modified in 2013-2014.

Summary

Historically master's programs receive more qualified applications than can be accommodated. In 2015-2016, these programs received less qualified applications than spaces available. Over the last year, these programs saw an increase in spaces available as well as an increase in qualified applications and enrollment of new students. The number of students that completed one of these programs has grown by 32% in the last ten years and reached its highest in 2014-2015 (n=1,983). While Nurse Practitioners (NPs) continue to be the most common specialty for students completing a Master's degree, Nursing Education has seen an increase in graduates in the last year. In 2015-2016, about two-thirds (65%) of graduating NPs specialized in individual/family nursing.

Doctoral Programs

Number of Doctoral Programs

The number of doctoral nursing programs in California has more than doubled since 2006-2007. In 2015-2016, there were 13 nursing doctoral programs in California – 54% (n=7) of which are private programs. This reversal from the prior two years is due to one public program not reporting in 2015-2016, and one private program that had not previously reported data now reporting in 2015-2016.

Table 20. Number of Doctoral Degree Programs by Academic Year

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
# Programs	6	7	7	7	9	10	12	13	13	13
Public	33.3%	28.6%	28.6%	28.6%	33.3%	40.0%	50.0%	53.8%	53.8%	46.1%
Private	66.7%	71.4%	71.4%	71.4%	66.7%	60.0%	50.0%	46.2%	46.2%	53.9%

New Student Enrollments

Admission spaces available for new student enrollments in doctoral programs have more than tripled since 2006-2007. After recovering from a slight decline in availability of admission spaces in 2009-2010, the number of available spaces has more than doubled since then. After six years of increasing numbers of new students enrolling in doctoral programs, the numbers of students enrolling declined in each of 2013-2014 and 2014-2015. In 2015-2016, 236 new students enrolled in doctoral programs. Since 2012-2013, the number of spaces available in doctoral programs has exceeded the number of students enrolling.

Table 21. Availability and Utilization of Admission Spaces*, Doctoral Programs, by Academic Year

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Spaces available	74	109	163	159	165	203	362	372	340	368
New student enrollments	57	106	112	158	186	227	314	230	218	236
% Spaces filled with new student enrollments	77.0%	97.2%	68.7%	99.4%	112.7%	111.8%	86.7%	61.8%	64.1%	64.1%

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

Public programs had a large increase in new student enrollment in 2012-2013, which was followed by a decline the next year. Enrollment has stayed relatively stable from 2013-2014 to 2015-2016. Private program enrollments followed a similar if more gradual increase up to a peak of 172 students in 2012-2013, after which enrollments declined and held steady for the next three years. Public programs showed more fluctuation in new student enrollments prior to 2012-2013 but have since followed the same pattern as the private programs.

Table 22. New Student Enrollment, Doctoral Programs, by Academic Year

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
New student enrollment	57	106	112	158	186	203	314	230	218	236
Public	36	37	31	38	32	41	142	93	94	99
Private	21	69	81	120	154	162	172	137	124	137

A total of 4 programs (31%) reported that they had enrolled fewer students this year than in the prior year. The majority reported that this resulted from accepted student not enrolling (75%) and other reasons (50%). Other reasons included students deferring admission.

Table 23. Reasons for Enrolling Fewer Students by Academic Year

	2014-2015	2015-2016
Accepted students did not enroll	80.0%	75.0%
Other	20.0%	50.0%
Lack of qualified applicants	20.0%	0.0%
Lost funding	0.0%	0.0%
College/university / BRN requirement to reduce enrollment	0.0%	0.0%
To reduce costs	0.0%	0.0%
Insufficient faculty	0.0%	0.0%
Program discontinued	0.0%	0.0%
Unable to secure clinical placements for all students	0.0%	0.0%
All Reporting	5	4

The number of qualified applications to doctoral programs has fluctuated dramatically since 2009-2010. In 2015-2016, doctoral programs received 377 qualified applications to their programs, 37% of which were not accepted for admission.

Table 24. Applications* for Admission to Doctoral Programs by Academic Year

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Qualified applications	75	109	120	201	420	203	431	321	359	377
Accepted	57	106	112	158	186	203	314	230	218	236
Not accepted	18	3	8	43	234	0	117	91	141	141
% Qualified applications not enrolled	24.0%	2.8%	6.7%	21.4%	55.7%	0.0%	27.1%	28.3%	39.3%	37.4%

*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 doubled in ten years, from 291 students on October 15, 2007 to 589 in 2016. Private programs have almost tripled the number of students enrolled in their programs from 2007 to 2016, while public programs had more modest change in their total student enrollment during the same time period. Both public and private programs had a decline in their census over the last year.

Table 25. Student Census Data*, Doctoral Programs, by Academic Year

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Public programs	173	161	155	163	176	216	376	307	338	252
Private programs	118	148	252	268	391	412	451	431	466	337
Total nursing students	291	309	407	431	567	628	827	738	804	589

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

Student Completions

While the number of students that completed a nursing doctoral program in California more than tripled in the past ten years, from 57 in 2006-2007 to 176 in 2015-2016, the total number of students who graduated in 2015-2016 decreased 27% (n=66) from the previous year's ten year high of 242. Both public and private programs had a decrease in students completing their programs over the last year (31% and 22% respectively).

Table 26. Student Completions, Doctoral Programs, by Academic Year

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Public programs	41	28	22	20	30	23	21	90	141	97
Private programs	16	11	27	44	46	61	105	96	101	79
Total student completions	57	39	49	64	76	84	126	186	242	176

Summary

The number of schools offering doctoral degrees and the number of students pursuing those degrees have increased over the past ten years. Since 2011-2012, three additional doctoral programs began accepting students for the first time. Historically, private doctoral programs have been responsible for most of the increases in new student enrollments, student census and student completions. In 2015-2016, there were more graduates from public than private doctoral programs. As more students complete these programs, more nursing researchers and more qualified applicants for nursing faculty positions will enter the nursing workforce.

Faculty Census Data

Faculty data for post-licensure programs were requested for the first time in the 2005-2006 survey. These 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, 2016, post-licensure programs reported a total of 985 faculty that taught post-licensure courses, even if the faculty member also had a teaching role in the pre-licensure programs offered at the school. Over the last nine 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 2009-2010², while others are likely due to online programs that have large fluctuations in enrollment and, hence, large fluctuations in faculty numbers from year to year.

Of the 42 schools that offered post-licensure nursing programs in 2015-2016, 88% (n=37) reported sharing faculty with the pre-licensure programs offered at their school. Twenty-one schools reported that they have some faculty that exclusively taught post-licensure students. Since many programs use the same faculty for pre- and post-licensure programs, 33% (n=325) of the 985 total post-licensure faculty reported in 2016 were also reported as pre-licensure faculty. Post-licensure nursing programs reported 61 vacant faculty positions in 2016. These vacancies represent a 5.8% faculty vacancy rate.

Table 27. Faculty Census Data* by Year

	2007**	2008	2009	2010	2011	2012	2013**	2014	2015**	2016**
Total faculty	1,605	1,909	1,813	1,169	1,598	1,446	1,086	1,001	1,276	985
Faculty (post-licensure only) ¹				816	1,138	953	758	488	682	660
<i>Full-time</i>	628	639	656	267	302	320	237	274	286	322
<i>Part-time</i>	977	1,270	1,157	549	836	633	332	214	410	402
Faculty (also teach pre-licensure)	1,605	1,909	1,813	353	460	493	328	513	594	325
Vacancy rate***	6.0%	4.8%	3.4%	4.9%	1.2%	4.9%	5.0%	3.9%	12.0%	5.8%
<i>Vacancies</i>	102	96	63	60	19	75	57	41	174	61

*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)

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.

In 2015-2016, 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. 13% (n=3) of 23 schools responding agreed.³ These 3 schools were asked to rank the reason for this shift.

The top ranked reasons were non-competitive salaries for full-time faculty, and shortage of RNs applying for full time faculty positions.

Table 288. Reasons for Hiring More Part-time Faculty

	Average Rank*	Programs reporting
Non-competitive salaries for full time faculty	2.3	3
Shortage of RNs applying for full time faculty positions	2.7	3
Insufficient number of full time faculty applicants with required credential	4.3	3
Insufficient budget to afford benefits and other costs of FT faculty	4.7	3
Need for faculty to have time for clinical practice	4.7	3
Private, state university or community college laws, rules or policies	5.7	3
Need for full-time faculty to have teaching release time for scholarship, clinical practice, sabbaticals, etc.	5.7	3
Need for part-time faculty to teach specialty content	7.3	3
To allow for flexibility with respect to enrollment changes	7.7	3
Other	-	0

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

³ 21 schools did not answer this question.

APPENDICES

APPENDIX A – List of Post-Licensure Nursing Education Programs

RN to BSN Programs (34)

Azusa Pacific University	Loma Linda University
California Baptist University	Mount Saint Mary's University
CSU Bakersfield	Pacific Union College
CSU Chico	Point Loma Nazarene University
CSU Dominguez Hills	Samuel Merritt University*
CSU East Bay	San Diego State University
CSU Fresno	San Francisco State University
CSU Fullerton	Shepherd University
CSU Long Beach	Simpson University
CSU Los Angeles	Sonoma State University
CSU Northridge	The Valley Foundation School of Nursing at San Jose State
CSU Sacramento	United States University
CSU San Bernardino	Unitek College
CSU San Marcos	University of Phoenix – Southern California
CSU Stanislaus	West Coast University
CNI College (Career Networks Institute)*	Western Governors University*
Concordia University Irvine	
Holy Names University	

Master's Degree Programs (35)

Azusa Pacific University	University of California Davis
California Baptist University	University of California Irvine
CSU Bakersfield	University of California Los Angeles
CSU Chico	University of California San Francisco
CSU Dominguez Hills	University of Phoenix – Southern California
CSU Fresno	University of San Diego
CSU Fullerton	University of San Francisco
CSU Long Beach	University of Southern California
CSU Los Angeles	West Coast University
CSU Sacramento	Western Governors University*
CSU San Bernardino	Western University of Health Sciences
CSU San Marcos	
CSU Stanislaus	
Concordia University Irvine*	
Holy Names University	*New program in 2015-2016
Loma Linda University	
Mount Saint Mary's 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 State	
United States University	

Doctoral Programs (13)

Azusa Pacific University
California Baptist University*
CSU Fresno
CSU Fullerton
Loma Linda University
Samuel Merritt University
University of California Davis
University of California Irvine
University of California Los Angeles
University of California San Francisco
University of San Diego
University of San Francisco
Western University of Health Sciences

*New program in 2015-2016

