
California Board of Registered Nursing

2019-2020 Annual School Report

Data Summary and Historical Trend Analysis

A Presentation of Post-Licensure Nursing Education Programs in California

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Prepared by:
Lisel Blash, MS, MPA
Joanne Spetz, PhD
University of California, San Francisco
3333 California Street, Suite 265
San Francisco, CA 94118

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PREFACE AND SURVEY METHODS

Nursing Education Survey Design

The 2019-2020 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, 2019, through July 31, 2020. Demographic information and census data were requested for October 15, 2020.

Survey Participation

In 2019-2020, 43 RN-to-BSN programs, 37 Master's degree programs, and 17 doctoral programs responded to the survey. There was a total of 51 schools, including Phoenix University—whose campuses across California are counted as two schools—Southern California and Northern California.

Since 2009-2010, there has been an increase of 26.5% (n=9) in the number of RN-to-BSN programs, 2.8% (n=1) in the number of Master's degree programs, and 88.9% (n=8) in the number of doctoral programs (DNP and/or PhD). Overall, the number of programs increased by 22.8% (n=18) over this period. For the six schools that offer both a DNP and PhD, these two programs are counted as one doctoral program for this calculation to maintain consistency with prior years. There were 16 DNP programs and seven research-based doctoral programs (PhD) in 2019-2020.

Two MSN programs that were reported in 2018-2019 were not reported in 2019-2020. These losses were offset by the addition of four new MSN program. There were six new RN-to-BSN programs and four new doctoral programs reported in 2019-2020. 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. A list of schools that responded to the survey is provided in Appendix A.

Changes to the Survey

There were some notable changes to this year’s survey.

- The section on doctoral programs was split into two separate sections to account for differences in doctorate of nursing practice (DNP) and research-based doctoral programs (PhD).
- Additional questions were added to gauge the impact of the COVID-19 pandemic.

Analysis of these new questions and impacts of the changes are discussed in the summary subsection of each program section in the report.

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

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
RN-to-BSN	34	33	32	35	34	34	38	38	37	43
Master’s Degree	36	36	36	36	35	35	38	38	35	37
Doctoral	9	10	12	13	13	13	16	14	13	17
Number of programs	79	79	80	84	82	82	92	90	85	97
Number of schools[†]	43	45	44	45	44	42	46	46	44	51

[†]Since some nursing schools admit students in more than one program, the number of nursing programs is greater than the number of nursing schools.

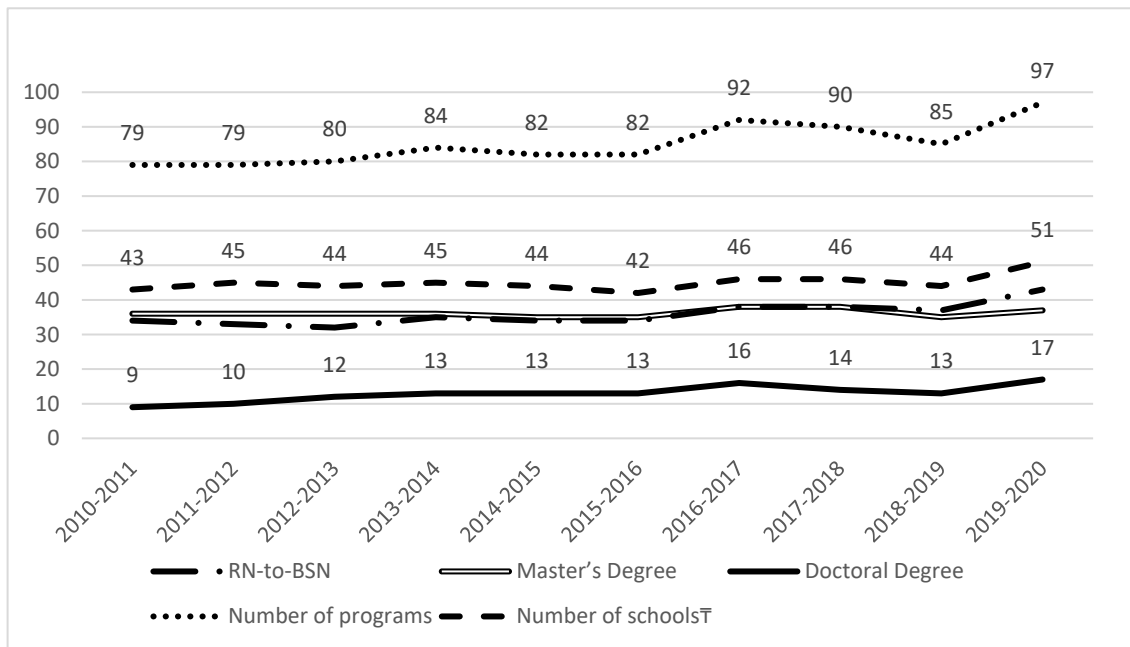


Figure 1. Number of Post-Licensure Programs by Program Type by Academic Year

Only fourteen 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.

In 2019-2020, doctoral programs were broken out into DNP programs and research-based doctoral programs (PhD). Of the 17 schools with doctoral programs, ten schools had just a DNP program, one had just a PhD program, and six had both.

Table 2. Post-licensure Program Combinations, 2019-2020

Programs	#
RN-to-BSN only	12
MSN only	1
Doctoral only	1
RN-to-BSN & MSN	21
RN-to-BSN & Doctoral	1
MSN & Doctoral	6
RN-to-BSN, MSN & Doctoral	9
Number of schools	51

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. Doctoral programs are broken out into doctorate of nursing practice (DNP) and research-based doctoral programs (PhD). 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 26.5% (n=9) over the last ten years, from 34 programs in 2010-2011 to 43 programs in 2019-2020. In 2019-2020, more than half of RN-to-BSN programs were offered at private schools (58.1%, n=25), while 41.9% (n=18) of RN-to-BSN programs were offered at public schools. The number of RN-to-BSN programs offered at private schools increased by 66.7% (n=10) over the last ten years, while the number of RN-to-BSN programs offered at public schools decreased by 5.3% (n=1). 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 Degree Programs by Academic Year

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Public	55.9%	57.6%	53.1%	54.3%	52.9%	50.0%	47.4%	44.7%	43.2%	41.9%
count	19	19	17	19	18	17	18	17	16	18
Private	44.1%	42.4%	46.9%	45.7%	47.1%	50.0%	52.6%	55.3%	56.8%	58.1%
count	15	14	15	16	16	17	20	21	21	25
Number of programs reporting	34	33	32	35	34	34	38	38	37	43

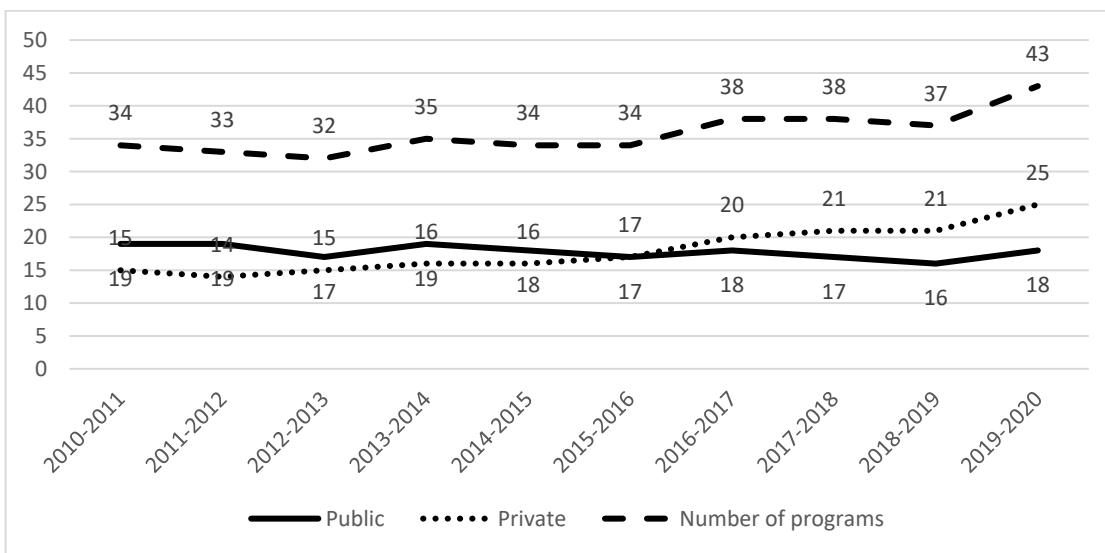


Figure 2. Number of RN-to-BSN Programs by Academic Year

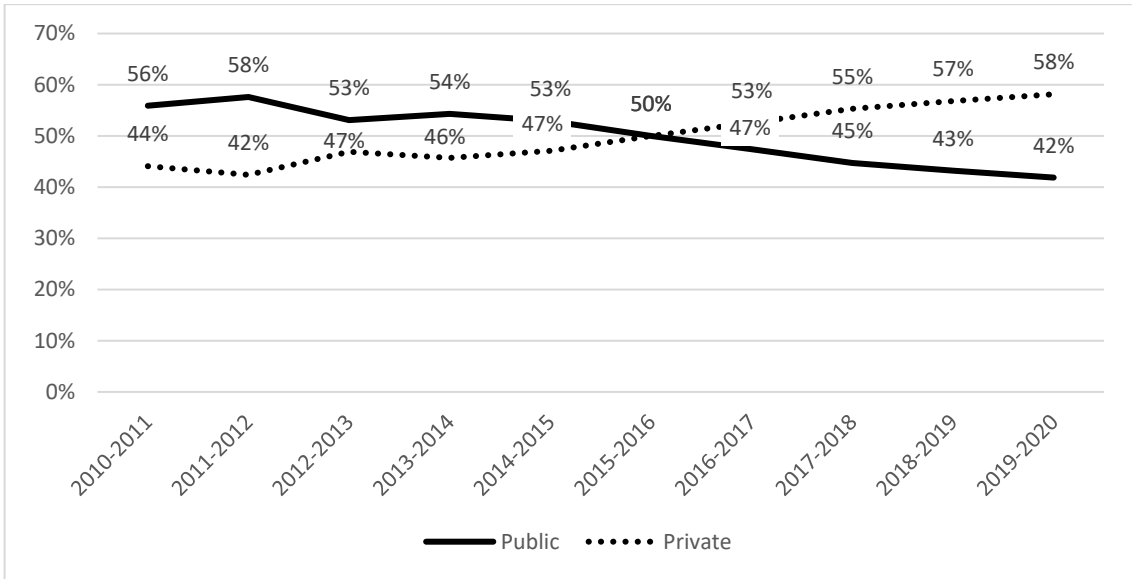


Figure 3. Percent of Public and Private RN-to-BSN Programs

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 85.0% (n=34) in 2019-2020. Flexible course scheduling remains a common method that RN-to-BSN programs use to increase access (57.5%, n=23), although its use has decreased somewhat since 2010-2011.

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, especially providing courses in work settings.

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

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Distance education modes	56.7%	71.0%	83.3%	71.4%	83.3%	68.8%	70.3%	69.4%	78.4%	85.0%
Flexibility in course scheduling	63.3%	67.7%	63.3%	68.6%	73.3%	62.5%	62.2%	52.8%	62.2%	57.5%
Partial funding of classes by work setting	56.7%	35.5%	30.0%	22.9%	46.7%	40.6%	32.4%	30.6%	24.3%	30.0%
Courses provided in work settings	33.3%	41.9%	30.0%	17.1%	23.3%	25.0%	16.2%	11.1%	13.5%	5.0%
Number of programs reporting	30	31	30	35	30	32	37	36	37	40

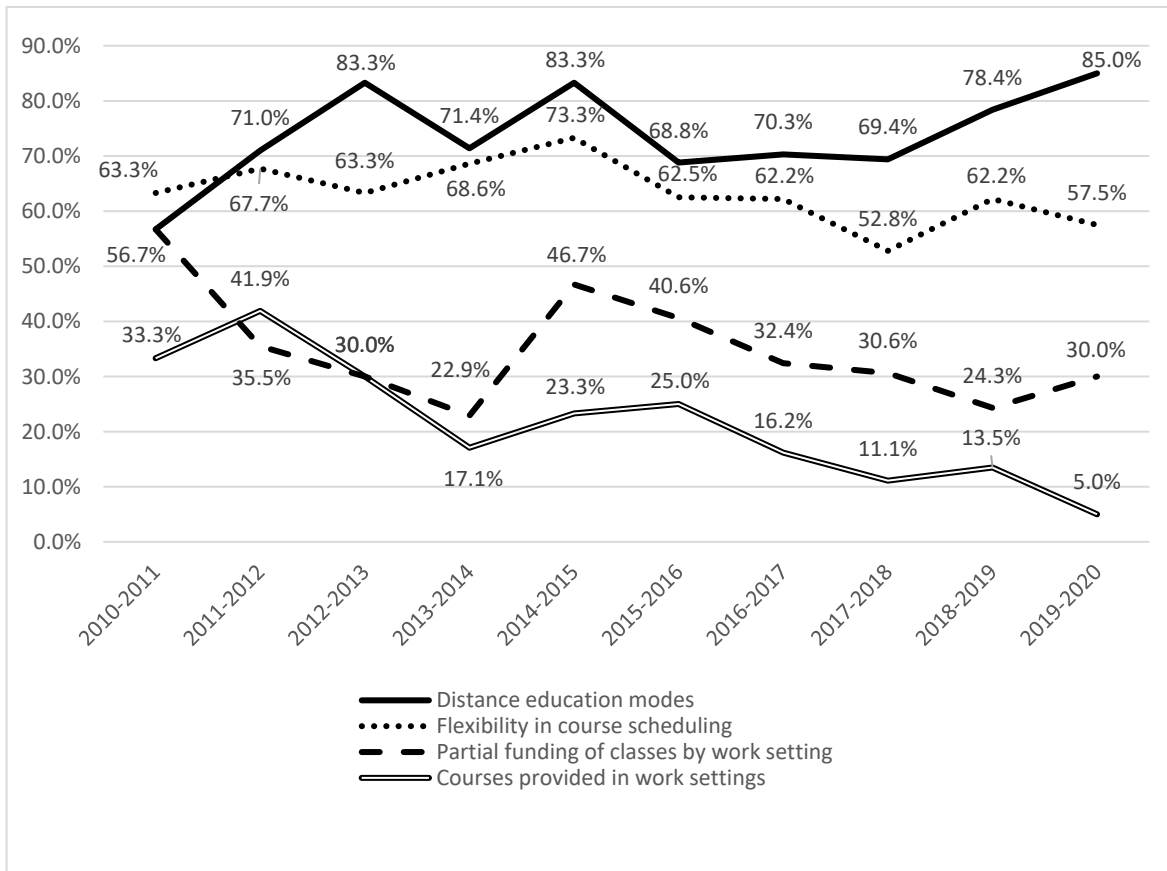


Figure 4. Approaches to Increase RN Access to the Program by Academic Year

In 2019-2020, the most commonly cited methods to award credit for prior education and experience were partnerships with ADN programs or similar collaborations (56.4%, n=23), followed by direct articulation of ADN coursework (59.0%, n=22). 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. 2019-2020 is the first year that partnerships surpassed direct articulation of coursework as the most commonly cited method of awarding credit for prior education and experience.

The use of portfolios to document competencies as a mechanism to award credit has overall declined since 2010-2011, when 19.4% of programs used this mechanism. By 2019-2020, only two programs (2.6%) reported using portfolios to document competencies to award credit.

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

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Direct articulation of ADN coursework	64.5%	71.0%	73.3%	67.7%	90.0%	50.0%	61.8%	51.4%	65.6%	56.4%
Partnerships with ADN programs or similar collaborations	45.2%	45.2%	53.3%	54.8%	60.0%	63.3%	52.9%	51.4%	53.1%	59.0%
Specific program advisor	51.6%	45.2%	43.3%	38.7%	70.0%	30.0%	35.3%	37.1%	31.3%	33.3%
Tests to award credit*	22.6%	22.6%	20.0%	22.6%	30.0%	13.3%	20.6%	17.1%	21.9%	20.5%
Specific upper division courses	19.4%	12.9%	13.3%	9.7%	20.0%	10.0%	17.6%	20.0%	15.6%	5.1%
Portfolios to document competencies	19.4%	16.1%	6.7%	12.9%	20.0%	13.3%	0.0%	2.9%	6.3%	2.6%
Number of programs reporting	31	31	30	31	30	30	34	35	32	39

*NLN achievement tests or challenge exams

New Student Enrollments

In 2019-2020, 5,096 admission spaces were filled with 3,993 students. Some online RN-to-BSN programs accept all qualified applicants and there is no cap on enrollment; for programs where there was no number of admission spaces given (n=4), or the number of admission spaces was extremely high, indicating “no cap” (ex: 999, n=5), the number of new enrollments was used as the number of spaces available. Thirty of the forty-three RN-to-BSN programs listed fewer new enrollments than admissions spaces available in 2019-2020, not including the online programs with no cap.

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

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Spaces available	2,287	2,978	3,224	3,368	3,180	4,941	5,119	6,658	6,487	5,096
New student enrollments	1,913	1,998	2,488	2,252	2,351	4,317	3,698	4,238	3,507	3,993
% spaces filled with new student enrollments	83.6%	67.1%	77.2%	66.9%	73.9%	87.4%	72.2%	63.7%	54.1%	78.4%

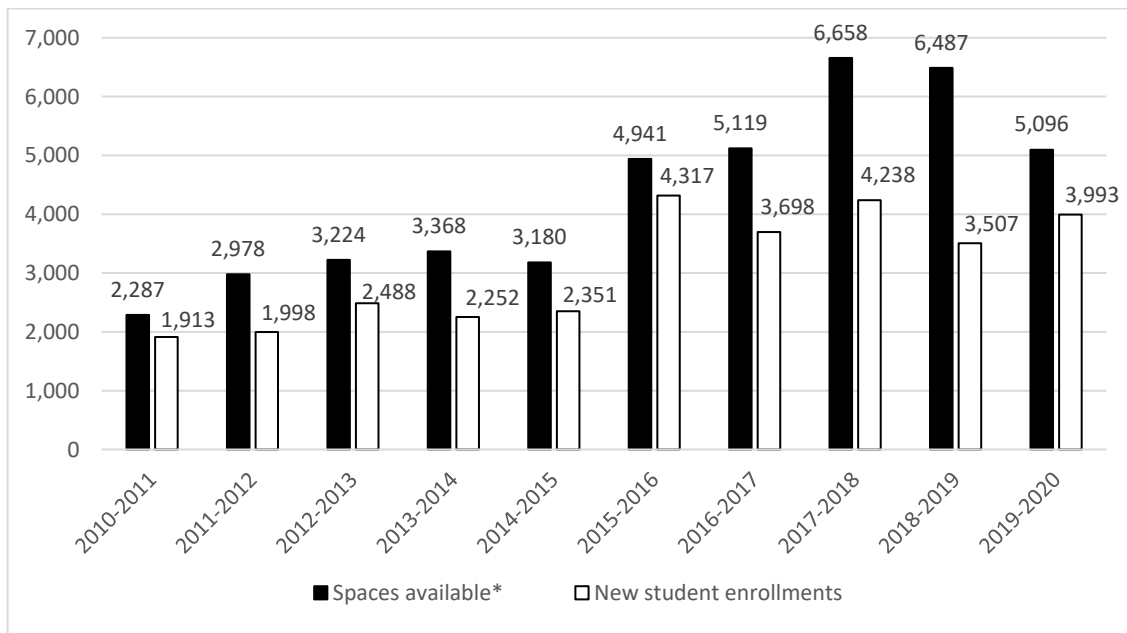


Figure 5. Availability and Utilization of Admission Spaces by Academic Year

New student enrollment reached a ten-year high of 4,317 in 2015-2016. Since that time, enrollment has fluctuated, declining to 3,993 in 2019-2020. 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 3,993 new enrollments in 2019-2020, 3,255 were enrolled in a general post-licensure BSN (RN-to-BSN) while 738 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

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
New student enrollment	1,913	1,998	2,488	2,252	2,351	4,317	3,698	4,238	3,507	3,993
Public	788	1,083	1,578	1,247	1,772	2,010	1,557	1,446	1,225	1,734
Private	1,125	915	910	1,005	579	2,307	2,141	2,792	2,282	2,259

Note: Much of the increase between 2014-15 and 2015-16 is the result of the inclusion of a new private RN-to-BSN program.

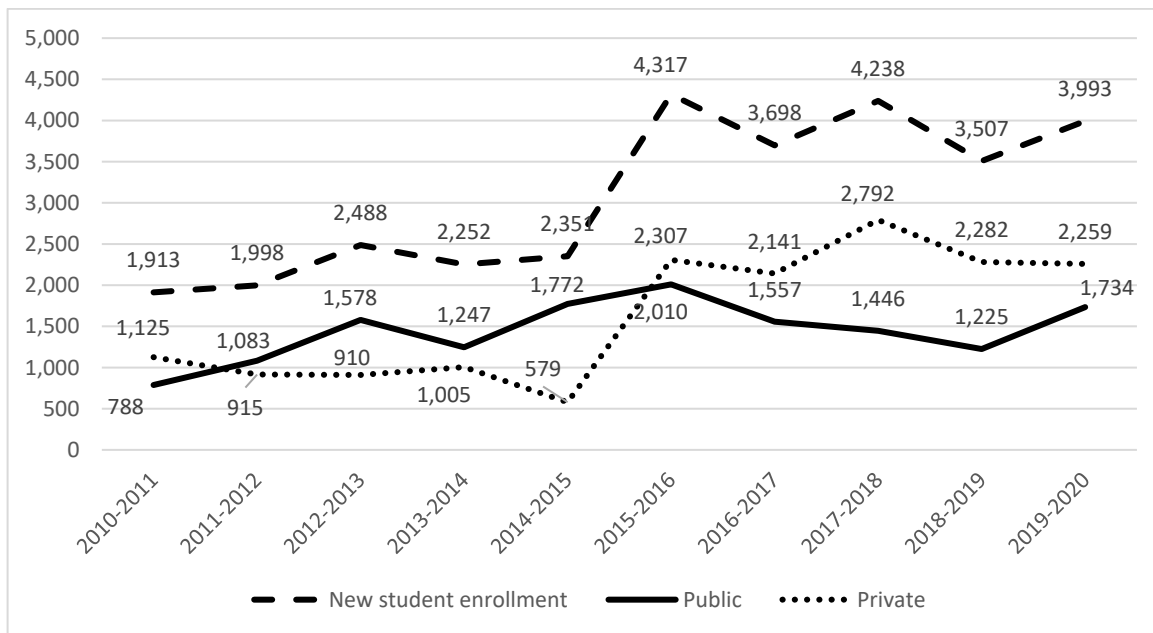


Figure 6. RN-to-BSN New Student Enrollment by Program Type by Academic Year

Nineteen programs (44.2%) reported that they enrolled fewer students in 2019-2020 than in the prior year. The majority reported that this resulted from accepted students not enrolling (63.2%, n=12), followed by “other” (21.1%, n=4), lack of qualified applicants (21.1%, n=4) and competition or mode of delivery (21.1%, n=4). The latter two categories were derived from text comments. In 2019-2020, some examples of comments indicating lack of qualified applicants include “Not many applicants” and “Fewer applicants”. Some examples of comments indicating competition/mode issues include “Competition” and “Enrolled in fully online program”. “Other” comments included, “pandemic,” and “Covid-19.” While the pandemic was mentioned in text comments describing “other” reasons for decreased enrollment, few respondents selected any of the series of pandemic-related reasons added this year, although one program noted decreasing a cohort. However, the large number of programs selecting “accepted students did not enroll” may reflect pandemic-related issues, as programs noted in text comments, “Students did not enroll due to COVID-19” and “Self-selected due to COVID”.

This year, programs were also asked whether they had enrolled fewer students in the current academic year (2020-2021). This question was asked to gauge the possible impact of the COVID-19 pandemic. Eight programs (18.6%) reported that they had enrolled, or planned to enroll, fewer students in 2020-2021. Five of these programs reported a variety of reasons, from lack of qualified applicants, teaching out the program, skipping a cohort due to the pandemic, and only offering a part-time schedule this year.

Table 8. Reasons for Enrolling Fewer RN-to-BSN Students by Academic Year

	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021
Accepted students did not enroll	61.5%	60.0%	60.0%	47.1%	63.6%	63.2%	0.0%
Lack of qualified applicants*	8.3%	40.0%	33.3%	23.5%	27.3%	21.1%	20.0%
Other	7.7%	10.0%	13.3%	5.9%	18.2%	21.1%	20.0%
Competition/mode*	7.7%	0.0%	26.7%	23.5%	18.2%	21.1%	0.0%
Program revisions*	-	-	6.7%	11.8%	9.1%	5.3%	20.0%
College/university / BRN requirement to reduce enrollment	15.4%	10.0%	0.0%	0.0%	0.0%	0.0%	0.0%
To reduce costs	7.7%	0.0%	0.0%	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%	0.0%	0.0%
Lost funding	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Insufficient faculty	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Skipped a cohort	-	-	-	-	-	0.0%	20.0%
Decreased an admission cohort	-	-	-	-	-	5.3%	20.0%
Concerns about safety of students in clinical rotations	-	-	-	-	-	0.0%	0.0%
Concerns about safety of faculty in clinical rotations	-	-	-	-	-	0.0%	0.0%
Challenges converting courses from in-person to online modalities	-	-	-	-	-	0.0%	0.0%
Challenges converting clinicals to virtual simulation	-	-	-	-	-	0.0%	0.0%
Challenges converting clinicals to in-person simulation	-	-	-	-	-	0.0%	0.0%
Number of programs reporting	13	10	15	17	11	19	5

*Categories derived from text comments.

In 2019-2020, RN-to-BSN programs received 5,125 qualified applications for admission, representing a decline since the ten-year high of 6,028 in 2015-2016. Of the 5,125 applications received, 14.1% (n=724) were not accepted for admission. Prior to 2013-14, admitted students were recorded as enrolled students.

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

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Qualified applications*	2,424	2,581	3,069	2,873	3,844	6,028	5,613	5,416	4,468	5,125
Admitted	1,913	1,998	2,448	2,522	3,468	5,783	5,198	4,989	3,945	4,401
Not admitted	511	583	621	351	376	245	415	427	523	724
<i>% of qualified applications not admitted</i>	21.1%	22.6%	20.2%	12.2%	9.8%	4.1%	7.4%	7.9%	11.7%	14.1%

*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.

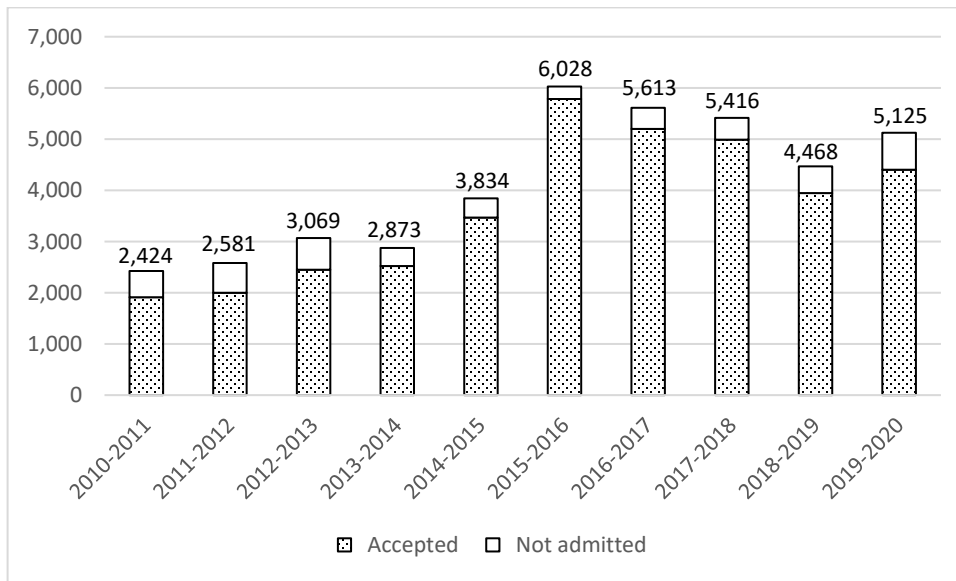


Figure 7. Qualified Applicants by Academic Year, RN-to-BSN Programs

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 has declined somewhat in the last two years.

Until 2016, private school students accounted for less than half of all RN-to-BSN students, but by 2019-2020, they accounted for 54.2% of all RN-to-BSN students.

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

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Public programs	2,086	2,182	2,624	2,194	2,536	3,073	2,224	2,298	1,929	2,474
Private programs	1,013	1,223	1,467	1,242	873	3,356	4,430	3,821	2,668	2,929
Total nursing students	3,099	3,405	4,091	3,436	3,409	6,429	6,654	6,119	4,597	5,403

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

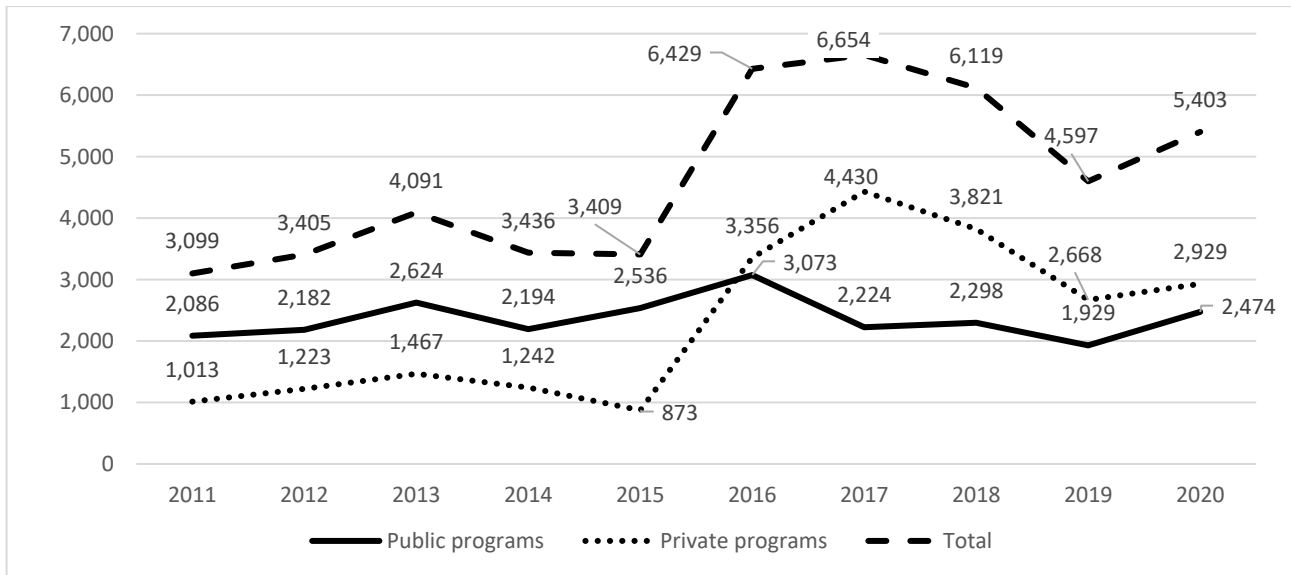


Figure 8. RN-to-BSN Student Census by Year

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 1,268 in 2010-2011 to 3,595 in 2019-2020. 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 72.2% of all completions in 2019-2020. 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 3,595 completions, 3,238 were enrolled in a standard post-licensure BSN (RN-to-BSN), and 357 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

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Public programs	696	850	1,030	1,097	1,174	1,076	1,386	1,549	874	998
Private programs	572	750	796	675	671	1,357	1,748	2,126	2,236	2,597
Total student completions	1,268	1,600	1,826	1,772	1,845	2,433	3,134	3,675	3,110	3,595

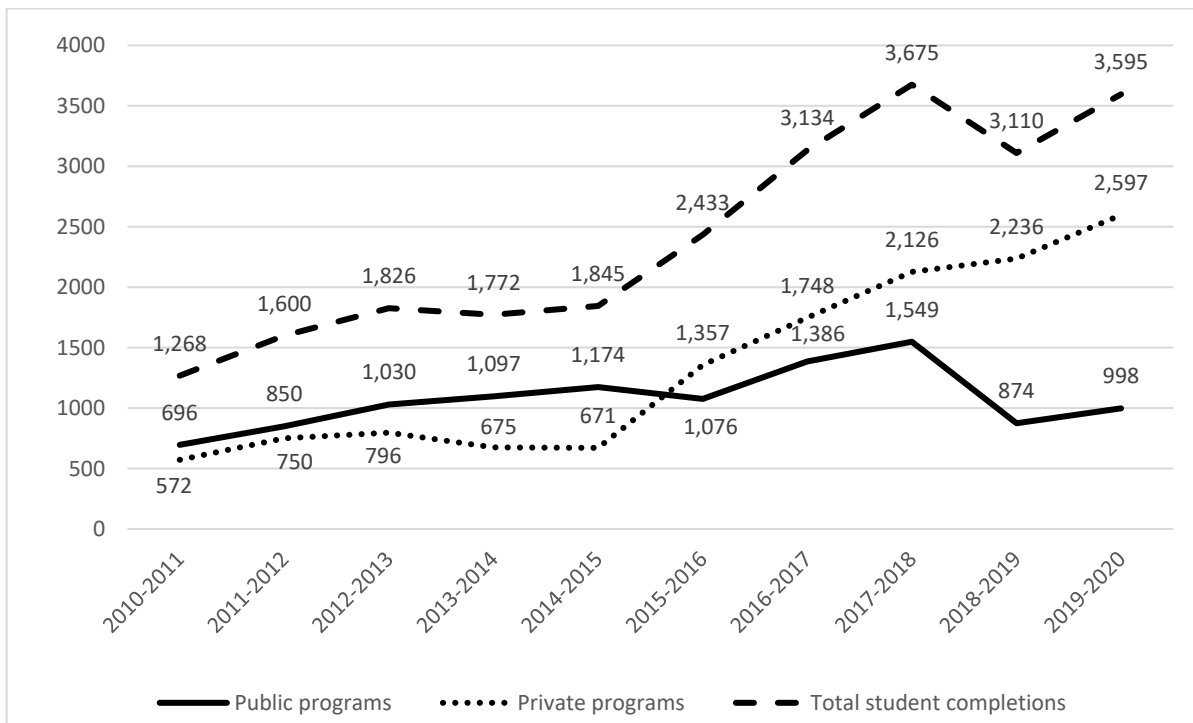


Figure 9. RN-to-BSN Program Completions by Academic Year

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 2019-2020, the majority of programs (88.4%, n=38) reported using the semester system and 11.6% (n=5) reported using the quarter system.

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

	2016-2017		2017-2018		2018-2019		2019-2020	
	#	%	#	%	#	%	#	%
Semester	25	71.4%	26	68.4%	31	83.8%	38	88.4%
Quarter	5	14.3%	5	13.2%	6	16.2%	5	11.6%
Number of programs reporting	35	100.0%	38	100.0%	37	100.0%	43	100.0%

In 2019-2020, part-time students required an average of 5.4 semesters or 8.3 quarters to complete the RN-to-BSN program. Full-time students required an average of 3.8 semesters or 5.6 quarters to complete.

Table 13. Time to Completion by Term, RN-to-BSN Programs, 2019-2020

Time to complete	Semesters	Quarters	Programs reporting*
Part-time program	5.4	8.3	29
Full-time program	3.8	5.6	37

*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 increased by six programs since last year and, for the fourth year in a row, there were more private than public programs. While the number of admission spaces decreased since last year, the number of spaces available has more than doubled since 2010-2011. RN-to-BSN programs enrolled and graduated many more students in 2019-2020 than in 2010-11. The number of new students enrolling in these programs, the number of qualified applicants, and the number admitted increased over the last year after a dip in 2018-2019.

This year, like last year, the number of admission spaces far exceeds the number of new student enrollments, with 21.6% of spaces unfilled, even discounting several online programs with no enrollment cap.

Despite the increase in enrollments since 2018-2019, 40% of programs reported that they had enrolled *fewer* students this year compared to last year. While the most common reasons given were that accepted students did not enroll and that there was a lack of qualified applicants, 14.1% of qualified applications were not admitted. Some respondents mentioned the impact of COVID-19 on their enrollments, and one decreased a cohort as a result of the pandemic.

The student census increased by 17.5% (n=806) in 2019-2020 after a dip in 2018-2019, and the number of students that completed RN-to-BSN programs increased by 15.6% (n=485) between 2018-2019 and 2019-2020.

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 2019-2020, 37 schools that offered a Master’s degree program responded to this survey. The number of Master’s degree programs has increased by two since 2018-2019. More than half (51.4%) of reported programs are private. Prior to 2016-17, most master’s degree programs reported were in public colleges and universities.

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

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Public	52.8%	52.8%	52.8%	52.8%	54.3%	54.3%	50.0%	50.0%	48.6%	48.6%
	19	19	19	19	19	19	19	19	17	18
Private	47.2%	47.2%	47.2%	47.2%	45.7%	45.7%	50.0%	50.0%	51.4%	51.4%
	17	17	17	17	16	16	19	19	18	19
Number of programs reporting	36	36	36	36	35	35	38	38	35	37

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

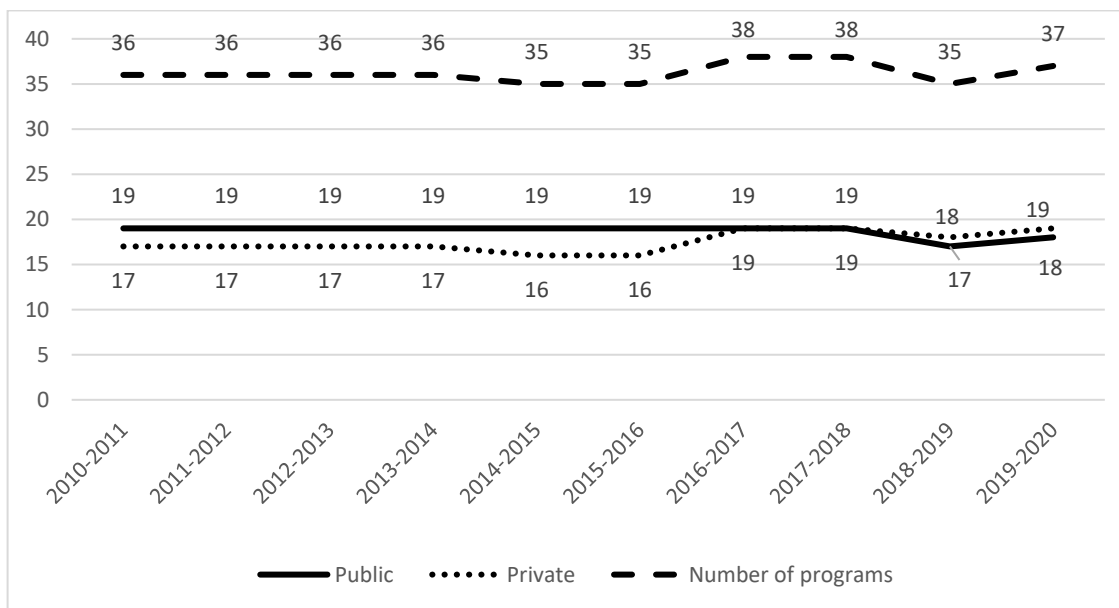


Figure 10. Number of MSN Programs by Academic Year

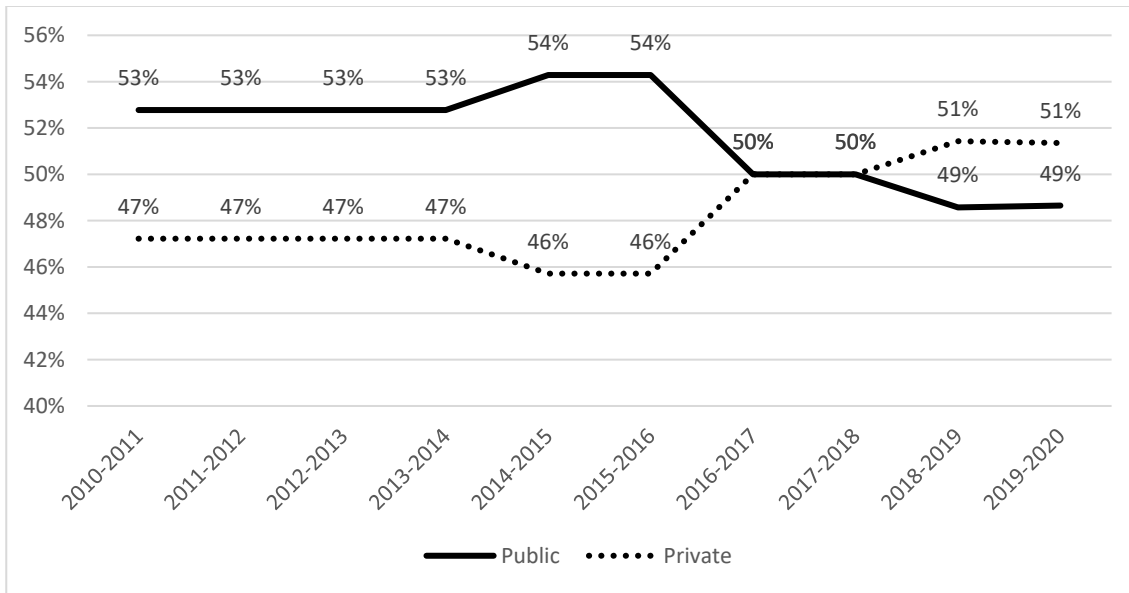


Figure 11. Percent of Public and Private MSN Programs

New Student Enrollments

New student enrollment has grown considerably over the past decade, reaching a 10-year high of 3,981 in 2019-2020. Admission spaces available for new student enrollments in Master's degree programs have grown by 91.6% (n=2,266) over the last ten years to a total of 4,740 admission spaces in 2019-2020. Since 2010-2011, the percent of spaces filled with new enrollments has trended down, although this situation has improved somewhat in 2019-2020, when 16.0% (n=759) of the 4,740 available spaces were not filled. Twenty-nine of thirty-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

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Spaces available*	2,474	2,938	2,472	2,856	2,440	3,969	3,464	4,434	4,029	4,740
New student enrollments	2,454	2,200	2,274	2,211	2,133	2,307	2,769	3,544	3,007	3,981
% spaces filled with new student enrollments	99.2%	74.9%	92.0%	77.4%	87.4%	58.1%	79.9%	79.9%	74.6%	84.0%

*Three programs did not report admission spaces, and three reported a very large number intended to indicate "no cap" due to the online format of the program. If number of admission spaces were not provided in the data, or there was "no cap", the number of new enrollments was used as the number of available admission spaces.

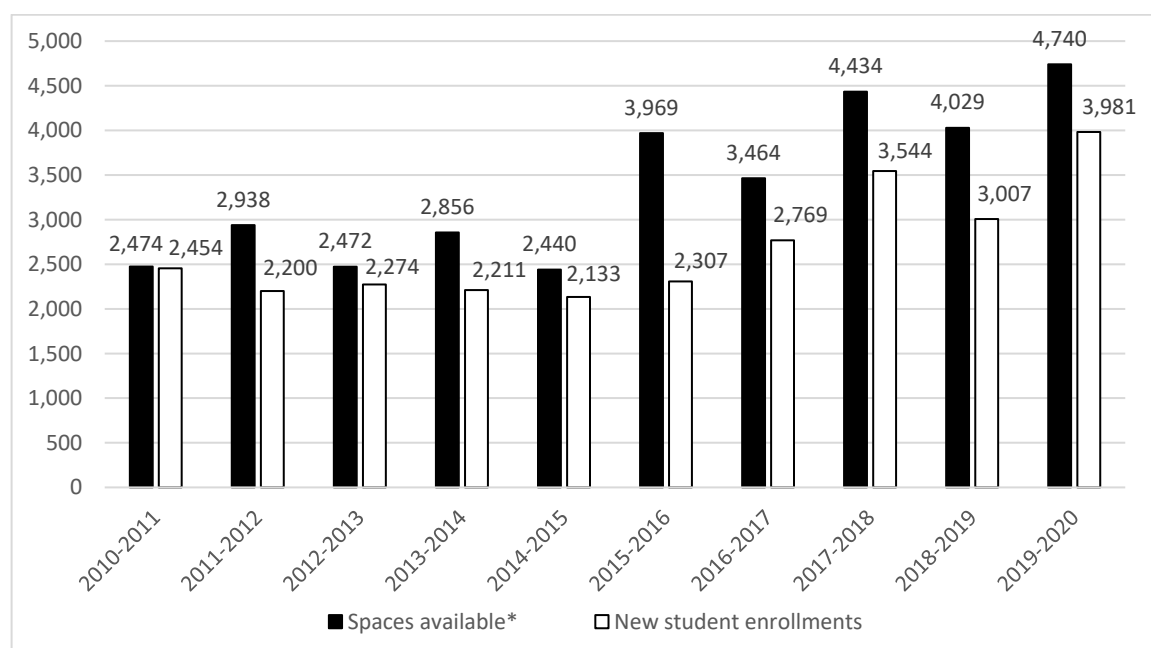


Figure 12. . Availability and Utilization of Admission Spaces, Master's Degree Programs, by Academic Year

In the past ten years, Master's degree programs have seen enrollment grow by 62.2% (n=1,527) reaching a ten-year high of 3,981 in 2019-2020. This growth is attributable to private programs, which have seen 188.8% growth (n=2,079) in new student enrollments since 2010-2011. In 2019-2020, 79.9% of new Master's degree students (n=3,180) 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 public programs has decreased by 40.8% over the decade (n=552).

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

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
New student enrollment	2,454	2,200	2,274	2,211	2,133	2,307	2,769	3,544	3,007	3,981
Public	1,353	1,083	1,077	1,071	909	1,001	990	924	733	801
Private	1,101	1,117	1,197	1,140	1,224	1,306	1,779	2,620	2,274	3,180

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

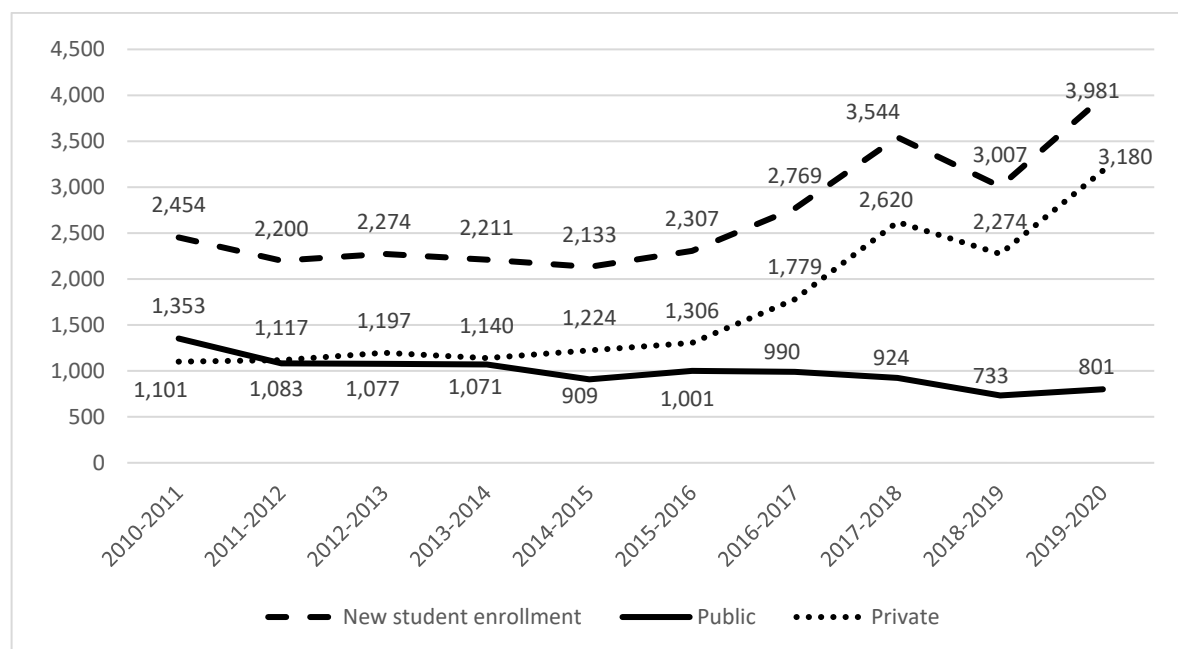


Figure 13. New Student Enrollment, MSN Programs, by Academic Year

Despite the increase in enrollment numbers, sixteen programs (43.2%) reported that they had enrolled fewer students in 2019-2020 than in the prior year. Public programs were much more likely than private programs to report enrolling fewer students (57.9%, n=11 vs. 27.8%, n=5).

The majority reported that this resulted from accepted students not enrolling (60.0%). Sixty-seven 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 2019-2020 include “University decision to put program on hiatus,” and “Women's Health program suspended and Nursing & Health Systems Exec. Mgmt. did not receive enough applications.”

While the pandemic was mentioned once in text comments describing “other” reasons for decreased enrollment (“Students declined admission due to COVID-19 related financial concern”), few respondents selected any of the series of pandemic-related reasons added this year, although one program noted decreasing a cohort by 21%.

This year, programs were also asked whether they had enrolled fewer students in the current academic year (2020-2021). This question was asked to gauge the possible impact of the COVID-19 pandemic. Nine MSN programs (24.3%) reported that they had enrolled, or planned to enroll, fewer students in 2020-2021. Eight of these programs reported a variety of reasons, from program revisions (program discontinued, phasing out MSN NP tracks), to lack of qualified applicants (decreased number of applicants), unable to secure clinical placements for all students, and “other” (“COVID-19 financial impact to students and work issues”, “Off Campus cohort is not open for admissions in 20-21 academic year”, and “Students are too busy to school due to the pandemic”).

Table 17. Reasons for Enrolling Fewer Students by Academic Year

	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
Accepted students did not enroll	64.7%	78.6%	75.0%	52.9%	58.3%	62.5%	0.0%
Lack of qualified applicants*	29.4%	28.6%	12.5%	47.1%	8.3%	25.0%	12.5%
Other	11.8%	28.6%	12.5%	11.8%	25.0%	18.8%	50.0%
Competition/mode*	-	-	-	-	-	6.3%	0.0%
Program revisions*	0.0%	-	6.3%	5.9%	8.3%	18.8%	25.0%
College/university /requirement to reduce enrollment	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
To reduce costs	0.0%	7.1%	0.0%	0.0%	0.0%	0.0%	0.0%
Unable to secure clinical placements for all students	5.9%	7.1%	6.3%	5.9%	8.3%	6.3%	12.5%
Lost funding	5.9%	7.1%	0.0%	0.0%	0.0%	0.0%	0.0%
Insufficient faculty	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Skipped a cohort	-	-	-	-	-	0.0%	0.0%
Decreased an admission cohort	-	-	-	-	-	6.3%	0.0%
Concerns about safety of students in clinical rotations	-	-	-	-	-	0.0%	0.0%
Concerns about safety of faculty in clinical rotations	-	-	-	-	-	0.0%	0.0%
Challenges converting courses from in-person to online modalities	-	-	-	-	-	0.0%	0.0%
Challenges converting clinicals to virtual simulation	-	-	-	-	-	0.0%	0.0%
Challenges converting clinicals to in-person simulation	-	-	-	-	-	0.0%	0.0%
Number of programs reporting	17	14	16	17	12	16	8

*Categories derived from text comments.

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 4,899 in 2019-2020. This is still 63.2% higher than the number of qualified applications a decade ago. Very few (6.2%, n=302) of 2019-2020’s applications were not accepted compared to prior 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.

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

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Qualified applications*	3,001	3,214	3,764	3,476	3,217	3,747	4,198	5,086	3,766	4,899
Admitted	2,454	2,200	2,274	2,211	2,133	2,307	3,223	3,827	3,217	4,597
Not admitted	547	1,014	1,490	1,265	1,084	1,440	975	1,259	549	302
% of qualified applications not admitted	18.2%	31.5%	39.6%	36.4%	33.7%	38.4%	23.2%	24.8%	14.6%	6.2%

*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.

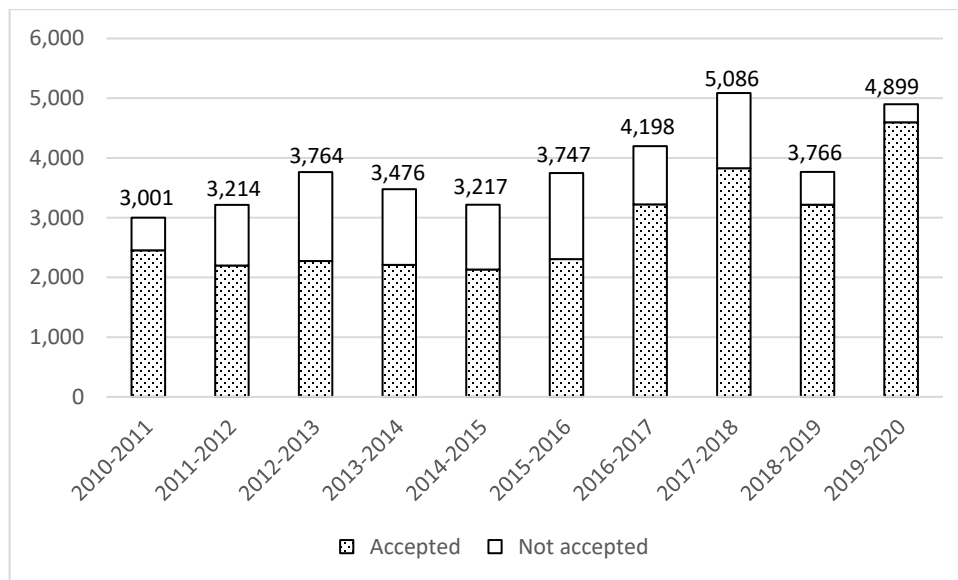


Figure 14. Qualified Applicants by Academic Year, MSN Programs

Student Census Data

The total number of students enrolled in Master’s degree programs has increased by 62.3% (n=2,837) over the past ten years reaching a ten-year high of 7,394 in 2020. Private programs have had a large increase in total student enrollment since 2011 (208.3%, n=3,822) while enrollment in public programs decreased by 36.2% (n= -985) over the same period. Private programs currently account for 76.5% of enrolled students.

There was considerable growth in the student census between 2019 and 2020 (1,868 additional students). Nearly all of this increase is due to the inclusion of one new large private program in 2020.

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

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Public programs	2,722	2,557	2,572	2,382	2,329	2,159	2,106	1,956	1,464	1,737
Private programs	1,835	2,062	2,443	2,464	2,528	2,608	4,161	4,311	4,062	5,657
Total nursing students	4,557	4,619	5,015	4,846	4,857	4,767	6,267	6,267	5,526	7,394

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.

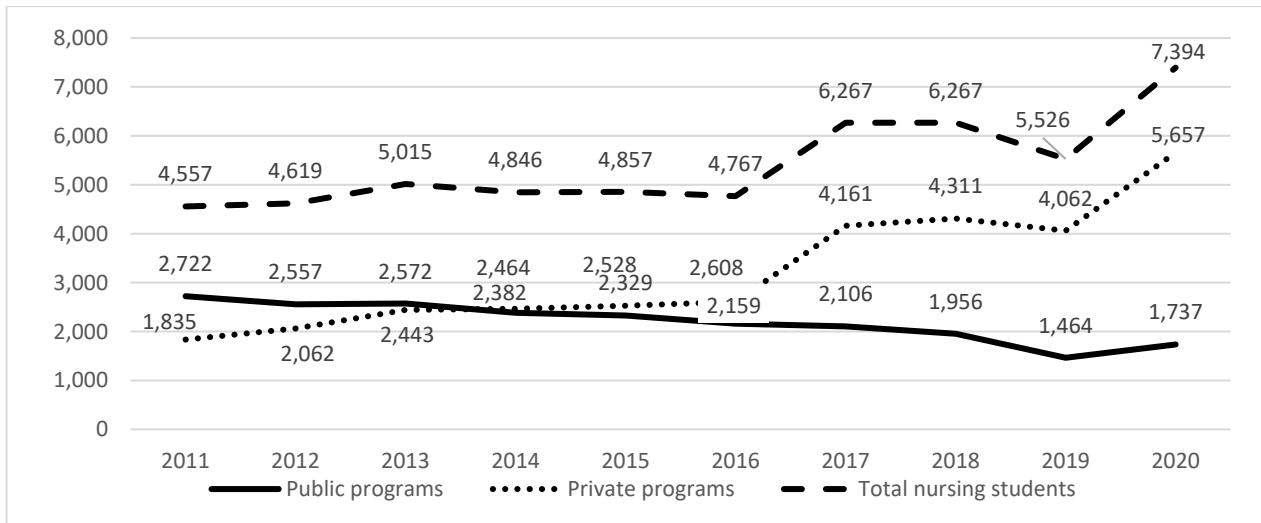


Figure 15. MSN Student Census by Year

Student Completions

The number of students that completed a Master’s degree program in California has increased by 53.4% (n=835) in the last decade, reaching a ten-year high of 2,399 students in 2019-2020.

Growth over this period is due to the large number of completions from private programs (149.7% growth, n=916). Public programs have experienced a decline of 8.5% since 2010-2011 (n= -81).

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

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Public programs	952	1,034	933	933	911	852	870	921	630	871
Private programs	612	857	829	1,006	1,072	789	1,216	1,385	1,440	1,528
Total student completions	1,564	1,891	1,762	1,939	1,983	1,641	2,086	2,306	2,070	2,399

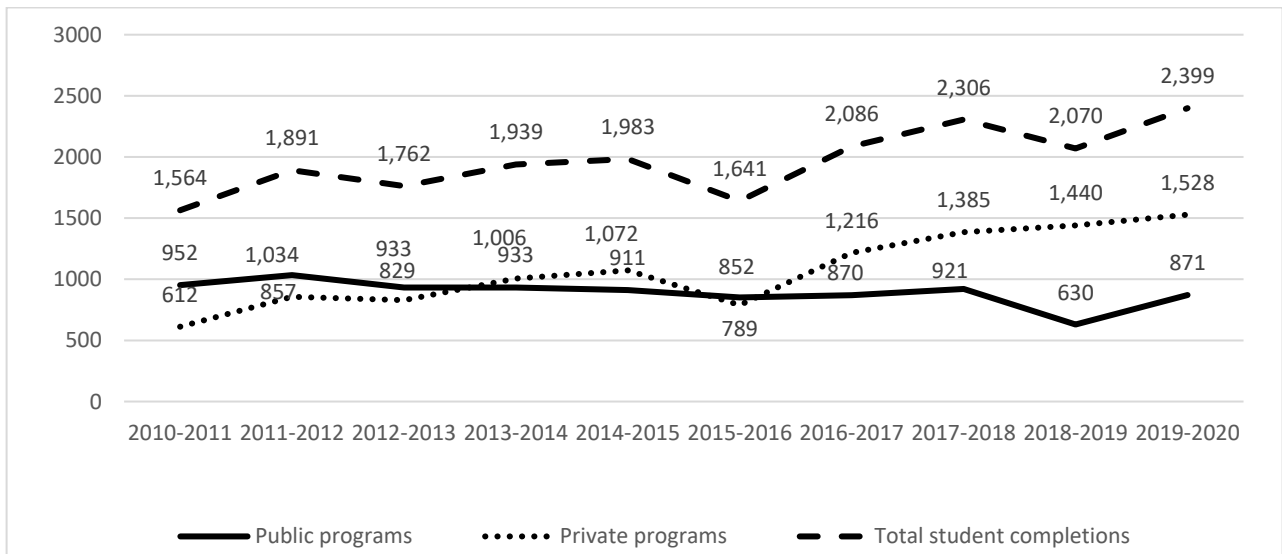


Figure 16. MSN Program Completions by Academic Year

Nurse practitioners were the largest share of graduates from Master's degree programs in 2019-2020, accounting just over a half of all graduates. The share of nurse practitioners has grown from 45.6% in 2010-2011 to 50.5% in 2019-2020. However, due to fluctuation, the overall growth over this period is slight. The field of nursing education, which represents the second largest group of graduates, has also fluctuated over this period, but exhibited a steady upward trend since 2014-15. The field of clinical nurse specialist experienced the considerable decline in the share of graduates over the decade, reaching a ten-year low of 2.0% in 2018-2019, compared to 8.0% in 2010-2011, and then rising slightly in 2019-2020 to 3.2%.

In 2019-2020, "Other" included "Nursing & Health Systems Executive Management", "Population-based", and "Educational Leadership".

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

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Nurse Practitioner	45.6%	44.7%	56.4%	53.4%	57.8%	52.8%	51.3%	54.3%	47.2%	50.5%
Nursing Education	13.5%	8.6%	9.6%	7.8%	3.7%	13.9%	11.2%	11.0%	14.2%	12.3%
Nursing Administration	13.4%	11.6%	7.3%	4.5%	4.2%	5.4%	5.3%	13.2%	10.0%	16.0%
Other specialty	0.7%	0.8%	1.0%	0.1%	3.1%	9.0%	9.4%	5.9%	6.3%	4.9%
Nurse Generalist	1.6%	1.2%	0.2%	1.8%	2.8%	3.7%	1.7%	4.3%	5.8%	4.2%
Certified Nurse Anesthetist	4.6%	3.8%	3.6%	3.9%	4.6%	5.3%	4.1%	3.0%	3.0%	3.0%
Clinical Nurse Specialist	8.0%	8.8%	8.9%	6.4%	6.7%	4.9%	3.4%	3.2%	2.0%	3.2%
School Nurse	1.5%	1.4%	1.1%	1.9%	1.9%	2.0%	1.8%	1.9%	2.0%	4.2%
Nursing Informatics	-	-	-	0.3%	0.3%	0.9%	0.9%	0.8%	1.6%	1.7%
Nursing Science and Leadership	-	2.5%	2.4%	1.2%	1.4%	1.5%	1.2%	1.0%	1.5%	1.3%
Certified Nurse Midwife	1.9%	1.2%	0.9%	0.9%	1.1%	1.1%	0.5%	0.6%	0.9%	0.5%
Community Health/ public Health	0.6%	0.5%	0.7%	1.0%	0.7%	1.0%	0.8%	0.2%	0.5%	0.2%
Case Management	2.3%	2.2%	2.3%	2.2%	2.5%	0.1%	0.0%	0.1%	0.3%	0.0%
Ambulatory Care	1.7%	2.2%	0.0%	1.9%	0.0%	0.6%	0.4%	0.3%	0.3%	0.1%
Clinical Nurse Leader	6.1%	10.4%	7.9%	9.4%	9.0%	0.1%	6.0%	0.1%	0.1%	0.0%
Health Policy	-	2.6%	0.2%	0.0%	0.2%	0.3%	0.3%	0.3%	0.1%	0.3%
Total Student Completions	1,564	1,891	1,762	1,939	1,796	1,641	2,086	2,306	2,070	2,399

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 68.5% (n=830) of NPs graduating in this specialty area in 2019-2020. Other common specialty areas in 2019-2020 included adult/gerontology acute care (7.8%, n=94), psychiatry/mental health (7.7%, n=93), and adult/gerontology primary care (5.9%, n=72).

In 2019-2020, “other” specialties described by respondents included “Occupational/Environmental Health” and “RN-MSN Family Nurse Practitioner”. One program had two dual-tracks: Family Nurse Practitioner/Adult Gerontology Nurse Practitioner and Family Nurse Practitioner/Pediatric Nurse Practitioner.

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

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Acute care	10.4%	6.2%	7.1%	-	-	-	-	-	-	-
Adult	14.3%	7.1%	6.0%	-	-	-	-	-	-	-
Family	53.0%	67.2%	70.9%	-	-	-	-	-	-	-
Individual/Family	-	-	-	66.9%	75.0%	64.5%	64.0%	68.2%	71.9%	68.5%
Gerontology	2.4%	1.7%	1.5%	-	-	-	-	-	-	-
Adult/Gerontology primary	-	-	-	10.8%	10.3%	12.0%	8.8%	7.6%	8.1%	5.9%
Adult/Gerontology acute	-	-	-	6.2%	5.3%	6.7%	9.3%	8.6%	6.5%	7.8%
Neonatal	1.4%	1.2%	0.0%	0.2%	0.0%	0.0%	0.1%	0.1%	0.2%	0.5%
Occupational health*	1.4%	0.6%	0.2%	-	-	-	0.2%	0.2%	0.0%	0.1%
Pediatric	8.4%	6.2%	4.2%	-	-	-	-	-	-	-
Pediatric primary	-	-	-	5.3%	5.3%	3.6%	3.0%	3.1%	2.4%	4.5%
Pediatric acute	-	-	-	1.5%	1.8%	1.7%	1.8%	1.0%	1.3%	1.7%
Psychiatric/mental health	5.9%	4.6%	3.4%	4.6%	3.4%	6.5%	6.8%	6.2%	7.3%	7.7%
Women's health	2.4%	3.0%	3.6%	3.3%	2.8%	3.2%	2.1%	2.4%	2.0%	2.7%
Other	0.4%	2.4%	2.9%	1.2%	1.1%	1.7%	3.9%	0.7%	0.3%	0.6%
Total Number of Nurse Practitioners*	713	845	994	1,035	1,015	866	1,070	1,252	978	1,211

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 (81.1%) reported using the semester system. The “other” category was discontinued in 2018-2019.

Table 23. Type of Term, MSN Programs

	2016-2017		2017-2018		2018-2019		2019-2020	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Semester	28	77.8%	28	73.7%	30	85.7%	30	81.1%
Quarter	6	16.7%	7	18.4%	4	11.4%	7	18.9%
Other	2	5.6%	3	7.9%	1	2.9%	-	-
Number of programs reporting	36	100.0%	38	100.0%	35	100.0%	37	100.0%

In 2019-2020, part-time students required an average of 7.2 semesters or 10.5 quarters to complete their MSN program. Full-time students required an average of 5.1 semesters or 7.0 quarters to complete.

Table 24. Time to Completion by Term, MSN Programs, 2019-2020

Time to complete	Semesters	Quarters	Programs reporting
Part-time program	7.2	10.5	26
Full-time program	5.1	7	32

Summary of MSN program data

There was an increase in the number of master's programs over the last year, from 35 programs in 2018-2019 to 37 programs in 2019-2020. Two private MSN programs that reported data last year (2018-2019) did not report in 2019-2020. However, two public MSN programs reported data *this year* that did not report last year, as did two private MSN programs. Growth in the number admission spaces (91.6%), and new student enrollments (62.2%) 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 40.8% over the last decade.

In 2019-2020, master's programs received 4,899 qualified applications for 4,740 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, 43.2% 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. While the pandemic was mentioned once in text comments describing "other" reasons for decreased enrollment in 2019-2020 ("Students declined admission due to COVID-19 related financial concern"), few respondents selected any of the series of pandemic-related reasons added this year, although one program noted decreasing a cohort by 21%. When asked about the current academic year (2020-2021), the impact of the pandemic was noted in a few text comments: "COVID-19 financial impact to students and work issues", and, "Students are too busy to school due to the pandemic").

This year, like last year, the number of admission spaces exceeded the number of new student enrollments, with 16.0% of spaces left unfilled.

The MSN student census grew by 62.3% over the last ten years while the number of students that completed one of these programs has grown by 53.4% in the same period. In 2019-2020, the number of students currently enrolled (7,394) and the number of completions (2,399) reached ten-year highs.

Nurse Practitioner (NP) continues to be the most common specialty for students completing a Master's degree, making over 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 2019-2020. In 2019-2020, more than two-thirds (68.5%) of graduating NPs specialized in individual/family nursing.

Doctoral Programs

Number of Doctoral Programs

The number of schools offering doctoral nursing programs in California (affiliated with BRN-approved pre-licensure programs) increased by 89% (n=8) since 2010-2011. In 2019-2020, there were 17 schools with nursing doctoral programs in California. Four new schools reported doctoral programs in 2019-2020. These included four new DNP programs and three new PhD programs (several schools have both).

In 2019-2020, schools were asked to break their doctoral programs out by Doctorate of Nursing Practice (DNP) and research-based doctoral programs (PhD). If a school had both a DNP and a PhD, they are counted as having just one doctoral program for the purpose of continuity for this table. Schools reported 16 DNP and seven PhD doctoral tracks in 2019-2020. Five schools had both a DNP and a nursing PhD, one school had just a DNP, and one school had just a PhD program.

More than half of the doctoral programs reported (58.8%, n=10) were in private schools.

Table 25. Number Schools with Doctoral Degree Programs by Academic Year

All Schools with Doctoral Programs	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Public	33.3%	40.0%	50.0%	53.8%	53.8%	46.2%	43.8%	42.9%	30.8%	41.2%
count	3	4	6	7	7	6	7	6	4	7
Private	66.7%	60.0%	50.0%	46.2%	46.2%	53.8%	56.3%	57.1%	69.2%	58.8%
count	6	6	6	6	6	7	9	8	9	10
Number of programs reporting	9	10	12	13	13	13	16	14	13	17
DNP Programs	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Public	-	-	-	-	-	-	-	-	-	37.5%
count	-	-	-	-	-	-	-	-	-	6
Private	-	-	-	-	-	-	-	-	-	62.5%
count	-	-	-	-	-	-	-	-	-	10
Number of programs reporting	-	-	-	-	-	-	-	-	-	16
PhD Programs	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Public	-	-	-	-	-	-	-	-	-	57.1%
count	-	-	-	-	-	-	-	-	-	4
Private	-	-	-	-	-	-	-	-	-	42.9%
count	-	-	-	-	-	-	-	-	-	3
Number of programs reporting	-	-	-	-	-	-	-	-	-	7

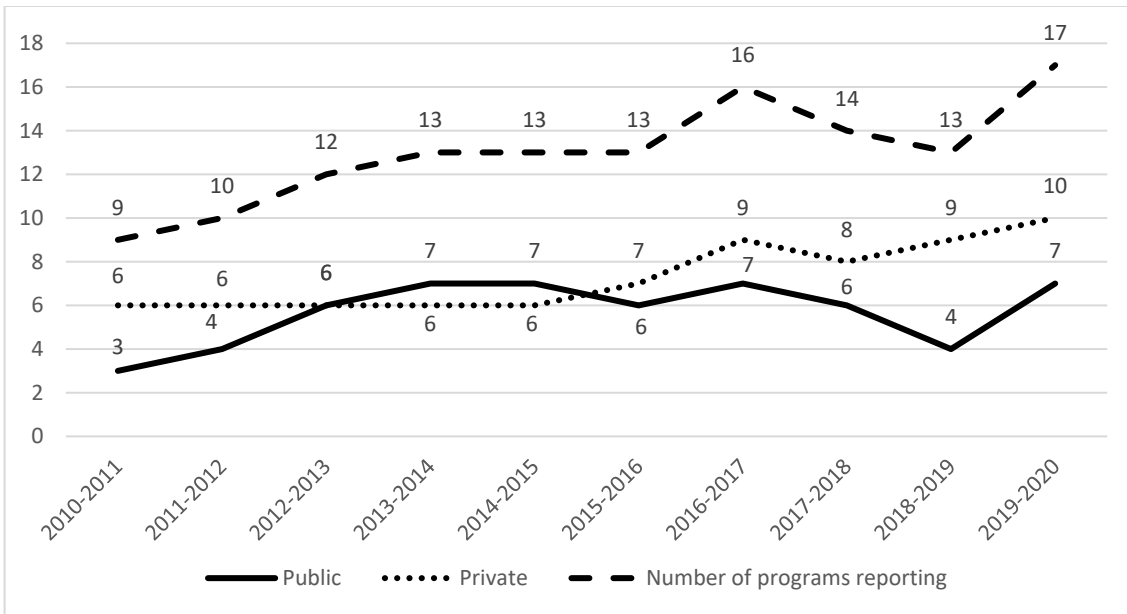


Figure 17. Number of Schools with Doctoral Programs by Academic Year

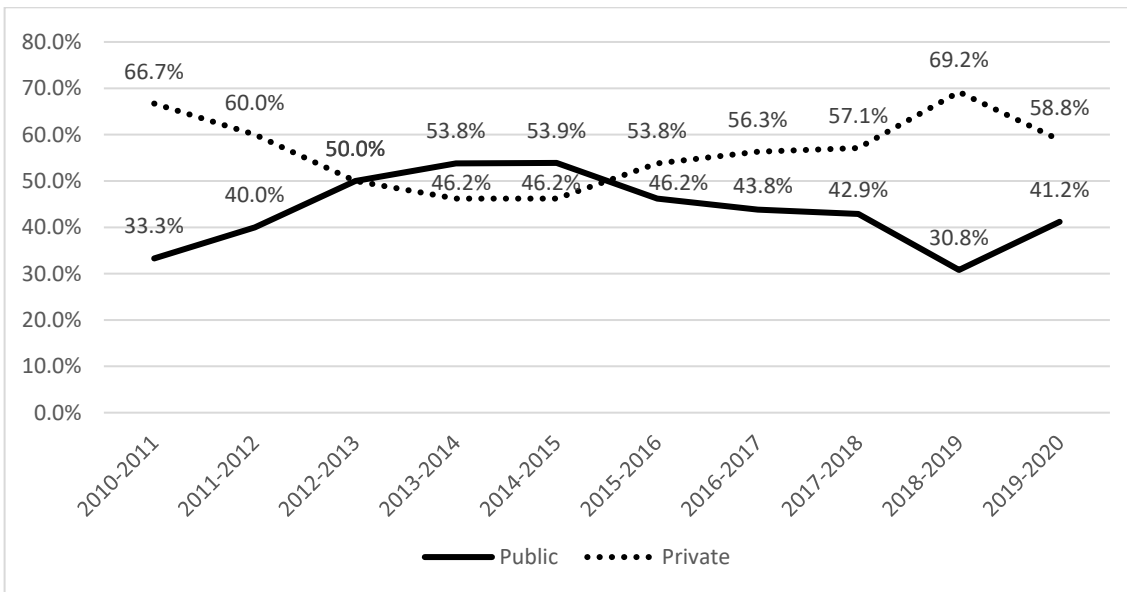


Figure 18. Schools with Doctoral Programs, Public and Private Programs by Academic Year

New Student Enrollments

Admission spaces available for new student enrollments in doctoral programs have more than quadrupled in the last decade, from 165 in 2010-2011 to 836 in 2019-2020.

In 2019-2020, 614 new students enrolled in doctoral programs, a ten-year high with 230% growth since 2010-10. Starting in 2012-2013, there have been more admission spaces available than students enrolled in doctoral programs; in 2019-2020, there were 222 unfilled spaces reported. While 75.3% (n=556) of the DNP spaces were filled, only 59.2% (n=58) of PhD spaces were filled.

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

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Spaces available*	165	203	362	372	320	368	394	487	645	836
<i>DNP spaces</i>	-	-	-	-	-	-	-	-	-	738
<i>PhD spaces</i>	-	-	-	-	-	-	-	-	-	98
New student enrollments	186	227	314	230	198	236	290	358	413	614
<i>DNP enrollments</i>	-	-	-	-	-	-	-	-	-	556
<i>PhD enrollments</i>	-	-	-	-	-	-	-	-	-	58
% Doctoral spaces filled with new student enrollments	112.7%	111.8%	86.7%	61.8%	61.9%	64.1%	73.6%	73.5%	64.0%	73.4%
<i>% DNP spaces filled with new students</i>	-	-	-	-	-	-	-	-	-	75.3%
<i>% PhD spaces filled with new students</i>	-	-	-	-	-	-	-	-	-	59.2%

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

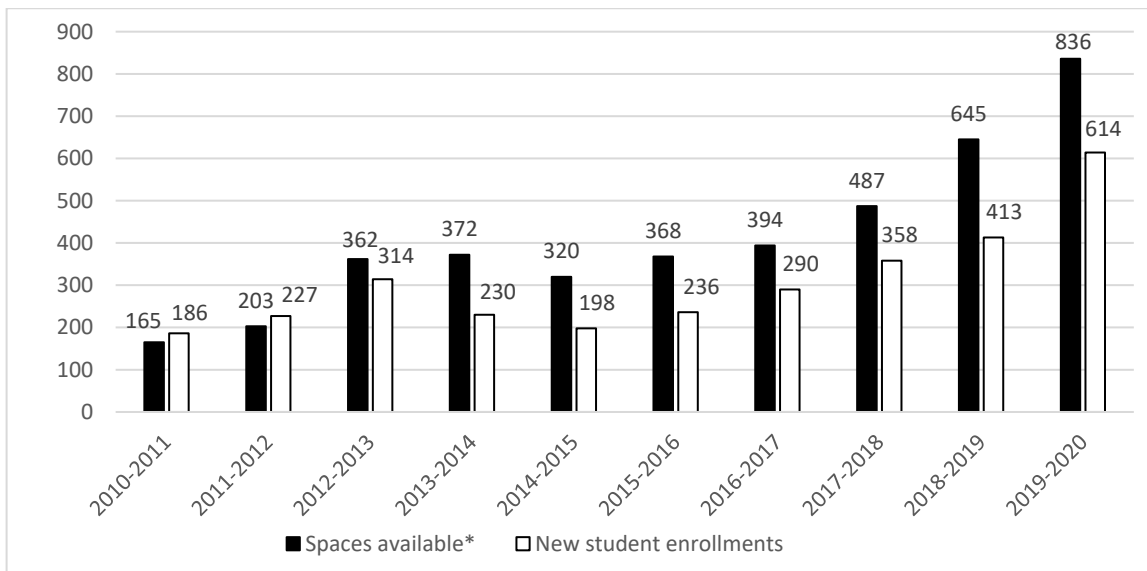


Figure 19. Availability and Utilization of Admission Spaces, Doctoral Programs, by Academic Year

Private school doctoral program enrollments have grown by 180.5% (n=278) since 2010-2011, while public program enrollments have grown by 468.8% (n=150) in the same period. However, in 2019-2020, private program enrollments far exceeded public program enrollments, constituting 70.4% of all enrollments.

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

All Programs	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
New student enrollment	186	203	314	230	198	236	290	358	413	614
Public	32	41	142	93	94	99	140	136	99	182
Private	154	162	172	137	104	137	150	222	314	432
DNP Programs	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
New student enrollment	-	-	-	-	-	-	-	-	-	556
Public	-	-	-	-	-	-	-	-	-	155
Private	-	-	-	-	-	-	-	-	-	401
PhD Programs	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
New student enrollment	-	-	-	-	-	-	-	-	-	58
Public	-	-	-	-	-	-	-	-	-	27
Private	-	-	-	-	-	-	-	-	-	31

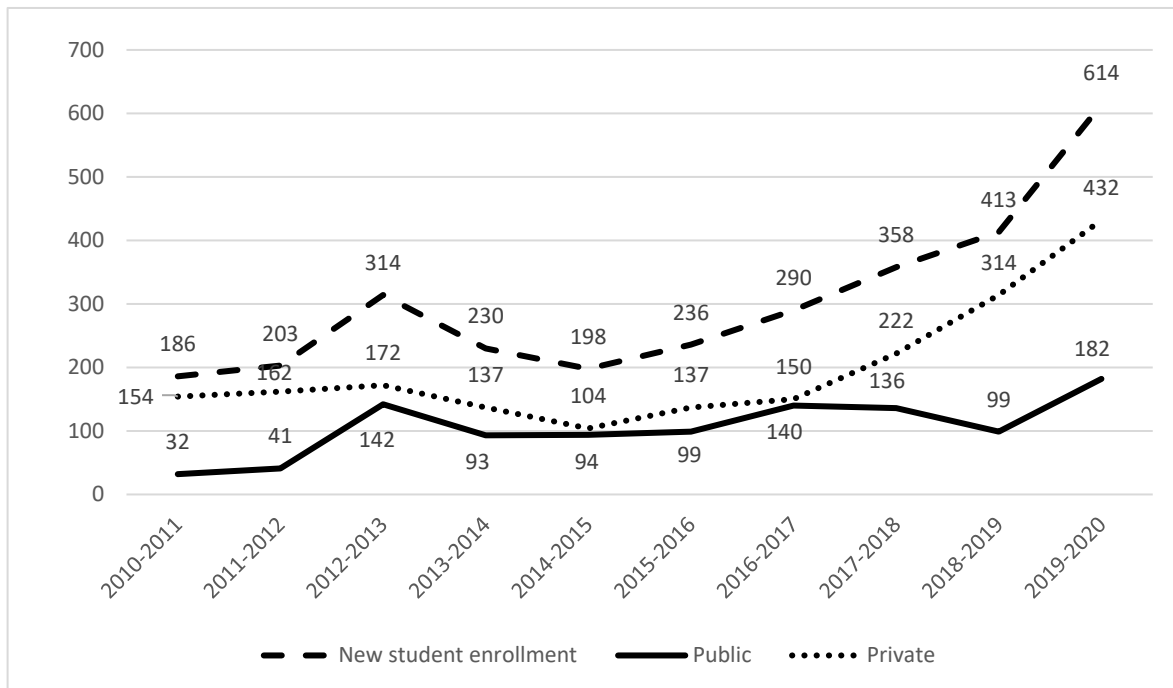


Figure 20. New Student Enrollment, Doctoral Programs, by Academic Year

Five of 16 DNP programs (31.3%) and two of seven PhD programs (28.6%) reported that they had enrolled fewer students in 2019-2020 than in the prior year. Six of these programs (80% of DNP programs and 100% of PhD programs) and reported that the main reason they enrolled fewer students was that accepted students did not enroll. One, a DNP program, reported some “other” reason, and listed the reason as “COVID-19”.

This year, schools with doctoral programs were also asked whether they had enrolled fewer doctoral students in the current academic year (2020-2021). This question was asked to gauge the possible impact of the COVID-19 pandemic. Three programs (1 DNP program and 2 PhD programs) (6.3% of DNP programs and 28.6% of PhD programs) reported that they had enrolled, or planned to enroll, fewer students in 2020-2021. One PhD program indicated doing so to reduce costs and the other PhD program gave an “other reason” answer without describing the reason. The one DNP program described the reason for enrolling fewer students: “Less applicants due to COVID-19 pandemic”.

Table 28. Reasons for Enrolling Fewer Students in 2019-2020 by Academic Year

	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021
Accepted students did not enroll	80.0%	75.0%	100.0%	100.0%	100.0%	85.71%	0.00%
Lack of qualified applicants	20.0%	0.0%	33.3%	50.0%	0.0%	0.00%	0.00%
To reduce costs	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	33.33%
Insufficient faculty	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	33.33%
Other	20.0%	50.0%	0.0%	25.0%	33.3%	14.29%	33.33%
Number of programs reporting	5	4	3	4	3	7	3

The number of qualified applications to doctoral programs has increased over the last ten years. In 2019-2020, doctoral programs received 868 qualified applications to their programs—a ten-year high and more than twice the number of applications in 2010-2011. Of these 877 applications, 11.9% were not accepted for admission. While only 9.4% of applications to DNP programs were not admitted almost a third (31.6%) of PhD applications were not admitted.

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.

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

All Programs	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Qualified applications*	420	203	431	321	314	377	459	624	848	877
Accepted	186	203	314	230	255	236	372	469	656	773
Not accepted	234	0	117	91	59	141	87	155	192	104
% Qualified applications not accepted	55.7%	0.0%	27.1%	28.3%	18.8%	37.4%	19.0%	24.8%	22.6%	11.9%
DNP Programs	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Qualified applications*	-	-	-	-	-	-	-	-	-	779
Accepted	-	-	-	-	-	-	-	-	-	706
Not accepted	-	-	-	-	-	-	-	-	-	73
% Qualified applications not accepted	-	-	-	-	-	-	-	-	-	9.4%
PhD Programs	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Qualified applications*	-	-	-	-	-	-	-	-	-	98
Accepted	-	-	-	-	-	-	-	-	-	67
Not accepted	-	-	-	-	-	-	-	-	-	31
% Qualified applications not accepted	-	-	-	-	-	-	-	-	-	31.6%

*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. Admitted applicants do not necessarily enroll.

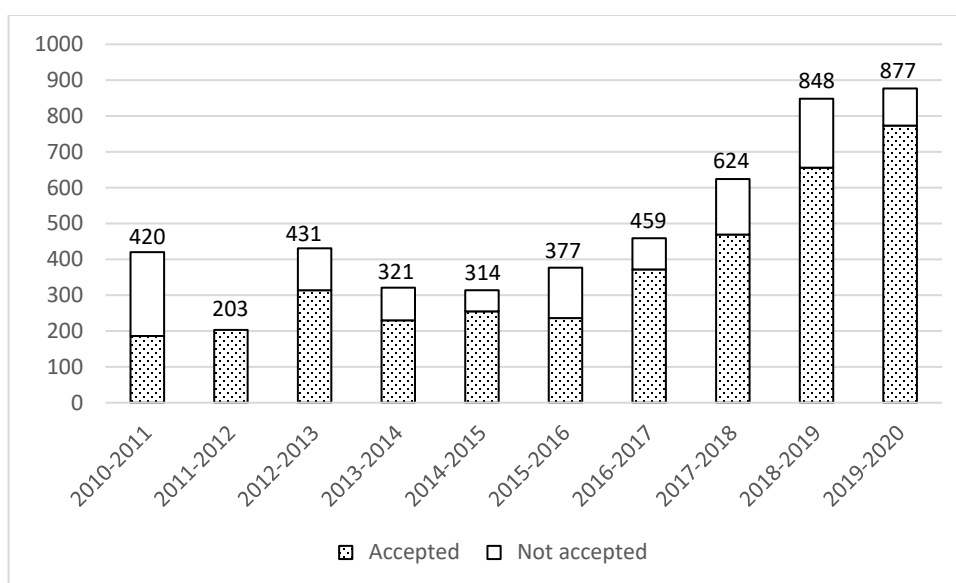


Figure 21. Qualified Applicants by Academic Year, Doctoral Programs

Student Census Data

The total number of students enrolled in doctoral programs have nearly doubled in ten years, from 567 students on October 15, 2011, to 1,620 in 2020. Both private and public schools increased the number of students in their programs over the last ten years, although private programs increased enrollments more rapidly. In 2019-2020, the private program doctoral census represented 72.7% of the entire census. While 77.6% the DNP census was from private schools, only 46.0% of the PhD census was from private schools.

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

All Programs	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Public programs	176	216	376	307	338	252	393	294	220	443
Private programs	391	412	451	431	395	337	406	663	1,105	1,177
Total nursing students*	567	628	827	738	733	589	799	957	1,325	1,620
DNP Programs	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Public programs	-	-	-	-	-	-	-	-	-	305
Private programs	-	-	-	-	-	-	-	-	-	1,057
Total nursing students*	-	-	-	-	-	-	-	-	-	1,362
PhD Programs	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Public programs	-	-	-	-	-	-	-	-	-	141
Private programs	-	-	-	-	-	-	-	-	-	120
Total nursing students*	-	-	-	-	-	-	-	-	-	261

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

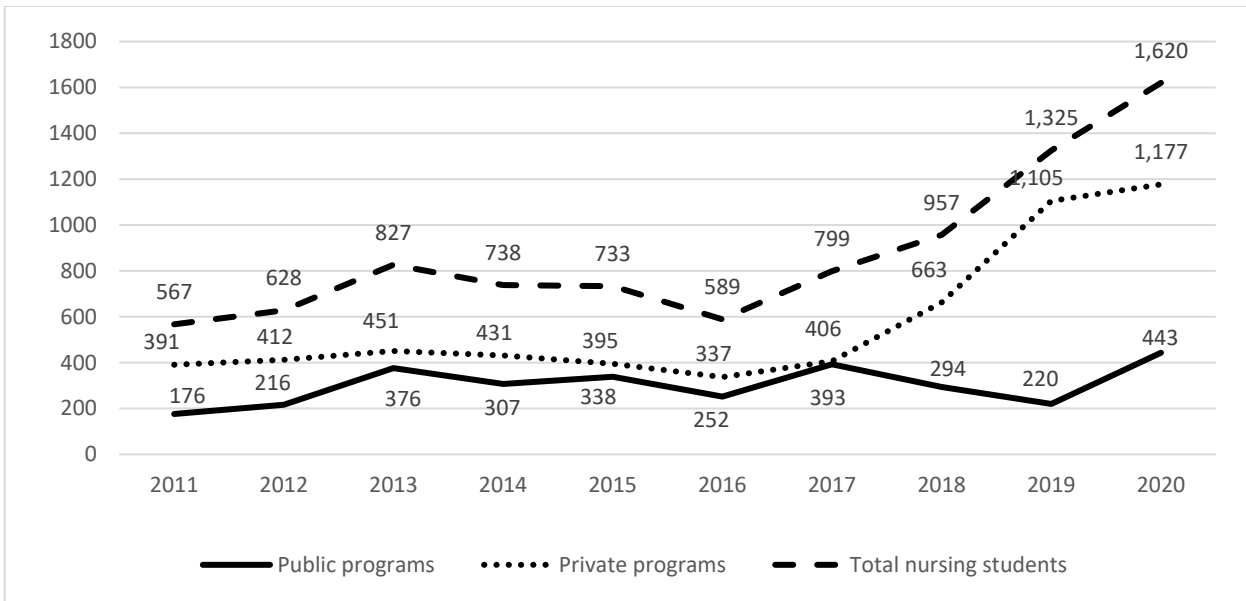


Figure 22. Doctoral Student Census by Year

Student Completions

The number of students that completed a nursing doctoral program in California quadrupled in the past ten years, from 76 in 2010-2011 to 315 in 2019-2020, which was a ten-year high. Private program graduates made up 78.1% of all graduates in 2019-2020. While private program graduates made up 82.2% of DNP program graduates, they were only 48.7% of PhD program graduates.

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

All Programs	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Public programs	30	23	21	90	141	97	58	75	83	69
Private programs	46	61	105	96	101	79	113	110	196	246
Total student completions	76	84	126	186	242	176	171	185	279	315
DNP Programs	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Public programs	-	-	-	-	-	-	-	-	-	49
Private programs	-	-	-	-	-	-	-	-	-	227
Total student completions	-	-	-	-	-	-	-	-	-	276
PhD Programs	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Public programs	-	-	-	-	-	-	-	-	-	20
Private programs	-	-	-	-	-	-	-	-	-	19
Total student completions	-	-	-	-	-	-	-	-	-	39

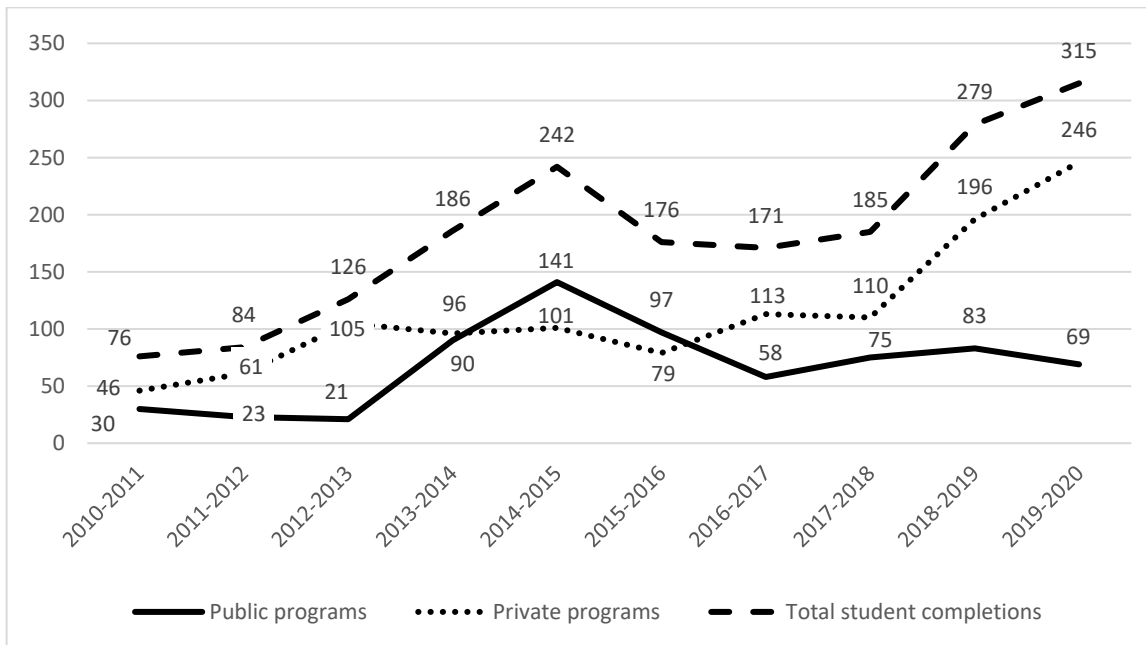


Figure 23. Doctoral Program Completions by Academic Year

Graduates of DNP programs made up 87.6% (n=276) of all graduates in 2019-2020, and graduates of PhD programs made up 12.4%.

Five of the 16 DNP programs did not break their completion totals out by track, which left 259 students for whom the track was known. Of the remaining 259 graduates, 61.4% completed a nurse practitioner track, 18.9% completed an “other” track, 8.5% completed a nursing science and healthcare leadership track, and 8.5% completed a nurse generalist track.

The proportion of students completing a nurse practitioner track has increased over the last four years, while the proportion completing a nursing science and healthcare leadership or nurse generalist track has decreased. This year, only one program reported students completing a nurse generalist track, representing a considerable drop for this category compared to prior years. Part of this may be a problem of definition. There were a large number of students listed as being in “other” tracks, which included: Population Health: Leadership (n=16), General doctoral studies program (n=8), Leadership (n=2), Post-MS DNP, no specialty (n=130, no specialties (n=8). Two of these include leadership categories that don’t fit exactly into either of the two pre-existing leadership categories listed.

Table 32. Student Completions, DNP Tracks

Track	2016-17		2017-018		2018-2019		2019-2020	
	Percent	Number	Percent	Number	Percent	Number	Percent	Number
Nurse Practitioner	35.5%	50	20.1%	28	53.8%	128	61.4%	159
Other / unknown	8.5%	12	1.4%	2	4.2%	10	18.9%	49
Nurse Generalist	25.5%	36	34.5%	48	28.6%	68	8.5%	22
Nursing Science and Healthcare Leadership	30.5%	43	36.0%	50	10.9%	26	8.5%	22
Clinical Nurse Specialist	0.0%	0	0.7%	1	0.8%	2	0.4%	1
Nursing Education	0.0%	0	0.0%	0	1.7%	4	0.0%	0
Nursing Administration	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Certified Nurse Midwife	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Certified Registered Nurse Anesthetist	0.0%	0	0.0%	0	0.0%	0	0.0%	0
School Nursing	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Clinical Nurse Leader	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Castae Management	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Community Health/Public Health	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Informatics/Nursing Informatics	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Ambulatory care	-	-	0.0%	0	0.0%	0	0.0%	0
Health Policy	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Total	100.0%	141	100.0%	139	100.0%	238	100.0%	259

Of the 159 students who completed a Nurse Practitioner program, 47.2% completed psychiatry/mental health track, and 31.4% completed an individual/family specialty track. This is the first year since this question was placed on the survey that the psychiatry/mental health track has been more popular than the individual/family track. Nearly all of the psychiatry/mental health track students were from one new program.

Table 33. Student Completions, Nurse Practitioner Specialties

NP Specialty	2016-2017		2017-2018		2018-2019		2019-2020	
	Percent	Number	Percent	Number	Percent	Number	Percent	Number
Psychiatric-Mental Health	6.0%	3	28.6%	8	28.9%	37	47.2%	75
Individual/Family	68.0%	34	53.6%	15	46.1%	59	31.4%	50
Adult/Gerontology (primary)	18.0%	9	17.9%	5	2.3%	3	6.9%	11
Pediatrics (primary)	8.0%	4	0.0%	0	7.8%	10	5.7%	9
Other	0.0%	0	0.0%	0	7.0%	9	5.0%	8
Adult/Gerontology (acute)	0.0%	0	0.0%	0	7.0%	9	3.1%	5
Pediatrics (acute)	0.0%	0	0.0%	0	0.8%	1	0.6%	1
Neonatal	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Women's Health/Gender	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Total	100.0%	50	100.0%	28	100.0%	128	100.0%	159

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 2019-2020, the majority of DNP programs (75.0%) and research-based doctoral programs (71.4%) reported using the quarter system.

Table 34. Type of Term, Doctoral Programs

	2016-2017		2017-2018		2018-2019		2019-2020 DNP		2019-2020 PhD	
	%	#	%	#	%	#	%	#	%	#
Semester	28.6%	4	35.7%	5	23.1%	3	25.0%	4	28.6%	2
Quarter	71.4%	10	64.3%	9	76.9%	10	75.0%	12	71.4%	5
Number of programs reporting	100.0%	14	100.0%	14	100.0%	13	100.0%	16	100.0%	7

Prior to 2019-2020, time to completion was asked as one question for all program types. In 2019-2020, the question was broken out to address differences between research-based doctoral programs, entry-level DNP programs, and post-Master's-level DNP programs. Research-based doctoral programs reported longer times to completion than the other program types, and post-Master's level DNP programs reported the least amount of time to complete.

Table 35. Time to Completion by Term, Doctoral Programs, 2019-2020

Research-based Doctoral programs (PhD)	Semesters	Quarters	Programs reporting
Part-time program	15.0	20.0	4
Full-time program	10.0	14.6	7
Entry-level DNP program	Semesters	Quarters	Programs reporting
Part-time program	10.0	14.5	3
Full-time program	8.7	11.0	6
Post-Master's-level DNP program	Semesters	Quarters	Programs reporting
Part-time program	10.3	11.0	6
Full-time program	4.9	7.3	13

Summary of doctoral program data

This year, the survey questions on doctoral programs were split into two separate sections to account for differences in doctorate of nursing practice (DNP) and research-based doctoral programs (PhD).

The number of schools offering doctoral degrees and the number of students pursuing those degrees have increased over the past ten years. Four new schools reported doctoral programs in 2019-2020—four DNP programs and three PhD programs. 2019-2020 marked a ten-year high in the number of available spaces, new student enrollments, qualified applicants, student census, and completions.

Dividing the doctoral program questions into DNP and PhD sections revealed some important differences between programs. First, there are many more DNP programs (16), enrollees (556), and graduates (276) than there are PhD programs (7), enrollees (58), and graduates (39).

This is not unique to California: nationally, there were many more DNP enrollees (39,530) than nursing PhD enrollees (4,626) in 2020, and many more DNP graduates (9,158) than nursing PhD graduates (759) in 2020.²

Private schools account for 58.8% of all doctoral programs surveyed—62.5% of the DNP programs and 42.9% of the PhD programs are in private schools. Historically, private doctoral programs have been responsible for most of the increases in new student enrollments, student census and student completions. In 2019-2020, private programs were responsible for 70.4% of new enrollments, 72.7% of all currently enrolled students, and 78.1% of completions in doctoral programs. It is likely that this growth is also largely driven by increases in DNP enrollments: nationally, PhD enrollments

² Source: American Association of Colleges of Nursing, Enrollment & Graduations in Baccalaureate and Graduate Programs in Nursing (series)

have declined slightly while nursing PhD completions have been relatively flat for the last six years; DNP enrollments have more than doubled and DNP completions have nearly tripled.³

Among the PhD programs, public programs had more qualified applicants, more currently-enrolled students, and more completions than private PhD programs. However, private PhD programs had slightly more admitted applicants and new enrollments. Among DNP programs, private programs clearly had the edge in all categories.

DNP programs were able to fill more available admission spaces with new enrollments (75.3%) than were PhD programs (59.2%). DNP programs also accepted more qualified applicants (90.6%) than did PhD programs (68.4%).

Nearly a third of both DNP and PhD programs reported that they had enrolled fewer students in 2019-2020 than in the prior year. The main reason they enrolled fewer students was that accepted students did not enroll. However, one DNP program reported the reason as “COVID-19”. 14.3% of DNP programs and 28.6% of PhD programs reported that they had enrolled, or planned to enroll, fewer students in 2020-2021. Reasons included reducing costs, insufficient faculty, and “Less applicants due to COVID-19 pandemic”.

As anticipated, PhD programs reported longer times to completion than the either entry-level or post-Master’s level DNP programs, and post-Master’s level DNP programs reported the least amount of time to complete.

³ Source: American Association of Colleges of Nursing, Enrollment & Graduations in Baccalaureate and Graduate Programs in Nursing (series)

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, 2020, post-licensure programs reported 1,529 faculty that taught post-licensure courses; some of these faculty (364) 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. This may be due to online programs that have large fluctuations in enrollment and hence, fluctuations in faculty numbers, from year to year. Overall, the total number of post-licensure faculty, and the number of full-time and part-time post-licensure faculty, have grown steadily since 2013.

Many schools that offer post-licensure programs (82.4%, n=42) reported sharing some faculty with pre-licensure programs. Hence, 23.8% (n=364) of the 1,529 total post-licensure faculty reported in 2020 were also reported as pre-licensure faculty. Post-licensure nursing programs reported 53 vacant faculty positions in 2020. These vacancies represent a 3.4% faculty vacancy rate.

Table 36. Faculty Census Data by Year

	2011	2012	2013*	2014	2015**	2016*	2017	2018	2019	2020
Total faculty	1,598	1,446	1,086	1,001	1,085	1,187	1,261	1,653	1,313	1,529
Faculty (post-licensure only) ¹	1,138	953	758	488	668	660	728	1,102	915	1,165
<i>Full-time</i>	302	320	237	274	285	322	336	405	356	403
<i>Part-time</i>	836	633	332	214	397	402	392	697	559	762
Faculty (also teach pre-licensure)	460	493	328	513	417	331	533	551	398	364
Vacancy rate**	1.2%	4.9%	5.0%	3.9%	13.8%	4.9%	4.4%	3.7%	5.0%	3.4%
<i>Vacancies</i>	19	75	57	41	173	61	58	63	69	53

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

Vacancy rate = number of vacancies/(total faculty + number of vacancies)

*The sum of full- and part-time faculty did not equal the total faculty reported in these years.

**One school reported 119 vacancies in 2014-15.

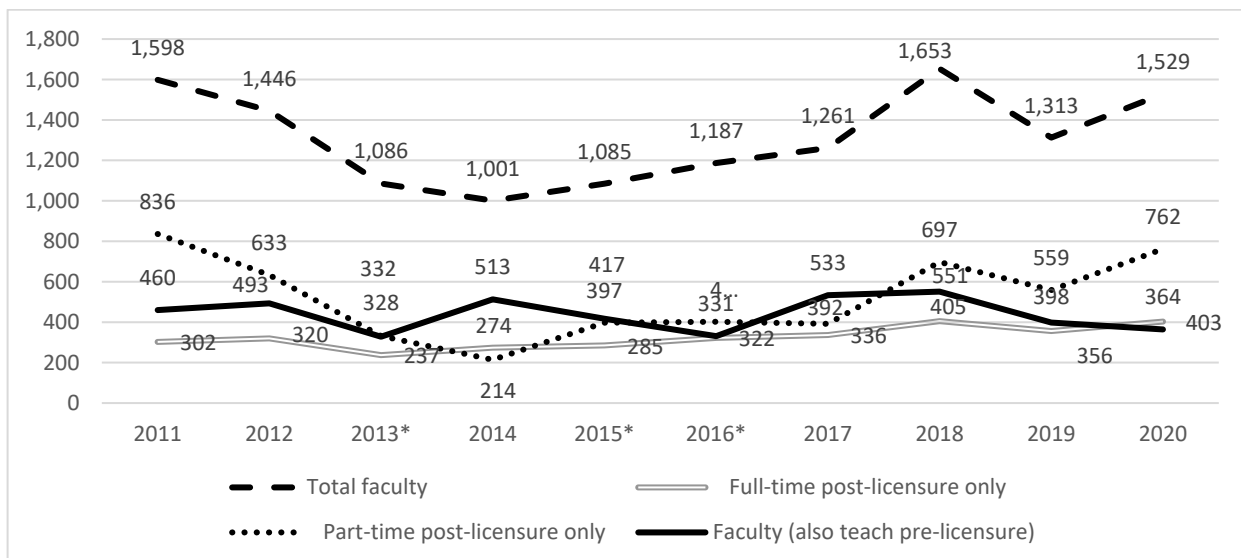


Figure 24. Faculty Census Data by Year

Schools were asked if the school/program began hiring significantly more part-time than full-time active faculty over the past five years than previously. Twenty-six percent (26.2%, n=11) of 42 schools responding agreed.⁴ These eleven schools were asked to rank the reason for this shift. The top ranked reasons in 2019-2020 were non-competitive salaries for full-time faculty, shortage of RNs applying for full-time faculty positions, and insufficient number of full-time faculty applicants with required credential.

Non-competitive salaries for full-time faculty has been the first or second ranked item for the five years this question has been asked (2015-16 is not shown). Shortage of RNs applying for full time faculty positions has been the second or third ranked reason in all five years. The only “other” reason described was “MSN program moved to annual enrollment.”

Table 37. Reasons for Hiring More Part-Time Faculty

	2016-2017		2017-2018		2018-2019		2019-2020	
	Average rank	Programs reporting	Average rank	Programs reporting	Average rank	Programs reporting	Average Rank	Programs reporting
Non-competitive salaries for full time faculty	3	5	2.4	10	1	4	2.5	11
Shortage of RNs applying for full time faculty positions	4.8	5	3.4	9	2.3	4	3.2	11
Insufficient number of full-time faculty applicants with required credential	5.8	5	3.9	9	4.5	4	3.6	11
Need for part-time faculty to teach specialty content	5	5	4.4	11	3.7	7	4.9	11
Private, state university or community college laws, rules or policies	5.4	5	4.4	10	5.3	4	5.5	11
To allow for flexibility with respect to enrollment changes	6.3	5	6.6	10	6.2	5	6.0	11
Insufficient budget to afford benefits and other costs of FT faculty	2	5	4.9	9	5.6	5	6.2	11
Need for full-time faculty to have teaching release time for scholarship, clinical practice, sabbaticals, etc.	6	1	6.7	3	5.8	6	6.2	11
Need for faculty to have time for clinical practice	5.6	6	6.8	9	7	4	8.1	11
Other	10	5	5	8	7	2	8.7	11

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

⁴ Seven schools did not answer this question.

In 2019-2020, 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. Seven schools identified seven faculty who had transitioned from full-time to part-time. Top reasons given for this transition included returning to clinical practice (57.1%, n=4), preparing for retirement (28.6%, n=2), and “other” (28.6%, n=2). The “other” reasons offered were “became adjunct”, and “FERP” (faculty early retirement program).

Preparing for retirement was the top reason for shifting to part-time for the prior three years, but was surpassed by returning to clinical practice this year (2019-2020).

Table 38. Reasons for Faculty Shifting from Full to Part-Time

	2016-2017	2017-2018	2018-2019	2019-2020
Return to clinical practice	0.0%	0.0%	60.0%	57.1%
Preparing for retirement	50.0%	75.0%	60.0%	28.6%
Other	0.0%	25.0%	60.0%	28.6%
Family obligations	50.0%	0.0%	20.0%	14.3%
Personal health issues	0.0%	0.0%	20.0%	0.0%
Workplace climate	0.0%	0.0%	20.0%	0.0%
Requested by program due to budgetary reason	50.0%	0.0%	0.0%	0.0%
Workload	0.0%	25.0%	20.0%	0.0%
Child care challenges due to childcare/ school closures	0.0%	0.0%	0.0%	0.0%
Number of programs reporting	2	4	5	7

Staffing and Administration

In 2019-2020, 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

Six schools reported no clerical staff that supported their post-licensure programs. Schools reported 219 clerical staff in total, 93 supporting only post-licensure programs and 126 supporting both pre- and post-licensure programs.

Schools with doctoral programs and MSN programs were more likely to have four or more clerical staff (37.8% and 47.1% respectively) compared to 32.6% of schools with RN-to-BSN programs.

On average, schools with doctoral programs had more total clerical staff (6.8) than schools with MSN programs (5.4), and RN-to-BSN programs (5.1).

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 39. Number of Clerical Staff by Size of School and Program Type, 2019-2020

	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 or not reported	26.3%	9.1%	0.0%	0.0%	0.0%	0.0%	7.7%	6.3%	0.0%	14.0%	5.4%	0.0%
1 clerical staff	26.3%	27.3%	20.0%	9.1%	10.0%	0.0%	7.7%	12.5%	10.0%	16.3%	16.2%	11.8%
2 clerical staff	10.5%	18.2%	20.0%	9.1%	10.0%	0.0%	7.7%	0.0%	10.0%	9.3%	8.1%	11.8%
3 clerical staff	5.3%	0.0%	20.0%	27.3%	30.0%	50.0%	0.0%	0.0%	0.0%	9.3%	8.1%	11.8%
4 clerical staff	15.8%	18.2%	0.0%	18.2%	20.0%	50.0%	23.1%	31.3%	20.0%	18.6%	24.3%	17.6%
>4 clerical staff	15.8%	27.3%	40.0%	36.4%	30.0%	0.0%	53.8%	50.0%	60.0%	32.6%	37.8%	47.1%
Average # clerical staff**	4.4	5.8	7.8	4.4	4.0	3.5	6.6	6.1	6.9	5.1	5.4	6.8
Number of programs reporting	19	11	5	11	10	2	13	16	10	43	37	17

*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 5,696 hours of support weekly, 2,448 dedicated to post-licensure programs only, and an additional 3,208 split between pre- and post-licensure programs.

On average, schools with doctoral programs had more clerical hours per week (189.2) than schools with MSN programs (143.6) and RN-to-BSN programs (131.6). The average number of total clerical hours per reported staff did not vary a great deal between RN-to-BSN (25.8) and MSN programs (26.4). The average number of total clerical hours per clerical staff in doctoral programs was 25.9 hours.

Table 40. Average Number of Clerical Staff Hours by Size of School and Program Type, 2019-2020

	Number of Students in School*											
	Less than 100			100-199			More than 200			All Programs		
	RN-to-BSN	MSN	Doct oral	RN-to-BSN	MSN	Doct oral	RN-to-BSN	MSN	Doct oral	RN-to-BSN	MSN	Doct oral
1 clerical staff	32.6	40.0	40.0	40.0	40.0	0.0	20.0	28.8	37.5	31.9	36.3	38.8
2 clerical staff	65.0	55.0	80.0	80.0	80.0	0.0	50.0	0.0	50.0	65.0	63.3	65.0
3 clerical staff	90.0	0.0	120.0	77.7	77.7	120.0	0.0	0.0	0.0	80.8	77.7	120.0
4 clerical staff	102.7	110.0	0.0	95.0	95.0	140.0	145.0	125.5	96.3	116.6	115.3	110.8
>4 clerical staff	301.0	334.3	439.0	150.0	176.7	0.0	232.7	226.8	259.8	223.7	239.1	304.6
Number of programs reporting	14	10	5	11	10	2	12	10	10	37	30	17
Average hours per week**	113.9	145.3	223.6	103.9	107.3	107.3	177.8	166.6	183.9	131.6	143.6	189.2

*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 doctoral programs were more likely to report that the amount of clerical support was somewhat or very adequate (87.5% for DNP programs and 85.7% for PhD programs) compared to schools with RN-to-BSN and MSN programs (both 82.8%). Overall, 86.5% of schools found their clinical coordination support to be “somewhat adequate” or “very adequate.”

Table 41. Adequacy of Amount of Clerical Support, 2019-2020

Adequacy	RN-to-BSN	MSN	DNP	PhD
Very adequate	20.7%	24.1%	37.5%	42.9%
Somewhat adequate	62.1%	58.6%	50.0%	42.9%
Somewhat inadequate	17.2%	17.2%	12.5%	14.3%
Very inadequate	0.0%	0.0%	0.0%	0.0%
Number of programs reporting	29	29	16	7

Clinical Coordinators

All but ten schools reported clinical coordination staff. Schools reported 133 clinical coordination staff: 88 working with post-licensure students only, and 45 working with both pre-and post-licensure students. Together these 133 clinic coordination staff worked 3,182 aggregate hours per week, or an average of 23.9 hours each. One school with an MSN and a DNP program, five schools with an RN-to-BSN and an MSN program, and four schools with only an RN-to-BSN program reported no clinical coordinator.

Schools with doctoral programs were more likely to have two or more clinical coordinators (64.7%) compared to 54.1% of schools with MSN programs and 51.2% of schools with RN-to-BSN programs. On average, schools with doctoral programs and MSN programs had more clinical coordinator staff (3.8) than schools with RN-to-BSN programs (3.4). For schools with doctoral programs, those with PhD programs had slightly more clinical coordinators on average (4.1) as compared to schools with DNP programs (3.4).

In the past, some respondents reported that clinical coordinators were sometimes faculty who dedicated some of their time to clinical coordination, not a standalone position.

Table 42. Number of Clinical Coordinators by Size of School and Program Type, 2019-2020

	Number of Students in School*											
	Less than 100			100-199			More than 200			All Programs		
	RN-to-BSN	MSN	Docto- ral	RN-to-BSN	MSN	Docto- ral	RN-to-BSN	MSN	Docto- ral	RN-to-BSN	MSN	Docto- ral
No clinical coordinator	31.6%	9.1%	0.0%	36.4%	30.0%	0.0%	7.7%	12.5%	10.0%	25.6%	16.2%	5.9%
1 clinical coordinator	15.8%	36.4%	40.0%	27.3%	30.0%	50.0%	30.8%	25.0%	20.0%	23.3%	29.7%	29.4%
2 clinical coordinators	36.8%	18.2%	40.0%	9.1%	0.0%	0.0%	0.0%	12.5%	20.0%	18.6%	10.8%	23.5%
>2 clinical coordinators	15.8%	36.4%	20.0%	27.3%	40.0%	50.0%	61.5%	50.0%	50.0%	32.6%	43.2%	41.2%
Average number of clinical coordinators	2.1	3.0	3.2	3.9	4.2	6.3	4.4	4.1	3.7	3.4	3.8	3.8
Number of programs reporting	19	11	5	11	10	2	13	16	10	43	37	17

*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.

Hours per clinical coordinator per week were similar across categories, with RN-to-BSN programs averaging 23.0 hours, and MSN and doctoral programs averaging 24.9 and 24.7 hours per staff member respectively. DNP and PhD doctoral programs did not differ in terms of average hours per staff member.

Private schools reported more clinical coordinator hours per staff member per week (28.7) on average than did public schools (19.8).

Overall, schools with doctoral programs reported more clinical coordination hours per week on average (101.3) than did schools with MSN programs (97.5) or MSN programs (82.2). Public program averaged a total of 69.3, and private programs averaged a total of 87.9.

Table 43. Average Number of Clinical Coordinator Hours by Size of School and Program Type, 2019-2020

	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	7.5	24.5	30.0	13.0	13.0	0.0	31.0	36.3	14.5	18.0	26.9	22.3
Coordinator 2	51.1	65.0	65.0	30.0	0.0	0.0	0.0	80.0	80.0	48.5	72.5	72.5
All other clinical coordinators	50.7	108.0	280.0	49.8	49.8	72.0	212.3	212.3	157.6	136.6	145.6	162.9
Number of programs reporting	19.0	11.0	5.0	11.0	10.0	2.0	13.0	16.0	10.0	43.0	37.0	17.0
Average hours per week**	38.6	66.0	94.0	36.4	37.5	72.0	151.8	143.1	108.6	79.3	96.3	101.3

*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 (68.8%, n=11 for DNP programs, 71.4%, n=5 for PhD programs) as compared to 62.1% for MSN programs and 69.0% for RN-to-BSN programs. Overall, 77.4% of schools found their clinical coordination support to be “somewhat adequate” or “very adequate.”

Table 44. Adequacy of Amount of Clinical Coordination Support, 2019-2020

Adequacy	RN-to-BSN	MSN	DNP	PhD
Very adequate	31.0%	27.6%	31.3%	28.6%
Somewhat adequate	37.9%	34.5%	37.5%	42.9%
Somewhat inadequate	13.8%	13.8%	12.5%	14.3%
Somewhat inadequate	6.9%	3.4%	6.3%	0.0%
Number of programs reporting	26	23	14	6

APPENDICES**APPENDIX A – List of Post-Licensure Nursing Education Programs****RN-to-BSN Programs (43)**

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 Dominguez Hills*
 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 College*
 Pacific Union College
 Point Loma Nazarene University
 Samuel Merritt University
 San Diego State University
 San Francisco State University*
 Simpson University*
 Sonoma State University
 The Valley Foundation School of Nursing at San Jose State
 United States University*
 Unitek College
 University of Phoenix-NorCal
 University of Phoenix-SoCal

Vanguard University
 Weimar Institute*
 West Coast University
 Western Governors University

Master's Degree Programs (37)

American University of Health Sciences*
 Azusa Pacific University
 California Baptist University
 Concordia University Irvine
 CSU Bakersfield
 CSU Chico
 CSU Dominguez Hills*
 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
 United States University*
 University of California Davis
 University of California Los Angeles*
 University of California San Francisco
 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

DNP Programs (16)

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
The Valley Foundation School of Nursing at
San Jose State*
University of California Davis
University of California Los Angeles*
University of California San Francisco
University of San Diego, Hahn School of
Nursing
University of San Francisco
West Coast University*
Western University of Health Sciences

PhD Programs (7)

Azusa Pacific University
Loma Linda University*
University of California Davis
University of California Irvine
University of California Los Angeles*
University of California San Francisco
University of San Diego, Hahn School of
Nursing

*New program in 2019-2020

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Los Angeles County Department of Public Health

Community Colleges Chancellor's Office

University of California, Los Angeles School of
Nursing Health Center at the Union Rescue
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Sutter Cancer Center

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