
California Board of Registered Nursing

2021-2022 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 2021-2022 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, 2021, through July 31, 2022. Demographic information and census data were requested for October 15, 2022.

Survey Participation

In 2021-2022, 43 RN-to-BSN programs, 38 Master's degree programs, and 18 Doctoral programs (11 that are DNP programs only and seven that have both DNP and PhD tracks) 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 2012-2013, there has been an increase of 34.4% (n=11) in the number of RN-to-BSN programs, 5.6% (n=2) in the number of Master's degree programs, and 50.0% (n=6) in the number of Doctoral programs (DNP and/or PhD). Overall, the number of programs increased by 23.8% (n=19) over this period. For the seven 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 18 DNP programs and seven research-based Doctoral programs (PhD) in 2021-2022.

There were two new RN-to-BSN program, two new MSN programs, and two new DNP programs reported in 2021-2022. Two RN-to-BSN programs that were reported in 2020-2021 were not reported in 2021-2022, four MSN programs that were reported in 2020-2021 were not reported in 2021-2022, and one DNP program that was reported in 2020-2021 was not reported in 2021-2022. 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.

Only thirteen 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.

Of the 18 schools with Doctoral programs, 11 schools had a DNP program with no PhD program, and seven had both.

Table 1. Post-licensure program combinations, 2021-2022

Programs	#
RN-to-BSN only	11
MSN only	1
Doctoral only	1
RN-to-BSN & MSN	20
RN-to-BSN & Doctoral	1
MSN & Doctoral	6
RN-to-BSN, MSN & Doctoral	11
Number of schools	51

Table 2. Number of post-licensure programs by program type by academic year

	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2021-2021	2020-2022
RN-to-BSN	32	35	34	34	38	38	37	43	43	43
Master's Degree	36	36	35	35	38	38	35	37	41	38
Doctoral	12	13	13	13	16	14	13	17	18	18
Number of programs	80	84	82	82	92	90	85	97	102	99
Number of schools^T	44	45	44	42	46	46	44	51	52	51

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

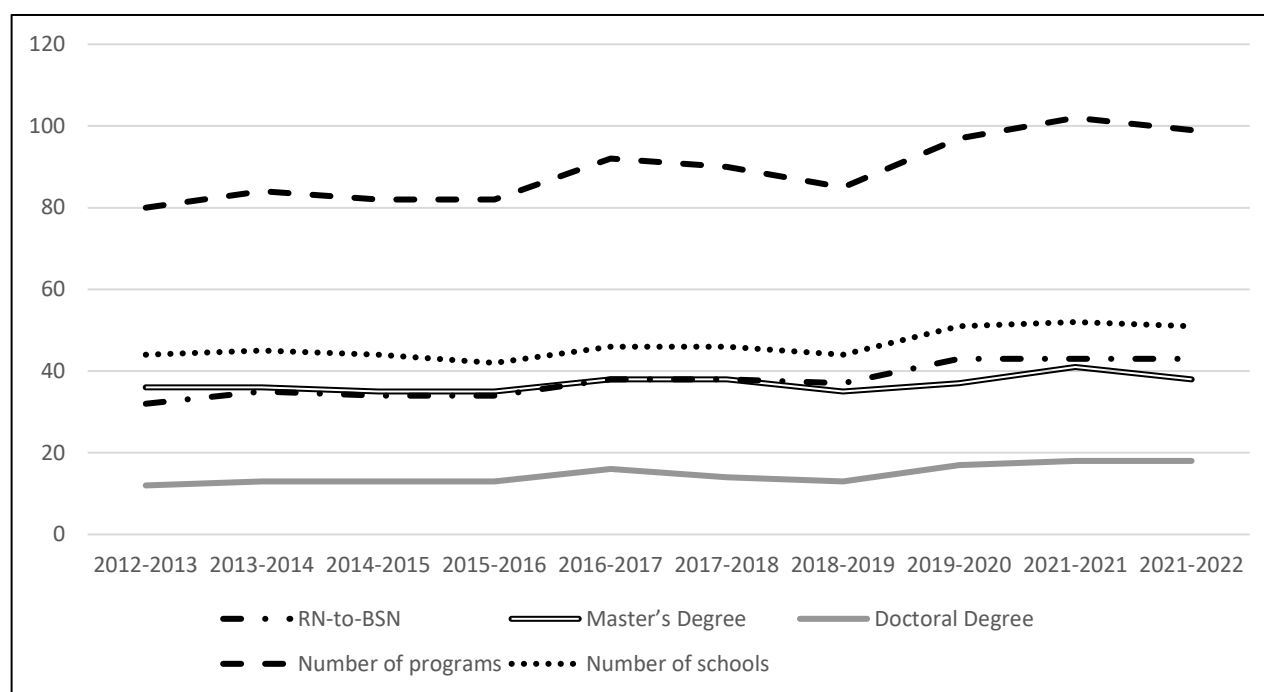


Figure 1. Number of post-licensure programs by program type by academic year

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 program-level 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 22.9% (n=8) over the last ten years, from 35 programs in 2012-13 to 43 programs in 2021-22. The number of RN-to-BSN programs offered at private schools increased by 47.1% (n=8) over the last ten years, while the number of RN-to-BSN programs offered at public schools stayed the same after some fluctuation (n=18).

In 2021-2022, 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 proportion of private RN-to-BSN programs has risen over the decade, exceeding half of all RN-to-BSN programs in 2016-2017. The number of private and public RN-to-BSN programs has remained steady over the last three years.

Table 3. Number of RN-to-BSN degree programs by academic year

	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Public	51.4%	54.3%	52.9%	50.0%	47.4%	44.7%	43.2%	41.9%	41.9%	41.9%
count	18	19	18	17	18	17	16	18	18	18
Private	48.6%	45.7%	47.1%	50.0%	52.6%	55.3%	56.8%	58.1%	58.1%	58.1%
count	17	16	16	17	20	21	21	25	25	25
Number of programs reporting	35	35	34	34	38	38	37	43	43	43

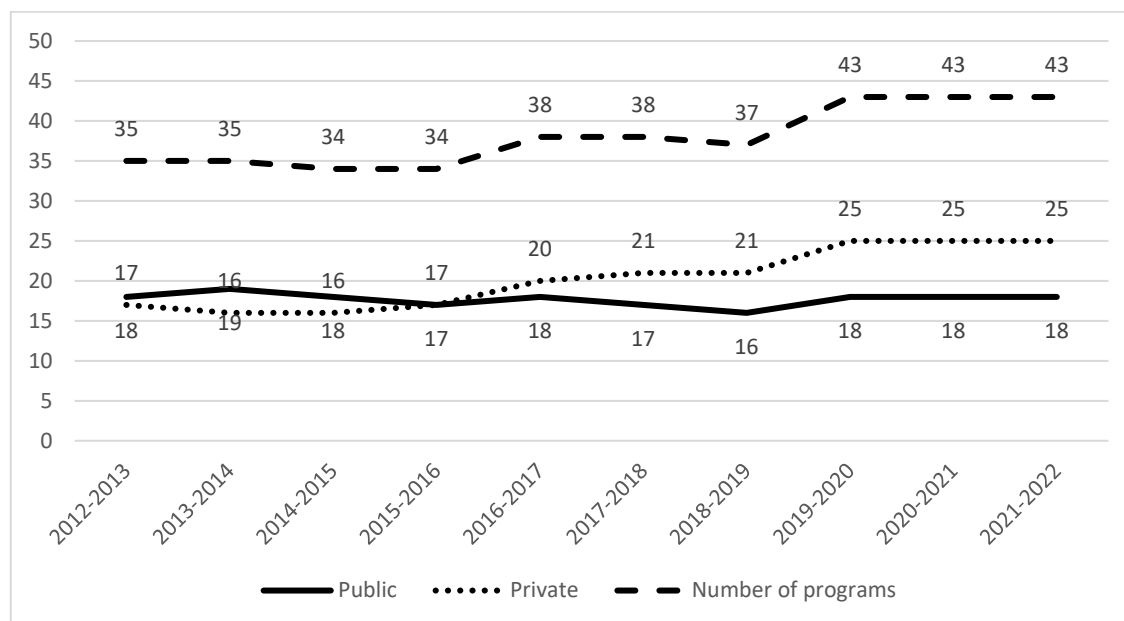


Figure 2. Number of public and private RN-to-BSN programs by academic year

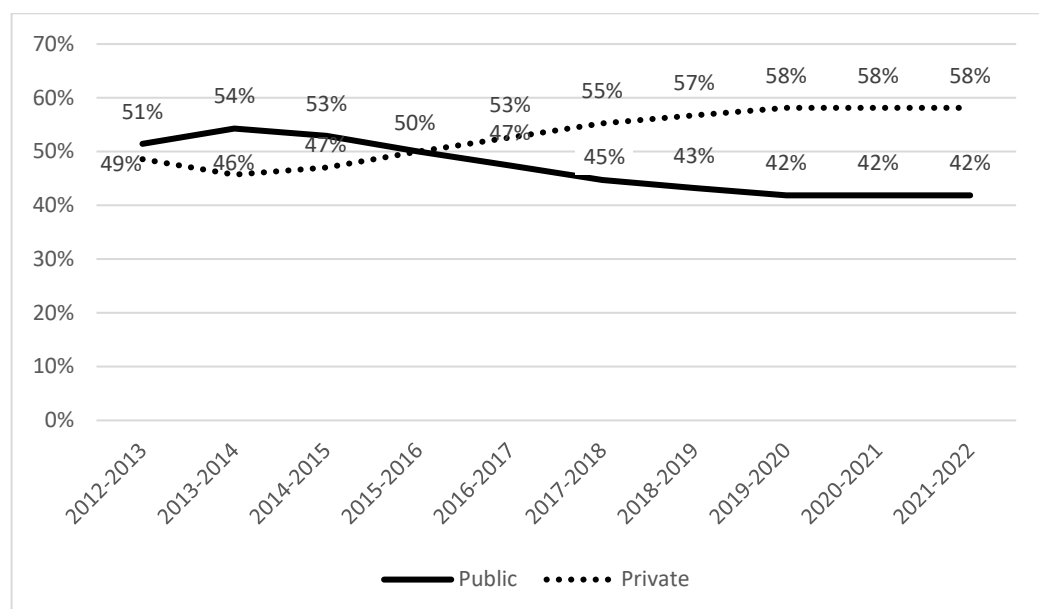


Figure 3. Percent of public and private RN-to-BSN programs by academic year

RN-to-BSN Program Characteristics

In 2021-22, as in all prior years, the regular RN-to-BSN program type with no prelicensure students was the most commonly offered master's degree program.

Some programs provided "other" program types and described them in text comments. Three of the "other" program types were described as being collaborative or concurrent enrollment programs with another institution. One noted that, "students are admitted as pre-licensure but obtain license prior to BSN graduation".

Table 4. RN-to-BSN program types by academic year

	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022
RN to BSN program only (no prelicensure students)	30	24	28	33	32	29	35	39	34
RNs are admitted into spaces with prelicensure students	4	4	2	1	2	3	4	4	6
RNs are admitted to a specific RN-to- BSN track in the Generic BSN program	5	5	4	3	0	3	3	1	4
Other	1	2	3	4	4	4	3	3	4
Programs Responding	35	34	34	38	38	37	43	43	43

In 2021-22, the hybrid (online and in-person) format was the most commonly selected mode of delivery, offered by 58.1% of programs. The use of hybrid programs reached a ten-year high in 2021-22, possibly partially as a result of the COVID-19 pandemic, which required more remote learning to keep students and faculty safe. This prompted many programs to enhance their online technology capabilities. While full-time programming was the second most commonly selected format in 2021-22, offered by 48.8% of programs, it experienced a decline after 2019-20. The use of distance/online education was also popular and reported by 14 programs (32.6%). The use of traditional (or 100% in-person) and evening formats has decreased over time.

Table 5. RN-to-BSN degree program delivery formats and modes by academic year

	2012- 2013	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022
Traditional Program	15	17	10	6	9	8	6	8	7	5
Collaborative/ Shared Education	1	4	-	-	-	-	-	-	-	-
Contract Education	1	1	-	-	-	-	-	-	-	-
Distance Education/ Online	11	13	9	12	18	16	16	23	18	14
Evening Program	8	6	7	9	6	6	5	5	2	-
Extended Campus	7	3	-	-	-	-	-	-	-	-
Part-time Program	8	8	15	15	15	15	18	24	17	14
Weekend Program	0	2	1	1	2	1	1	1	3	2
Accelerated	1	5	-	-	-	-	-	-	-	-
Other	3	2	2	1	3	2	2	6	5	4
Hybrid Online/In-Person	-	-	14	16	15	15	11	16	22	25
Full-time Program	-	-	17	21	20	19	22	24	21	21
Number of programs	35	35	34	34	38	38	37	43	43	43

*The wording for this answer choice was changed to "100% on-line" in 2020-21, so categories may not be directly comparable.

Over the last ten years, the majority of RN-to-BSN programs were accredited by the Commission on Collegiate Nursing Education (CCNE). RN-to-BSN accreditation from the Accreditation Commission for Education in Nursing (ACEN) has declined since 2014-15, with a slight uptick in 2021-22.

The CCNE approves accreditation for bachelor's and master's nursing programs while the ACEN approves accreditation for all types of nursing programs, including associate, baccalaureate, master/s, and doctoral.

Table 6. RN-to-BSN program accreditation

	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
ACEN (Accreditation Commission for Education in Nursing)	5.7%	10.0%	10.0%	6.1%	5.6%	5.7%	5.7%	4.9%	2.5%	4.8%
CCNE (Commission on Collegiate Nursing Education)	88.6%	90.0%	90.0%	93.9%	86.1%	88.6%	85.7%	90.2%	90.0%	92.9%
CNEA (Commission for Nursing Education Accreditation)	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.4%
Council on Accreditation of Nurse Anesthesia Educational Programs (COA)	-	-	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Accreditation Commission for Midwifery Education (ACME)	-	-	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other	-	13.3%	13.3%	6.1%	8.3%	5.7%	5.7%	9.8%	5.0%	0.0%
None	8.6%	3.3%	3.3%	0.0%	2.8%	5.7%	8.6%	2.4%	2.5%	2.4%
Number of programs reporting	35	30	30	33	36	35	35	41	40	42

Most RN-to-BSN programs use distance education modes (whether 100% online or hybrid) and flexible course scheduling as methods of increasing access to the program. Offering courses via distance education modes has risen to about 85% (n=33-34) in 2019-20, 2020-21, and 2021-22. Flexible course scheduling remains a common method that RN-to-BSN programs use to increase access in 2021-22 (61.5%, n=24).

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 7. Approaches to increase RN access to the program by academic year

	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Use of teleconferencing, online and other Distance Education modes	83.3%	71.4%	83.3%	68.8%	70.3%	69.4%	78.4%	85.0%	85.0%	84.6%
Flexibility in course scheduling (block schedules, evening or weekend courses)	63.3%	68.6%	73.3%	62.5%	62.2%	52.8%	62.2%	57.5%	60.0%	61.5%
Partial funding of classes by work setting	30.0%	22.9%	46.7%	40.6%	32.4%	30.6%	24.3%	30.0%	15.0%	17.9%
Classes provided onsite in work settings	30.0%	17.1%	23.3%	25.0%	16.2%	11.1%	13.5%	5.0%	10.0%	7.7%
Number of programs reporting	30	35	30	32	37	36	37	40	40	39

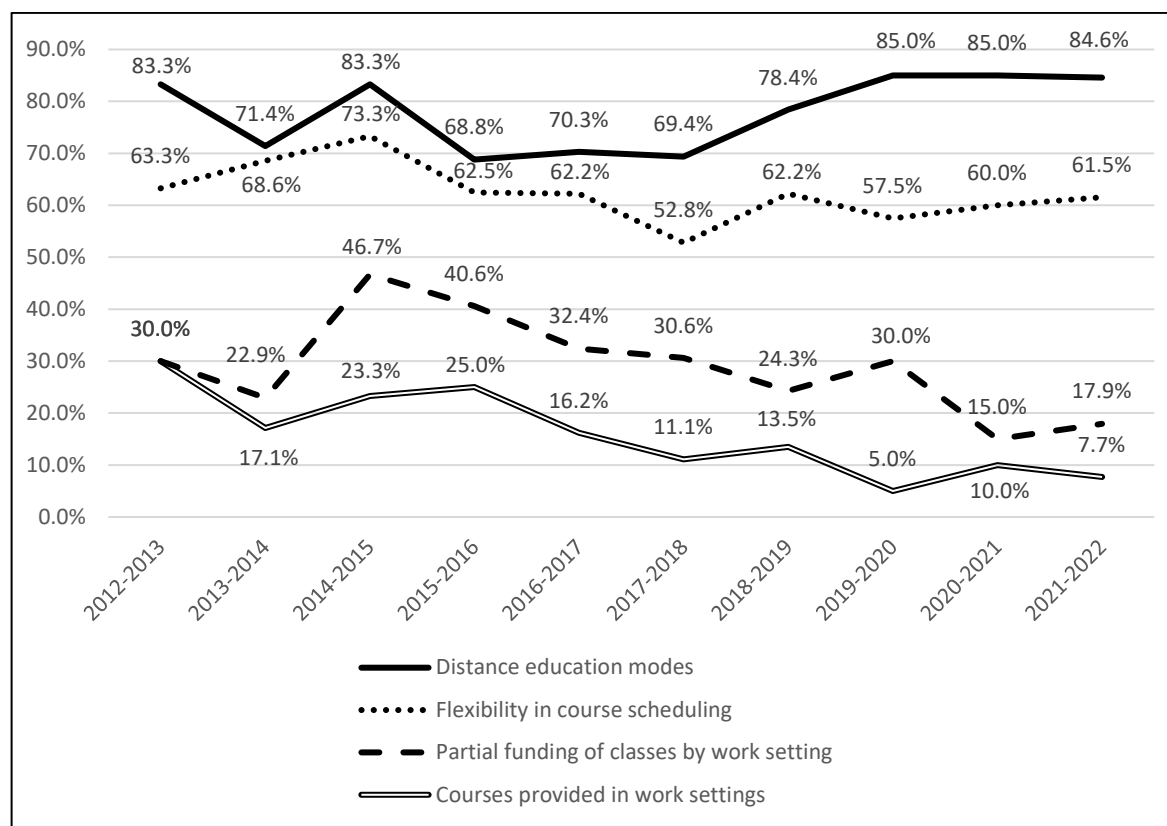


Figure 4. Approaches to increase RN access to the program by academic year

In 2021-2022, the most commonly cited methods to award credit for prior education and experience were direct articulation of ADN coursework (69.4%, n=25). The direct articulation of ADN coursework remains the most common method of awarding credit for prior education although its use has decreased since peaking at 90.0% (n=27) in 2014-2015. The use of partnerships with ADN programs or similar collaborations has increased overall over the decade, reaching a ten-year high of 66.7% (n=24) in 2021-22.

The use of portfolios to document competencies as a mechanism to award credit has overall declined since 2014-15, when 20.0% of programs used this mechanism. By 2021-2022, only two programs (5.6%) reported using portfolios to document competencies to award credit.

Table 8. Mechanisms to award credit for prior education and experience by academic year

	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Direct articulation of ADN coursework	73.3%	67.7%	90.0%	50.0%	61.8%	51.4%	65.6%	56.4%	63.9%	69.4%
Partnerships with ADN programs or similar collaborations	53.3%	54.8%	60.0%	63.3%	52.9%	51.4%	53.1%	59.0%	61.1%	66.7%
Specific program advisor	43.3%	38.7%	70.0%	30.0%	35.3%	37.1%	31.3%	33.3%	50.0%	52.8%
Tests to award credit*	20.0%	22.6%	30.0%	13.3%	20.6%	17.1%	21.9%	20.5%	19.4%	13.9%
Specific upper division courses	13.3%	9.7%	20.0%	10.0%	17.6%	20.0%	15.6%	5.1%	11.1%	11.1%
Portfolios to document competencies	6.7%	12.9%	20.0%	13.3%	0.0%	2.9%	6.3%	2.6%	2.8%	5.6%
Number of programs reporting	30	31	30	30	34	35	32	39	36	36

*NLN achievement tests or challenge exams

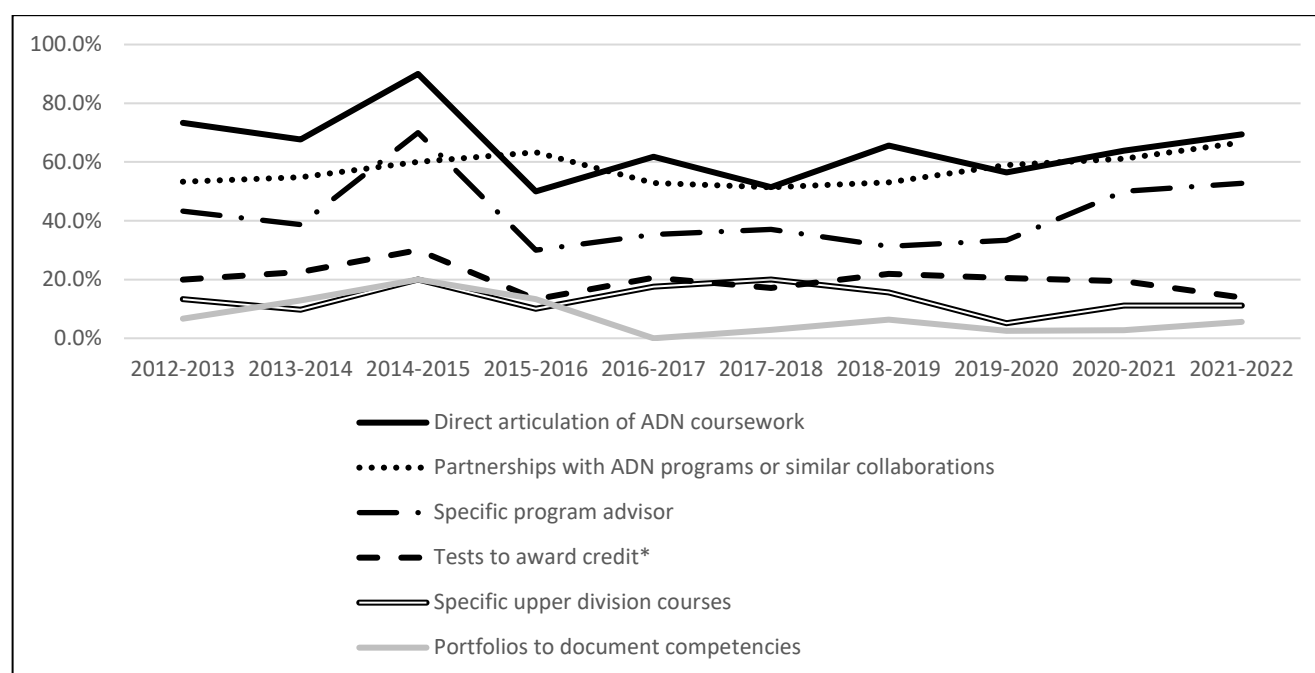


Figure 5. Mechanisms to award credit for prior education and experience by academic year

RN-to-BSN Applications, Admissions, and Enrollments

In 2021-2022, RN-to-BSN programs received 3,623 applications for admission, representing a ten-year low. Of the 3,623 applications received in 2021-22, 33.5% (n=1,214) were not accepted for admission, and 22.0% (n=531) of those admitted did not enroll.

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 did not enroll. In 2019-2020, this table was revised to reflect the number admitted, not enrolled, from 2012-2013 onward. Starting in 2020-21, the number of qualified applicants was not requested, so this table has been revised to reflect the total number of applicants rather than the number of qualified applicants.

Table 9. Applications for admission to RN-to-BSN programs by academic year

	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Applications*	4,271	3,927	4,989	7,035	9,321	6,783	5,588	6,660	4,299	3,623
Admitted	2,362	2,522	3,468	5,783	5,198	4,989	3,945	4,401	2,821	2,409
New student enrollments	2,521	2,252	2,355	4,317	3,698	4,238	3,507	3,993	2,358	1,878
# Not admitted	1,682	1,405	1,521	1,252	4,123	1,794	1,643	2,259	1,478	1,214
# Not enrolled	1,750	1,675	2,634	2,718	5,623	2,545	2,081	2,667	1,920	1,745
% Applications admitted	55.3%	64.2%	69.5%	82.2%	55.8%	73.6%	70.6%	66.1%	65.6%	66.5%
% of those admitted who enrolled	98.0%	89.3%	67.9%	74.6%	71.1%	84.9%	88.9%	90.7%	84.3%	78.0%

*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.

In 2020-21, five programs reported no applications, admissions, or enrollments, as did eight programs in 2021-22

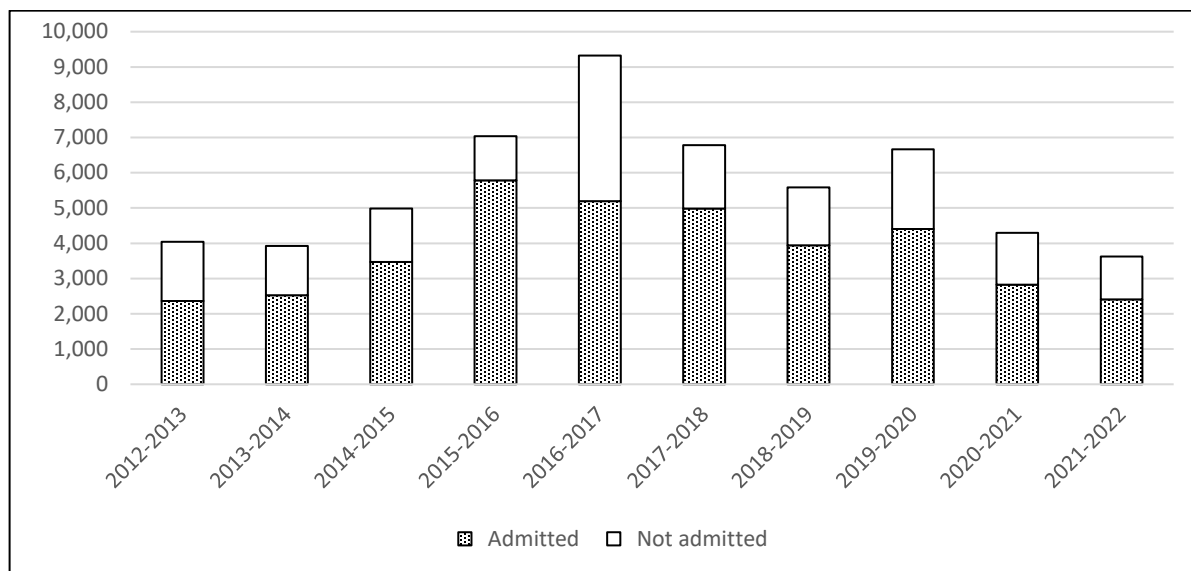


Figure 6. Admitted and not admitted applicants by academic year, RN-to-BSN programs

In 2021-22, 3,579 admission spaces were filled with 1,878 students. This is the second lowest number of admission spaces and lowest number of new student enrollments reported in the last decade. 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=2), the number of new enrollments was used as the number of spaces available. Two programs listed more than 200 admission spaces, not including those that listed “999”.

Thirty-one of the forty-three RN-to-BSN programs listed fewer new enrollments than admissions spaces available in 2021-22, not including the online programs with no cap. For one school, the number of admission spaces exceeded the number of new enrollments by hundreds of spaces.

In 2021-22, only 52.5% of admission spaces were filled with new enrollments—the lowest level in the last ten years.

Table 10. Availability and utilization of RN-to-BSN admission spaces by academic year

	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Spaces available	3,142	3,050	3,280	4,941	5,119	6,658	6,487	5,096	4,433	3,579
New student enrollments	2,488	2,252	2,355	4,317	3,698	4,238	3,507	3,993	2,358	1,878
% Spaces filled with new student enrollments	79.2%	73.8%	71.8%	87.4%	72.2%	63.7%	54.1%	78.4%	53.2%	52.5%

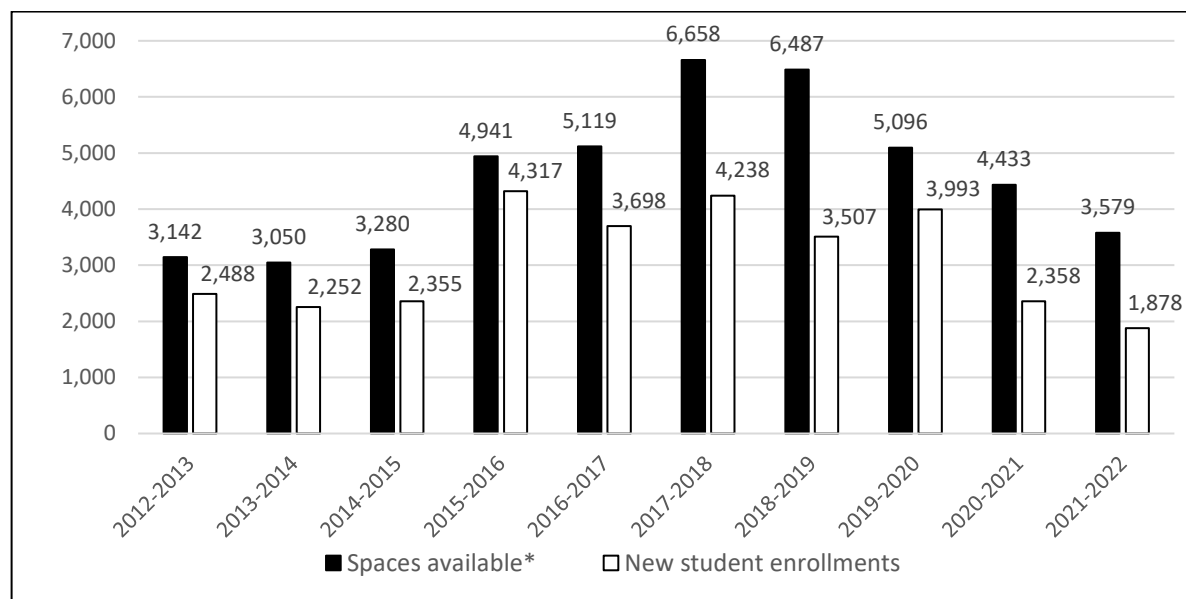


Figure 7. Availability and utilization of RN-to-BSN admission spaces by academic year

New student enrollment reached a ten-year high of 4,317 in 2015-16. Since that time, enrollment has fluctuated, declining to 1,878 in 2021-22. This is a drop off of about 480 new enrollments since 2021-22 or about 20%.

Private program enrollments surpassed public school enrollments in 2015-16 and have remained more than half of all new student enrollments since that time. However, in 2021-22, both public and private programs saw a drop in enrollments.

Table 11. RN-to-BSN new student enrollment by public/private schools by academic year

	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
New student enrollment	2,488	2,252	2,355	4,317	3,698	4,238	3,507	3,993	2,358	1,878
Public	1,578	1,247	1,772	2,010	1,557	1,446	1,225	1,734	684	600
Private	910	1,005	583	2,307	2,141	2,792	2,282	2,259	1,674	1,278

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.

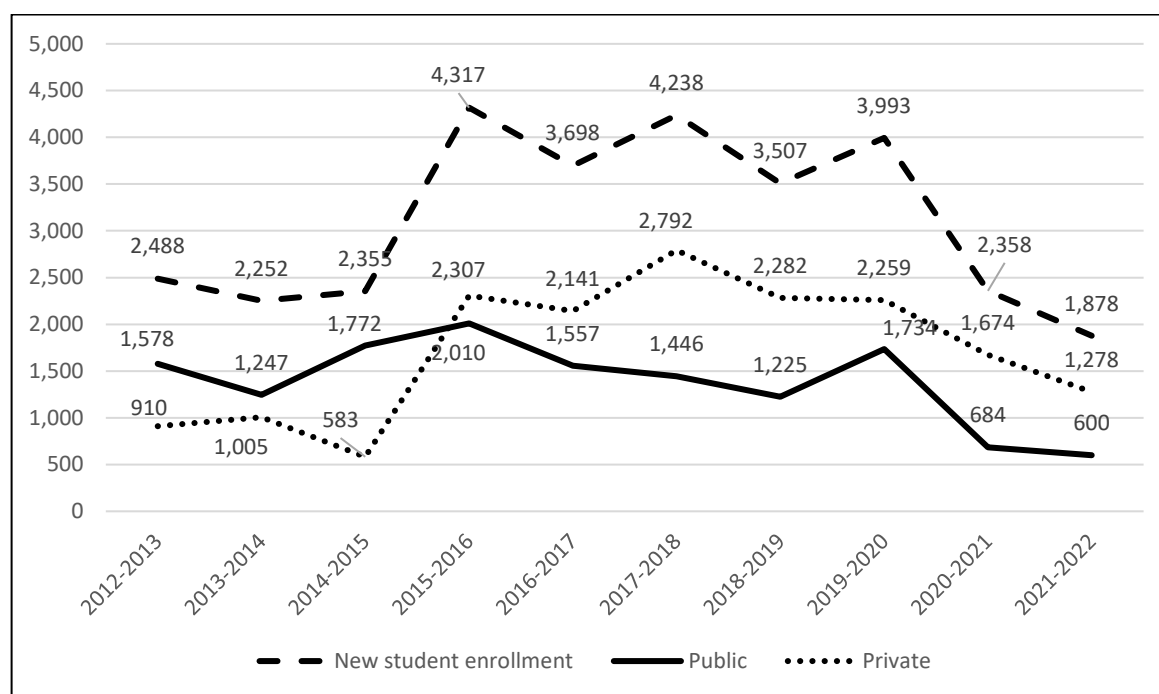


Figure 8. RN-to-BSN new student enrollment by program type by academic year

Of the 1,878 new enrollments in 2021-22, 1,305 (30.5%) were enrolled in a general post-licensure BSN (RN-to-BSN) program while 573 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 percent of students enrolled in concurrent enrollment style programs has increased since 2013-2014.

Table 12. RN-to-BSN new student enrollment by program type by academic year

	2012- 2013	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022
Standard post-licensure BSN (RN-to-BSN)	-	2,064	2,053	3,927	2,850	3,589	2,873	3,255	1,708	1,305
Specific post-licensure program (e.g., California Collaborative Model for Nursing Education)	-	127	124	390	500	649	634	738	671	573
Unknown	-	61	178	0	348	0	0	0	-21	0
Total student enrollments	2,488	2,252	2,355	4,317	3,698	4,238	3,507	3,993	2,358	1,878

The majority of newly enrolled RN-to-BSN students over the last decade have been people of color, primarily Hispanic and Asian. While the proportion of Hispanic enrollees has increased over time, the proportion of enrollees from other groups has varied without a clear trajectory.

Table 13. Ethnic distribution of RN-to-BSN new enrollments by academic year

	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Native American	0.6%	0.7%	0.5%	0.4%	1.0%	0.3%	0.4%	0.6%	0.6%	0.5%
Asian/Pacific Islander subtotal	29.4%	31.0%	33.5%	26.7%	25.1%	23.9%	19.4%	27.7%	27.7%	27.8%
<i>South Asian</i>	1.2%	1.4%	0.8%	1.2%	0.7%	1.7%	0.4%	1.7%	2.5%	2.8%
<i>Filipino</i>	4.1%	4.7%	6.2%	2.4%	2.7%	1.1%	3.1%	3.1%	3.9%	2.8%
<i>Hawaii</i>	0.8%	0.6%	1.8%	1.6%	2.1%	3.1%	1.1%	1.4%	1.0%	0.4%
<i>Other Asian</i>	23.4%	24.3%	24.6%	21.6%	19.7%	18.0%	14.8%	21.6%	20.3%	21.9%
<i>Other Pacific Islander</i>	-	-	-	-	-	-	-	-	1.1%	0.9%
African American	8.8%	7.1%	5.4%	5.8%	6.5%	7.2%	11.0%	6.2%	6.4%	4.8%
Hispanic	28.4%	24.2%	27.6%	27.0%	25.7%	28.7%	26.1%	29.4%	35.4%	35.1%
Multi-race	2.7%	5.8%	4.6%	1.5%	4.3%	3.8%	4.8%	4.8%	4.9%	5.3%
Other	1.0%	1.2%	0.8%	3.1%	0.4%	1.2%	1.0%	0.3%	0.4%	2.4%
White	29.2%	29.9%	27.6%	35.5%	37.0%	34.8%	37.4%	30.9%	23.5%	23.0%
Total	2,071	1,903	1,494	3,843	3,026	3,935	3,196	3,339	2,142	1,702
Ethnic Minorities**	70.8%	70.1%	72.4%	64.5%	63.0%	65.2%	62.6%	69.1%	76.5%	77.0%
# Unknown/unreported	417	349	861	474	672	303	311	654	216	176

**Ethnic minorities include all reported non-White racial and ethnic groups, including "Other" and "Multi-race".

Over the last ten years, most RN-to-BSN new enrollments have been female. However, the proportion of male new enrollments hit a ten-year high in 2020-21 at 21.0%, and was only slightly lower in 2021-22 at 20.4%.

Table 14. Gender distribution of RN-to-BSN new enrollments by academic year

	2012-2013*	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-21	2021-2022
Male	19.4%	15.7%	17.3%	16.1%	15.6%	17.6%	15.6%	18.1%	21.0%	20.4%
Female	80.6%	84.3%	82.7%	83.9%	84.4%	82.4%	84.3%	81.8%	79.0%	79.5%
Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.0%	0.1%
Total	2,480	2,099	1,589	4,083	3,189	4,221	3,452	3,827	2,352	1,781
# Unknown/unreported	8	153	766	234	509	17	55	166	6	97

In 2021-22, the proportion of students 30 years of age and younger has risen to 53.1% after several years of hovering in the 35-43% range. This is much higher than it has been since 2014-15 when it was 53.2%.

Table 15. Age distribution of RN-to-BSN new enrollments by academic year

	2012- 2013	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022
17 – 20 years	0.0%	4.8%	0.1%	0.1%	0.1%	1.0%	0.6%	0.2%	1.3%	1.1%
21 – 25 years	12.6%	15.2%	21.7%	10.8%	13.3%	13.3%	16.6%	14.2%	21.2%	23.1%
26 – 30 years	28.1%	26.9%	31.3%	24.4%	22.6%	22.0%	26.2%	24.7%	28.0%	28.9%
31 – 40 years	33.6%	31.1%	32.0%	35.8%	35.9%	36.1%	32.4%	33.9%	30.7%	32.5%
41 – 50 years	19.2%	16.2%	10.6%	20.6%	19.6%	20.0%	16.8%	19.5%	13.8%	10.7%
51 – 60 years	6.3%	5.4%	2.9%	7.5%	8.0%	7.0%	6.7%	7.1%	4.7%	3.6%
61 years and older	0.3%	0.4%	1.2%	0.8%	0.5%	0.6%	0.6%	0.5%	0.3%	0.2%
Total	1,594	1,854	1,458	3,989	3,126	4,074	3,244	3,497	1,782	1,716
# Unknown/ unreported	894	398	897	328	572	164	263	11	576	162

Twenty-four programs (55.8%) of ongoing programs reported that they enrolled fewer students in 2021-22 than in the prior year. A program-by-program comparison of 2021-22 RN-to-BSN *enrollment numbers* with 2020-21 enrollment numbers reveals that 63.2% of 38 ongoing programs (n=24) enrolled fewer students this year than last.

The majority reported that this resulted from accepted students not enrolling (79.2% n=19), followed by lack of qualified applicants (29.2%, n=7) and other (16.7%, n=4).

In 2021-22, some examples of comments indicating lack of qualified applicants include “Fewer applicants than previous years, likely due to the pandemic,” and “Pandemic related reductions in applicants.” Some examples of other comments include, “Nurses said burned out, did not want to start,” and “Students seeking fully online program.”

A series of questions about the impact of the COVID-19 pandemic were added in 2019-20. In 2021-22, 16.6% of RN-to-BSN programs (n=4) either decreased or skipped a cohort. One of the programs reducing a cohort reported decreasing the cohort by 50%.

Table 16. 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	2021- 2022
Accepted students did not enroll	61.5%	60.0%	60.0%	47.1%	63.6%	63.2%	56.5%	79.2%
Lack of qualified applicants*	8.3%	40.0%	33.3%	23.5%	27.3%	21.1%	30.4%	29.2%
Other	7.7%	10.0%	13.3%	5.9%	18.2%	21.1%	8.7%	16.7%
Skipped a cohort	-	-	-	-	-	0.0%	8.7%	8.3%
Decreased an admission cohort	-	-	-	-	-	5.3%	8.7%	8.3%
Challenges converting courses from in-person to online modalities	-	-	-	-	-	0.0%	0.0%	8.3%
Competition/mode*	7.7%	0.0%	26.7%	23.5%	18.2%	21.1%	8.7%	4.2%
Unable to secure clinical placements for all students	7.7%	0.0%	6.7%	0.0%	0.0%	0.0%	0.0%	4.2%
Program revisions*	-	-	6.7%	11.8%	9.1%	5.3%	17.4%	0.0%
College/university / BRN requirement to reduce enrollment	15.4%	10.0%	0.0%	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%	0.0%
Lost funding	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.3%	0.0%
Insufficient faculty	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Concerns about safety of students in clinical rotations	-	-	-	-	-	0.0%	0.0%	0.0%
Concerns about safety of faculty in clinical rotations	-	-	-	-	-	0.0%	0.0%	0.0%
Challenges converting clinicals to virtual simulation	-	-	-	-	-	0.0%	0.0%	0.0%
Challenges converting clinicals to in-person simulation	-	-	-	-	-	0.0%	0.0%	0.0%
Number of Programs Reporting	13	10	15	17	11	19	23	24

*Categories derived from text comments.

RN-to-BSN Student Census

The total number of new and continuing RN-to-BSN students as of October 15, 2022 was 2,575. 29.7% of those students (n=764) were in private programs, and 70.3% (n=1,811) were in public programs.

Table 17. Student Census Data, RN-to-BSN Programs by academic year

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Public programs	2,624	2,624	2,194	2,536	3,073	2,224	2,298	1,929	2,474	-	1,811
Private programs	1,467	1,467	1,242	873	3,356	4,430	3,821	2,668	2,929	-	764
Total	4,091	4,091	3,436	3,409	6,429	6,654	6,119	4,597	5,403	-	2,575

RN-to-BSN Student Completions

The number of students that completed an RN-to-BSN program in California increased up until 2017-18 and then started to drop, hitting 1,939 completions in 2021-22.

Private programs have had a greater share of RN-to-BSN completions than public programs for the past seven years—peaking at 72.2% of all completions in 2019-20. Some of this increase is due to the inclusion of a very large program that had not reported data prior to 2015-2016. By 2021-22, the proportion of private school completions had dropped to 69.0% of all completions (n=1,338).

Table 18. RN-to-BSN student completions by public/private by academic year

	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Public programs	796	1,097	1,174	1,076	1,386	1,549	874	998	828	601
Private programs	1,030	675	671	1,357	1,748	2,126	2,236	2,597	1,439	1,338
Total student completions	1,826	1,772	1,845	2,433	3,134	3,675	3,110	3,595	2,267	1,939

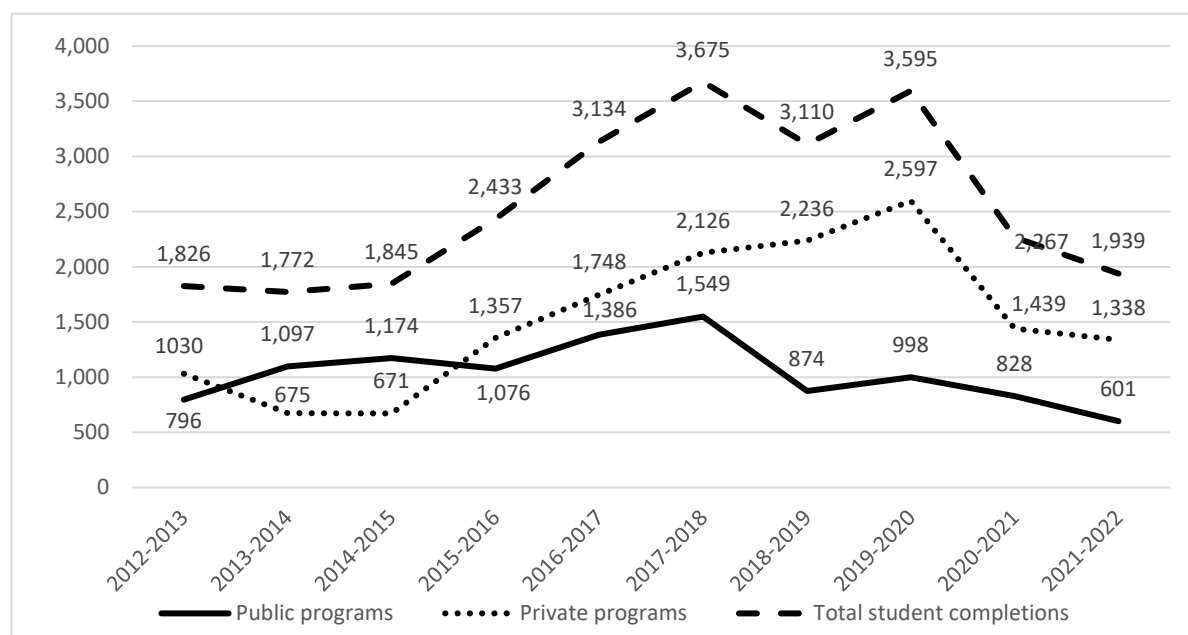


Figure 9. RN-to-BSN program completions by academic year

Of these 1,939 completions, 1,453 were enrolled in a standard post-licensure BSN (RN-to-BSN) program, and 486 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 19. RN-to-BSN student completions program type by academic year

	2012-2013*	2013-2014*	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Standard post-licensure BSN (RN-to-BSN),	-	1,563	1,606	2,232	2,907	3,336	2,770	3,238	1,669	1,453
Specific post-licensure program (e.g., California Collaborative Model for Nursing Education)	-	121	65	201	227	339	340	357	598	486
Unknown	-	88	174	0	0	0	0	0	0	0
Total student completions	1,826	1,772	1,845	2,433	3,134	3,675	3,110	3,595	2,267	1,939

The majority of RN-to-BSN completions over the last decade have been people of color, primarily Hispanic and Asian. While the proportion of Hispanic enrollees has increased over time, the overall proportion of ethnic minority completions has varied.

Table 20. Ethnic distribution of RN-to-BSN completions by academic year

	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Native American	0.2%	0.6%	0.5%	0.5%	0.6%	0.8%	0.5%	0.6%	0.5%	0.3%
Asian/Pacific Islander subtotal	28.0%	32.3%	34.8%	27.4%	26.4%	24.5%	24.8%	25.6%	28.3%	32.0%
<i>South Asian</i>	0.7%	0.9%	2.8%	0.4%	0.5%	0.5%	0.3%	1.0%	3.3%	3.6%
<i>Filipino</i>	2.8%	4.5%	6.3%	3.2%	1.9%	1.9%	3.0%	2.0%	3.8%	2.8%
<i>Hawaii</i>	1.4%	0.7%	1.6%	2.1%	1.9%	2.2%	2.8%	1.8%	1.1%	1.1%
<i>Other Asian</i>	23.2%	26.2%	24.1%	21.7%	22.1%	19.9%	18.8%	20.9%	19.5%	23.7%
<i>Other Pacific Islander</i>	0.0%	-	-	-	-	-	-	-	0.8%	0.8%
African American	10.9%	9.6%	5.8%	5.3%	6.1%	5.4%	6.0%	6.3%	6.0%	5.0%
Hispanic	23.8%	23.7%	26.5%	24.6%	23.5%	27.4%	26.9%	26.9%	35.2%	33.8%
Multi-race	2.7%	3.5%	2.6%	5.4%	4.9%	4.7%	4.6%	4.7%	4.3%	5.8%
Other	2.2%	1.3%	1.7%	0.4%	0.3%	0.6%	0.8%	0.3%	0.6%	0.6%
White	32.1%	28.9%	28.1%	36.3%	38.2%	36.6%	36.4%	35.6%	25.2%	22.5%
Total	1,317	1,445	1,284	2,236	2,970	3,478	2,894	3,240	1,999	1,762
Ethnic Minorities**	67.9%	71.1%	71.9%	63.7%	61.8%	63.4%	63.6%	64.4%	74.8%	77.5%
# Unknown/unreported	445	327	561	197	164	197	216	355	268	177

While most RN-to-BSN completions are female, the proportion of male completions has increased over the last ten years.

Table 21. Gender distribution of RN-to-BSN completions by academic year

	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-21	2021-2022
Male	12.7%	12.7%	15.2%	13.8%	15.2%	14.3%	16.3%	16.5%	15.9%	19.4%
Female	87.3%	87.3%	84.8%	86.2%	84.8%	85.7%	83.7%	83.5%	83.2%	80.6%
Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.9%	0.0%
Total	1,799	1,638	1,358	2,429	3,125	3,682	3,093	3,563	2,188	1,826
# Unknown/unreported	27	134	0	4	9	0	17	32	79	113

In 2021-22, the proportion of completions 30 years of age and younger has risen to 47.7% while those over forty years of age comprise 18.4% of completions.

Table 22. Age distribution of RN-to-BSN completions by academic year

	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
17 – 20 years	1.3%	0.0%	0.0%	0.0%	0.0%	0.7%	0.0%	3.0%	0.8%	0.5%
21 – 25 years	7.4%	12.0%	14.4%	7.6%	8.6%	8.9%	8.5%	7.0%	14.1%	17.7%
26 – 30 years	25.3%	28.0%	35.4%	24.6%	21.8%	21.0%	20.5%	22.8%	31.6%	29.6%
31 – 40 years	32.9%	32.1%	34.3%	38.0%	38.2%	34.8%	37.4%	35.0%	32.0%	33.9%
41 – 50 years	21.1%	19.3%	11.7%	20.7%	21.6%	22.5%	22.9%	22.1%	15.5%	12.9%
51 – 60 years	10.9%	7.8%	4.2%	8.4%	9.0%	11.1%	9.8%	8.9%	5.4%	5.2%
61 years and older	1.1%	0.9%	0.1%	0.7%	0.8%	0.9%	1.0%	1.2%	0.6%	0.3%
Total	1,491	1,458	1,312	2,316	3,041	3,659	2,970	3,302	1,721	1,737
# Unknown/unreported	335	314	533	117	93	16	140	293	546	202

Summary of RN-to-BSN program data

The number of RN-to-BSN programs has remained the same for the last three years. For the sixth year in a row, there were more private than public programs. The number of admission spaces reported decreased, and the number of reported enrollments decreased to a ten year low in 2021-22. The number admitted was the second lowest in the last ten years—only a little above the number admitted in 2012-13.

This year, like last year, the number of admission spaces far exceeds the number of new student enrollments, with 47.5% of spaces unfilled, even discounting several online programs with no enrollment cap.

More than half (55.8%, n=24) of programs reported that they had enrolled *fewer* students this year compared to last year. The most common reasons given were that accepted students did not enroll and that there was a lack of qualified applicants. Some respondents (16.6%, n=4) reported that they either decreased or skipped a cohort as a result of the pandemic.

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 2021-2022, 38 schools that offered a Master's degree program responded to this survey. The number of Master's degree programs has increased by two since 2011-12. Overall, the number of MSN programs has grown by approximately six percent over the last decade.

Half (50.0%) of reported programs in 2021-22 are private. Prior to 2016-17, most master's degree programs reported were in public colleges and universities.

Table 23. Number of Master's degree programs by academic year

	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2021-2022	2021-2022
Public	46.2%	52.8%	54.3%	54.3%	50.0%	50.0%	48.6%	48.6%	48.8%	50.0%
count	18	19	19	19	19	19	17	18	20	19
Private	53.8%	47.2%	45.7%	45.7%	50.0%	50.0%	51.4%	51.4%	51.2%	50.0%
count	21	17	16	16	19	19	18	19	21	19
Number of programs reporting	39	36	35	35	38	38	35	37	41	38

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

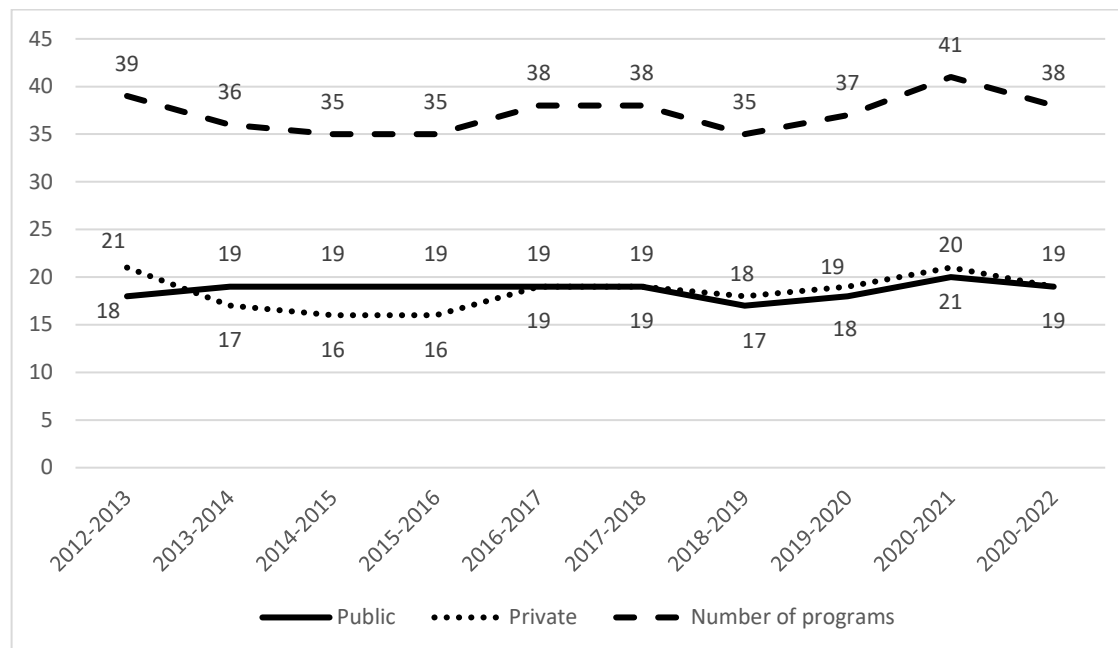


Figure 10. Number of MSN programs by academic year

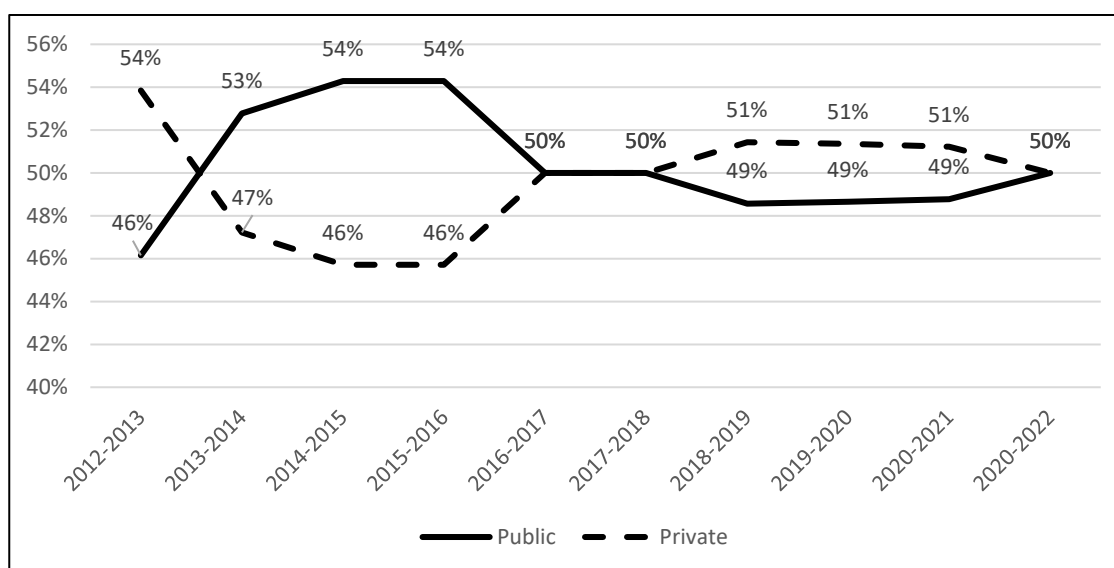


Figure 11. Percent of public and private MSN programs by academic year

MSN Program Characteristics

In 2021-22, as in all prior years, the BSN to MSN was the most commonly offered type of master's degree program. These percentages have varied, but there doesn't seem to be any pattern over the years. In 2020-21, five of these programs offered a BSN to MSN and one also offered a Diploma RN to MSN and an ADN to MSN. Seven programs did not provide a program type.

Table 24. MSN program type by academic year

	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Diploma-RN to MSN	2.9%	2.9%	5.3%	10.5%	5.9%	10.5%	12.2%	3.2%
ADN to MSN	20.6%	17.6%	15.8%	18.4%	20.6%	18.4%	17.1%	22.6%
BSN to MSN	82.4%	79.4%	81.6%	84.2%	82.4%	86.8%	87.8%	90.3%
Other	26.5%	32.4%	26.3%	18.4%	23.5%	21.1%	17.1%	29.0%
Programs Responding	34	34	38	38	34	38	41	31

In 2021-22, the hybrid (online and in-person) format was the most commonly selected mode of delivery. The use of this format has increased over the last ten years. While full-time programming was the most commonly selected format in 2021-22, it experienced a steep decline after 2019-20. The use of distance/online education peaked in 2014-15, but has since declined. This may be due to the addition of the answer choice “hybrid on-line/in-person” in 2013-14, which may better capture the type of learning most programs were implementing, which includes online education. The use of the hybrid/in-person mode peaked in 2020-21, possibly due to health and safety concerns during the pandemic. The use of traditional and evening formats has decreased over time. Earlier modes such as contract education and extended campus are not reflected in this table since these categories were not included after 2013-14.

Table 25. MSN program delivery formats and modes by academic year

	2012- 2013	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022
Hybrid Online/In-Person	-	0.0%	40.6%	45.5%	50.0%	44.4%	59.4%	42.9%	64.9%	64.7%
Part-time Program	48.7%	40.0%	31.3%	27.3%	41.2%	38.9%	59.4%	57.1%	37.8%	44.1%
Full-time Program	61.5%	57.1%	68.8%	81.8%	70.6%	72.2%	87.5%	80.0%	59.5%	38.2%
100% In-person	-	-	-	-	-	-	-	-	40.5%	35.3%
Distance Education/ Online	20.5%	28.6%	46.9%	45.5%	32.4%	30.6%	28.1%	28.6%	29.7%	20.6%
Evening Program	35.9%	28.6%	31.3%	15.2%	17.6%	11.1%	6.3%	5.7%	2.7%	5.9%
Other	5.1%	0.0%	0.0%	6.1%	2.9%	8.3%	3.1%	8.6%	2.7%	2.9%
Traditional Program	59.0%	-	53.1%	39.4%	35.3%	44.4%	31.3%	25.7%	-	-
Weekend Program	20.5%	20.0%	18.8%	9.1%	11.8%	16.7%	15.6%	14.3%	8.1%	0
Number of programs	39	35	32	33	34	36	32	35	37	34

*The wording for this answer choice was changed to “100% on-line” in 2020-21, so categories may not be directly comparable.

In 2021-22, the majority of MSN programs (68.4%, n=26) offered a nurse practitioner track and/or some other track (60.5%, n=23). Only one MSN program offered a CRNA program.

Other programs mentioned in text comments were nursing education (42.1%, n=16), leadership (28.9%, n=11), administration (15.8%, n=6), and informatics, school nursing, and public health (each 5.3%, n=2).

Table 26. MSN program tracks offered

	Percent	Number
Clinical Nurse Specialist (CNS)	28.9%	11
Nurse Practitioner (NP)	68.4%	26
Certified Nurse Midwife (CNM)	5.3%	2
Clinical Registered Nurse Anesthetist (CRNA)	2.6%	1
Other track	60.5%	23
Total		38

Between August 1, 2021 and July 31, 2022, 36.8% (n=14) of 38 MSN programs offered a post-graduate NP certificate.

In 2021-22, 62.5% (n=15) of the 26 MSN programs that reported offering an NP track offered didactic courses online. In addition, 23.1% (n=6) of the 26 MSN programs that reported offering an NP track enrolled out-of-state online students between August 1, 2021 and July 31, 2022.

Over the last ten years, the majority of MSN programs were accredited by the Commission on Collegiate Nursing Education (CCNE). Three programs reported accreditation from the Council of Nurse Anesthesia Educational Programs (COA). Two programs reported accreditation from the Accreditation Commission for Midwifery Education (ACME). Only one program reported accreditation from the Accreditation Commission for Education in Nursing (ACEN). No programs reported accreditation from the Commission for Nursing Education Accreditation (CNEA).

Table 27. MSN Program accreditation

	2012- 2013	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022
ACEN (Accreditation Commission for Education in Nursing)	5.1%	5.7%	3.0%	2.9%	2.9%	3.0%	3.1%	0.0%	0.0%	3.0%
CCNE (Commission on Collegiate Nursing Education)	76.9%	94.3%	93.9%	91.2%	88.6%	97.0%	90.6%	94.3%	92.1%	93.9%
CNEA (Commission for Nursing Education Accreditation)	7.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Council on Accreditation of Nurse Anesthesia Educational Programs (COA)	-	-	-	8.8%	8.6%	6.1%	3.1%	2.9%	0.0%	9.1%
Accreditation Commission for Midwifery Education (ACME)	-	-	-	5.9%	5.7%	3.0%	3.1%	2.9%	2.6%	6.1%
Other	0.0%	0.0%	9.1%	8.8%	8.6%	3.0%	12.5%	2.9%	7.9%	9.1%
None	0.0%	0.0%	0.0%	2.9%	2.9%	0.0%	0.0%	2.9%	5.3%	0.0%
Programs responding	39	35	33	34	35	33	32	35	38	33

MSN Applications, Admissions, and Enrollments

In 2020-21 and 2021-22, the number of qualified applicants was not requested, so this table has been revised to reflect the total number of applicants rather than the number of qualified applicants. The number of applicants admitted, and the number of applicants enrolled, has increased over the last decade until 2021-22.

The number of applications received by Master's degree programs, both public and private, increased to a ten-year high of 7,367 applications in 2020-21, and then dropped off in 2021-22. The percent of those who were admitted who enrolled hit a ten year low this year at 44.9%.

Table 28. Applications for admission to MSN degree programs by academic year

	2012- 2013	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022
Applications*	4,912	4,686	3,938	4,400	5,972	5,517	4,244	6,278	7,367	4,986
Admitted	2,353	2,427	2,273	2,979	3,223	3,827	3,217	4,597	5,295	3,028
Enrolled	2,274	2,211	2,133	2,307	2,769	3,544	3,007	3,981	5,410	2,238
# Not admitted	4,990	2,259	1,665	1,421	2,749	1,690	1,027	1,681	2,072	1,958
# Not enrolled	2,637	2,475	1,805	2,093	3,203	1,973	1,237	2,297	1,957	2,748
% Applications admitted	52.8%	51.8%	57.7%	67.7%	54.0%	69.4%	75.8%	73.2%	71.9%	60.7%
% of those admitted who enrolled	96.6%	91.1%	93.8%	77.4%	85.9%	92.6%	93.5%	86.6%	102.2%	73.9%

*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.

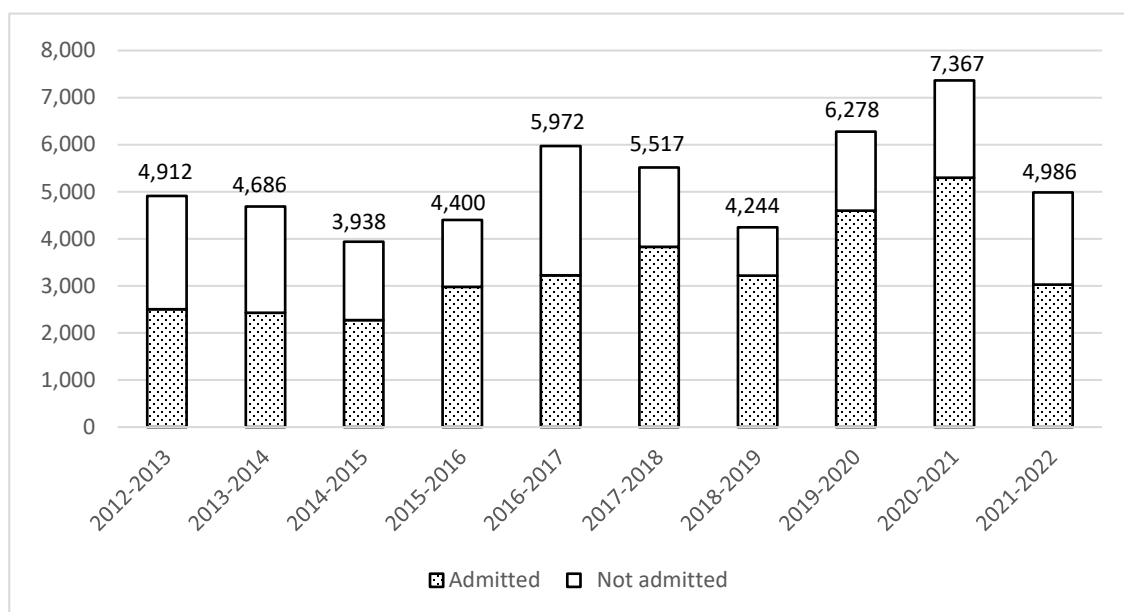


Figure 12. Applications by academic year, MSN programs

New student enrollment grew considerably over the past decade, reaching a 10-year high of 5,410 in 2020-21. However, this number dropped by 58.6% in 2021-22 to 3,721.

Admission spaces also reached a 10-year high of 6,980 in 2020-21, and then dropped 46.7% in 2021-22 to 3,721.

Twenty-nine of thirty-eight programs (76.3%) reported more admission spaces than new enrollments this year.

Table 29. Availability and utilization of MSN admission spaces by academic year

	2012- 2013	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022
Spaces available*	2,180	2,856	2,440	3,969	3,464	4,434	4,029	4,740	6,980	3,721
New student enrollments	2,274	2,211	2,133	2,307	2,769	3,544	3,007	3,981	5,410	2,238
% Spaces filled with new student enrollments	104.3%	77.4%	87.4%	58.1%	79.9%	79.9%	74.6%	84.0%	77.5%	60.1%

*Three programs did not report admission spaces, applicants, or new enrollments, and one reported a very large number of admission spaces intended to indicate “no cap” due to the online format of the program (999). 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.

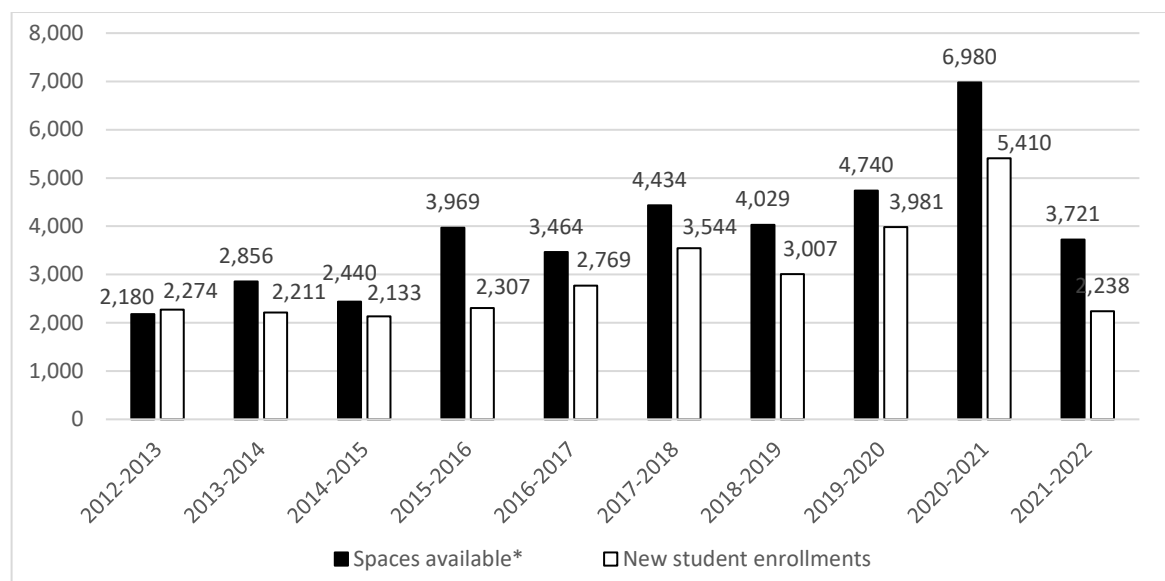


Figure 13. Availability and utilization of admission spaces, Master's degree programs, by academic year

After reaching a ten-year high of 5,410 in 2020-21, enrollment declined considerably in 2021-22 to 2,238.

While private program enrollments overall grew by 30.0% (363) over the last decade, public program enrollments declined by 39.4% (n=433). In 2021-22, 70.2% of new Master's degree students (n=1,571) enrolled in private programs.

Table 30. MSN new student enrollments by academic year

	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
New student enrollment	2,274	2,211	2,133	2,307	2,769	3,544	3,007	3,981	5,410	2,238
Public	1,066	1,071	909	1,001	990	924	733	801	941	667
Private	1,208	1,140	1,224	1,306	1,779	2,620	2,274	3,180	4,469	1,571

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

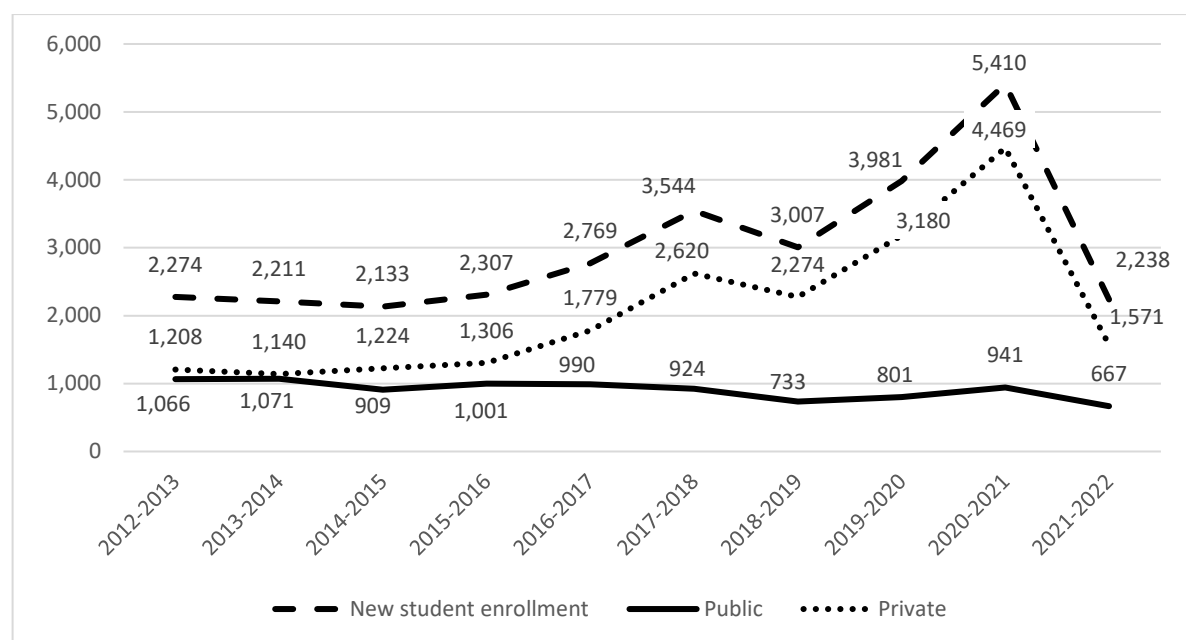


Figure 14. New student enrollment, MSN programs, by academic year

Nurse practitioners were the largest share of enrollments from Master's degree programs from 2012-13 through 2021-22, accounting for over a half of all enrollments, except in 2018-19 when they accounted for only 35.6% of enrollments (n=1,061).

In 2020-21, this question was simplified to reflect only major APRN categories and "other". Therefore, it is not possible to trend other popular program tracks or specialty areas like nursing education or nursing administration. Amongst APRN categories, the proportion of clinical nurse specialists and certified registered nurse anesthetists have declined, while the proportion of nurse practitioners and certified nurse midwives have fluctuated.

"Other" fields made up 23.4% of completions (n=518), and included nursing education, nursing administration, school nurse, nurse generalist, nursing informatics, various leadership categories, and miscellaneous other categories.

Table 31. MSN new student enrollments by program track or specialty area by academic year

	2012- 2013	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022
Nurse Practitioner	55.0%	56.3%	61.7%	47.8%	44.0%	52.7%	35.6%	60.1%	66.9%	75.0%
Nurse Generalist	1.0%	3.0%	4.3%	8.7%	8.3%	3.8%	12.3%	5.0%	-	-
Nursing Science & Healthcare Leadership	1.3%	0.0%	1.2%	1.3%	1.1%	0.8%	2.7%	1.2%	-	-
Other / unknown	4.8%	5.1%	1.7%	9.8%	12.4%	4.1%	3.3%	3.5%	29.8%	23.4%
Nursing Education	8.0%	4.9%	3.7%	14.6%	16.4%	13.0%	15.3%	12.1%	-	-
Clinical Nurse Specialist	6.7%	5.2%	5.5%	4.2%	3.2%	1.1%	1.5%	2.2%	2.0%	2.6%
Nursing Administration	4.1%	4.0%	2.3%	5.9%	3.3%	15.9%	16.2%	9.7%	-	-
Certified Nurse Midwife	0.7%	0.8%	1.0%	0.7%	0.7%	0.7%	0.5%	0.5%	0.7%	0.5%
Certified Registered Nurse Anesthetist	4.0%	4.1%	3.8%	3.9%	2.1%	2.6%	0.9%	0.7%	0.6%	1.1%
School Nursing	2.1%	2.2%	2.7%	1.5%	1.8%	1.8%	8.6%	2.8%	-	-
Clinical Nurse Leader	11.2%	12.7%	10.9%	0.0%	3.1%	0.0%	0.0%	0.0%	-	-
Case Management	0.3%	0.1%	0.0%	0.3%	0.0%	0.0%	0.0%	0.1%	-	-
Community Health/Public Health	0.5%	1.0%	0.3%	0.4%	0.4%	0.6%	0.1%	0.1%	-	-
Nursing Informatics	-	0.7%	0.6%	0.0%	2.7%	2.5%	2.9%	2.0%	-	-
Ambulatory care	-	-	0.0%	0.6%	0.1%	0.3%	0.0%	0.0%	-	-
Health Policy	0.3%	-	0.3%	0.4%	0.2%	0.1%	0.1%	0.1%	-	-
Total Student Completions	2,399	2,149	2,053	2,253	2,812	3,084	2,978	3,987	4,408	2,281
Unknown Track*	(125)	62	80	54	(43)	460	29	(6)	1,002	26
Students enrolled in a double major	60	45	24	51	70	95	38	50	42	58

*In some cases, the sum of students by program track was greater than the overall sum of new enrollments provided.

In 2021-22, respondents were asked to break out their MSN new student enrollments by demographic categories and track. Nurse practitioner (NP) was the track with the most ethnic minorities, but no track was majority White this year.

Totals for the demographic categories do not sum to the total number of new enrollments reported by track because approximately 17 schools provided race/ethnicity totals that did not sum to their overall enrollment totals.

Table 32. Ethnic distribution of MSN new enrollments by track, 2021-2022

	Nurse Practitioner (NP)	Certified Nurse Midwife (CNM)	Certified Registered Nurse Anesthetist (CRNA)	Other Track
Native American	0.4%	0.0%	0.0%	0.9%
Asian/Pacific Islander subtotal	34.5%	33.3%	26.1%	40.2%
<i>South Asian</i>	2.8%	0.0%	26.1%	1.5%
<i>Filipino</i>	2.8%	0.0%	0.0%	5.2%
<i>Hawaiian</i>	2.0%	0.0%	0.0%	3.0%
<i>Other Asian</i>	25.5%	33.3%	0.0%	29.3%
<i>Other Pacific Islander</i>	1.3%	0.0%	0.0%	1.2%
African American	9.6%	11.1%	13.0%	11.3%
Hispanic	21.2%	11.1%	13.0%	0.0%
Multi-race	4.1%	11.1%	8.7%	4.6%
Other	0.6%	0.0%	0.0%	3.0%
White	29.8%	33.3%	39.1%	39.9%
Total*	1,579	9	23	328
Percent ethnic minorities	70.2%	66.7%	60.9%	60.1%
Unknown/Unreported	81	2	1	202
Number of programs reporting **	24	2	1	20
Programs offering this track	26	2	1	25

*Some enrollments may be double-counted because fifty-eight students were enrolled in more than one track.

**Programs reporting one or more new students enrolled. In some cases, no new students were enrolled because the program was on teach-out.

The majority of all MSN enrollments in all tracks were female.

Table 33. Gender distribution of MSN new enrollments by track, 2021-2022

	Nurse Practitioner (NP)	Certified Nurse Midwife (CNM)	Certified Registered Nurse Anesthetist (CRNA)	Other Track
Male	19.0%	0.0%	33.3%	14.4%
Female	81.0%	100.0%	66.7%	85.6%
Other	0.1%	0.0%	0.0%	0.0%
Total	1,634	10	24	480
Unknown/Unreported	26	1	-	50
Number of programs reporting**	23	2	1	21
Programs offering this track	26	2	1	25

*Some enrollments may be double-counted because fifty-eight students were enrolled in more than one track.

**Programs reporting one or more new students enrolled. In some cases, no new students were enrolled because the program was on teach-out

CRNAs were the youngest group, with 100% (n=15) of new enrollments under the age of 31. More than half of NP and “Other Track” enrollees were over 30 years of age, although the largest proportion were between 31 and 40 years of age.

Table 34. Age distribution of MSN new enrollments by track, 2021-2022

	Nurse Practitioner (NP)	Certified Nurse Midwife (CNM)	Certified Registered Nurse Anesthetist (CRNA)	Other Track
17–20 years	0.0%	0.0%	0.0%	0.0%
21–25 years	8.3%	28.6%	6.7%	7.8%
26–30 years	25.0%	28.6%	93.3%	18.7%
31–40 years	42.6%	28.6%	0.0%	42.7%
41–50 years	17.1%	0.0%	0.0%	21.8%
51–60 years	5.4%	14.3%	0.0%	8.0%
61 years and older	1.5%	0.0%	0.0%	1.1%
Total	1,529	7	15	450
#Unknown/unreported	186	3	-	27
Number of programs reporting**	24	2	1	21
Programs offering this track	26	2	1	25

*Some enrollments may be double-counted because fifty-eight students were enrolled in more than one track.

**Programs reporting one or more new students enrolled. In some cases, no new students were enrolled because the program was on teach-out.

Twenty-three programs out of 38 current programs (60.5%) reported that they had enrolled fewer students in 2021-22 than in the prior year. Public programs were more likely than private programs to report enrolling fewer students (68.4%, n=13), but more than half of private programs also reported enrolling fewer students (52.6%, n=10). A program-by-program comparison of 2021-22

MSN enrollment numbers with 2020-21 enrollment numbers reveals that 58.3% of 38 ongoing programs (n=21) enrolled fewer students this year than last.

The plurality reported that this resulted from accepted students not enrolling (45.0%, n=9). This is much lower than in prior years. Thirty-five percent (n=7) 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 2021-22 include “Nurses state burnt out and don’t want to start,” “Pandemic-related challenges,” and “students cited difficulties related to COVID-19 and work requirements.” Twenty-five percent of schools cited lack of qualified applicants (ex: “Fewer students applied than in past years, likely due to the pandemic.”

Only one program reported skipping a cohort due to the pandemic, and two reported decreasing cohorts. One program cited pandemic-related concerns about safety of faculty in clinical rotations as a reason for fewer students enrolling.

Table 35. Reasons for enrolling fewer MSN students by academic year

	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022
Accepted students did not enroll	64.7%	78.6%	75.0%	52.9%	58.3%	62.5%	70.0%	45.0%
Other	11.8%	28.6%	12.5%	11.8%	25.0%	18.8%	25.0%	35.0%
Lack of qualified applicants*	29.4%	28.6%	12.5%	47.1%	8.3%	25.0%	5.0%	25.0%
Decreased an admission cohort	-	-	-	-	-	6.3%	0.0%	10.0%
Unable to secure clinical placements for all students	5.9%	7.1%	6.3%	5.9%	8.3%	6.3%	5.0%	5.0%
Insufficient faculty	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5.0%
Skipped a cohort	-	-	-	-	-	0.0%	5.0%	5.0%
Concerns about safety of faculty in clinical rotations	-	-	-	-	-	0.0%	0.0%	5.0%
Competition/mode*	-	-	-	-	-	6.3%	5.0%	0.0%
Program revisions*	0.0%	-	6.3%	5.9%	8.3%	18.8%	15.0%	0.0%
College/university /requirement to reduce enrollment	0.0%	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%	0.0%
Lost funding	5.9%	7.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Concerns about safety of students in clinical rotations	-	-	-	-	-	0.0%	0.0%	0.0%
Challenges converting courses from in-person to online modalities	-	-	-	-	-	0.0%	0.0%	0.0%
Challenges converting clinicals to virtual simulation	-	-	-	-	-	0.0%	0.0%	0.0%
Challenges converting clinicals to in-person simulation	-	-	-	-	-	0.0%	0.0%	0.0%
All Reporting	17	14	16	17	12	16	20	20

*Categories derived from text comments.

MSN Student Completions

The number of students that completed a Master's degree program in California has increased by 11.9% (n=210) in the last decade, reaching a ten-year high of 3,008 students in 2020-2021. Growth over this period is due to the large number of completions from private programs (55.8% growth, n=470). Public programs have experienced a decline of 28.1% since 2012-2012 (n= -260).

Table 36. MSN student completions by academic year

	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Public programs	920	933	911	852	870	921	630	871	742	664
Private programs	842	1,006	1,072	789	1,216	1,385	1,440	1,528	2,266	1,312
Total student completions	1,762	1,939	1,983	1,641	2,086	2,306	2,070	2,399	3,008	1,976

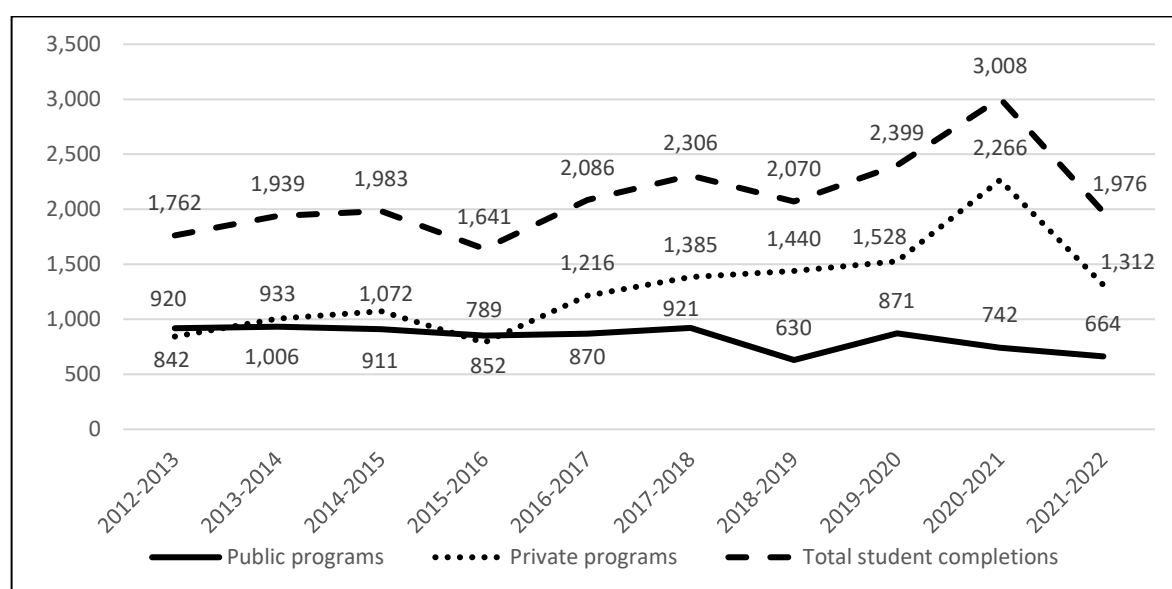


Figure 15. MSN program completions by academic year

Nurse practitioners were the largest share of graduates from Master's degree programs in 2021-22, accounting for over a half of all graduates (57.9%).

In 2020-21, this question was simplified to reflect only major APRN categories and "other". Therefore, it is not possible to trend other popular program tracks or specialty areas like nursing education or nursing administration. Amongst APRN categories, the proportion of certified registered nurse anesthetists has gone down. There was an increase in the proportion of clinical nurse specialists this year after a multi-year decline. The proportion of nurse practitioners and certified nurse midwives has fluctuated.

"Other" fields made up 26.2% of completions (n=518), and included nursing education, nursing administration, school nurse, nurse generalist, nursing informatics, various leadership categories, and miscellaneous other categories.

Table 37. MSN student completions by program track or specialty area by academic year

	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Nurse Practitioner	55.0%	53.4%	57.8%	52.8%	51.3%	54.3%	47.2%	50.5%	51.8%	57.9%
Nursing Education*	9.4%	7.8%	3.7%	13.9%	11.2%	11.0%	14.2%	12.3%	-	-
Nursing Administration*	7.1%	4.5%	4.2%	5.4%	5.3%	13.2%	10.0%	16.0%	-	-
Other specialty	1.0%	0.1%	3.1%	9.0%	9.4%	5.9%	6.3%	4.9%	45.6%	26.2%
Nurse Generalist	0.2%	1.8%	2.8%	3.7%	1.7%	4.3%	5.8%	4.2%	-	-
Certified Registered Nurse Anesthetist	3.5%	3.9%	4.6%	5.3%	4.1%	3.0%	3.0%	3.0%	0.9%	1.4%
Clinical Nurse Specialist	8.6%	6.4%	6.7%	4.9%	3.4%	3.2%	2.0%	3.2%	2.0%	13.0%
School Nurse*	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*	2.4%	1.2%	1.4%	1.5%	1.2%	1.0%	1.5%	1.3%	-	-
Certified Nurse Midwife	0.9%	0.9%	1.1%	1.1%	0.5%	0.6%	0.9%	0.5%	1.1%	0.9%
Community Health/Public Health*	0.7%	1.0%	0.7%	1.0%	0.8%	0.2%	0.5%	0.2%	-	-
Case Management	2.3%	2.2%	2.5%	0.1%	0.0%	0.1%	0.3%	0.0%	-	-
Ambulatory Care*	0.0%	1.9%	0.0%	0.6%	0.4%	0.3%	0.3%	0.1%	-	-
Clinical Nurse Leader	7.7%	9.4%	9.0%	0.1%	6.0%	0.1%	0.1%	0.0%	-	-
Health Policy*	0.2%	0.0%	0.2%	0.3%	0.3%	0.3%	0.1%	0.3%	-	-
Total Student Completions	1,807	1,939	1,796	2,232	2,907	3,336	2,070	2,399	3,008	1,976

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.

Note: in 2012-2013, the sum of completions by track was greater than the total number of completions reported. This may be due to double majors being counted twice (n=55).

In 2021-22, respondents were asked to break out their MSN student completions by demographic categories and track. Totals for the demographic categories do not necessarily sum to the total number of completions reported.

Nurse practitioner (NP) was the track with the largest share of ethnic minorities at 70.6% (n=1,195). Certified registered nurse anesthetist (CRNA) was the track with the smallest percentage of ethnic minorities (50.0%, n=24).

Table 38. Ethnic distribution of MSN completions by track, 2021-2022

	Nurse Practitioner (NP)	Certified Nurse Midwife (CNM)	Certified Registered Nurse Anesthetist (CRNA)	Other Track
Native American	0.4%	0.0%	0.0%	0.0%
Asian/Pacific Islander subtotal	35.9%	5.9%	20.8%	28.2%
<i>South Asian</i>	5.4%	0.0%	20.8%	0.8%
<i>Filipino</i>	3.3%	0.0%	0.0%	3.9%
<i>Hawaiian</i>	1.3%	0.0%	0.0%	3.1%
<i>Other Asian</i>	25.4%	5.9%	0.0%	19.3%
<i>Other Pacific Islander</i>	0.7%	0.0%	0.0%	1.2%
African American	13.2%	17.6%	4.2%	5.8%
Hispanic	16.6%	23.5%	20.8%	19.9%
Multi-race	4.2%	5.9%	4.2%	6.6%
Other	0.3%	0.0%	0.0%	0.4%
White	29.4%	47.1%	50.0%	39.1%
Total	1,195	17	24	517
Percent ethnic minorities	70.6%	52.9%	50.0%	60.9%
Unknown/Unreported	189	1	3	43
Number of programs reporting	25	2	1	22
Programs offering this track	26	2	1	25

*Some completions may be double-counted because sixty-seven students completed more than one track.

The majority of completions in each track was female. However, the CRNA track had the greatest share of male completions at 51.9% (n=14) while the CNM track had the fewest (0).

Table 39. Gender distribution of MSN completions by track, 2021-2022

	Nurse Practitioner (NP)	Certified Nurse Midwife (CNM)	Certified Registered Nurse Anesthetist (CRNA)	Other Track
Male	17.6%	0.0%	51.9%	12.5%
Female	82.4%	100.0%	48.1%	87.5%
Other	0.0%	0.0%	0.0%	0.0%
Total*	1,275	18	27	560
Unknown/Unreported	(130)	-	-	215
Number of programs reporting	21	1	1	20
Programs offering this track	26	2	1	25

*Some completions may be double-counted because sixty-seven students completed more than one track. Respondents reported more completions broken out by gender than total completions.

The largest share of NP (64.8%, n=753), CNM (72.7%, n=9), CRNA (81.5%, n=22) and “Other Track” (67.2%, n=361) completions were between 31 and 50 years of age.

Table 40. Age distribution of MSN completions by track, 2021-2022

	Nurse Practitioner (NP)	Certified Nurse Midwife (CNM)	Certified Registered Nurse Anesthetist (CRNA)	Other Track
17–20 years	0.1%	0.0%	0.0%	0.0%
21–25 years	2.6%	0.0%	0.0%	2.0%
26–30 years	23.1%	27.3%	18.5%	18.1%
31–40 years	42.2%	54.5%	70.4%	42.5%
41–50 years	22.6%	18.2%	11.1%	24.8%
51–60 years	8.3%	0.0%	0.0%	11.5%
61 years and older	1.1%	0.0%	0.0%	1.1%
Total	1,162	11	27	537
#Unknown/unreported	-17	7	0	238
Number of programs reporting	21	1	1	20
Programs offering this track	26	2	1	25

*Some completions may be double-counted because sixty-seven students completed more than one track.

Individual/family nursing is the most common specialty area for nurse practitioners (NPs), with 61.5% (n=704) of NPs graduating in this specialty area in 2021-2022. Other common specialty areas in 2021-2022 included psychiatry/mental health (18.7%, n=214), and adult/gerontology acute care (7.4%, n=85).

In 2021-22, “other” specialties described by respondents included “MSN-FNP Program Post-Master’s FNP” (n=44), and “PNP + SNSC” (n=1).

Table 41. MSN Nurse Practitioner completions by specialty, level, and academic year

	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Acute care	7.4%	-	-	-	-	-	-	-	-	-
Adult	6.2%	-	-	-	-	-	-	-	-	-
Family	73.1%	-	-	-	-	-	-	-	-	-
Individual/Family	-	66.9%	75.0%	64.5%	64.0%	68.2%	71.9%	68.5%	68.9%	61.5%
Gerontology	1.6%	-	-	-	-	-	-	-	-	-
Adult/ Gerontology primary	-	10.8%	10.3%	12.0%	8.8%	7.6%	8.1%	5.9%	4.5%	3.9%
Adult/ Gerontology acute	-	6.2%	5.3%	6.7%	9.3%	8.6%	6.5%	7.8%	5.8%	7.4%
Neonatal	0.0%	0.2%	0.0%	0.0%	0.1%	0.1%	0.2%	0.5%	0.1%	-
Occupational health*	0.2%	-	-	-	0.2%	0.5%	0.0%	0.1%	-	-
Pediatric	4.4%	-	-	-	-	-	-	-	-	-
Pediatric primary	-	5.3%	5.3%	3.6%	3.0%	3.1%	2.4%	4.5%	1.1%	2.9%
Pediatric acute	-	1.5%	1.8%	1.7%	1.8%	1.0%	1.3%	1.7%	0.7%	0.5%
Psychiatric/mental health	3.5%	4.6%	3.4%	6.5%	6.8%	6.2%	7.3%	7.7%	8.7%	18.7%
Women's health	3.7%	3.3%	2.8%	3.2%	2.1%	2.4%	2.0%	2.7%	1.1%	1.1%
Other	3.0%	1.2%	1.1%	1.7%	0.0%	0.7%	0.3%	0.6%	9.2%	3.9%
Total Number of Nurse Practitioners*	994	1,035	1,015	866	1,070	1,252	978	1,211	1,558	1,145

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.

In 2020-2021, most (96.0%, n=24) of the 25 MSN programs with NP tracks prepared NP graduates to take a national certification exam, and most of those 24 programs (95.8%, n=23) officially tracked the success rate of graduates on the certification exam(s) for NPs.

The most common type of exam taken by MSN NP graduates was the American Academy of Nurse Practitioners Certification Program (AANP) at 91.7% followed by the American Nurses Credentialing Center (ANCC) at 75%.

Table 42. Types of Certification Exams Taken by MSN NP Graduates

	% Of programs	# Of programs
American Association of Critical Care Nurses Certification Corporation (AACN)	12.5%	3
American Academy of Nurse Practitioners Certification Program (AANP)	91.7%	22
American Nurses Credentialing Center (ANCC)	75.0%	18
The National Certification Corporation (NCC)	8.3%	2
Pediatric Nursing Certification Board (PNCB)	8.3%	2
Total number of programs		24

Summary of MSN program data

There was a decrease in the number of master's programs over the last year, from 41 programs in 2020-21 to 38 programs in 2021-22. Two private MSN programs reported data *this year* that did not report last year. Three private MSN programs that reported data last year did not report data this year, including one that was on teach-out.

There was a large drop-off in the number of admission spaces and enrollments from the prior year (2020-21). However, there has been overall growth in the number admission spaces (50.5%) over the last ten years, but a drop a slight drop in student enrollments (1.6%). Enrollments in public programs have declined 38.1% over the last decade while enrollments in private programs have increased by 31.2%.

In 2021-22, master's programs received 4,986 applications for 3,721 admission spaces, although it is not known if students whose applications were rejected by one school were admitted to a different school. This year, like last year, the number of admission spaces exceeded the number of new student enrollments, with 39.9% of spaces left unfilled.

Despite the number of applications, 60.5% of programs noted that they had enrolled *fewer* students in 2021-22 than they had the prior year, with the most common reason being that accepted students did not enroll. While the pandemic was mentioned a few times in text comments describing "other" reasons for decreased enrollment in 2021-22, few respondents selected any of the series of pandemic-related response categories added this year, although one program noted skipping a cohort due to the pandemic and two reported decreasing cohorts. About 25% of programs provided a text answer that indicated that the reason they enrolled fewer students was a lack of qualified applicants.

Over the last decade, the number of students that completed MSN programs has overall grown by 12%. However, the number of completions dropped by 34.3% in 2021-22 from last year's peak, which was a ten-year high.

Nurse Practitioner (NP) continues to be the most common specialty for students completing a Master's degree, making up almost three quarters of completions. In 2021-22, more 61.5% 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 50.0% (n=6) over the last decade. In 2021-22, there were 18 schools with nursing Doctoral programs in California. Two schools reported new DNP programs in 2021-22, one public and one private, and one public school that reported a DNP program last year did not report a program this year. The number of research-based doctoral programs (PhD) remained the same.

From 2019-20 onward, schools were asked to break their Doctoral programs out by Doctorate of Nursing Practice (DNP) and research-based Doctoral programs (PhD). For the purpose of continuity, a school that had both a DNP and a PhD was counted as having just one Doctoral program in Table 43. Schools reported 18 DNP and seven PhD Doctoral tracks in 2021-22. Seven schools had both a DNP and a nursing PhD and eleven schools had just a DNP.

More than half (61.1%, n=11) of the 18 Doctoral programs reported were in private schools. More than half of the 18 DNP programs were in private schools (61.1%, n=11), but more than half of seven research-based Doctoral programs (PhD) were in public schools (57.1%, n=4).

Table 43. Number of schools with Doctoral degree programs by academic year

All Schools with Doctoral Programs	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Public	50.0%	53.8%	53.9%	46.2%	43.8%	42.9%	30.8%	41.2%	38.9%	38.9%
count	6	7	7	6	7	6	4	7	7	7
Private	50.0%	46.2%	46.2%	53.8%	56.3%	57.1%	69.2%	58.8%	61.1%	61.1%
count	6	6	6	7	9	8	9	10	11	11
Number of programs reporting	12	13	13	13	16	14	13	17	18	18
DNP Programs	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Public	-	-	-	-	-	-	-	37.5%	35.3%	38.9%
count	-	-	-	-	-	-	-	6	6	7
Private	-	-	-	-	-	-	-	62.5%	64.7%	61.1%
count	-	-	-	-	-	-	-	10	11	11
Number of programs reporting	-	-	-	-	-	-	-	16	17	18
PhD Programs	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Public	-	-	-	-	-	-	-	57.1%	57.1%	57.1%
count	-	-	-	-	-	-	-	4	4	4
Private	-	-	-	-	-	-	-	42.9%	42.9%	42.9%
count	-	-	-	-	-	-	-	3	3	3
Number of programs reporting	-	-	-	-	-	-	-	7	7	7

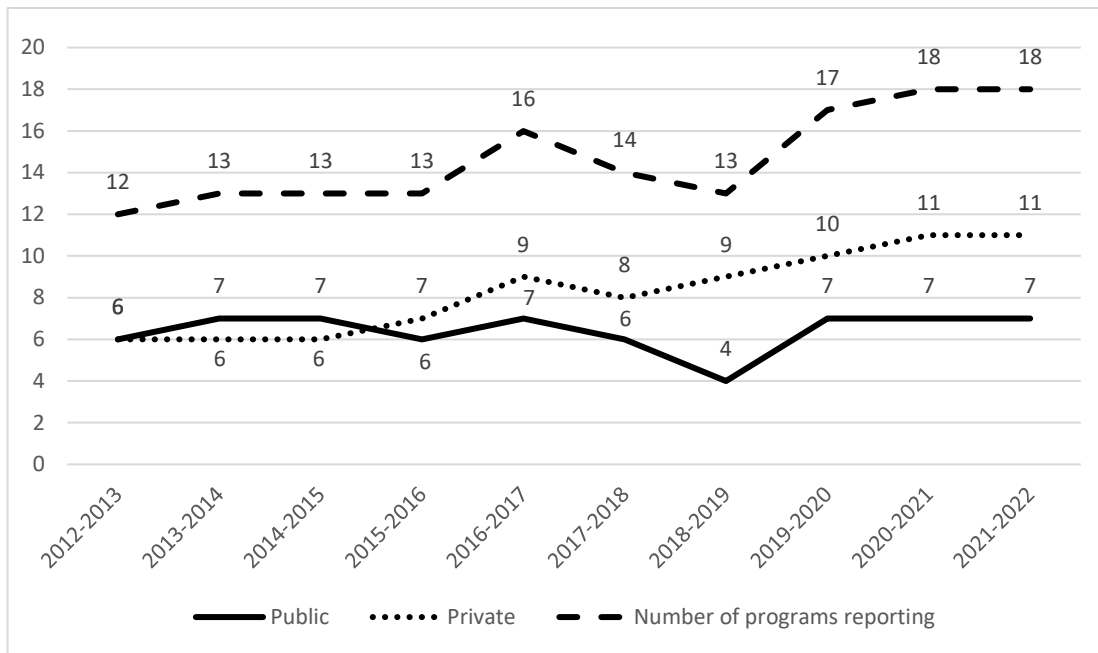


Figure 16. Number of schools with public and private Doctoral programs by academic year

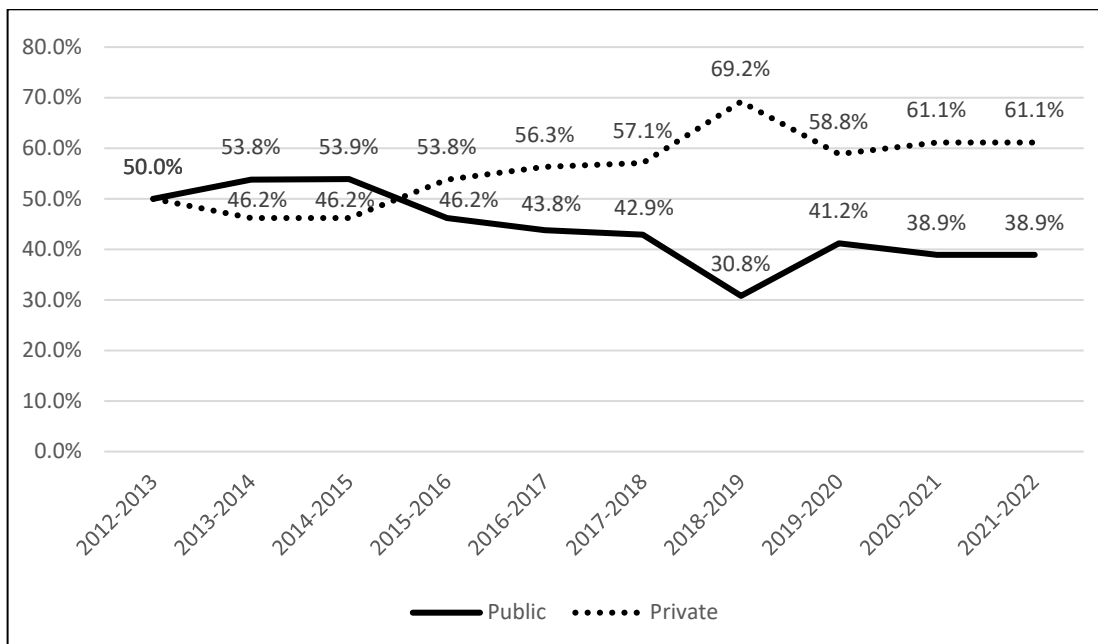


Figure 17. Percent of schools with public and private Doctoral programs by academic year

Doctoral Program Characteristics

In 2021-21, the hybrid online/in-person format was the most commonly selected mode of delivery and full-time was the most commonly selected format. The use of hybrid education peaked in 2020-21, possibly due to health and safety concerns during the pandemic, although the use of 100% online or distance education has decreased. The use of the traditional format has decreased over time. However, the wording for this answer category was changed in 2020-2021 to “100% in-person”, which is not directly comparable. Earlier modes such as contract education and extended campus are not reflected in this table since these categories were not included after 2013-14.

Table 44. Doctoral degree program delivery modes & formats by academic year

	2012- 2013	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022
Full-time Program	-	0.0%	69.2%	63.6%	71.4%	85.7%	100.0%	100.0%	76.5%	77.8%
Hybrid Online/In-Person	-	16.7%	30.8%	27.3%	35.7%	50.0%	53.8%	52.9%	64.7%	61.1%
Part-time Program	-	0.0%	23.1%	27.3%	42.9%	57.1%	53.8%	47.1%	29.4%	33.3%
100% In-person	-	-	-	-	-	-	-	-	5.9%	27.8%
Distance Education/ Online (100%)	23.1%	25.0%	30.8%	27.3%	28.6%	21.4%	46.2%	47.1%	29.4%	27.8%
Other	15.4	8.3%	7.7%	9.1%	21.4%	21.4%	15.4%	5.9%	17.6%	5.6%
Traditional Program*	53.8%	75.0%	61.5%	36.4%	28.6%	35.7%	23.1%	29.4%	-	-
Evening Program	7.7%	8.3%	0.0%	9.1%	0.0%	0.0%	0.0%	5.9%	-	-
Weekend Program	7.7%	0.0%	7.7%	0.0%	7.1%	7.1%	7.7%	5.9%	0.0%	0.0%
Number of programs	13	12	13	11	14	14	13	17	17	18

*The wording for this answer choice was changed to “100% in-person” in 2020-21, so categories may not be directly comparable.

The “-” indicates that this answer category was not provided in the referenced year.

In 2021-22, programs were asked indicate whether they offered an entry-level DNP track, a post-master's DNP track, or both – and to break down delivery formats by track. All DNP programs accepted post-master's level students, and six accepted entry-level students.

This year, only six programs indicated that they had offered entry-level DNP track while 16 indicated a post-master's track. In contrast, in 2020-21, 11 programs indicated that they had an entry-level DNP track and 17 offered a post-master's level track.

In 2021-2022, the majority (83.3%, n=4) of entry-level DNP programs had nurse practitioner tracks, while the majority (75.0%, n=12) of post-master's-level programs were "other" tracks.

Other tracks described in text comments included various types of leadership programs (examples: Population Health Leadership, Healthcare Leadership, Systems Leadership, n=8), no special tracks (n=3), and informatics (n=1).

In addition, 11.1% (n=2) of 18 DNP programs offered a post-graduate NP certificate between August 1, 2021 and July 31, 2022.

Table 45. DNP program tracks offered

	Entry-Level	Post-Master's	Total
CNS	16.7%	0.0%	5.9%
NP	83.3%	31.3%	41.2%
CNM	0.0%	0.0%	0.0%
CRNA	33.3%	0.0%	11.8%
Other	16.7%	75.0%	82.4%
Total	6	16	17

In 2020-2021, 28.6% (n=2) of the seven DNP programs offering an *NP track* reported offering didactic courses online. In addition, 42.9% (n=3) of the seven doctoral programs that reported offering an NP track enrolled out-of-state online students between August 1, 2021 and July 31, 2022.

From 2019-20 onward, the question about delivery modes and formats was further broken down by DNP and PhD categories within the broader umbrella of Doctoral programs. In 2021-22, the DNP category was also broken down by entry-level vs. post-master's track.

Full-time format was offered by the majority of each type of program. Most DNP programs also offered hybrid programming as the mode of delivery.

In 2021-22, the 100% online program delivery mode was more common for post-master's DNP programs (38.9%, n=7). The part-time programming format was more common for entry-level DNP programs (40%, n=2), as was weekend programming (20.0%, n=1).

Table 46. Doctoral degree program delivery modes & formats by academic year and track

	DNP		Entry-Level DNP	Post-Master's DNP	PhD		
	2019-2020	2020-2021	2021-2022		2019-2020	2020-2021	2021-2022
Full-time Program	93.8%	75.0%	80.0%	72.2%	100.0%	71.4%	83.3%
Hybrid Online/In-Person	56.3%	68.8%	80.0%	66.7%	14.3%	14.3%	33.3%
Distance Education/ Online (100%)	50.0%	31.3%	20.0%	38.9%	0.0%	14.3%	16.7%
Part-time Program	43.8%	31.3%	40.0%	22.2%	28.6%	14.3%	16.7%
100% In-person*	(12.5%)	6.3%	20.0%	0.0%	-	0.0%	16.7%
Evening Program	0.0%	-	-	-	14.3%	-	-
Weekend Program	6.3%	0.0%	20.0%	5.6%	0.0%	0.0%	0.0%
Other	6.3%	12.5%	0.0%	5.6%	0.0%	14.3%	0.0%
Number of programs	16	16	5	18	7	7	6

*The wording for this answer choice was changed from "Traditional" to "100% in-person" in 2020-21, so categories may not be directly comparable.

The "-" indicates that this answer category was not provided in the referenced year.

Answer categories do not sum to 100% because programs can select more than one delivery format or mode. Fourteen programs listed both full-time and part-time as delivery formats.

Doctoral Applications, Admissions, and Enrollments

In 2021-22 Doctoral programs received 1,217 applications to their programs—a slight decline from last year. Of these 1,217 applications, 50.2% were accepted for admission, hence 37.7% of all applications were enrolled. In each of the last three years, PhD applicants were more likely than DNP applicants to be admitted. Until this year, the PhD applicants were also more likely to be enrolled.

Starting in 2020-21, the number of qualified applicants was not requested, so this table has been revised to reflect the total number of applicants rather than the number of qualified applicants.

In 2021-22, the number of applicants to Doctoral programs has grown by 155% (n=696) since 2012-13, much higher than the growth in the number of admitted applications (110%, n=268), and enrollments (73%, n=168). Overall, the percent of applications admitted has decreased over the decade.

Table 47. Applications for admission to Doctoral programs by academic year

All Doctoral Programs	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Applications*	521	449	441	550	602	803	960	1,538	1,429	1,217
Admitted	343	244	299	321	372	469	656	773	638	611
New enrollments	291	230	218	236	290	358	413	614	458	459
# Not admitted	178	205	142	229	230	334	304	765	791	606
# Not enrolled	230	219	223	314	312	445	547	924	971	758
% Applications admitted	65.8%	54.3%	67.8%	58.4%	61.8%	58.4%	68.3%	50.3%	44.6%	50.2%
% Admitted enrolled	84.8%	94.3%	72.9%	73.5%	78.0%	76.3%	63.0%	79.4%	71.8%	75.1%
DNP Programs	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Applications*	-	-	-	-	-	-	-	1,411	1,297	1,113
Admitted	-	-	-	-	-	-	-	706	576	555
New enrollments	-	-	-	-	-	-	-	556	413	408
# Not admitted	-	-	-	-	-	-	-	705	721	558
# Not enrolled	-	-	-	-	-	-	-	855	721	721
% Applications admitted	-	-	-	-	-	-	-	50.0%	44.4%	49.9%
% Admitted enrolled	-	-	-	-	-	-	-	78.8%	71.7%	73.5%
PhD Programs	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Applications*	-	-	-	-	-	-	-	127	132	104
Admitted	-	-	-	-	-	-	-	67	62	56
New enrollments	-	-	-	-	-	-	-	58	51	35
# Not admitted	-	-	-	-	-	-	-	60	70	48
# Not enrolled	-	-	-	-	-	-	-	69	81	69
% Applications admitted	-	-	-	-	-	-	-	52.8%	47.0%	53.8%
% Admitted enrolled	-	-	-	-	-	-	-	86.6%	82.3%	62.5%

*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.

*No postlicensure data were available for 2012-2013.

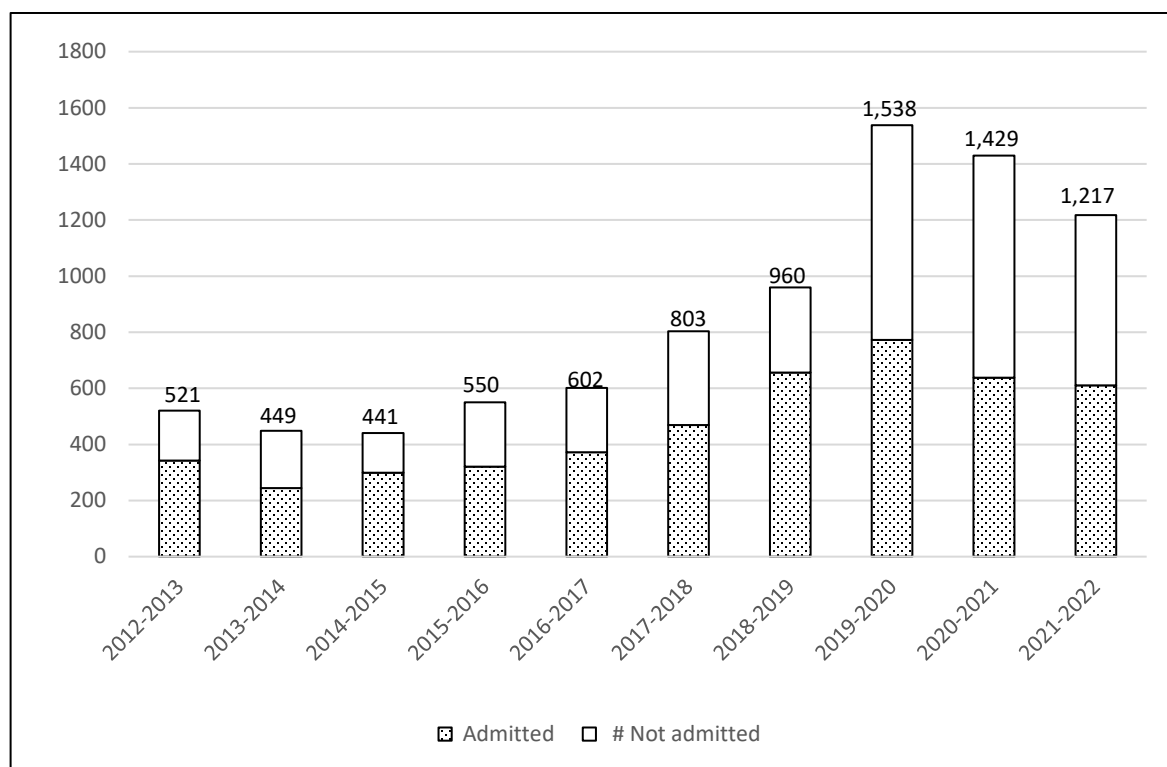


Figure 18. Applicants by academic year, Doctoral programs

Admission spaces available for new student enrollments in Doctoral programs have doubled in the last decade, from 338 in 2012-2013 to 728 in 2021-22.

Starting in 2012-13, there have been more admission spaces available than students enrolled in Doctoral programs. In 2021-22, there were 285 unfilled spaces reported. While 62.2% (n=408) of the DNP spaces were filled, only 48.6% (n=35) of PhD spaces were filled.

Table 48. Availability and utilization of Doctoral admission spaces by academic year

	2012- 2013	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022
Spaces available*	338	372	320	368	394	487	645	836	639	728
<i>DNP spaces</i>	-	-	-	-	-	-	-	738	557	656
<i>PhD spaces</i>	-	-	-	-	-	-	-	98	82	72
New student enrollments	291	230	218	236	290	358	413	614	458	459
<i>DNP enrollments</i>	-	-	-	-	-	-	-	556	413	408
<i>PhD enrollments</i>	-	-	-	-	-	-	-	58	51	35
% Doctoral spaces filled with new student enrollments	86.1%	61.8%	61.9%	64.1%	73.6%	73.5%	64.0%	73.4%	72.6%	60.9%
<i>% DNP spaces filled with new students</i>	-	-	-	-	-	-	-	75.3%	74.1%	62.2%
<i>% PhD spaces filled with new students</i>	-	-	-	-	-	-	-	59.2%	62.2%	48.6%

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

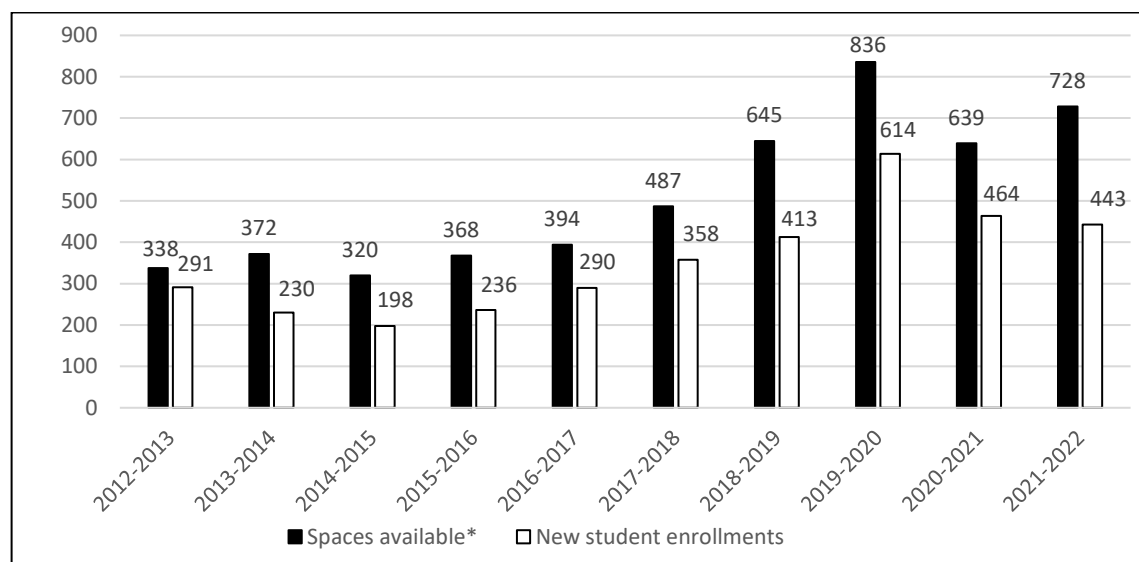


Figure 19. Availability and utilization of admission spaces, Doctoral programs, by academic year

In 2021-22, new student enrollments continued to decline from the ten-year high of 614 in 2019-20. Private program enrollments exceeded public program enrollments, constituting 64.6% of all new enrollments. Private school Doctoral program enrollments have grown by 91.9% (n=114) since 2012-13, while public program enrollments have grown by 10.6% (n=15) in the same period.

Table 49. Doctoral new student enrollment by academic year

All Programs	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
New student enrollment	291	230	198	236	290	358	413	614	464	443
Public	142	93	94	99	140	136	99	182	125	157
Private	149	137	104	137	150	222	314	432	339	286
DNP Programs	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
New student enrollment	-	-	-	-	-	-	-	556	413	408
Public	-	-	-	-	-	-	-	155	97	131
Private	-	-	-	-	-	-	-	401	316	277
PhD Programs	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
New student enrollment	-	-	-	-	-	-	-	58	51	35
Public	-	-	-	-	-	-	-	27	28	26
Private	-	-	-	-	-	-	-	31	23	9

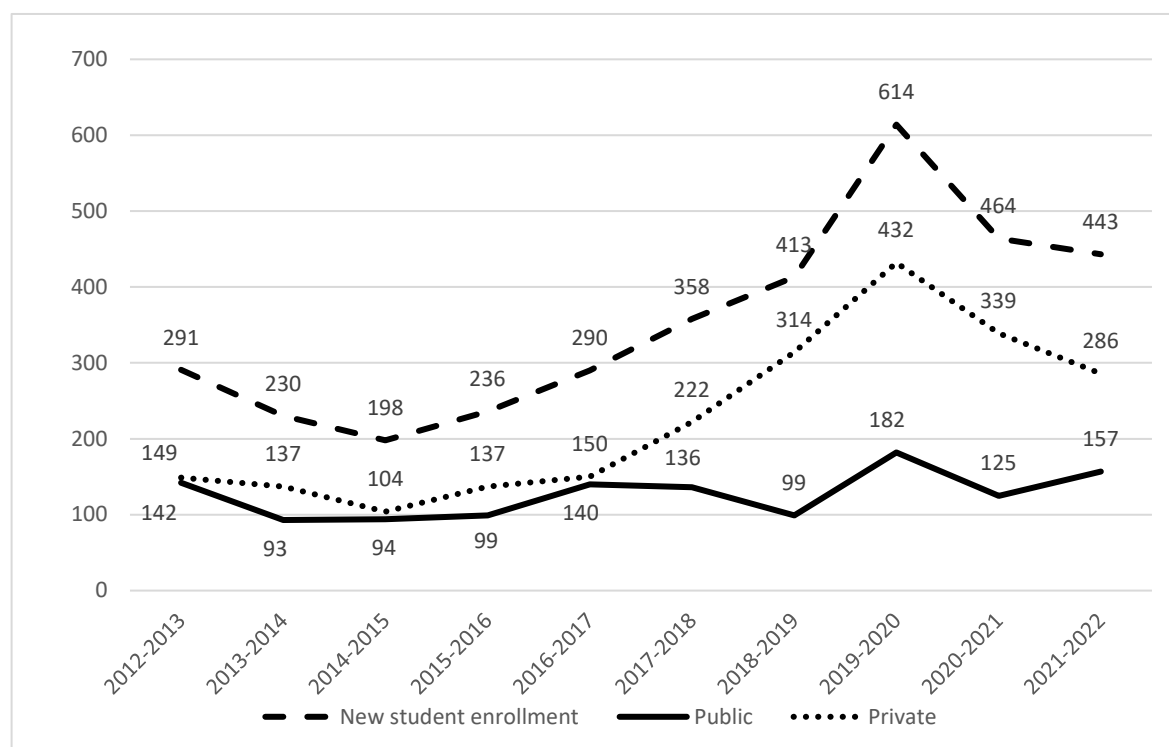


Figure 20. New student enrollment, Doctoral programs, by academic year

Eleven of 18 DNP programs (68.8%) and five of seven PhD programs (71.4%) reported that they had enrolled fewer students in 2021-22 than in the prior year. A program-by-program comparison of 2021-22 DNP enrollment numbers with 2020-21 enrollment numbers revealed that seven, or 43.8% of DNP programs (n=16, two new programs excluded), enrolled fewer students this year than last. A similar comparison of PhD program student enrollments revealed that six of seven (85.7%) PhD programs enrolled fewer students. The discrepancy between reported numbers enrolling fewer and the comparison numbers may be related to the fact that many schools have both types of doctoral programs concurrently.

As in prior years, accepted students not enrolling was the primary reason for enrolling fewer students into doctoral programs (68.8%, n=11).

Two DNP programs and one PhD program (18.8%) reported that the main reason they enrolled fewer students was a lack of qualified, or enough, applicants. This category was derived from text answers such as “Less applicants applied”, and “There were fewer applicants.”

Another two cited general pandemic-related reasons, such as: “Likely COVID-19 impact in reduction of enrollments”, and “Pandemic related challenges”.

One, a DNP program, reported lack of clinical placements as a reason for enrolling fewer students.

Other answers provided in text comments included: “DNP program admissions are on pause for new admissions while we restructure Graduate Nursing curricula” and “Unable to provide stipends from research grant monies”.

Table 50. Reasons for enrolling fewer Doctoral students by academic year

	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022
Accepted students did not enroll	80.0%	75.0%	100.0%	100.0%	100.0%	85.7%	62.5%	68.8%
Lack of qualified applicants*	20.0%	0.0%	33.3%	50.0%	0.0%	0.0%	25.0%	18.8%
To reduce costs	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Pandemic-related**	0.0%	0.0%	0.0%	0.0%	0.0%	14.3%	12.5%	12.5%
Insufficient faculty	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	12.5%	6.3%
Unable to secure clinical placements for all students	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	6.3%
Other	20.0%	50.0%	0.0%	25.0%	33.3%	0.0%	0.0%	12.5%
Number of programs reporting	4	4	3	4	3	7	8	16

*Answer category derived from text comments.

**A summarization of a number of categories of pandemic-related challenges.

DNP Student Enrollments

Starting in 2020-21, respondents were asked to break down their DNP enrollments by track and by whether those enrollees were entry-level or post-master's level. Total enrollment numbers broken down by track and level differed somewhat from the overall enrollment numbers reported above.

The majority of entry-level DNP enrollees were entering the NP track (67.1%, n=96), followed by CRNA (32.9%, n=47). No enrollees were listed in the CNM track, and only one was reported in an "other" track.

The majority of post-master's level DNP enrollees (57.1%, n=157) were entering the NP track. Forty-three percent of post-master's level enrollees (n=116) were in "other" tracks, 1% (n=3) were in the CNS track, and no enrollees were reported in the CNM or CRNA tracks.

Four entry-level new enrollees were enrolled in a double major while no post-master's level enrollees were enrolled in a double major.

Other tracks listed included: various types of leadership tracks (n=6), generalist or no specialization (n=5) nurse educator, and informatics/data science.

Table 51. DNP entry-level new enrollments by level and track

	2020-2021	2021-2022
Clinical Nurse Specialist (CNS)	1.6%	2.1%
Nurse Practitioner (NP)	77.2%	67.1%
Certified Nurse Midwife (CNM)	0.0%	0.0%
Certified Registered Nurse Anesthetist (CRNA)	25.4%	32.9%
Other Track	1.0%	0.7%
Total new enrollments	193	143
Enrolled in a double major	10	4

Table 52. DNP post-master's level new enrollments by level and track

	2020-2021	2021-2022
Clinical Nurse Specialist (CNS)	0.0%	1.1%
Nurse Practitioner (NP)	44.0%	57.1%
Certified Nurse Midwife (CNM)	0.0%	0.0%
Certified Registered Nurse Anesthetist (CRNA)	0.0%	0.0%
Other Track	60.6%	42.9%
Total new enrollments	259	275
Enrolled in a double major	10	0

From 2020-21 onward, respondents were asked to break out their DNP *entry-level* new student enrollments by demographic categories and track. More than half of all students in each track in 2021-22 were ethnic minorities. No programs reported students enrolling in a certified nurse midwife (CNM) track.

The demographics of post-master's level students were not collected, hence, comparisons to prior years are not possible.

Table 53. Ethnic distribution of entry-level DNP new enrollments by track

	Nurse Practitioner (NP)		Certified Registered Nurse Anesthetist (CRNA)		Other Track	
	2020-2021	2021-2022	2020-2021	2021-2022	2020-2021	2021-2022
Native American	0.0%	2.1%	0.0%	2.2%	0.0%	0.0%
Asian/ Pacific Islander subtotal	33.3%	21.1%	35.4%	41.3%	0.0%	0.0%
<i>South Asian</i>	13.2%	2.1%	2.1%	2.2%	0.0%	0.0%
<i>Filipino</i>	5.6%	6.3%	0.0%	2.2%	0.0%	0.0%
<i>Hawaiian</i>	0.7%	0.0%	0.0%	0.0%	0.0%	0.0%
<i>Other Asian</i>	13.9%	12.6%	31.3%	37.0%	0.0%	0.0%
<i>Other Pacific Islander</i>	0.0%	0.0%	2.1%	0.0%	0.0%	0.0%
African American	12.5%	18.9%	6.3%	4.3%	50.0%	100.0%
Hispanic	16.7%	14.7%	10.4%	15.2%	0.0%	0.0%
Multi-race	5.6%	6.3%	10.4%	10.9%	0.0%	0.0%
Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
White	31.9%	36.8%	37.5%	26.1%	50.0%	0.0%
Total	144	95	48	46	2	1
Percent ethnic minorities	68.1%	63.2%	62.5%	73.9%	50.0%	100.0%
Unknown/Unreported	5	1	12	1	0	0
Number of programs reporting	5	5	2	2	1	1
Programs offering this track	5	5	2	2	1	1

*CNM students are not shown in this table as there were no reported CNM students during the two years this question was asked.

In 2021-22, most entry-level DNP enrollees were female. The CRNA track had the largest proportion of male students (29.8%, n=14).

Table 54. Gender distribution of entry-level DNP new enrollments by track

	Nurse Practitioner (NP)		Certified Registered Nurse Anesthetist (CRNA)		Other Track	
	2020-2021	2021-2022	2020-2021	2021-2022	2020-2021	2021-2022
Male	10.1%	18.8%	42.9%	29.8%	0.0%	0.0%
Female	88.6%	79.2%	57.1%	70.2%	100.0%	100.0%
Other	1.3%	2.1%	0.0%	0.0%	0.0%	0.0%
Total	149	96	49	47	2	1
Unknown/Unreported	0	0	0	0	0	0
Number of programs reporting	5	5	2	2	1	1
Programs offering this track	5	5	2	2	1	1

*Some enrollments may be double-counted because ten students were enrolled in more than one track.

In 2021-22, 65.6% (n=63) of NP, 53.2% (n=25) of CRNA, and 100% (n=1) of “Other Track” entry-level new enrollees were older than 30 years of age.

Table 55. Age distribution of entry-level DNP enrollments by track

	Nurse Practitioner (NP)		Certified Registered Nurse Anesthetist (CRNA)		Other Track	
	2020-2021	2021-2022	2020-2021	2021-2022	2020-2021	2021-2022
17–20 years	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
21–25 years	7.5%	4.2%	4.1%	10.6%	0.0%	0.0%
26–30 years	30.1%	30.2%	49.0%	36.2%	0.0%	0.0%
31–40 years	37.0%	38.5%	44.9%	53.2%	100.0%	100.0%
41–50 years	21.2%	20.8%	2.0%	0.0%	0.0%	0.0%
51–60 years	2.7%	6.3%	0.0%	0.0%	0.0%	0.0%
61 years and older	1.4%	0.0%	0.0%	0.0%	0.0%	0.0%
Total	146	96	49	47	2	1
#Unknown/unreported	3	-	-	-	-	-
Number of programs reporting	5	5	2	2	1	1
Programs offering this track	5	5	2	2	1	1

*Some enrollments may be double-counted because ten students were enrolled in more than one track.

PhD Student Enrollments

For the last three years, the demographics of research-based Doctoral program enrollments (PhD) have been broken out separate from DNP demographics. Over the last three years, ethnic minority students have made up at least 50% of research-based Doctoral program enrollments.

In the three years that these statistics have been reported, the percentage of Asian/Pacific Islander enrollees has increased, while the percentage of African American and Hispanic enrollees has decreased

Table 56. Ethnic distribution of PhD new enrollments by academic year

	2019-2020		2020-2021		2021-2022	
	%	#	%	#	%	#
Native American	0.0%	0	0.0%	0	3.2%	1
Asian/Pacific Islander subtotal	17.3%	9	18.0%	9	25.8%	8
<i>South Asian</i>	5.8%	3	2.0%	1	0.0%	0
<i>Filipino</i>	11.5%	6	10.0%	5	3.2%	1
<i>Hawaiian</i>	0.0%	0	0.0%	0	0.0%	0
<i>Other Asian</i>	0.0%	0	6.0%	3	19.4%	6
<i>Other Pacific Islander</i>	-	-	0.0%	0	3.2%	1
African American	19.2%	10	12.0%	6	9.7%	3
Hispanic	13.5%	7	12.0%	6	6.5%	2
Multi-race	1.9%	1	2.0%	1	6.5%	2
Other	0.0%	0	6.0%	3	3.2%	1
White	48.1%	25	50.0%	25	45.2%	14
Total	100.0%	52	100.0%	50	31	35
Percent ethnic minorities	51.9%	27	50.0%	25	50.0%	17
Unknown/Unreported		6		1		4

Female students have made up the majority of new PhD enrollments in both of the last two years. The percentage of male students has decreased over the last three years.

Table 57. Gender distribution of PhD new enrollments by academic year

	2019-2020		2020-2021		2021-2022	
	%	#	%	#	%	#
Male	25.9%	15	15.7%	8	11.4%	4
Female	74.1%	43	84.3%	43	88.6%	31
Other	0.0%	0	0.0%	0	0.0%	0
Total	100.0%	58	100.0%	51	100.0%	35
# Unknown/unreported		0		0		0

The majority of PhD new enrollments has been between 31 and 50 years of age over the last three years. The percentage of enrollees over the age of 50 has increased from 12.2% 2019-20 to 38.1% in 2021-22.

Table 58. Age distribution of PhD new enrollments by academic year

	2019-2020		2020-2021		2021-2022	
	%	#	%	#		
17 – 20 years	0.0%	0	0.0%	0	0.0%	0
21 – 25 years	0.0%	0	5.0%	2	0.0%	0
26 – 30 years	18.4%	9	5.0%	2	13.6%	3
31 – 40 years	38.8%	19	32.5%	13	18.2%	4
41 – 50 years	30.6%	15	42.5%	17	36.4%	8
51 – 60 years	12.2%	6	12.5%	5	27.3%	6
61 years and older	0.0%	0	2.5%	1	4.5%	1
Total	100.0%	49	100.0%	40	100.0%	22
# Unknown/ unreported		9		11		13

Doctoral Student Completions

The number of students that completed a nursing Doctoral program in California increased almost four-fold in the past ten years, from 110 in 2012-13 to 472 in 2021-22, which was a ten-year high.

Private program graduates made up 66.9% of all graduates in 2021-22. While private program graduates made up 69.8% of DNP program graduates, they were only 42.5% of PhD program graduates.

Graduates of DNP programs made up 91.5% (n=316) of all graduates in 2020-21, and graduates of PhD programs made up 8.5% (n=40).

Table 59. Doctoral program completions by academic year

All Programs	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Public programs	21	90	141	97	58	75	83	69	97	156
Private programs	89	96	101	79	113	110	196	246	320	316
Total student completions	110	186	242	176	171	185	279	315	417	472
DNP Programs	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Public programs	-	-	-	-	-	-	-	49	71	133
Private programs	-	-	-	-	-	-	-	227	299	299
Total student completions	-	-	-	-	-	-	-	276	370	432
PhD Programs	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Public programs	-	-	-	-	-	-	-	20	26	23
Private programs	-	-	-	-	-	-	-	19	21	17
Total student completions	-	-	-	-	-	-	-	39	47	40

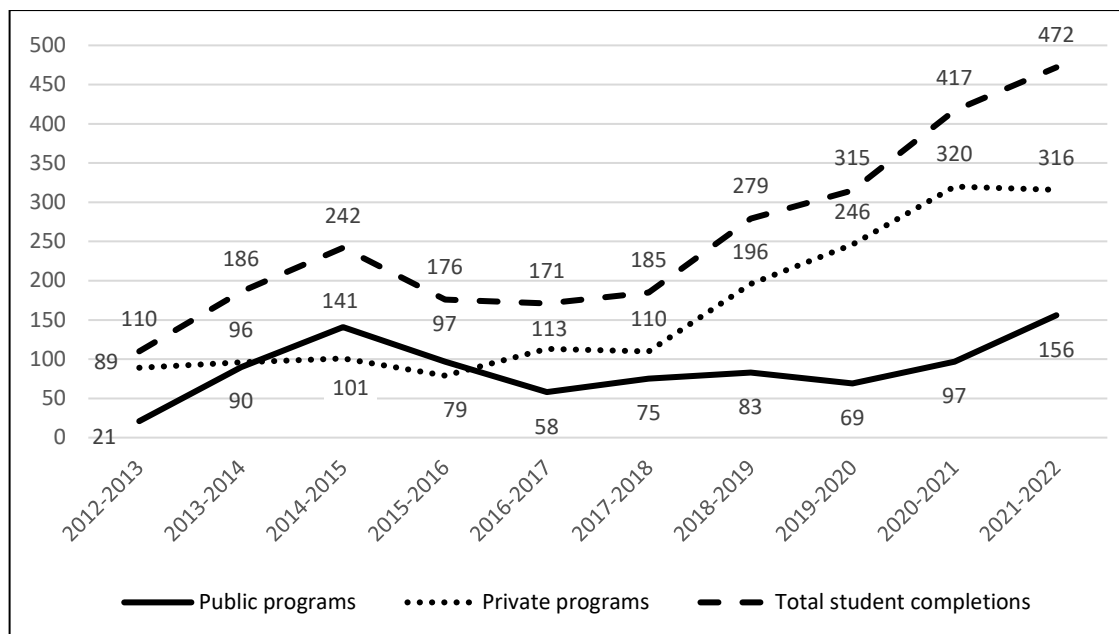


Figure 21. Doctoral program completions by academic year

DNP Student Completions

Starting in 2020-21, respondents were asked to break down their DNP completions by track and by whether those completions were entry-level or post-master's level. Total completion numbers broken down by track and level differed somewhat from the overall completion numbers reported above because some programs gave different numbers these questions.

The majority of entry-level DNP completions were in the NP track (71.8%, n=117), followed by CRNA (27.0%, n=44) and CNS (1.2%, n=2). No completions were listed in the CNM or "other" tracks.

Table 60. DNP entry-level completions by level and track

	2020-2021	2021-2022
Clinical Nurse Specialist (CNS)	0	2
Nurse Practitioner (NP)	101	117
Certified Nurse Midwife (CNM)	0	0
Certified Registered Nurse Anesthetist (CRNA)	0	44
Other Track	2	0
Total completions	103	163
Completed a double major	15	11

More than a third (36.8%, n=99) of post-master's level completions were in the NP track, while no enrollees were reported in the CNS, CNM, or CRNA tracks. 63.2% (n=170) of post-master's DNP completions were in some track other than CNS, NP, CNM, or CNRA.

"Other" tracks described in text comments in 2021-22 included: Health Systems Leadership, Healthcare Leadership, Advance Practice Registered Nurse, Nursing Informatics, Population Health Leadership, Post Masters Generalist, Generalist, General DNP, and "no specialty".

Table 61. DNP post-master's completions by level and track

	2020-2021	2021-2022
Clinical Nurse Specialist (CNS)	0	0
Nurse Practitioner (NP)	114	99
Certified Nurse Midwife (CNM)	0	0
Certified Registered Nurse Anesthetist (CRNA)	0	0
Other Track	138	170
Total completions	250	269
Completed a double major	2	0

In 2020-21, the questionnaire was simplified to ask about APRN track (nurse practitioner, nurse midwife, certified registered nurse anesthetist, and clinical nurse specialist).

The proportion of students completing a nurse practitioner track has decreased somewhat over the last year while the proportion of certified registered nurse anesthetist has risen.

Table 62. DNP student completions by program track or specialty area by academic year

Track	2017-2018		2018-2019		2019-2020		2020-2021		2021-2022	
	%	#	%	#	%	#	%	#	%	#
Nurse Practitioner	20.1%	28	53.8%	128	61.4%	159	60.6%	215	50.0%	216
Nurse Generalist	34.5%	48	28.6%	68	8.5%	22	-	-	-	-
Nursing Science and Healthcare Leadership	36.0%	50	10.9%	26	8.5%	22	-	-	-	-
Other / unknown	1.4%	2	4.2%	10	18.9%	49	39.4%	140	39.4%	170
Nursing Education	0.0%	0	1.7%	4	0.0%	0	-	-	-	
Clinical Nurse Specialist	0.7%	1	0.8%	2	0.4%	1	0.0%	0	0.5%	2
Nursing Administration	0.0%	0	0.0%	0	0.0%	0	-	-	-	-
Certified Nurse Midwife	0.0%	0	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	10.2%	44
School Nursing	0.0%	0	0.0%	0	0.0%	0	-	-	-	-
Clinical Nurse Leader	0.0%	0	0.0%	0	0.0%	0	-	-	-	-
Case Management	0.0%	0	0.0%	0	0.0%	0	-	-	-	-
Community Health/Public Health	0.0%	0	0.0%	0	0.0%	0	-	-	-	-
Informatics/Nursing Informatics	0.0%	0	0.0%	0	0.0%	0	-	-	-	-
Ambulatory care	0.0%	0	0.0%	0	0.0%	0	-	-	-	-
Health Policy	0.0%	0	0.0%	0	0.0%	0	-	-	-	-
Total number of completions	100.0%	139	100.0%	238	100.0%	259	100.0%	355	100.0%	432

In 2021-22, most (71.4%, n=5) of the 7 DNP programs with NP tracks prepared NP graduates to take a national certification exam, and most (71.4%, n=5) officially tracked the success rate of graduates on the certification exam(s) for NPs.

In 2021-22, respondents were asked to break out their entry-level DNP student completions by demographic categories and track. Totals for the demographic categories do not sum to the total number of completions reported.

65.2% (n=28) of entry-level certified registered nurse anesthetist completions were ethnic minorities as were 100% of “Other Track” completions (n=2) and 62.4% of nurse practitioner completions (n=63).

Table 63. Ethnic distribution of entry-level DNP completions by track

	Nurse Practitioner (NP)		Certified Registered Nurse Anesthetist (CRNA)		Other Track	
	2020-2021	2021-2022	2020-2021	2021-2022	2020-2021	2021-2022
Native American	1.0%	0.0%	-	0.0%	0.0%	0.0%
Asian/Pacific Islander subtotal	34.0%	19.8%	0.0%	30.2%	50.0%	0.0%
<i>South Asian</i>	2.1%	6.9%	-	0.0%	0.0%	0.0%
<i>Filipino</i>	8.2%	3.0%	-	2.3%	0.0%	0.0%
<i>Hawaii</i>	0.0%	1.0%	-	0.0%	0.0%	0.0%
<i>Other Asian</i>	22.7%	8.9%	-	27.9%	50.0%	0.0%
<i>Other Pacific Islander</i>	1.0%	0.0%	-	0.0%	0.0%	0.0%
African American	16.5%	20.8%	-	0.0%	0.0%	0.0%
Hispanic	13.4%	17.8%	-	27.9%	0.0%	100.0%
Multi-race	1.0%	4.0%	-	7.0%	0.0%	0.0%
Other	1.0%	0.0%	-	0.0%	0.0%	0.0%
White	33.0%	37.6%	-	34.9%	50.0%	0.0%
Total	97	101	-	43	2	2
Percent ethnic minorities	67.0%	62.4%	-	65.1%	50.0%	100.0%
Unknown/ unreported	4	0	0	1	1	0
Number of programs reporting	5	5	2	2	1	1
Programs offering this track	5	5	2	2	1	13

*Some completions may be double-counted because fifteen students completed more than one track. In 2021-22, two schools that reported 15 “other track” students for this question despite reporting no such students in other questions.

85.9% (n=79) of NPs and 65.9% (n=29) of CRNA entry-level DNP enrollees were reported to be female.

Table 64. Gender distribution of entry-level DNP completions

	Nurse Practitioner (NP)		Certified Registered Nurse Anesthetist (CRNA)		Other Track	
	2020-2021	2021-2022	2020-2021	2021-2022	2020-2021	2021-2022
Male	12.0%	14.1%	-	34.1%	50.0%	-
Female	88.0%	85.9%	-	65.9%	50.0%	-
Other	0.0%	0.0%	-	0.0%	0.0%	-
Total	100	92	0	44	2	0
Unknown/Unreported	1	1	-	-	-	-
Number of programs reporting	5	4	2	2	1	1
Programs offering this track	5	5	2	2	1	1

*Some completions may be double-counted because fifteen students completed more than one track.

The majority of those completing an entry-level DNP program were over thirty years of age.

Table 65. Age distribution of entry-level DNP completions by track

	Nurse Practitioner (NP)		Certified Registered Nurse Anesthetist (CRNA)		Other Track	
	2020-2021	2021-2022	2020-2021	2021-2022	2020-2021	2021-2022
17–20 years	0.0%	0.0%	-	0.0%	0.0%	-
21–25 years	0.0%	5.0%	-	2.3%	0.0%	-
26–30 years	34.1%	18.8%	-	27.3%	0.0%	-
31–40 years	53.7%	42.5%	-	65.9%	50.0%	-
41–50 years	9.8%	20.0%	-	4.5%	0.0%	-
51–60 years	2.4%	12.5%	-	0.0%	50.0%	-
61 years and older	0.0%	1.3%	-	0.0%	0.0%	-
Total	41	80	-	44	2	-
#Unknown/unreported	60	-	-	-	-	-
Number of programs reporting	0.0%	0.0%	-	0.0%	0.0%	0.0%
Programs offering this track	0.0%	5.0%	-	0.0%	0.0%	5.0%

*Some completions may be double-counted because fifteen students completed more than one track in 2020-21 and four entry-level students completed more than one track in 2021-2022.

Due to a programming error, it was not possible to collect nurse practitioner completions by specialty, level, and academic year in 2021-22. These data will be collected in 2022-23.

Table 66. Nurse Practitioner completions by specialty, level, and academic year

NP Specialty	2017-2018	2018-2019	2019-2020	2020-2021	2020-2021 Entry-Level Only
Individual/Family	53.6%	46.1%	31.4%	38.6%	63.4%
Psychiatry/Mental Health	28.6%	28.9%	47.2%	51.2%	26.7%
Pediatrics (primary)	0.0%	7.8%	5.7%	1.9%	4.0%
Adult/Gerontology (acute)	0.0%	7.0%	3.1%	2.3%	5.0%
Other	0.0%	7.0%	5.0%	5.6%	0.0%
Adult/Gerontology (primary)	17.9%	2.3%	6.9%	0.5%	1.0%
Pediatrics (acute)	0.0%	0.8%	0.6%	0.0%	0.0%
Neonatal	0.0%	0.0%	0.0%	0.0%	0.0%
Women's Health/Gender	0.0%	0.0%	0.0%	0.0%	0.0%
Total	28	128	159	215	101

PhD Student Completions

For the last three years, the demographics of research-based Doctoral program completions (PhD) have been broken out separate from those of DNP completions. In 2021-22, ethnic minority students made up 60.0% of research-based Doctoral program completions, whereas in 2019-20, they made up only 35.9% of those completions.

Table 67. Ethnic distribution of PhD completions by academic year

	2019-2020		2020-2021		2021-2022	
	%	#	%	#	%	#
Native American	5.1%	2	2.2%	1	0.0%	0
Asian/ Pacific Islander subtotal	11.4%	5	17.9%	10	25.0%	10
<i>South Asian</i>	0.0%	0	2.2%	1	2.5%	1
<i>Filipino</i>	2.6%	1	8.7%	4	15.0%	6
<i>Hawaii</i>	0.0%	0	0.0%	0	0.0%	0
<i>Other Asian</i>	10.3%	4	10.9%	5	7.5%	3
<i>Other Pacific Islander</i>	0.0%	-	0.0%	0	2.5%	1
African American	10.3%	4	8.7%	4	15.0%	6
Hispanic	7.7%	3	15.2%	7	7.5%	3
Multi-race	0.0%	0	4.3%	2	5.0%	2
Other	0.0%	0	4.3%	2	5.0%	2
White	64.1%	25	43.5%	20	40.0%	16
Total	100.0%	39	100.0%	46	100.0%	40
Ethnic Minorities**	35.9%	14	56.5%	26	60.0%	24
# Unknown/ unreported		0		1		0

Female students have made up the majority of PhD completions in the last three years. However, - the proportion of male completions has almost tripled since 2019-2020.

Table 68. Gender distribution of PhD completions by academic year

	2019-2020		2020-2021		2021-2022	
	%	#	%	#	%	#
Male	7.7%	3	14.9%	7	20.0%	8
Female	92.3%	36	85.1%	40	80.0%	32
Other	0.0%	0	0.0%	0	0.0%	0
Total	100.0%	39	100.0%	47	100.0%	40
# Unknown/ unreported		0		0		0

The majority of PhD new enrollments has been over 31 years of age over the last three years. In 2021-22, many fewer PhD completions were over 50 years of age compared to prior years. However, many programs did not complete this question this year.

Table 69. Age distribution of PhD completions by academic year

	2019-2020		2020-2021		2021-2022	
	%	#	%	#	%	#
17 – 20 years	0.0%	0	0.0%	0	0.0%	0
21 – 25 years	2.8%	1	0.0%	0	0.0%	0
26 – 30 years	11.1%	4	2.6%	1	7.1%	2
31 – 40 years	38.9%	14	41.0%	16	42.9%	12
41 – 50 years	16.7%	6	23.1%	9	35.7%	10
51 – 60 years	22.2%	8	20.5%	8	3.6%	1
61 years and older	8.3%	3	12.8%	5	10.7%	3
Total	100.0%	36	100.0%	39	100.0%	28
# Unknown/ unreported		3		8		12

Summary of Doctoral Program Data

This year, like last 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).

Two schools reported new DNP programs in 2021-22, one public and one private, and one public school that reported a DNP program last year did not report a program this year. The number of research-based doctoral programs (PhD) remained the same. There was a total of 18 DNP programs and 7 PhD programs.

The number of students pursuing doctoral degrees has dropped off by 33.8% after hitting a ten year high in 2019-20, likely due to the impacts of the COVID-19 pandemic. The number of available spaces reported has rebounded somewhat, although the number of applications has continued to drop since 2019-20 and a smaller proportion of those applications resulted in admission or enrollment than in pre-pandemic years. Completions reached a ten-year high overall.

Dividing the Doctoral program questions into DNP and PhD sections revealed some important differences between programs. First, there are many more DNP programs (18), enrollees (408), and graduates (432) than there are PhD programs (7), enrollees (35), and graduates (40).

This is not unique to California: nationally, there were many more DNP enrollees (41,021) than nursing PhD enrollees (4,381) in 2022. Nationally, DNP enrollments are flat while PhD enrollments have continued to drop since 2013. Between 2021 and 2022 alone, PhD enrollments declined by - 4.1%.¹

Private schools account for 61.1% of all Doctoral programs surveyed—61.1% 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 and student

¹ Source: American Association of Colleges of Nursing, Enrollment & Graduations in Baccalaureate and Graduate Programs in Nursing (series)

completions. In 2020-2021 private programs were responsible for 64.6% of new enrollments and 66.9% of completions in Doctoral programs.

Among the PhD programs, public programs had more enrollments and more completions than private PhD programs. Among DNP programs, private programs clearly had the edge in both categories.

DNP programs were able to fill more available admission spaces with new enrollments (62.2%) than were PhD programs (48.6%). However, PhD programs accepted a greater share of applicants (53.8%) than did DNP programs (49.9%).

Nearly two-thirds of DNP programs (68.8%) and 71.4% PhD programs reported that they had enrolled fewer students in 2020-21 than in the prior year. The main reason they enrolled fewer students was that accepted students did not enroll, followed by lack of qualified applicants. Only two programs cited pandemic-related reasons for this decline.

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, 2022, post-licensure programs reported 1,310 faculty that taught post-licensure courses. 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, has grown since 2013, largely due to the growth in the number of part-time faculty.

Many schools that offer post-licensure programs (86.3%, n=44) reported sharing some faculty with pre-licensure programs. Hence, 22.5% (n=296) of the 1,310 total post-licensure faculty reported in 2022 were also reported as pre-licensure faculty. Post-licensure nursing programs reported 70 vacant faculty positions in 2022. These vacancies represent a 5.1% faculty vacancy rate.

Table 70. Faculty census data by year

	2013*	2014	2015*	2016*	2017	2018	2019	2020	2021	2022
Total faculty	1,086	1,001	1,085	1,187	1,261	1,653	1,313	1,529	1,561	1,310
Faculty (post-licensure only) ¹	758	488	668	660	728	1,102	915	1165	1201	1014
<i>Full-time</i>	237	274	285	322	336	405	356	403	409	330
<i>Part-time</i>	332	214	397	402	392	697	559	762	792	684
Faculty (also teach pre-licensure)	328	513	417	331	533	551	398	364	360	296
Vacancy rate**	5.0%	3.9%	13.8%	4.9%	4.4%	3.7%	5.0%	3.4%	2.2%	5.1%
Vacancies	57	41	173	61	58	63	69	53	35	70

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 2015.

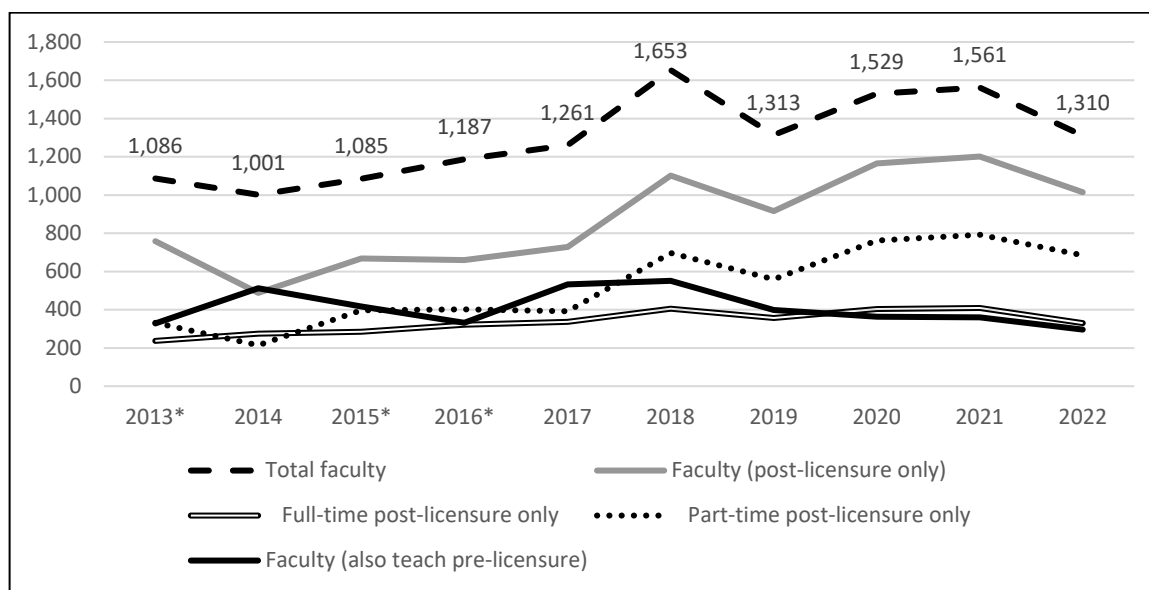


Figure 22. Faculty census data by year

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. Fourteen percent (13.7%, n=7) of 51 schools agreed.² These seven schools were asked to rank the reason for this shift. The top ranked reasons in 2021-22 were non-competitive salaries for full-time faculty, need part-time faculty to teach specialty content, 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 seven years this question has been asked. Shortage of RNs applying for full time faculty positions has been the second or third ranked reason six of the seven years this question has been asked. However, this year, part-time faculty to teach specialty content was the second ranked reason. The only “other” reasons described for hiring more part-time faculty in 2021-22 were “MSN program just began in 2020 and RN-BSN program is fully online with reduced enrollment,” “New multi-campus post-MS certificate program, PT DNP faculty”, and “Faith Requirement.”

Table 71. Reasons for hiring more part-time faculty by year

	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022
Non-competitive salaries	2.3	3	2.4	1	2.5	3.4	2.1
Need part-time faculty to teach specialty content	7.3	5	4.4	3.7	4.9	5.1	2.9
Insufficient # of full-time applicants with required credentials	4.3	5.8	3.9	4.5	3.6	3.6	3.5
Need full-time faculty to have teaching release time	5.7	6	6.7	5.8	6.2	6.3	3.7
Shortage of RNs for full-time positions	2.7	4.8	3.4	2.3	3.2	3.5	3.8
Insufficient budget for benefits/other costs	4.7	2	4.9	5.6	6.2	6.3	3.8
Laws, rules or policies	5.7	5.4	4.4	5.3	5.5	5.7	3.9
Faculty need time for clinical practice	4.7	5.6	6.8	7	8.1	6.7	4.5
Other	-	10	5	7	8.7	8.0	4.8
Flexibility with respect to enrollment changes	7.7	6.3	6.6	6.2	6.0	6.4	5.5
Number of schools reporting hiring more part-time faculty	3	4	15	8	11	13	7

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

² Twelve schools did not answer this question in 2020-21; fourteen schools did not answer this question in 2021-22.

In 2021-22, 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. Six schools identified eleven faculty who had transitioned from full-time to part-time. The reasons given for this transition were returning to clinical practice (50.0%, n=3), preparing for retirement (33.3%, n=2), other (33.3%, n=2), and workload (16.7%, n=1).

Preparing for retirement was the top reason, or tied for the top reason, for shifting to part-time four out of the past six years. Returning to clinical practice has also ranked high for each of the last four years.

Table 72. Reasons for faculty shifting from full to part-time by year

	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Return to clinical practice	0.0%	0.0%	60.0%	57.1%	50.0%	50.0%
Other	0.0%	25.0%	60.0%	28.6%	0.0%	33.3%
Preparing for retirement	50.0%	75.0%	60.0%	28.6%	50.0%	33.3%
Workload	0.0%	25.0%	20.0%	0.0%	0.0%	16.7%
Family obligations	50.0%	0.0%	20.0%	14.3%	0.0%	0.0%
Personal health issues	0.0%	0.0%	20.0%	0.0%	0.0%	0.0%
Workplace climate	0.0%	0.0%	20.0%	0.0%	0.0%	0.0%
Requested by program due to budgetary reason	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Child care challenges due to childcare/ school closures	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total number of schools reporting	2	4	5	7	4	6

Staffing and Administration

In 2021-2022, 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 most schools also had approved pre-licensure programs, there is considerable overlap in staffing numbers between pre- and post-licensure programs in the following tables as many staff reported were supporting 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

Fifteen schools reported no clerical staff that supported their post-licensure programs. The remaining 36 schools reported 232 clerical staff in total: 100 supporting only post-licensure programs and 132 supporting both pre- and post-licensure programs. While this appears to be a decrease from last year, when 251 clerical staff were reported, it is important to note that 49 schools reported clerical staff in 2020-21, so it is likely that some schools that reported no clerical staff in 2021-22 were simply failing to report rather than indicating that they had no staff.

Clerical staff provided a total of 6,295.5 hours of support weekly (compared to 6,781.5 in 2020-21). A total of 2,335.5 hours were dedicated to post-licensure programs only, and an additional 3,960 split between pre- and post-licensure programs. The average number of staffing hours per staff per week for schools that reported clerical staff was 27.1, which is essentially the same as last year (27.0).

Table 73. Total number of clerical hours and clerical staff, 2021-2022

	Clerical Hours	Clerical Staff	Average per Staff Member
Supporting both programs	3,960.0	132	30.0
Supporting only postlicensure program	2,335.5	100	23.4
Total	6,295.5	232	27.1

Note: Averages in this table exclude schools with 0 clerical staff hours.

The average number of clerical staff was greatest for schools with PhD and DNP programs (7.3 and 7.5 respectively) and least for schools with RN-to-BSN and MSN programs (5.4 and 6.0 staff, respectively). Most schools have more than one program type, particularly schools with MSN and doctoral programs, so there is considerable overlap.

Table 74. Average clerical staff for schools with each program type, 2021-2022

Program Type	Shared Clerical Staff	Postlicensure-Only Clerical Staff	All Clerical Staff
RN-to-BSN	3.5	2.2	5.4
MSN	3.7	2.6	6.0
DNP	3.6	3.9	7.5
PhD	3.8	3.5	7.3

Note: Averages in this table exclude schools with 0 clerical staff.

Schools with each program type generally had other postlicensure programs

The average number of overall clerical hours was greatest for schools with PhD and DNP programs (163.1 and 190.5 hours, respectively) and least for schools with RN-to-BSN and MSN programs (151.0 and 157.9 hours, respectively).

Table 75. Average clerical hours for schools with each program type, 2021-2022

Program Type	Hours of Shared Clerical Staff	Hours of Postlicensure-Only Clerical Staff	Hours of All Clerical Staff
RN-to-BSN	133.9	65.6	151.0
MSN	129.8	80.6	157.9
DNP	148.7	97.6	190.5
PhD	98.0	97.8	163.1

Note: Averages in this table exclude schools with 0 clerical support hours.
Schools with each program type generally had other postlicensure programs.

This year, in contrast to last year, schools MSN and RN-to-BSN programs reported more hours on average per staff than did schools with doctoral programs. Again, it is important to keep in mind that many schools have multiple program types.

The majority of clerical staffing hours in schools at Doctoral programs came from post-licensure-only clerical staff, while the majority of staffing hours at schools with RN-to-BSN and MSN programs came from staff shared between pre- and post-licensure programs. The majority of clerical *staff* in schools with DNP programs were dedicated postlicensure clerical staff, while the majority of clerical *staff* in schools with all other program types were staff shared between pre-and postlicensure programs.

Table 76. Postlicensure clerical support by program at school, 2021-2022

	RN-to-BSN	MSN	DNP	PhD
Total clerical hours	5,588	5,211	3,049	979
Total clerical staff	204	204	127	44
Average hours per clerical staff member	27.4	25.5	24.0	22.2
Clerical Staff Shared between Pre & Postlicensure Programs	RN-to-BSN	MSN	DNP	PhD
Shared clerical hours	3,750	3,114	1,487	392
Shared clerical staff	123	116	61	23
Average hours per shared clerical staff	30.5	26.8	24.4	17.0
Percent of all clerical hours from shared clerical staff	67.1%	59.8%	48.8%	40.1%
Percent of all clerical staff that are shared staff	60.3%	56.9%	48.0%	52.3%
Postlicensure-Only Clerical Staff	RN-to-BSN	MSN	DNP	PhD
Postlicensure only clerical hours	1,838	2,097	1,562	587
Postlicensure only clerical staff	81	88	66	21
Average hours per postlicensure-only clerical staff	22.7	23.8	23.7	27.9
Percent of all clerical hours from postlicensure-only clerical staff	32.9%	40.2%	51.2%	59.9%
Percent of all clerical staff that are postlicensure-only clerical staff	39.7%	43.1%	52.0%	47.7%
Total number of schools with each program type	43	38	18	7

Respondents were asked to report on the adequacy of the amount of clerical support at their schools. Respondents at schools with PhD programs were more likely to report that the amount of clerical support was more than adequate or adequate (83.3%, n=5), followed by schools with DNP programs (82.4%, n=14). Overall, 71.4% (n=25) of the 35 schools that answered this question found their clinical coordination support to be “adequate” or “more than adequate.” One school with postlicensure programs reported that the amount of clerical support was “not at all adequate”.

Table 77. Adequacy of amount of clerical support, 2021-2022

Adequacy	RN-to-BSN	MSN	DNP	PhD
More than adequate	6.9%	18.5%	17.7%	50.0%
Adequate	58.6%	55.6%	64.7%	33.3%
Less than adequate	31.0%	22.2%	17.7%	16.7%
Not at all adequate	3.5%	3.7%	0.0%	0.0%
Number of schools reporting	29	27	17	6

Clinical Coordinators

All but fourteen schools reported clinical coordination staff. Schools reported 132 clinical coordination staff (compared to 129 last year): 72 working with post-licensure students only, and 60 working with both pre-and post-licensure students. Together these 132 clinic coordination staff worked 3,349 aggregate hours per week, or an average of 25.4 hours each.

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

Table 78. Total number of clinical coordinator hours and staff, 2021-2022

	Coordinator Hours	Coordinator Staff	Average per Staff Member
Supporting both programs	1,632	60	27.2
Supporting only postlicensure program	1,717	72	23.8
Total	3,349	132	25.4

The average number of coordinator staff was greatest for schools with PhD and DNP programs (4.6 and 4.9 respectively) and least for schools with RN-to-BSN and MSN programs (3.4 and 3.8 staff, respectively).

Table 79. Average clinical coordination staff for schools with each program type, 2021-2022

Program Type	Shared Coordinator Staff	Postlicensure-Only Coordinator Staff	All Coordinator Staff
RN-to-BSN	1.7	1.8	3.4
MSN	1.8	2.2	3.8
DNP	1.4	3.1	4.6
PhD	1.0	3.9	4.9

Note: Averages in this table exclude schools with 0 coordinator staff.

Schools with each program type generally had other postlicensure programs

The average number of overall clinical coordinator hours was greatest for schools with PhD and DNP programs (112.7 and 122.3 respectively) and least for schools with RN-to-BSN and MSN programs (83.1 and 98.5 hours, respectively).

Table 80. Average coordinator hours for schools with each program type, 2021-2022

Program Type	Shared Coordinator Staff	Postlicensure-Only Coordinator Staff	All Coordinator Staff
RN-to-BSN	55.9	55.0	83.1
MSN	66.9	70.7	98.5
DNP	74.0	81.1	122.3
PhD	46.7	89.3	112.7

Note: Averages in this table exclude schools with 0 clerical support hours.

Schools with RN-to-BSN programs and PhD programs had *fewer* clinical coordination hours *per staff member* on average than did schools with MSN and DNP programs.

The majority of clinical coordinator staffing hours in schools at with all program types came from postlicensure-only coordinator staff, and the majority of clinical coordination *staff* in schools with all program types were staff dedicated to postlicensure programs.

Table 81. Postlicensure clinical coordination support by programs, 2021-2022

	RN-to-BSN	MSN	DNP	PhD
Total coordinator hours	2,494	2,757	1,956	676
Total coordinator staff	103	107	74	30
Average hours per coordinator staff member	24.2	25.8	26.4	22.5
Coordinator Staff Shared between Pre & Postlicensure Programs				
Shared coordinator hours	1,230	1,272	740	140
Shared coordinator staff	48	46	23	6
Average hours per shared coordinator staff	25.6	27.7	32.2	23.3
Percent of all coordinator hours from shared coordinator staff	49.3%	46.1%	37.8%	20.7%
Percent of all coordinator staff that are shared staff	46.6%	43.0%	31.1%	20.0%
Postlicensure-Only Coordinator Staff				
Postlicensure only coordinator hours	1,264	1,485	1,216	536
Postlicensure only coordinator staff	55	61	51	24
Average hours per postlicensure-only coordinator staff	23.0	24.3	23.8	22.3
Percent of all coordinator hours from postlicensure-only coordinator staff	50.7%	53.9%	62.2%	79.3%
Percent of all coordinator staff that are postlicensure-only coordinator staff	53.4%	57.0%	68.9%	80.0%
Total number of schools with each program type	43	38	18	7

Respondents were asked to report the adequacy of the amount of clinical coordination support at their schools. Respondents at schools with PhD programs were more likely than other schools to report that the amount of clinical coordination support was adequate or more than adequate (83.3%, n=5) compared to 71.4% (n=15) for schools with MSN programs. Overall, 79.3% (n=23) of the 29 schools that answered this question found their clinical coordination support to be “adequate” or “more than adequate.”

Table 82. Adequacy of amount of clinical coordination support, 2021-2022

Adequacy	RN-to-BSN	MSN	DNP	PhD
More than adequate	13.0%	19.0%	20.0%	33.3%
Adequate	60.9%	52.4%	60.0%	50.0%
Less than adequate	21.7%	23.8%	13.3%	16.7%
Not at all adequate	4.3%	4.8%	6.7%	0.0%
Number of programs reporting	23	21	15	6

APPENDICES

APPENDIX A – List of Post-Licensure Nursing Education Programs

RN-to-BSN Programs (43)

American University of Health Sciences
 Angeles College*
 Azusa Pacific University
 California Baptist University
 Charles R. Drew University of Medicine and Science
 CNI College (Career Networks Institute)
 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
 Fresno Pacific University*
 Glendale Career College
 Gurnick Academy of Medical Arts - BSN
 Holy Names University
 Loma Linda University
 Mount St. Mary's University AD
 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
 Stanbridge University*
 The Valley Foundation School of Nursing at San Jose State
 UMass Global (Brandman)
 Unitek College
 University of Phoenix-SoCal
 Vanguard University
 Weimar University
 West Coast University
 Western Governors University

Master's Degree Programs (38)

American University of Health Sciences
 Azusa Pacific University
 California Baptist University
 Charles R. Drew University of Medicine and Science
 CSU Bakersfield
 CSU Channel Islands
 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
 Fresno Pacific University*
 Holy Names University
 Loma Linda University
 Mount St. Mary's University BSN
 National University
 Pacific College
 Point Loma Nazarene University
 Samuel Merritt University
 San Diego State University
 San Francisco State University
 Sonoma State University
 Stanbridge 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 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 (18)

Azusa Pacific University
Brandman University Musco School of
Nursing
California Baptist University
Charles R. Drew University of Medicine and
Science*
CSU Fresno
CSU Fullerton
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 Irvine
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 2021-2022

APPENDIX B – BRN Nursing Education and Workforce Advisory Committee**Members**

Tanya Altmann, PhD, RN

Norlyn Asprec

BJ Bartleson, MS, RN, NEA-BC

Barbara Barney-Knox, RN, MSN

Garrett K. Chan, PhD, RN, CNS-BC,
ACNPC, CEN, FAEN, FPCN, FNAP, FAAN

Stephanie L. Decker

Denise Duncan, BSN, RN and
Carol Jones, MSN, RN, PHN

Jose Escobar, MSN, RN, PHN

Brenda Fong

Sabrina Friedman, EdD, DNP, FNP-C,
PMHCSN-BC, FAPA

Jeannine Graves, MPA, BSN, RN, OCN, CNOR

Sharon A. Goldfarb, DNP, FNP-BC, RN

Marketa Houskova, BA, RN, MAIA

Loucine Huckabay, PhD, RN, PNP, FAAN

Kathy Hughes, RN

Saskia Kim, JD and Victoria Bermudez, RN

Donna Kistler, MS, RN

Judy Martin-Holland, PhD, MPA, RN, FNP

Kim Tomasi, MSN, RN and

Susan Odegaard Turner, PhD, RN

Sandra Miller, MBA

Robyn Nelson, PhD, RN

Linda Onstad-Adkins/ Fiona Castleton

Organization

California State University, Sacramento

Health Professions Education Foundation,

OSHDP

California Hospital Association/North (CHA)

Nursing/Health Care Services, California

Department of Corrections and Rehabilitation

HealthImpact

Kaiser Permanente National Patient Care

The United Nurses Associations of
California/Union of Health Care Professionals
(UNAC/UHCP)

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
Mission

Sutter Cancer Center

Northern COADN President, College of Marin

American Nurses Association\California (ANA/C)

California State University, Long Beach

Service Employees International Union (SEIU)

California Nurses Association/

National Nurses United (CAN/NNU)

California Association of Nurse Leaders (ACNL)

University of California, San Francisco

Association of California Nurse Leaders (ACNL)

Assessment Technologies Institute (ATI)

West Coast University

Health Professions Education Foundation,

Office of Statewide Health Planning and

Stephanie R. Robinson, PhD, MHA, RN
Joanne Spetz, PhD

Hazel Torres, MN, RN

KT Waxman, DNP, MBA, RN, FSSH, FAAN

Peter Zografos, PhD, RN

Ex-Officio Members

Janette Wackerly, MBA, RN

Development (OSHDP)

Fresno City College

Phillip R. Lee Institute for Health Policy Studies

University of California, San Francisco

Kaiser Permanente Southern CA, Ambulatory

Care Services, Regional Professional

Development

California Simulation Alliance,

University of San Francisco

Mount San Jacinto College

Supervising Nursing Education Consultant,
California Board of Registered Nursing