
California Board of Registered Nursing

2016-2017 Annual School Report

Data Summary and Historical Trend Analysis

A Presentation of Post-Licensure Nursing Education Programs in California

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PREFACE AND SURVEY METHODS

Nursing Education Survey Design

The 2016-2017 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, 2016, through July 31, 2017. Demographic information and census data were requested for October 15, 2017.

Survey Participation

In 2016-2017, 38 RN-to-BSN programs, 38 Master's degree programs, and 16 doctoral programs responded to the survey. A list of survey respondents is provided in Appendix A.

Since 2007-2008, the number of post-licensure programs in California has grown by 19% (n=6) for RN-to-BSN programs, 36% (n=10) for Master's degree programs, and 129% (n=9) for doctoral programs. The number of schools increased from 42 to 46 between 2015-2016 and 2016-2017 because four schools that did not report in 2015-2016 reported data this year. Four schools each reported RN-to-BSN, MSN, and doctoral programs this year that they did not list in 2015-2016. One school that reported an MSN in 2015-2016 did not report an MSN program this year; one school that reported a doctoral program in 2015-2016 did not report a doctoral program this year.

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

	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015	2015- 2016	2016- 2017
RN-to-BSN	32	32	31**	34	33	32	35	34	34	38
Master's Degree	28*	29	31	36	36	36	36	35	35	38
Doctoral	7	7	7	9	10	12	13	13	13	16
Number of schools[†]	37	39	39	43	45	44	45	44	42	46

[†]Since 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.

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

Table 2. Post-licensure Program Combinations, 2016-2017

Programs	#
RN-to-BSN only	7
MSN only	0
Doctoral only	1
RN-to-BSN & MSN	23
MSN & Doctoral	7
RN-to-BSN, MSN & Doctoral	8
Number of schools	46

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 directly compare enrollment and completion data.

POST-LICENSURE RN EDUCATION PROGRAM SUMMARY AND TRENDS

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

RN-to-BSN Programs

Number of RN-to-BSN Programs

The number of RN-to-BSN programs increased by 19% (n=6) over the last ten years, from 32 programs in 2007-2008 to 38 programs in 2016-2017. The share of RN-to-BSN programs offered at private schools increased over the last ten years. In 2016-2017, for the first time, more than half of RN-to-BSN programs were offered at private schools (53%, n=20), while 47% (n=18) of RN-to-BSN programs were offered at public schools.

Table 3. Number of RN-to-BSN Programs by Academic Year

	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
Public	59.4%	59.4%	58.1%	55.9%	57.6%	53.1%	54.3%	52.9%	50.0%	47.4%
Private	40.6%	40.6%	41.9%	44.1%	42.4%	46.9%	45.7%	47.1%	50.0%	52.6%
Number of programs reporting	32	32	31	34	33	32	35	34	34	38

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 become more common over the last ten years, reaching its highest level (83%) in 2014-2015.

Flexible course scheduling remains a common method that programs use to increase RN access to the program. Some programs offer courses in work settings (16% in 2016-2017) and use partial funding of classes by work settings (32% in 2016-2017) to increase RN access.

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

	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
Distance education modes	68.0%	66.7%	57.7%	56.7%	71.0%	83.3%	71.4%	83.3%	68.8%	70.3%
Flexibility in course scheduling	72.1%	74.1%	80.7%	63.3%	67.7%	63.3%	68.6%	73.3%	62.5%	62.2%
Partial funding of classes by work setting	32.0%	33.3%	46.2%	56.7%	35.5%	30.0%	22.9%	46.7%	40.6%	32.4%
Courses provided in work settings	40.1%	33.3%	38.5%	33.3%	41.9%	30.0%	17.1%	23.3%	25.0%	16.2%
Number of programs reporting	25	27	26	30	31	30	35	30	32	37

In the six years prior to 2016-2017, the share of programs that had partnerships with ADN programs or similar collaborative agreements to award credit for prior education and experience increased, reaching a ten-year high of 63% in 2015-2106. In 2016-2017, 53% of RN-to-BSN programs had partnerships with ADN programs or similar collaborations.

The shares of programs that have direct articulation of ADN coursework and that use a specific program advisor to support RN-to-BSN students increased between 2007-2008 and 2014-2015, when they reached ten-year highs of 90% and 70% respectively. In 2016-2017, 62% of RN-to-BSN programs reported direct articulation of ADN coursework and 35% of programs reported using a specific program advisor.

A limited number of RN-to-BSN programs used specific upper division courses (18%) or testing to award credit to ADN-prepared nurses entering the program (21%). No programs reported using portfolios to document competencies in 2016-2017.

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

	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
Direct articulation of ADN coursework	64.0%	70.0%	71.4%	64.5%	71.0%	73.3%	67.7%	90.0%	50.0%	61.8%
Partnerships with ADN programs or similar collaborations	16.0%	23.3%	28.6%	45.2%	45.2%	53.3%	54.8%	60.0%	63.3%	52.9%
Specific program advisor	52.0%	60.0%	53.6%	51.6%	45.2%	43.3%	38.7%	70.0%	30.0%	35.3%
Tests to award credit*	36.0%	20.0%	17.9%	22.6%	22.6%	20.0%	22.6%	30.0%	13.3%	20.6%
Specific upper division courses	16.0%	30.0%	28.6%	19.4%	12.9%	13.3%	9.7%	20.0%	10.0%	17.6%
Portfolios to document competencies	24.0%	16.7%	14.3%	19.4%	16.1%	6.7%	12.9%	20.0%	13.3%	0.0%
Number of programs reporting	25	30	28	31	31	30	31	30	30	34

*NLN achievement tests or challenge exams

New Student Enrollments

In 2016-2017, 5,119 admission spaces were filled with 3,698 students. Some online RN-to-BSN programs accept all qualified applicants and there is no cap on enrollment; these programs did not report a number of admissions spaces and the number of new enrollments was used as the number of spaces available.

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

	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
Spaces available	1,998	2,286	2,346	2,287	2,978	3,224	3,368	3,180	4,941	5,119
New student enrollments	1,754	1,985	2,101	1,913	1,998	2,488	2,252	2,351	4,317	3,698
% Spaces filled with new student enrollments	87.8%	86.8%	89.6%	83.6%	67.1%	77.2%	66.9%	73.9%	87.4%	72.2%

*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 increased between 2007-2008 and 2015-2016, reaching a ten-year high of 4,317 in 2015-2016. In 2016-2017, new student enrollment decreased to 3,698. Both public and private programs experienced a decline in 2016-2017. The decline was steeper for public program enrollments, which fell by 23% compared to 7% for private programs. Note that it is possible that growing numbers of RNs are enrolling in non-California-based RN-to-BSN programs and thus these data may not reflect overall patterns in post-licensure education.

Of these 3,698 new enrollments, 2,850 were enrolled in a general post-licensure BSN (RN-to-BSN) while 500 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). The type of RN-to-BSN program for 348 additional students is not known because one school did not report this information.

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

	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
New student enrollment	1,754	1,985	2,101	1,913	1,998	2,488	2,252	2,351	4,317	3,698
Public	978	867	788	788	1,083	1,578	1,247	1,772	2,010	1,557
Private	776	1,118	1,313	1,125	915	910	1,005	579	2,307	2,141

Sixteen programs (44%) reported that they enrolled fewer students in 2016-2017 than in the prior year. The majority reported that this resulted from accepted students not enrolling (60%), followed by lack of qualified applicants (33%).

Table 8. Reasons for Enrolling Fewer Students by Academic Year

	2014-2015	2015-2016	2016-2017
Accepted students did not enroll	61.5%	60.0%	60.0%
Lack of qualified applicants*	8.3%	40.0%	33.3%
Competition/mode of delivery*	7.7%	0.0%	26.7%
Other	7.7%	10.0%	13.3%
Program revisions*	-	-	6.7%
Unable to secure clinical placements for all students	7.7%	0.0%	6.7%
College/university/BRN requirement to reduce enrollment	15.4%	10.0%	0.0%
To reduce costs	7.7%	0.0%	0.0%
Lost funding	0.0%	0.0%	0.0%
Insufficient faculty	0.0%	0.0%	0.0%
Number of programs reporting	13	10	15

*Categories derived from text comments.

In 2016-2017, RN-to-BSN programs received 5,613 qualified applications for admission, a slight decline from the ten-year high of 6,028 in 2015-2016. Of the 5,613 applications received, 7.4% (n=415) were not accepted for admission. The acceptance rate in 2016-2017 was considerably higher than in any of the previous five years.

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

	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015	2015- 2016	2016- 2017
Qualified applications	2,769	2,364	2,651	2,424	1,998	3,069	2,873	3,844	6,028	5,613
Accepted	1,754	1,985	2,101	1,913	1,998	2,488	2,252	2,351	4,317	5,198
Not accepted	1,015	379	550	511	0	581	621	1,493	1,711	415
% Qualified applications not enrolled	36.7%	16.0%	20.7%	21.1%	0.0%	18.9%	21.6%	38.8%	28.4%	7.4%

*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 6,654 in 2017.¹ In 2017, the number of students in public RN-to-BSN programs decreased by 28% from the prior year, while the number of students in private RN-to-BSN programs grew by 32%.

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

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Public programs	2,033	2,055	1,873	2,086	2,182	2,624	2,194	2,536	3,073	2,224
Private programs	921	1,427	1,374	1,013	1,223	1,467	1,242	873	3,356	4,430
Total nursing students	2,954	3,482	3,247	3,099	3,405	4,091	3,436	3,409	6,429	6,654

*Census data represent the number of students on October 15 of the given 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 more than tripled over the last ten years, from 1,006 in 2007-2008 to 3,134 in 2016-2017, with a 29% increase between 2015-2016 and 2016-2017 (n=701). There has been dramatic growth in the number of graduates in both public and private programs over this period, but private programs have graduated a larger share of RN-to-BSN students than public programs for the past two years. 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 3,134 completions, 2,907 were enrolled in a standard post-licensure BSN (RN-to-BSN), and 227 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

	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
Public programs	548	608	613	696	850	1,030	1,097	1,174	1,076	1,386
Private programs	458	831	761	572	750	796	675	671	1,357	1,748
Total student completions	1,006	1,439	1,374	1,268	1,600	1,826	1,772	1,845	2,433	3,134

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. The majority of programs (71%) reported using the semester system. "Other" systems included 1-month terms, trimesters, and 8-week terms.

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

	Number	Percent
Semester	25	71.4%
Quarter	5	14.3%
Other	5	14.3%
Number of programs reporting	35	100.0%

Part-time students required an average of 5.1 semesters or 6.3 quarters to complete the RN-to-BSN program. Full-time students required an average of 3.4 semesters or 4.8 quarters to complete.

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

Time to complete	Semesters	Quarters	Programs reporting
Part-time program	5.1	6.3	25
Full-time program	3.4	4.8	29

Summary of RN-to-BSN program data

The number of RN-to-BSN programs increased over the last year and, for the first time, there were more private than public programs. RN-to-BSN programs enrolled and graduated significantly more students in 2016-2017 than in 2007-2008. However, the number of spaces, qualified applications, and new students enrolling in these programs – although still high – decreased somewhat over the last year. Almost half of programs reported that they had enrolled fewer students this year compared to last largely because accepted students did not enroll and due to a lack of qualified applicants. In addition, one school reported that it is closing its programs and not enrolling any new students. The student census and the number of students that completed RN-to-BSN programs increased between 2015-2016 and 2016-2017.

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 2016-2017, 38 schools that offered a Master's degree program responded to this survey. The number of Master's degree programs has increased since 2015-2016, with four schools reporting MSN programs not reported in the previous year, and one school that previously reported a program not reporting that MSN program in 2016-2017. Over half (53%) of reported programs are public.

Table 14. Number of 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	2016- 2017
Public	57.1%	55.2%	58.1%	52.8%	52.8%	52.8%	52.8%	54.3%	54.3%	52.6%
Private	43.3%	42.9%	44.8%	41.9%	47.2%	47.2%	47.2%	45.7%	45.7%	47.4%
Number of programs reporting	28*	29	31	36	36	36	36	35	35	38

*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 grown by 62% over the last ten years, from 2,136 in 2007-2008 to 3,464 in 2016-2017. New student enrollment has grown considerably over the past decade, reaching a 10-year high of 2,769 in 2016-2017.

Table 15. Availability and Utilization of Admission Spaces,* 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	2016-2017
Spaces available	2,136	2,491	2,671	2,474	2,938	2,472	2,856	2,440	3,969	3,464
New student enrollments	1,956	2,147	2,464	2,454	2,200	2,274	2,211	2,133	2,307	2,769
% Spaces filled with new student enrollments	91.6%	86.2%	92.3%	99.2%	74.9%	92.0%	77.4%	87.4%	58.1%	79.9%

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

In the past ten years, Master's degree programs have seen growth of 42% (n=813) in new students enrolling in their programs. This growth is attributable to private programs, which have seen 123% growth in new student enrollments since 2007-2008, reaching a high of 1,691 in 2016-2017. New student enrollment in public programs has been declining since 2010-2011, although it increased slightly over the past two years from 909 in 2014-2015 to 1,078 in 2016-2017. In 2016-2017, 61% of new students (n=1,691) enrolled in private programs.

Table 16. New Student Enrollment, 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	2016-2017
New student enrollment	1,956	2,147	2,464	2,454	2,200	2,274	2,211	2,133	2,307	2,769
Public	1,196	1,221	1,204	1,353	1,083	1,077	1,071	909	1,001	1,078
Private	760	926	1,260	1,101	1,117	1,197	1,140	1,224	1,306	1,691

Sixteen programs (46%) reported that they had enrolled fewer students in 2016-2017 than in the prior year. The majority reported that this resulted from accepted students not enrolling (75%). A quarter of the programs enrolling fewer students reported other reasons such as lack of qualified applicants, program discontinued, and being unable to secure clinical placements for all students.

Table 17. Reasons for Enrolling Fewer Students by Academic Year

	2014-2015	2015-2016	2016-2017
Accepted students did not enroll	64.7%	78.6%	75.0%
Lack of qualified applicants*	29.4%	28.6%	12.5%
Other	11.8%	28.6%	12.5%
Program discontinued*	0.0%	-	6.3%
Unable to secure clinical placements for all students	5.9%	7.1%	6.3%
To reduce costs	0.0%	7.1%	0.0%
Lost funding	5.9%	7.1%	0.0%
Number of programs reporting	17	14	16

*Categories derived from text comments.

The number of qualified applications received by Master's degree programs has increased over the last three years to 4,198 applications in 2016-2017. In 2016-2017, 23% (n=975) of applications were not accepted for admission.

Table 18. Applications* for Admission to 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	2016-2017
Qualified applications	2,175	2,760	3,723	3,001	3,214	3,764	3,476	3,217	3,747	4,198
Accepted	1,956	2,147	2,464	2,454	2,200	2,274	2,211	2,133	2,307	3,223
Not accepted	219	613	1,259	547	1,014	1,490	1,265	1,084	1,440	975
% Qualified applications <i>not</i> enrolled	10.1%	22.2%	33.8%	18.2%	31.5%	39.6%	36.4%	33.7%	38.4%	23.2%

*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.

Student Census Data

The total number of students enrolled in Master's degree programs has increased by 64% (n=2,444) over the past ten years reaching a ten-year high of 6,267 in 2016-2017. Private programs have had a dramatic increase in total student enrollment since 2008 (226%, n=2,664) while enrollment in public programs decreased by 8% (n=220) over the same period. Private programs currently account for 61% of enrolled students.

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

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Public programs	2,643	2,775	2,613	2,722	2,557	2,572	2,382	2,329	2,159	2,423
Private programs	1,180	1,583	2,093	1,835	2,062	2,443	2,464	2,528	2,608	3,844
Total nursing students	3,823	4,358	4,706	4,557	4,619	5,015	4,846	4,857	4,767	6,267

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

Student Completions

The number of students that completed a Master's degree program in California has increased by 61% in the last decade, reaching a ten-year high of 2,086 students in 2016-2017. Growth over this period in the number of completions from private programs was larger (141%, n=639) in growth from public programs (18%, n=151).

Table 20. Student Completions, 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	2016- 2017
Public programs	844	892	904	952	1,034	933	933	911	852	995
Private programs	452	646	687	612	857	829	1,006	1,072	789	1,091
Total student completions	1,296	1,538	1,591	1,564	1,891	1,762	1,939	1,983	1,641	2,086

Nurse practitioners were the largest share of graduates from Master's degree programs in 2016-2017, accounting for just over half of all graduates. The field of nursing education, which represents the second largest group of graduates, decreased to 11% in 2016-2017 from 14% in 2015-2016. Clinical Nurse Specialist and Nursing Administration experienced the greatest declines in the share of graduates since 2008-2009.

Table 21. Student Completions by Program Track or Specialty Area,¹ Master's Degree Programs, by Academic Year

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
Nurse Practitioner	40.4%	39.2%	45.6%	44.7%	56.4%	53.4%	57.8%	52.8%	51.3%
Nursing Education	15.1%	14.6%	13.5%	8.6%	9.6%	7.8%	3.7%	13.9%	11.2%
Other specialty	2.7%	6.1%	0.7%	0.8%	1.0%	0.1%	3.1%	9.0%	9.4%
Clinical Nurse Leader	4.4%	3.5%	6.1%	10.4%	7.9%	9.4%	9.0%	0.1%	6.0%
Nursing Administration	10.0%	10.2%	13.4%	11.6%	7.3%	4.5%	4.2%	5.4%	5.3%
Certified Nurse Anesthetist	4.6%	4.8%	4.6%	3.8%	3.6%	3.9%	4.6%	5.3%	4.1%
Clinical Nurse Specialist	13.8%	11.9%	8.0%	8.8%	8.9%	6.4%	6.7%	4.9%	3.4%
School Nurse	0.7%	3.0%	1.5%	1.4%	1.1%	1.9%	1.9%	2.0%	1.8%
Nurse Generalist	9.0%	3.3%	1.6%	1.2%	0.2%	1.8%	2.8%	3.7%	1.7%
Nursing Science and Leadership				2.5%	2.4%	1.2%	1.4%	1.5%	1.2%
Nursing Informatics						0.3%	0.3%	0.9%	0.9%
Community Health/Public Health	0.1%	1.2%	0.6%	0.5%	0.7%	1.0%	0.7%	1.0%	0.8%
Certified Nurse Midwife	1.0%	1.7%	1.9%	1.2%	0.9%	0.9%	1.1%	1.1%	0.5%
Ambulatory Care*	1.2%	1.2%	1.7%	2.2%	0.0%	1.9%	-	0.6%	0.4%
Health Policy				2.6%	0.2%	0.0%	0.2%	0.3%	0.3%
Case Management	0.7%	2.1%	2.3%	2.2%	2.3%	2.2%	2.5%	0.1%	0.0%
Total Student Completions	1,538	1,591	1,564	1,891	1,762	1,939	1,796	1,641	2,086

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 64% of NPs graduating in this specialty area in 2016-2017. Other common specialty areas in 2016-2017 included adult/gerontology primary care (9%), adult/gerontology acute care (9%) and psychiatry/mental health (7%).

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

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
Acute care	9.0%	12.0%	10.4%	6.2%	7.1%	-	-	-	
Adult	4.7%	8.3%	14.3%	7.1%	6.0%	-	-	-	
Family	62.5%	58.0%	53.0%	67.2%	70.9%	-	-	-	
Individual/Family						66.9%	75.0%	64.5%	64.0%
Gerontology	2.9%	2.7%	2.4%	1.7%	1.5%	-	-	-	
Adult/ Gerontology primary						10.8%	10.3%	12.0%	8.8%
Adult/ Gerontology acute						6.2%	5.3%	6.7%	9.3%
Neonatal	0.8%	1.1%	1.4%	1.2%	0.0%	0.2%	0.0%	0.0%	0.1%
Occupational health	1.3%	1.9%	1.4%	0.6%	0.2%	-	-	-	0.2%
Pediatric	8.5%	9.1%	8.4%	6.2%	4.2%	-	-	-	
Pediatric primary						5.3%	5.3%	3.6%	3.0%
Pediatric acute						1.5%	1.8%	1.7%	1.8%
Psychiatric/mental health	1.6%	3.2%	5.9%	4.6%	3.4%	4.6%	3.4%	6.5%	6.8%
Women's health	5.0%	1.9%	2.4%	3.0%	3.6%	3.3%	2.8%	3.2%	2.1%
Other	3.7%	1.8%	0.4%	2.4%	2.9%	1.2%	1.1%	1.7%	0.0%
Total Number of Nurse Practitioners	622	624	713	845	994	1,035	1,015	866	1,070

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

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 (78%) reported using the semester system. "Other" systems included trimesters, and "3 month classes".

Table 23. Type of Term, MSN Programs

	Number	Percent
Semester	28	77.8%
Quarter	6	16.7%
Other	2	5.6%
Number of programs reporting	36	100.0%

Part-time students required an average of 7.4 semesters or 12.5 quarters to complete their MSN program. Full-time students required an average of 5.2 semesters or 7.2 quarters to complete.

Table 24. Time to Completion by Term, MSN Programs

Time to complete	Semesters	Quarters	Programs reporting
Part-time program	7.4	12.5	23
Full-time program	5.2	7.2	33

Summary of MSN program data

The number of master's programs grew over the last year. Growth in the number of master's programs (36%), admission spaces (62%), and new student enrollments (42%) has been largely driven by the inclusion of large private programs, some of them online programs. Master's programs received more qualified applications than could be accommodated, although it is not known if students whose application was rejected by one school were admitted to a different school. In 2016-2017, master's programs received 4,198 qualified applications (a ten-year high) for 3,464 admission spaces. Nearly half 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.

The MSN student census grew by 64% over the last ten years while the number of students that completed one of these programs has grown by 61% in the same period. Both the student census (6,267) and completions (2,086) reached ten-year highs.

While Nurse Practitioner (NP) continues to be the most common specialty for students completing a Master's degree, nursing education has seen an increase in graduates in recent years. In 2016-2017, about two-thirds (64%) 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 2007-2008. In 2016-2017, there were 16 nursing doctoral programs in California – 56% (n=9) were in private schools. The number of doctoral degree programs has increased since 2015-2016, with four schools reporting doctoral programs not reported in the previous year, and one school that previously reported a program not reporting that doctoral program in 2016-2017.

Table 25. Number of Doctoral Degree Programs by Academic Year

	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
Public	28.6%	28.6%	28.6%	33.3%	40.0%	50.0%	53.8%	53.8%	46.1%	43.8%
Private	71.4%	71.4%	71.4%	66.7%	60.0%	50.0%	46.2%	46.2%	53.9%	56.3%
Number of programs reporting	7	7	7	9	10	12	13	13	13	16

New Student Enrollments

Admission spaces available for new student enrollments in doctoral programs have more than tripled since 2007-2008 despite a slight decline in availability of admission spaces in 2009-2010.

In 2016-2017, 290 new students enrolled in doctoral programs, a ten-year high with 174% growth since 2007-2008. Starting in 2011-2012, there have been more admission spaces available than students enrolled in doctoral programs; in 2016-2017 there were 104 unfilled spaces.

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

	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
Spaces available	109	163	159	165	203	362	372	340	368	394
New student enrollments	106	112	158	186	227	314	230	218	236	290
% Spaces filled with new student enrollments	97.2%	68.7%	99.4%	112.7%	111.8%	86.7%	61.8%	64.1%	64.1%	73.6%

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

Private school doctoral program enrollments have grown by 278% since 2007-2008, while public program enrollments have grown by 117% in the same period. Public programs showed more fluctuation in new student enrollments than private programs. Private program enrollments far exceeded public program enrollments prior to 2012-2013, but this gap has narrowed in recent years.

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

	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
New student enrollment	106	112	158	186	203	314	230	218	236	290
Public	37	31	38	32	41	142	93	94	99	140
Private	69	81	120	154	162	172	137	124	137	150

Four of 16 programs (25%) reported that they had enrolled fewer students this year than in the prior year. The three programs that provided reasons for their enrollment decline reported that this resulted from accepted students not enrolling (100%) and one of the three programs reported a lack of qualified applicants (33%).

Table 28. Reasons for Enrolling Fewer Students by Academic Year

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

The number of qualified applications to doctoral programs has fluctuated over the last ten years. In 2016-2017, doctoral programs received 459 qualified applications to their programs; 19% were not accepted for admission. This is a greater rate of acceptance than in the prior four years.

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

	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
Qualified applications	109	120	201	420	203	431	321	359	377	459
Accepted	106	112	158	186	203	314	230	218	236	372
Not accepted	3	8	43	234	0	117	91	141	141	87
% Qualified applications not enrolled	2.8%	6.7%	21.4%	55.7%	0.0%	27.1%	28.3%	39.3%	37.4%	19.0%

*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 more than doubled in ten years, from 309 students on October 15, 2008, to 799 in 2017. Both private and public programs increased the number of students in their programs over the last ten years, although private programs increased enrollments more rapidly. In the 2016-2017, the public and private censuses are the closest they have been in ten years.

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

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Public programs	161	155	163	176	216	376	307	338	252	393
Private programs	148	252	268	391	412	451	431	466	337	406
Total nursing students	309	407	431	567	628	827	738	804	589	799

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

Student Completions

The number of students that completed a nursing doctoral program in California more than quadrupled in the past ten years, from 39 in 2007-2008 to 171 in 2016-2017, although this is still lower than the ten year high of 242 in 2014-2015. Public program graduates made up 63% of all graduates in 2016-2017. The four new programs reported no data, as did two established programs.

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

	2007- 2008	2008- 2009	2009- 2010	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015	2015- 2016	2016- 2017
Public programs	28	22	20	30	23	21	90	141	97	107
Private programs	11	27	44	46	61	105	96	101	79	64
Total student completions	39	49	64	76	84	126	186	242	176	171

Respondents reported that 82% (n=141) of these graduates were DNP students. Of these 141 DNP graduates, 36% completed a Nurse Practitioner program, 26% completed a Nurse Generalist program, 31% completed a Nursing Science and Health Care Leadership program, and 9% completed some other program or were not reported.

Table 32. Student Completions, DNP Tracks, 2016-2017

Track	Percent
Nurse Practitioner	35.5%
Nursing Science and Healthcare Leadership	30.5%
Nurse Generalist	25.5%
Other / unknown	8.5%
Nursing Education	0.0%
Nursing Administration	0.0%
Clinical Nurse Specialist	0.0%
Certified Nurse Midwife	0.0%
Certified Registered Nurse Anesthetist	0.0%
School Nursing	0.0%
Clinical Nurse Leader	0.0%
Case Management	0.0%
Community Health/Public Health	0.0%
Informatics/Nursing Informatics	0.0%
Health Policy	0.0%
Total	100.0%

Of the 50 that completed a Nurse Practitioner program, 68% completed an individual/family specialty track, while 18% were in gerontology primary care, and 8% were in pediatric primary care.

Table 33. Student Completions, Nurse Practitioner Specialties, 2016-2017

NP Specialty	Percent
Individual/Family	68.0%
Adult/Gerontology (primary)	18.0%
Pediatrics (primary)	8.0%
Psychiatric-Mental Health	6.0%
Adult/Gerontology (acute)	0.0%
Pediatrics (acute)	0.0%
Neonatal	0.0%
Women's Health/Gender	0.0%
Other	0.0%
Total	100.0%

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. The majority of programs (71%) reported using the quarter system.

Table 34. Type of Term, Doctoral Programs

	Number	Percent
Semester	4	28.6%
Quarter	10	71.4%
Other	0	0.0%
Number of programs reporting	14	100.0%

Part-time students required an average of 10.3 semesters or 19.0 quarters to complete the MSN program. Full-time students required an average of 6.9 semesters or 14.5 quarters to complete.

Table 35. Time to Completion by Term, Doctoral Programs

Time to complete	Semesters	Quarters	Programs reporting
Part-time program	10.3	19.0	8
Full-time program	6.9	14.5	14

Summary of doctoral program data

The number of schools offering doctoral degrees and the number of students pursuing those degrees have increased over the past ten years. Since 2015-2016, four additional doctoral programs began accepting students for the first time and one existing program closed. Historically, private doctoral programs have been responsible for most of the increases in new student enrollments, student census and student completions. In 2016-2017, as in the prior two years, there were more graduates from public than private doctoral programs. However, the growing number of private programs and students may change this balance in coming years.

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, 2017, post-licensure programs reported 1,261 faculty that taught post-licensure courses; some of these faculty 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, fluctuations in faculty numbers from year to year.

Of the 46 schools that offered post-licensure nursing programs in 2016-2017, 87% (n=40) reported sharing faculty with the pre-licensure programs offered at their school. Thirty schools reported that they have some faculty that exclusively teach post-licensure students. Since many programs use the same faculty for pre- and post-licensure programs, 42% (n=533) of the 1,261 total post-licensure faculty reported in 2017 were also reported as pre-licensure faculty. Post-licensure nursing programs reported 58 vacant faculty positions in 2017. These vacancies represent a 4.4% faculty vacancy rate.

Table 36. Faculty Census Data* by Year

	2008	2009	2010	2011	2012	2013**	2014	2015**	2016**	2017 [‡]
Total faculty	1,909	1,813	1,169	1,598	1,446	1,086	1,001	1,097	985	1,261
Faculty (post-licensure only) ¹			816	1,138	953	758	488	682	660	728
<i>Full-time</i>	639	656	267	302	320	237	274	286	322	336
<i>Part-time</i>	1,270	1,157	549	836	633	332	214	410	402	392
Faculty (also teach pre-licensure)	1,909	1,813	353	460	493	328	513	415	325	533
Vacancy rate***	4.8%	3.4%	4.9%	1.2%	4.9%	5.0%	3.9%	13.8%	5.8%	4.4%
<i>Vacancies</i>	96	63	60	19	75	57	41	173	61	58

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

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

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

[‡] Not all schools provided information for this question.

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 2016-2017, schools were asked if the school/program began hiring significantly more part-time than full-time active faculty over the past 5 years than previously. Twenty-percent (20%, n=6) of 30 schools responding agreed.³ These six schools were asked to rank the reason for this shift. The top ranked reasons were insufficient budget to afford benefits and other costs of full-time faculty and non-competitive salaries for full-time faculty.

Table 37. Reasons for Hiring More Part-time Faculty

	2015-2016		2016-2017	
	Average Rank*	Programs reporting	Average Rank*	Programs reporting
Insufficient budget to afford benefits and other costs of FT faculty	4.7	3	2.0	5
Non-competitive salaries for full time faculty	2.3	3	3.0	5
Shortage of RNs applying for full time faculty positions	2.7	3	4.8	5
Need for part-time faculty to teach specialty content	7.3	3	5.0	5
Private, state university or community college laws, rules or policies	5.7	3	5.4	5
Need for faculty to have time for clinical practice	4.7	3	5.6	6
Insufficient number of full time faculty applicants with required credential	4.3	3	5.8	5
Need for full-time faculty to have teaching release time for scholarship, clinical practice, sabbaticals, etc.	5.7	3	6.0	1
To allow for flexibility with respect to enrollment changes	7.7	3	6.3	5
Other	-	0	10.0	5

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

In 2016-2017, 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. Two schools identified three faculty who had transitioned from full-time to part-time. Reasons given for this transition included family obligations (1), preparing for retirement (1), and “requested by department for budgetary reasons” (1).

³ Twenty-one schools did not answer this question.

Staffing and Administration

In 2016-2017, 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.

Clerical Staff

All but three schools reported clerical staff. Schools reported 126 clerical staff working approximately 3,559 total hours per week.

Schools with doctoral programs were more likely to have four or more clerical staff (44%) compared to 41% of schools with MSN programs and 35% of schools with RN-to-BSN programs.

On average, schools with doctoral programs had more clerical staff (4.8) than schools with MSN programs (4.2), and RN-to-BSN programs (4.0).

Schools with doctoral programs were more likely to be in schools with multiple post-licensure programs and in schools with larger numbers of students—and both factors were related to the number of clerical staff.

Table 38. Number of Clerical Staff by Size of School and Program Type*

	Number of Students in School											
	Less than 100			100-199			200 or more			All Programs		
	RN-to-BSN	MSN	Doctoral	RN-to-BSN	MSN	Doctoral	RN-to-BSN	MSN	Doctoral	RN-to-BSN	MSN	Doctoral
None	6.3%	0.0%	0.0%	14.3%	11.1%	0.0%	0.0%	0.0%	0.0%	5.4%	2.7%	0.0%
1 clerical staff	31.3%	27.3%	33.3%	0.0%	11.1%	25.0%	21.4%	17.6%	11.1%	21.6%	18.9%	18.8%
2 clerical staff	12.5%	18.2%	33.3%	14.3%	11.1%	0.0%	28.6%	23.5%	22.2%	18.9%	18.9%	18.8%
3 clerical staff	12.5%	9.1%	0.0%	28.6%	22.2%	25.0%	21.4%	23.5%	22.2%	18.9%	18.9%	18.8%
4 clerical staff	12.5%	9.1%	0.0%	14.3%	11.1%	25.0%	14.3%	23.5%	33.3%	13.5%	16.2%	25.0%
>4 clerical staff	25.0%	36.4%	33.3%	28.6%	33.3%	25.0%	14.3%	11.8%	11.1%	21.6%	24.3%	18.8%
Average # clerical staff**	4.4	5.2	9.0	3.6	3.4	3.3	3.9	3.8	4.1	4.0	4.2	4.8
Number of programs reporting	16	11	3	7	9	4	14	17	9	37	37	16

*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.

Private schools had more clerical hours on average (102 vs. 75) than public schools. On average, schools with doctoral programs had more clerical hours (101.5) than schools with MSN programs (94.2) and RN-to-BSN programs (91.5). The average number of hours per staff member reported was similar across the groups.

Table 39. Average Number of Clerical Staff Hours by Size of School and Program Type*

	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
1 clerical staff	31.3	40.0	40.0	0.0	40.0	40.0	30.0	30.0	40.0	30.8	36.0	40.0
2 clerical staff	80.0	55.0	30.0	15.0	15.0	0.0	67.5	67.5	80.0	63.6	56.4	63.3
3 clerical staff	95.0	90.0	0.0	20.0	65.0	100.0	100.0	90.0	70.0	75.7	82.9	80.0
4 clerical staff	65.0	50.0	0.0	40.0	40.0	40.0	51.0	73.0	73.3	54.4	63.7	65.0
>4 clerical staff	176.2	176.2	261.6	185.0	150.0	80.0	256.0	256.0	472.0	198.3	185.2	271.2
Number of programs reporting	16	11	3	7	9	4	14	17	9	37	37	16
Average hours per week**	93.5	103.5	110.5	77.5	84.4	65.0	95.7	93.4	114.7	91.5	94.2	101.5

*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 slightly more likely to report that the amount of clerical support was somewhat or very adequate (87.5%) compared to schools with RN-to-BSN programs or MSN programs (85.7%).

Table 40. Adequacy of Amount of Clerical Support

Adequacy	RN-to-BSN	MSN	Doctoral
Very adequate	37.1%	34.3%	37.5%
Somewhat adequate	48.6%	51.4%	50.0%
Somewhat inadequate	5.7%	5.7%	6.3%
Very inadequate	8.6%	8.6%	6.3%
Number of programs reporting	35	35	16

Clinical Coordinators

All but two schools reported clinical coordination staff. Schools reported 107 clinical coordinator staff working 1,788 aggregate hours per week.

Schools with doctoral programs were more likely to have two or more clinical coordinators (69%) compared to 62% of schools with MSN programs and 51% of schools with RN-to-BSN programs. On average, schools with MSN programs had more clinical coordinator staff (2.7) than schools with doctoral programs (2.6), and RN-to-BSN programs (2.5).

Table 41. Number of Clinical Coordinators by Size of School and Program Type*

	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	6.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.7%	0.0%	0.0%
1 clinical coordinator	50.0%	36.4%	33.3%	42.9%	33.3%	50.0%	42.9%	41.2%	22.2%	45.9%	37.8%	31.3%
2 clinical coordinators	31.3%	45.5%	66.7%	42.9%	44.4%	25.0%	21.4%	23.5%	33.3%	29.7%	35.1%	37.5%
>2 clinical coordinators	12.5%	18.2%	0.0%	14.3%	22.2%	25.0%	35.7%	35.3%	44.4%	21.6%	27.0%	31.3%
Average number of clinical coordinators	2.1	2.5	1.7	2.0	2.1	1.8	3.1	3.1	3.3	2.5	2.7	2.6
Number of programs reporting	16	11	3	7	9	4	14	17	9	37	37	16

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

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

Private schools had more clinical coordinator hours (44.8 vs. 38.8) per week on average than did public schools.

Schools with doctoral programs reported more clinical coordination hours per week (66) on average than did schools with MSN programs (46) or RN-to-BSN programs (40). Schools with doctoral programs reported more hours per clinical coordinator per week on average (25 hours) than did schools with RN-to-BSN and MSN programs (15 and 16 hours per week respectively).

Table 42. Average Number of Clinical Coordinator Hours by Size of School and Program Type*

	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	18.5	17.0	5.0	19.7	25.3	30.0	25.7	27.7	25.0	21.2	24.1	23.0
Coordinator 2	31.3	18.8	35.0	23.7	32.8	60.0	47.5	50.2	50.2	32.3	32.4	46.8
All other clinical coordinators	65.0	65.0	0.0	25.0	57.5	90.0	108.0	113.3	142.5	86.9	92.5	132.0
Number of programs reporting	16	11	3	7	9	4	14	17	9	37	37	16
Average hours per week**	22.1	27.3	25.0	22.1	35.8	52.5	60.7	64.0	85.6	39.6	46.3	66.0

*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 RN-to-BSN programs were more likely than other schools to report that the amount of clinical coordination support was “very adequate.” Schools with doctoral programs were the least likely to report that the clinical coordination support was “very adequate.” Overall, 81-83% of schools with each type of program found their clinical coordination support to be “somewhat adequate” or “very adequate.”

Table 43. Adequacy of Amount of Clinical Coordination Support

Adequacy	RN-to-BSN	MSN	Doctoral
Very adequate	40.0%	34.3%	25.0%
Somewhat adequate	42.9%	48.6%	56.3%
Somewhat inadequate	14.3%	11.4%	12.5%
Very inadequate	2.9%	5.7%	6.3%
Number of programs reporting	35	35	16

APPENDICES**APPENDIX A – List of Post-Licensure Nursing Education Programs****RN-to-BSN Programs (38)**

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

Master's Degree Programs (38)

Azusa Pacific University
 California Baptist University
 Charles R. Drew University of Medicine
 and Science*
 Concordia University Irvine
 CSU Bakersfield
 CSU Chico
 CSU Dominguez Hills
 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 College BSN
 National University*
 Point Loma Nazarene University
 Samuel Merritt University
 San Diego State University
 San Francisco State University
 Shepherd University*
 Sonoma State University
 The Valley Foundation School of Nursing at San
 Jose State
 United States University
 University of California Davis
 University of California Irvine
 University of California Los Angeles
 University of California San Francisco
 University of Phoenix-NorCal*
 University of Phoenix-SoCal
 University of San Diego, Hahn School of Nursing
 University of San Francisco
 West Coast University
 Western Governors University
 Western University of Health Sciences

*New program in 2016-2017

Doctoral Programs (16)

Azusa Pacific University
 California Baptist University*
 CSU Fresno
 CSU Fullerton
 Loma Linda University
 Point Loma Nazarene 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, Hahn School of
 Nursing
 University of San Francisco
 University of Southern California*
 West Coast University*
 Western University of Health Sciences

*New program in 2016-2017

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 Health Professions Education Foundation, OSHPD
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