



2019–2020 Wisconsin Nursing Education and Nurse Faculty Survey Report



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Wisconsin Nursing Education and Nurse Faculty
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The *2019-2020 Wisconsin Nursing Education and Nurse Faculty Survey Report* is the result of the dedicated work and support of key individuals and partners who share a commitment to the importance of nursing education data. The report yielded critical information on the status of nursing education in Wisconsin. The survey serves as a foundation to assess the capacity for nurses needed to address predicted future nursing shortages that will impact the healthcare in our state.

The Board of Directors for the Wisconsin Center for Nursing (WCN) recognizes the research team at the University of Wisconsin-Eau Claire School of Nursing for partnering with us in the distribution of the survey and data collection and analysis: Dean and Professor Linda K. Young, PhD, RN, CNE, CFLE, FAAN; Associate Professor Mohammad Alasagheirin, PhD, RN; Clinical Assistant Professor Gail Hanson Brenner, MSN, RN, CNE; Learning Resource Coordinator Jan Adams, MLIS; and Graduate Research Assistant, DNP Student Stacey Stephens, BSN, RN. Thank you to Molly Gottfried for final formatting and editing.

WCN greatly appreciates the work of the Administrators of Nursing Education of Wisconsin (ANEW) as a partner organization dedicated to this effort. This vital organization brings together leadership from all public and private baccalaureate and associate degree nursing programs throughout Wisconsin. ANEW provides a collaborative structure to advance nursing education and to ensure the educational capacity needed for adequate numbers and types of nurses for the people of our state.

As a member of the National Forum of Nursing Workforce Centers, WCN appreciates the work of this organization to provide resources for systematic data collection on the nursing workforce. *The National Minimum Data Set: Education*, developed by the Forum, was a significant resource in the creation of the survey design.

Finally, we would like to acknowledge and express our gratitude to the many schools and organizations that will utilize this information to advance nursing education and practice to assure a sufficient, competent, and diverse nursing workforce for the people of Wisconsin.

WCN looks forward to continued collaborative relationships to ensure a bright future for nursing in our state.

Appreciatively,

Thomas Veeser, MS, RN
President – Wisconsin Center for Nursing, Inc.

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Executive Summary

Introduction

The *2019-2020 Wisconsin Nursing Education and Nurse Faculty Survey Report* is based on the responses from schools of nursing administrators to survey questions, including pre-licensure and post-licensure program types, capacity, factors limiting admission, enrollment, and student and faculty demographics. Typically, the survey concludes with a series of questions of special interest to administrators. Since this survey was conducted during the COVID-19 pandemic, which has significantly impacted nursing education, a question related to the use of simulation and virtual simulation within clinical courses was included.

The publication is the eighth in a series from the Wisconsin Center for Nursing (WCN). Data analysis by a team from the University of Wisconsin-Eau Claire, College of Nursing and Health Sciences, provides valuable information to board members, employers, nursing program administrators, policy makers, and other stakeholders regarding Wisconsin's capacity to educate the nursing workforce.

WCN also publishes registered nurse (RN) and licensed practical nurse (LPN) workforce survey reports based on data collected through surveys administered by the Wisconsin Department of Workforce Development (DWD). RNs and LPNs across the State of Wisconsin complete the surveys as part of their biennial licensure renewal process. These surveys are required by the Wisconsin State Legislature (Wisconsin State Statute, Chapter 106.30) to gather information from nurses for workforce planning.

Methods

The 2019-2020 survey was based on prior nurse education and nurse faculty surveys, other WCN workforce surveys, and input from members of the Administrators of Nursing Education of Wisconsin (ANEW). An email containing a link to a secure online survey was sent in October 2020 to the 41 public and private institutions located in Wisconsin that offer a nursing program, including LPN diploma, associate nursing degree, baccalaureate degree, master's degree, and doctoral degree. Programs with multiple sites were asked to have each site complete the survey. Forty administrators responded, with three institutions submitting multiple site reports, for a total of 46 survey responses; one institution did not respond. Although the response rate goal was 100%, 98% was achieved, which is an improvement over the response rate for prior surveys.

Limitations

As in prior survey reports, survey results were limited by missing data or the selection of *unknown* as a survey question response. An asterisk appears in tables to signify incomplete data. The 2019-2020 survey was also reformatted to consolidate program questions and to limit variables. This change did result in some inconsistencies when comparing current survey results to prior survey responses. In addition, the number of unlimited seats (999) was not included in the final number, but instead reported with a dagger symbol. Based on a recommendation from the previous survey, administrators were asked to report on each site/location/branch their institution operated. Most institutions provided comprehensive information regarding their

programs rather than site-specific. This variability resulted in the consolidation of site information where it was provided.

Key Findings – Programs

Pre-Licensure Programs

Licensed Practical Nursing (LPN)

- Institutions offering an LPN program increased from four to six, which is the highest number recorded over the last seven surveys.
- Qualified applicants increased 107% (201 to 417), and new enrollees increased 38% (160 to 222).
- Enrollment increased 67% (298 to 497).
- New graduates increased 63% (136 to 222).

Associate Degree in Nursing (ADN)

- 17 institutions prepare students for an ADN degree, whether it be traditional and/or bridge program, which is an increase of two over the prior survey (two additional programs offer the bridge option and three additional programs offer the traditional program).
- Qualified applicants, students admitted, and students enrolled in the programs continued to increase over the last survey. Notably, traditional program enrollment increased 60% (2,791 to 4,475).
- New graduates increased 43% (1,048 to 1,498) in traditional and 41% (86 to 121) in bridge programs.

Baccalaureate of Science in Nursing (BSN)

- 25 institutions reported offering a BSN degree, three more institutions than the prior survey.
- BSN students enrolled in both the traditional and accelerated (2nd degree) programs decreased.
- Graduates from traditional programs remained relatively stable over the past surveys, but new graduates from accelerated/2nd degree programs steadily increased.

Pre-Licensure Master's in Nursing (MSN)

- Despite one less institution reporting, there were more student seats (216 to 280), as well as more students enrolled (325 to 471).
- Students enrolled increased over the last three surveys.
- New graduates steadily increased over the last four surveys, more than doubling from the prior survey (93 to 195).

RN-BSN

- Institutions offering a BSN completion program declined by one (15 to 14).
- Students in all categories, including qualified applicants, students admitted, new enrollees, total enrolled in program, and new graduates, declined from the previous survey.

Post-Licensure Graduate Programs

Master's in Nursing (MSN)

- There was growth in institutions offering the Nurse Practitioner (NP) or the Clinical Nurse Specialist (CNS) option.
- Applicants, students admitted, and new enrollees in the NP option increased from the prior survey. Students enrolled more than doubled, but graduates declined (230 to 139).
- Institutions offering a Nurse Educator (NE) option returned to previous levels (7), and students admitted and new enrollees slightly increased. However, the total number enrolled in the program decreased, while graduates remained the same (20).
- Institutions offering Administration/Leadership (ADM) programs declined, and there were fewer students enrolled (70 to 42).

Graduate Certificates

- Institutions offering a Nurse Educator certificate declined (7 to 3), and only three students were enrolled.
- More institutions (from 3 to 5) offered the NP certificate, with 68 students enrolled.
- 14 students enrolled at the two institutions that offered a psychiatric and mental health certificate.

Doctor of Nursing Practice (DNP) and PhD

- Applicants, students admitted, new enrollees, and students enrolled in a DNP program increased.
- Applicants, students admitted, new enrollees, and students enrolled in a PhD program decreased.
- Both the DNP and PhD programs had fewer graduates, as compared to the prior survey.

Factors Limiting Admission

- Many programs identified the lack of clinical placement sites as one of the top three factors limiting admissions.
- Lack of qualified faculty was highlighted by BSN, post-licensure MSN, and DNP programs as a limiting factor.
- A lack of qualified student applicants was selected by PhD programs as the only limiting factor to admission.

Key Findings – Students

LPN Students

- There was an increase in the level of student diversity within the LPN program. The percentage of White/Caucasian students declined from 83.3% to 72.1%, while the percentage of Black/African American students more than doubled, from 5.7% reported in AY 2017-2018 to 12.5% in AY 2019-2020.
- Almost 50% of LPN students were between 26 and 40 years of age.

ADN Students

- Enrolled students of Asian descent increased from 57 to 132; however, the majority of ADN students identified as White/Caucasian.
- Like LPN programs, slightly over 50% of the ADN students were between 26 and 40 years of age.

BSN Students

- Nearly 80% of the students enrolled were White/Caucasian. However, Hispanic/Latino students increased from 287 to 377.
- 90% of traditional BSN students were 25 years of age or younger; whereas, about 75% of accelerated students fall within the 21-30 age range.

Pre-Licensure Master's Students

- Enrolled Hispanic/Latino students and Asian students increased by 6.2% and 5.5%, respectively, with only a slight increase in Black/African American students.
- 17% of students enrolled did not have race/ethnicity identified by their institution.
- 18% of enrolled students identified as male, which was the highest percentage of all programs.
- 54% of students fell within the 21-25 age category.

RN-BSN Students

- 85% of students were White/Caucasian and 92% were female.
- Enrolled students in RN-BSN programs were distributed across more age categories, ranging from 21-25 years through 41-50 years.

Post-Licensure MSN Students

- Over 80% of post-master's students were White/Caucasian, with a slight increase in numbers across all other categories, except multiracial.
- 8% of students enrolled were male.
- 50% of students are in their 30s.

DNP Students

- Although most DNP students enrolled were White/Caucasian, Black/African American students increased from 18 to 35, Hispanic/Latino students increased from 11 to 24, and Asian students increased from 21 to 43.
- 15% of students enrolled were male.
- 72% of DNP students were between the ages of 26 and 40.

PhD Students

- There was a decline in Hispanic/Latino students enrolled (25 to 6), but an increase in American Indian or Alaskan Native students enrolled (1 to 3).
- 11% of the students were male.
- 86% of PhD students were over the age of 30, with 48% over the age of 40.
- 23% of PhD students were between the ages of 51 and 60.

Key Findings – Faculty

Faculty Positions and Vacancies

- With three more institutions reporting, filled faculty positions increased for both full-time (808 to 881) and part-time (448 to 565) categories.
- There was a slight increase in vacant positions reported.

Faculty Education by Highest Degree Earned

- BSN (60 to 115), MSN (728 to 902), and DNP (153 to 206) prepared faculty increased.
- Although PhD faculty increased (170 to 176), the percentage of PhD faculty declined, from 14.4% to 12.1%.
- Non-nursing and other nursing research doctorates declined.

Faculty by Race and Ethnicity

- There was a slight decrease in the overall percentage of White/Caucasian, from 89.3% to 85.0%.
- Diversity within the part-time instructor pool was greater than full-time faculty.
- Black/African American full-time faculty increased (37 to 40); part-time instructors increased (18 to 24).

Faculty by Gender

- Faculty were predominately female (94%).
- The percentage of males dipped slightly from the prior survey, from 6.6% to 6.2%.

Faculty by Age

- Almost half (48%) of full-time faculty were 51 years of age or older.
- Over half (51%) of part-time instructors were under the age of 41.

Faculty Enrolled in Graduate Programs

- Full- and part-time faculty enrolled in a graduate program increased (117 to 159).
- Part-time instructors enrolled in a graduate program increased (37 to 74).
- 38% of faculty attending graduate school were enrolled in an MSN program.

Faculty Serving on Boards

- Faculty who serve on boards decreased from 195 (16%) to 182 (13%).

Faculty Salaries

- The average salary for LPN instructors (\$78,040) was greater than all positions, other than 4-year tenure/tenure track associate professor, clinical professor, and tenured professors.
- 2-year faculty salaries are higher than most 4-year positions.

Nursing Program Hires and Separations

- Institutions reported hiring 93 more staff members over the prior survey (159 to 252), with fewer from out-of-state.
- Retirements almost doubled (28 to 54), and separations for other reasons increased (63 to 83).
- Institutions reported that if funding were available, another 142 positions would be added to meet the needs of the current student population.

Key Findings – Additional Information

Simulation and Virtual Simulation

- At the start of the spring 2020 semester, 10 programs planned to use simulation in clinical courses; however, by the end of the semester, that number increased to 26.
- There were two programs prior to spring semester 2020 that planned on using virtual simulation in clinical courses; however, by the end of the semester, that number increased to 20.

Interprofessional Education/Training

- 10 institutions responded when asked if they offered interprofessional education or training.
- Simulation and pharmacology were cited most frequently as being offered as interprofessional education or training.

Discussion and Recommendations for Key Findings

The number of pre-licensure students graduating from Wisconsin programs per year may not be sufficient to meet future workforce demand. A recent Wisconsin DWD supply and demand forecast projected a 25% nursing workforce supply gap by 2040 (Walsh & Casal, 2020). Additionally, Wisconsin has not sufficiently moved the needle on increasing the percentage of baccalaureate-prepared nurses, as suggested in the *Future of Nursing* report (Institute of Medicine [IOM], 2011). In 2020, only 63.2% of Wisconsin's RNs held a baccalaureate degree or higher, well below the 80% recommended by the IOM (Zahner et al., 2021). There is also a

concern that the departure of RNs near retirement age is accelerating. In Wisconsin, the percentage of RNs intending to leave direct patient care increased from 7.2% (4,029) in 2016 to 7.6% (4,516) in 2018. In 2020, that percentage reached 8.7% (5,180; Zahner et al., 2016, 2019, 2021). However, the Wisconsin RN survey data were collected in February 2020, prior to the COVID-19 crisis. Nurses exiting the profession may be expected to increase dramatically, as exemplified by early analysis of data collected in California during 2020, which reported that nurses ages 55-64 who intended to retire or leave nursing within 2 years increased from 11.4% in 2018 to 24.5% in 2020 (Spetz, 2021). Continued support for RN workforce surveys, education and faculty surveys, and demand forecasts is required to assure that stakeholders have the data necessary to develop a fully staffed, diverse, and effective healthcare system for Wisconsin citizens.

Students and faculty diversity has not significantly increased. Aggressive interventions to remedy this lack of progress in recruitment and retention needs to be quickly implemented by nursing programs to better meet the needs of an increasingly diverse population in Wisconsin. State and national initiatives, coupled with funding, could also be used to encourage racial, ethnic, and gender diversity within nursing programs for both students and faculty.

Another challenge facing nursing education in Wisconsin is the lack of qualified faculty. With an abundance of opportunities in nursing, students and practicing nurses should be encouraged to pursue teaching as a career. In addition, addressing the low salaries of PhD- and DNP-prepared faculty in academia, compared to the salaries of those with the same educational preparation in healthcare organizations, is imperative for faculty retention and recruitment.

Section I. Introduction

A highly educated nurse workforce that meets the healthcare needs of Wisconsin citizens is driven by strong academic programs. The 2019-2020 *Wisconsin Nursing Education and Nurse Faculty* survey was conducted during the COVID-19 pandemic, which has significantly impacted nursing education and the nursing workforce. The data collected for this report span the Fall 2019 semester through Summer 2020 timeframe, with the pandemic beginning during the Spring 2020 semester. The findings from this survey provide a unique lens into the flexibility of faculty, students, and nursing programs in meeting the challenges that arose during the beginning of the pandemic.

Prior surveys were conducted on an annual basis from 2011 to 2015 and were funded by a series of Robert Wood Johnson Foundation grants. Starting in 2017-2018, the surveys are supported financially by WCN and ANEW and will be conducted biennially. This survey provides valuable information to educate Wisconsin healthcare organizations, legislators, nursing education programs, and the population at large about the status of nursing education, the output of graduates, and the gaps that need further intervention to sustain a quality nursing workforce in Wisconsin.

WCN contracted with a research team from UW-Eau Claire, College of Nursing and Health Sciences, to distribute the survey, to collect and analyze the data, and to write the report.

Data Management

Data for this report are from the *2019-2020 Wisconsin Nursing Education and Nurse Faculty Survey*. This was the eighth survey of all educational institutions that offer a nursing program in the state. All deans or directors from ANEW were provided access to the survey through an email that included a secure site for data entry. Participants were asked to report on variables related to current students, faculty, and programs based on academic year 2019-2020.

The survey was distributed to 41 nursing education institutions and was open for completion during the month of October 2020. A delay in survey analysis occurred due to the inability to obtain new equipment necessary for data management because of the pandemic. The overall response rate for the survey was 98%. This is an increase from the previous survey (95%) and approaches the goal of 100% participation.

Limitations

An asterisk is used to identify missing or incomplete data within tables. The use of “unknown” is a response option, because unlike the WCN RN and LPN surveys administered by the Wisconsin DWD, this survey relies on institutional representatives to provide student and faculty demographic information. Where respondents selected unlimited seats (999) the number 999 was not included in the final number, but instead reported with a dagger symbol. Due to reformatting and consolidation of program questions to limit variables, some inconsistencies occurred when comparing prior data. For example, the question on total program enrollment is now asked within individual program capacity sections. One of the recommendations from the prior survey was to capture site-specific information. Therefore, administrators were asked to complete a survey for each site within their institution. Only three institutions provided site information, consequently site-specific results were consolidated under the parent institution.

Section II. Program

Accreditation

Regarding national nursing program accreditation, 20 institutions reported their program(s) are accredited by the Commission on Collegiate Nursing Education (CCNE). Fifteen institutions reported accreditation by the Accreditation Commission for Education in Nursing (ACEN). Three respondents reported accreditation by both CCNE and ACEN. One respondent reported seeking initial accreditation and one institution did not select CCNE, ACEN, or the National League for Nursing Commission for Nursing Education Accreditation (CNEA) as their accrediting body.

Program and Curriculum Options and Trends

Table 1 shows survey response rates and program options for the last seven surveys. The response rate was 98% for AY 2019-2020 survey.

The number of pre-licensure programs increased over the prior survey. RN-BSN programs declined by one. Thirteen institutions reported offering master's programs, while institutions offering DNP and PhD programs remained stable.

Table 1. Programs and Curriculum Options

Academic Year	2010-11	2011-12	2012-13	2013-14	2014-15	2017-18	2019-20
Surveys Distributed	43	43	43	43	44	39	41
Surveys Returned	34	33	40	*	38	37	40
Institutional Response Rate	79%	77%	93%	59%	86%	95%	98%
Pre-Licensure Programs							
LPN Program	3	1	4	1	2	4	6
ADN Program	15	18	21	8	15	15	17
Generic/Traditional	15	18	21	8	14	14	17
Bridge	12	12	16	7	12	12	14
BSN Program	*	*	19	20	23	22	25
Generic/Traditional	16	15	15	18	20	19	20
Accelerated (2nd Degree)	4	2	4	4	3	6	7
Pre-Licensure MSN Program	1	2	2	2	3	3	2
Post-Licensure Programs							
RN-BSN	13	10	15	12	15	15	14
MSN Program	*	*	*	*	*	*	13
Clinical Track MSN Program	10	8	9	9	8	8	*
Nurse Practitioner (NP)	9	8	7	6	5	5	6
Combined Clinical Nurse Specialist/Educator	4	0	1	2	0	0	*
Clinical Nurse Specialist (CNS)	4	3	1	2	2	2	3
Certified Nurse Midwifery (CNM)	1	1	1	1	1	1	1
Clinical Nurse Leader (CNL)	3	4	3	5	1	4	2
Certified Registered Nurse Anesthetist (CRNA)	1	0	1	0	0	1	*
Other	4	3	3	1	2	0	1
Non-Clinical Track MSN Program	8	8	*	10	8	10	*
Nurse Educator (NE)	6	7	5	6	7	6	7
Leadership/Management	5	4	3	5	6	7	*
Nurse Administrator	*	*	*	*	*	*	3
Other	1	0	0	*	0	0	0
Certificate Options							
Certificate	9	10	10	12	7	9	8
Nurse Educator (NE)	5	5	4	6	3	7	3
Nurse Practitioner (NP)	1	2	1	3	3	3	5
CNS to NP	3	3	2	4	1	4	2
NP to CNS	6	0	1	2	1	2	0
Other	4	4	8	5	1	4	4
Doctoral Programs							
DNP	6	7	8	8	8	9	9
Post BSN-DNP Program	*	*	*	*	*	*	9
Clinical Nurse Specialist (CNS)	*	*	*	*	*	*	2

Table 1. Programs and Curriculum Options (cont.)

Academic Year	2010-11	2011-12	2012-13	2013-14	2014-15	2017-18	2019-20
Certified Nurse Midwife (CNM)	*	*	*	*	*	*	0
Nurse Practitioner (NP)	*	*	*	*	*	*	6
Certified Registered Nurse Anesthetist (CRNA)	*	*	*	*	*	*	2
Administrator/Leadership	*	*	*	*	*	*	4
Other	*	*	*	*	*	*	2
Post MSN-DNP Program	*	*	*	*	*	*	9
Clinical Nurse Specialist (CNS)	*	*	*	*	*	*	1
Certified Nurse Midwife (CNM)	*	*	*	*	*	*	0
Nurse Practitioner (NP)	*	*	*	*	*	*	5
Certified Registered Nurse Anesthetist (CRNA)	*	*	*	*	*	*	2
Administrator/Leadership	*	*	*	*	*	*	4
Other	*	*	*	*	*	*	4
PhD	3	3	3	3	3	3	3

*Data not available.

Capacity Measures for LPN Programs

Table 2 identifies trends in LPN enrollment and graduation numbers. LPN programs have increased, as well students enrolled. However, the new enrollees remained less than the number of students admitted.

Table 2. Capacity Trends for LPN Programs

Academic Year	2010-11	2011-12	2012-13	2013-14	2014-15	2017-18	2019-20
Institutions Reporting	3	1	4	1	2	4	6
Qualified Applicants	225	30	225	545	*	202	390
Student Seats	152	40	288	92	85	202	228†
Students Admitted	132	26	164	92	85	201	417
Qualified Applicants Not Admitted (%)	93 (41)	4 (13)	61 (27)	453 (84)	0 (*)	10 (5)	* (*)
New Enrollees	129	26	164	92	*	160	222
Enrolled in Program	*	*	*	104	185	298	497
Seats Left Vacant	23	14	124	0	*	0	*
New Graduates	97	*	137	50	58	136	222

*Data not available. †Some institutions reported unlimited student seats.

Capacity Measures for ADN Programs

Table 3 tracks trends in ADN enrollment and graduation numbers. Two additional institutions reported offering an ADN program, with an increase in both the bridge and traditional tracks.

Students admitted remains stable in the bridge programs, despite the two additional programs. Three more traditional programs were reported, accompanied by a large increase in students admitted; although, fewer students enrolled than the previous survey.

Other trends were difficult to identify due to inconsistency in the responses.

Table 3. Capacity Trends for ADN Programs

Academic Year	2010-11		2011-12		2012-13		2013-14		2014-15		2017-18		2019-20	
	15		18		21		8		14		15		17	
	Bridge	Trad	Bridge	Trad	Bridge	Trad	Bridge	Trad	Bridge	Trad	Bridge	Trad	Bridge	Trad
Institutions Reporting	*	*	*	*	*	*	*	*	*	*	12	14	14	17
Qualified Applicants	179	2,105	224	2,514	235	2,831	121	1,449	*	*	182	2,171	192	2,308
Student Seats	130	1,287	172	1,907	190	2,003	106	911	153†	1,743	188†	1,651	223†	1,428†
Students Admitted	106	1,187	151	1,917	134	1,866	98	892	197	1,246	188	1,471	180	2,370
Qualified Applicants Not Admitted (%)	73 (41)	918 (44)	73 (33)	597 (24)	101 (43)	965 (34)	23 (19)	557 (38)	2 (*)	110 (*)	0 (0)	248 (17)	12 (6)	*
New Enrollees	122	1,068	138	1,893	113	1,871	98	845	*	*	189	1,965	143	1,310
Enrolled in Program	134	2,801	193	5,471	203	4,922	130	1,457	264	2,974	177	2,791	211	4,475
Seats Left Vacant	8	219	21	-10	56	137	8	66	*	*	0	*	*	*
New Graduates	75	931	95	1,490	116	1,477	61	668	79	1,379	86	1,048	121	1,498

*Data not available. †Some institutions reported unlimited student seats.

Capacity Measures for Pre-Licensure BSN Programs

Table 4 presents trends in pre-licensure BSN enrollment and graduation numbers. In the traditional program, there was an increase in qualified applicants; although, students admitted was relatively stable. There was a decrease in new enrollees and currently enrolled, with a slight decrease in new graduates.

The number of institutions offering an accelerated/2nd degree program increased from the previous survey. Qualified applicants, students admitted, new enrollees, and graduates increased.

Table 4. Capacity Trends for BSN Programs

Academic Year	2010-11		2011-12		2012-13		2013-14		2014-15		2017-18		2019-20	
Institutions Reporting	* * 19 20 23 22 25		Trad 2nd Degree		Trad 2nd Degree		Trad 2nd Degree		Trad 2nd Degree		Trad 2nd Degree		Trad 2nd Degree	
	16	4	15	2	15	4	18	4	20	3	19	6	20	7
	Qualified Applicants	3,641	313	2,935	244	3,266	263	2,429	233	*	*	3,239	275	3,661
Student Seats	1,896	119	††	89	1,748 ^c	105	971†	89†	1,384†	89†	2,271†	198†	1,983†	228†
Students Admitted	2,546	121	1,858	89	2,249	98	1,284	89	2,865	88	2,676	198	2,664	222
Qualified Applicants Not Admitted (%)	1,095 (30)	192 (61)	1,095 (37)	155 (37)	1,017 (31)	165 (63)	1,145 (47)	144 (62)	1,442 (*)	130 (*)	513 (16)	72 (26)	997 (27)	128 (37)
New Enrollees	1,725	121	1,286	89	1,619	96	1,223	89	*	*	1,925	186	1,667	199
Enrolled in Program	*	*	*	*	*	*	2,436	151	4,922	130	5,365	559	5,195	353
Seats Left Vacant	171	0	-383†	0	-501 ^c	7	-252†	0†	*	*	*	*	*	*
New Graduates	1,415	116	1,490	67	1,325	72	897	88	1,514	107	1,668	166	1,635	208

*Data not available. ††Unlimited seats. †Some institutions reported unlimited student seating. ^cSeats underrepresented due to missing data.

Capacity Measures for Pre-Licensure MSN Programs

Table 5 displays trends in pre-licensure MSN enrollment and graduation numbers. Institutions offering this program declined by one. However, student seats, new enrollees, and total program enrollment increased. New graduates more than doubled from the prior survey.

Table 5. Capacity Trends for Pre-Licensure MSN Programs

Academic Year	2010-11	2011-12	2012-13	2013-14	2014-15	2017-18	2019-20
Institutions Reporting	1	2	2	2	3	3	2
Qualified Applicants	21	915	200	453	*	419	424
Student Seats	16	126	80 ^c	80	108	216	280
Students Admitted	19	383	152	234	61	277	420
Qualified Applicants Not Admitted (%)	2 (10.0)	532 (58.0)	48 (24.0)	219 (48.0)	6 (*)	157 (37.0)	4 (0.9)
New Enrollees	16	168	80	76	*	202	277
Enrolled in Program	*	*	*	265	209	325	471
Seats Left Vacant	0	-42	0 ^c	4	*	*	3
New Graduates	*	*	*	53	60	93	195

*Data not available. ^cSeats underrepresented due to missing data.

Pre-Licensure Graduates

Table 6 reveals pre-licensure graduates from each program. There were 3,657 new graduates from ADN, BSN, and pre-licensure MSN programs in AY 2019-20 (see Tables 3, 4, and 5), which is an increase over prior survey results.

Table 6. Number of Pre-Licensure Graduates

Academic Year	2014-15			2017-18			2019-20		
	ADN	BSN	MSN	ADN	BSN	MSN	ADN	BSN	MSN
Institutions Reporting	15	22	3	15	23	3	17	25	2
Graduates	1,458	1,621	60	1,134	1,834	93	1,619	1,843	195
Total		3,139			3,061			3,657	

Capacity Measures for BSN Completion (RN-BSN) Programs

Table 7 shows trends in BSN completion enrollment and graduation numbers. Institutions offering a BSN completion program declined by one and a decrease in all categories was noted.

Table 7. Capacity Trends for BSN Completion (RN-BSN) Programs

Academic Year	2010-11	2011-12	2012-13	2013-14	2014-15	2017-18	2019-20
Institutions Reporting	13	10	15	12	15	15	14
Qualified Applicants	769	956	1,027	620	*	625	415
Students Admitted	769	955	1,020	557	861	569	405
Qualified Applicants Not Admitted (%)	0 (0.0)	1 (0.1)	7 (1.0)	63 (10.0)	16 (*)	0 (0.0)	10 (2.0)
New Enrollees	503	751	667	442	*	427	321
Enrolled in Program	*	*	*	1,196	*	1,109	876
New Graduates	380	425	497	258	490	476	344

*Data not available.

Capacity Measures for Post-Licensure Master's Programs

The next three tables display capacity measures and trends within post-licensure master's programs offered at 13 institutions. Table 8 shows the various options and program capacity. NP programs offered at six institutions had the greatest number of students in all categories, including new graduates.

Table 8. Capacity Trends for Post-Licensure Master's Programs

Institutions Reporting	CNS	CNM	NP	CNL	NE	ADM	OT
	3	1	6	2	7	3	1
Qualified Applicants	30	12	411	4	41	25	1
Student Seats	30	0	362	30	84	4	††
Students Admitted	26	12	394	4	41	25	1
Qualified Applicants Not Admitted (%)	4 (13)	0 (0)	17 (3)	0 (0)	0 (0)	0 (0)	0 (0)
New Enrollees	13	9	321	4	38	19	1
Enrolled in Program	34	13	740	16	76	42	4
New Graduates	5	2	139	5	20	5	0

††Unlimited seats.

CNS = Clinical Nurse Specialist, CNM = Certified Nurse Midwife, NP = Nurse Practitioner, CNL = Clinical Nurse Leader, NE = Nurse Educator, ADM = Administrator, OT = Other (Leader/Manager).

Previous surveys identified clinical and non-clinical track post-licensure master's programs. This survey did not differentiate between them. However, due to space limitations the prior clinical track data appears in Table 9 and the non-clinical track data appears in Table 10.

Most notable in Table 9, CNS and NP programs increased, along with students admitted and enrolled. However, graduates in both options declined.

Table 9. Capacity Trends for Post-Licensure Master's Programs: CNS, NP, CNM, and CNL

Academic Year	2010-11		2011-12		2012-13		2013-14		2014-15		2017-18		2019-20			
Institutions Reporting	CNS 4	NP 9	CNS 3	NP 8	CNS 1	NP 7	CNS 1	NP 7	CNS 2	NP 6	CNS 2	NP 5	CNS 3	NP 6	CNM 1	CNL 2
Qualified Applicants	11	413	1	431	1	466	20	496	*	*	10	281	30	411	12	4
Students Admitted	11	352	1	384	1	462	11	346	16	362	10	275	26	394	12	4
Qualified Applicants Not Admitted (%)	0 (0)	61 (15)	0 (0)	47 (11)	0 (0)	4 (1)	9 (45)	150 (30)	0 (*)	0 (*)	0 (0)	6 (2)	4 (13)	17 (3)	0 (0)	0 (0)
New Enrollees	11	304	1	327	1	412	9	283	*	*	4	221	13	321	9	4
Enrolled in Program	*	*	*	*	*	*	8	968	28	1,098	11	337	34	740	13	16
New Graduates	26	204	23	285	2	230	0	219	8	232	7	230	5	139	2	5

*Data not available.

CNS = Clinical Nurse Specialist, NP = Nurse Practitioner, CNM = Certified Nurse Midwife, CNL = Clinical Nurse Leader.

Table 10 shows that students enrolled in NE and ADM (leadership) programs has declined. There was an increase in NE programs reported, but graduates remained the same.

Table 10. Capacity Trends for Post-Licensure Master's Programs: NE, LE, ADM, and OT

Academic Year	2010 -2011			2011-12			2012-13			2013-14			2014-15			2017-18			2019-20		
Institutions Reporting	NE 6	LE 5	OT 1	NE 7	LE 4	OT 0	NE 5	LE 3	OT 0	NE 6	LE 5	OT *	NE 7	LE 6	OT 0	NE 4	LE 5	OT 0	NE 7	ADM 3	OT 1
Qualified Applicants	29	14	0	59	26	0	51	32	0	57	50	15	*	*	*	27	*	0	41	25	1
Students Admitted	29	14	0	56	23	0	48	26	0	57	46	15	45	33	*	37	*	0	41	25	††
Qualified Applicants Not Admitted (%)	0 (0)	0 (0)	0 (0)	3 (6)	3 (12)	0 (0)	3 (6)	6 (19)	0 (0)	0 (0)	4 (8)	0 (0)	4 (*)	3 (*)	*	2 (7)	*	0 (0)	0 (0)	0 (0)	0 (0)
New Enrollees	25	14	0	52	23	0	48	25	0	40	40	10	*	*	*	31	*	0	38	19	1
Enrolled in Program	*	*	*	*	*	*	*	*	*	96	70	*	124	41	*	89	70	0	76	42	4
New Graduates	38	14	5	46	38	0	43	21	0	33	18	0	41	11	*	20	*	0	20	5	0

*Data not available. ††Unlimited seats.

NE = Nurse Educator, LE = Leadership, ADM = Administrator, OT = Other (Leader/Manager).

Nurse Educator Program Trends

Table 11 displays capacity trends in NE programs. Seven institutions offered an NE program. There was a slight increase in the students admitted, but a decline in students enrolled. New graduates remained the same from the prior survey.

Table 11. Capacity Trends for Nurse Educator Programs

Academic Year	2013-14	2014-15	2017-18	2019-20
Institutions Reporting	6	7	4	7
Students Admitted	57	45	37	41
Qualified Applicants Not Admitted	0	0	2	0
Enrolled in Program	96	124	89	76
New Graduates	33	41	20	20

Certificate Options and Trends

Tables 12 and 13 show the various graduate certificate options and enrollment. Institutions offering an NE or an NP to CNS option has declined. Additionally, graduate level certificates in the areas of psychiatric/mental health, nurse midwife, and trauma-informed care were offered at various institutions. The NP graduate certificate option had 68 students enrolled among five programs. There were three students enrolled in the NE graduate certificate programs.

Table 12. Graduate Certificate Options and Trends

Academic Year	2010-11	2011-12	2012-13	2013-14	2014-15	2017-18	2019-20
Institutions Reporting	9	10	10	12	7	9	8
NE	5	5	4	6	3	7	3
NP	1	2	1	3	3	3	5
CNS/MSN to NP	3	3	2	4	1	4	2
NP to CNS	6	0	1	2	1	2	0
Other	4	4	8	5	1	4	4

Table 13. Graduate Certificate Program Enrollment

Certificate	Institutions Reporting	Students Enrolled
NE	3	3
NP	5	68
CNS/MSN to NP	2	3
Other	4	25
Nurse Midwife	1	9
Psychiatric Mental Health	1	8
Post MSN Psych Mental Health NP	1	6

Capacity Measures for Post-BSN and Post-MSN DNP Programs

In the previous survey, only the number of students enrolled in the post-BSN to DNP options and the post-MSN to DNP track was asked (see Table 17). Program capacity for AY 2019-20 is depicted in Table 14. When reviewing both tables, the number of students enrolled in the CNS track decreased from 25 to 17. There has been an increase in students enrolled in the NP track, from 418 to 480, and the ADM track, from 12 to 26.

Table 14. Capacity Trends for Post-BSN and Post-MSN DNP Programs

Programs	Post-BSN DNP						Post-MSN DNP					
	CNS	CNM	NP	CRNA	ADM	OT	CNS	CNM	NP	CRNA	ADM	OT
Qualified Applicants	8	0	237	94	17	2	0	0	17	50	20	14
Student Seats	40	0	144	28	59	40†	0	0	†	22	55	6†
Students Admitted	7	0	200	28	17	1	0	0	15	12	19	13
Qualified Applicants Not Admitted (%)	1 (13)	0 (0)	37 (16)	66 (70)	0 (0)	1 (50)	0 (0)	0 (0)	2 (12)	38 (76)	1 (5)	1 (7)
New Enrollees	4	0	148	28	17	0	0	0	15	12	15	11
Enrolled in Program	17	0	480	88	26	3	0	0	47	18	19	27
New Graduates	2	0	100	11	0	0	0	0	6	0	8	12

*Data not available. †Some institutions reported unlimited student seating. CNS = Clinical Nurse Administrator, CNM = Certified Nurse Midwife, NP = Nurse Practitioner, CRNA = Certified Registered Nurse Anesthetist, ADM = Nurse Administrator, OT = Other.

Other Post-BSN = Community/Public Health (1), MBA/DNP (1). Other Post-MSN: DNP without specialty (3), MBA/DNP (1).

Capacity Measures for DNP and PhD Programs

Table 15 shows DNP and PhD program enrollment and graduation numbers. The number of institutions that offer a DNP program remained stable. Students admitted and enrolled has increased over time. However, there was a decline in DNP graduates. Of note was the increase in qualified applicants and those not admitted.

Although PhD programs remained unchanged, the number of students reported in all categories decreased, including new graduates.

Table 15. Capacity Trends for DNP and PhD Programs

Academic Year	2010-11		2011-12		2012-13		2013-14		2014-15		2017-18		2019-20	
Institutions Reporting	DNP	PhD	DNP	PhD	DNP	PhD	DNP	PhD	DNP	PhD	DNP	PhD	DNP	PhD
Qualified Applicants	6	3	7	3	8	3	8	3	8	3	9	3	9	3
Student Seats	114	38	*	31	*	47	301	26	*	*	325	37	462	32
Students Admitted	172	50	*	*	*	0	207†	3†	156†	3†	72†	30†	348†	††
Qualified Applicants Not Admitted (%)	106	36	*	7	*	43	254	19	231	40	278	33	315	28
New Enrollees	8	2	*	24	*	4	47	7	75	25	41	4	147	4
Enrolled in Program	(7)	(5)	(*)	(77)	(*)	(9)	(16)	(30)	(*)	(*)	(13)	(11)	(32)	(13)
New Graduates	94	31	*	12	*	38	207	16	*	*	231	22	250	14
	*	*	*	*	*	*	429	136	528	142	541	123	725	114
	12	25	*	19	*	13	54	25	123	24	148	26	139	14

*Data not available. †Some institutions reported unlimited student seating. ††Unlimited seats.

Factors Limiting Admissions

Table 16 records the top three factors that limited admission for pre- and post-licensure programs. Pre-licensure programs identified lack of clinical sites and non-competitive faculty salaries as top factors. Lack of student demand and lack of qualified faculty/instructional academic staff (IAS) candidates to hire was also selected.

Post-licensure MSN programs and DNP programs identified lack of qualified faculty/IAS candidates, budgeted positions, and clinical placement sites as factors that limited admissions. PhD program respondents selected the lack of qualified student candidates as the only factor. Overall, the limiting factor identified by most programs was the lack of clinical placement sites.

Table 16. Factors Limiting Admission

Factors	LPN	ADN	BSN	Pre-Licensure MSN	Post-Licensure MSN	DNP	PHD
Currently meeting demand	x	x	x				
Lack of qualified faculty/IAS candidates to hire in applicant pool			x		x	x	
Budgeted faculty/IAS positions not available					x	x	
Faculty/IAS salaries not competitive		x	x				
Lack of qualified student applicants to admit							x
Lack of clinical placement sites	x	x		x		x	x
Lack of simulation space/capacity					x		
Lack of classroom space				x			
Lack of student demand	x			x			

Student Enrollment by Curriculum Track

Table 17 displays students enrolled in the various curriculum programs or tracks over the past three surveys. Students enrolled in LPN and ADN programs increased. Enrollment in pre-licensure and post-licensure BSN programs decreased. Pre-licensure MSN enrollment increased.

Total student enrollment in MSN graduate programs increased; although, enrollment in the NE track dropped. Within DNP programs, CNS enrollment decreased, while enrollment in CRNA, NP, and ADM tracks increased.

Table 17. Student Enrollment by Curriculum Track

Academic Year	2014-15	2017-18	2019-20
Pre-Licensure Programs			
LPN Program	185	298	497
AND Program			
Generic/Traditional	2,974	2,791	4,475
Bridge	264	177	211
Total ADN	3,238	2,968	4,686
BSN Program			
Generic/Traditional	4,922	5,365	5,195
Accelerated (2nd Degree)	130	559	353
Total Pre-Licensure BSN	5,052	5,924	5,548
Pre-Licensure MSN	209	325	471
Post-Licensure Programs			
RN-BSN	1,460	1,109	876
MSN Program			
MSN: CNS	28	11	34
MSN: CNS/NE	0	0	*
MSN: CNM	23	10	13
MSN: CRNA	0	6	*
MSN: NP	1,098	337	740
MSN: CNL	29	118	16
MSN: Nurse Educator	124	89	76
MSN: Nurse Administrator	41	70	42
MSN: Other	*	*	4
Total MSN	1,343	654	925
DNP Programs			
Post BSN: CNS	*	25	17
Post BSN: CNM	*	0	0
Post BSN: NP	*	418	480
Post BSN: CRNA	*	27	88
Post BSN: Admin/Leadership	*	12	26
Post BSN: Other	*	0	3
Post MSN: DNP	*	*	*
Post MSN: CNS	*	*	0
Post MSN: CNM	*	*	0
Post MSN: NP	*	*	47
Post MSN: CRNA	*	*	18
Post MSN: Admin/Leadership	*	*	19
Post MSN: Other	*	*	27
Total DNP	528	541	725
PhD	142	123	114
Total Doctoral	670	664	839

*Data not available

Discussion and Recommendations for Programs

A recommendation from the previous survey was to obtain site-specific data for institutions with multiple sites as an attempt to identify regional characteristics. This survey included instructions for the program director/administrator to complete a survey for each site within their program. Only a few institutions provided site-specific information (see Table 1). Due to uncertainty that all site information had been captured for this report, the site data were aggregated at the institutional level.

Overall, pre-licensure programs increased, except for the pre-licensure MSN. Within post-licensure programs, RN-BSN programs decreased by one, while the DNP and PhD programs remained unchanged. There were 13 post-licensure MSN programs offering a variety of options. Unlike prior reports, this report does not delineate between clinical track and non-clinical track in master's programs because many institutions in the state have or are transitioning their advanced clinical practice programs from a master's degree to a doctoral degree, as recommended by the AACN (2015). In addition, this change reflects a more holistic view of MSN programs and is congruent with the way DNP programs are reported. Fewer institutions reported offering a graduate certificate.

LPN programs grew to six, which is the highest number since the inception of this survey. This increase could be a result of a higher survey response rate and/or an indication of growing demand for LPNs across various care settings. There is also a corresponding interest demonstrated by students who are applying, enrolling, and graduating in larger numbers from these programs. The most common work setting for LPNs is extended care facilities (42.8%), for example, nursing homes, assisted living, and memory care (Bowers et al., 2020). This occupation is often the beginning of a pathway to continuing education to become a registered nurse. According to the *Wisconsin 2019 LPN Workforce Survey*, 33.7% of LPNs are currently enrolled in or are planning to pursue further education in nursing within the next 2 years (Bowers et al., 2020).

Although the LPN supply is steadily increasing, there has been a decrease in LPNs in the workforce over time (Bowers et al., 2018, 2020; Veal & Henriques, 2015). The Wisconsin Hospital Association (2019) also reported that the LPN supply is falling behind demand, possibly prompting nursing schools to open LPN programs.

ADN programs also increased in both the traditional and bridge options, and these programs graduated nearly half (44%) of the newly added RNs to the workforce in 2019-20. Although there was a 60% increase in traditional program enrollment, there was a decrease in students admitted (188 to 180) and new enrollees (189 to 143) in the bridge programs.

BSN programs increased from 22 to 25, even though one institution offering both a generic/traditional and an RN to BSN curriculum closed the summer of 2020. That institution did not receive a survey in the fall of 2020. Results from programs that did report indicated an increase in both traditional and accelerated/2nd degree options. Although qualified applicants increased by 422, students admitted to traditional programs remained unchanged from the prior report. This left 27% of applicants unable to enroll in a program, which is an increase of 11%

over the last survey. Nationally, in 2020, baccalaureate programs turned away 66,274 qualified applicants (AACN, 2021f).

Within the generic/traditional BSN programs, fewer newly admitted students enrolled, fewer students were enrolled in a program, and there was a slight decline in graduates. The trend of greater numbers of students applying but not enrolling could be a result of students applying to multiple locations and selecting one institution to attend.

The interest in accelerated/2nd degree programs continues to grow, with qualified applicants, students admitted, new enrollees, and graduates increasing. Like the traditional programs, there was an increase of 11% of applicants unable to enroll in a program, even though there were more seats available. There was a slight increase in graduates, resulting in a slight gain in the pre-licensure BSN graduates.

Pre-licensure MSN programs continue to be in demand, with qualified applicants, new enrollees, and new graduates increasing, even with one less program reporting. This is another pathway for individuals with a baccalaureate degree in another discipline who wish to enter the nursing profession while also obtaining a graduate degree. Of interest is that only two-thirds of the students admitted (420) actually enrolled (277). This could be a function of students applying to both prelicensure MSN programs and/or 2nd degree accelerated BSN programs. If accepted to both types of programs, a student may choose the accelerated/2nd degree BSN rather than the pre-licensure MSN, allowing them to graduate sooner and at less cost. According to the AACN (2019a), accelerated baccalaureate programs are typically 12-18 months long; whereas, a pre-licensure master's degree for non-nursing graduates takes 3 years, with baccalaureate-level nursing courses during year one followed by 2 years of graduate study.

RN to BSN programs represent another pathway to the baccalaureate degree in nursing for RNs who have an associate degree. These programs focus on research, leadership, and community/public health to supplement the education and skills of nurses already in the healthcare workforce. According to the *2020 RN Workforce Survey*, nurses with an associate degree comprise 32.7% (26,648) of all licensed RNs in Wisconsin (Zahner et al., 2021). This important segment of the RN workforce has been encouraged for many years to advance their education to the baccalaureate level (American Nurses Association, 1965). More recently, the Institute of Medicine (2011) recommended that the nursing workforce be comprised of 80% baccalaureate-prepared nurses to meet the needs of a more complex healthcare environment. This prompted acute care hospitals to increase the proportion of BSN nurses employed, from an average of 41% BSN nurses in 2006 to 56% BSN nurses in 2016 (Lasater et al., 2021). Another impetus for employing more baccalaureate-prepared nurses is the Magnet Recognition Program. To obtain Magnet accreditation by the American Nurses Credentialing Center (2021), hospitals undertake an intensive process to demonstrate nursing excellence and high-quality patient care. Currently, there are eight hospitals in Wisconsin with Magnet status. Many hospitals prefer to hire nurses with a baccalaureate degree and encourage RNs without a baccalaureate degree to complete an RN-BSN program.

Despite the need for more nurses with a BSN, RN-BSN programs have decreased by one. There were only 415 qualified applicants reported, which is 210 fewer than the previous survey. There was also a decline in newly enrolled students, from 427 in 2017-18 to just 321 students in 2019-

20. This could be related to the increasing fully online programs available nationally competing for the same student population. Across the country there are over 700 RN to BSN programs, with over 600 offered fully or partially online (AACN, 2019b). However, nurses enrolled in those programs nationally is also declining (AACN, 2021f). The RN Workforce Survey collected data regarding the most recent nursing degree earned in Wisconsin. Over the past several surveys, the trend shows a declining percentage of degrees earned in the state. In 2016, 75% of nurses had obtained their most recent nursing degree from Wisconsin; this number dropped to 74.1% in 2018 and declined again to 71.7% in 2020 (Zahner et al., 2016, 2019, 2021). With advances in technology, the ease of obtaining a degree from fully online programs may be one reason for the decline in the most recent nursing degrees earned in Wisconsin.

Post-licensure MSN programs confer a graduate degree that prepares RNs for additional opportunities in advanced roles, including nurse educator, nurse manager, and clinical practice. Nurse educator programs continue to decline in enrollment, and graduation numbers are stagnant. With the emphasis on the nurse educator shortage in Wisconsin over the past decade (Young et al., 2016), it is concerning that there has been no increase in nurses graduating with a master's in nursing education. Additionally, the new *AACN Essentials* do not include a master's in nursing education (AACN, 2021g). The consequence of this has yet to be determined, as there may no longer be a pathway to the nurse educator role at the master's level.

Fewer students are enrolling in nurse administration/management programs. Students interested in this area who wish to become administrators may be choosing the DNP, as there are equal numbers of students enrolled in both MSN and DNP programs. Even with the combined number of graduates, they will not meet workforce demand. According to the WCN, 11,552 or 35% of organizational leadership intend to stay in their current positions for less than 5 years (Zahner et al., 2021).

With 13 Wisconsin institutions offering multiple specializations at the master's level, the most popular track continues to be the nurse practitioner. Applicants, students admitted, and new enrollees have increased from the prior survey. However, graduates declined for the first time in the history of the survey. Potentially, this could be a result of the movement towards the DNP being the required degree for nurse practitioners. Students may be transferring to a doctoral program after initially enrolling in an MSN program.

Obtaining a post-MSN graduate certificate provides an opportunity for a nurse to specialize in an area without obtaining a formal degree. Wisconsin nursing academic institutions continue to offer a variety of certificates. Similar to the post-licensure master's programs, the nurse practitioner certificate offered at five institutions remains the most popular option within certificate programs. Although MSN nurse educator programs increased by three, institutions offering a nurse educator certificate decreased by four, with only three students enrolled.

Wisconsin institutions offering a DNP remains stable at nine. Nationwide, there are 357 DNP programs currently enrolling students, with over 100 new DNP programs being planned (AACN, 2020a). This growing interest in DNP programs is exemplified by the increasing qualified applicants. This survey had a 30% increase in qualified applicants, which exceeds the 14% national growth noted by AACN (2021d). In addition, students enrolled in Wisconsin programs grew by 42%. Although students admitted increased, almost one-third of the qualified applicants

were not admitted. This could be due to the schools with limited seats having more qualified applicants than they could admit. Of the 315 qualified students admitted, only 250 enrolled. This translates to a higher percentage than the prior survey and could be the result of students applying to multiple institutions. Although there was a slight decline in new graduates, it is anticipated that this will not be a trend due to the increase in total number enrolled in a program. Within the state, the nurses with a DNP have increased from 720 in 2018 to 1,038 in 2020 (Zahner et al., 2019, 2021).

Although nurses in Wisconsin with a PhD in Nursing have increased from 259 in 2018 to 290 in 2020 (Zahner et al., 2021), new graduates from Wisconsin institutions have decreased. In addition, there were fewer qualified applicants, students admitted, new enrollees, and total students enrolled in a PhD program. This is concerning because PhD-prepared nurses are needed to conduct research and provide leadership in nursing education programs. One statistically significant characteristic of approved programs that have a high NCLEX pass rate is having a program director with a PhD (Spector et al., 2020).

There is increasing competition for PhD-prepared nurses. PhD-prepared nurses selecting to work outside of academia and instead within healthcare organizations as nurse scientists conducting research on clinical issues and fostering evidence-based practice are increasing (Logsdon et al., 2017; Polomano et al., 2021). While students in PhD programs declined in Wisconsin, in 2020, there was a 24% growth in applications to research-focused doctorate programs across the nation (AACN, 2021d). This national growth in PhD applications is promising, and Wisconsin nurses may well be applying to out-of-state PhD programs.

A slightly refined question was asked to identify factors preventing all programs from accepting more students; therefore, comparison between surveys is not possible. However, the lack of clinical placement sites was cited most frequently in both the previous and current survey. The National League for Nursing (NLN, 2021a) also reported that 46% of programs identified this factor as the primary obstacle to admitting more qualified applicants. Current survey respondents from BSN, post-licensure MSN, and DNP programs also cited the lack of qualified faculty/IAS candidates to hire as a limiting factor. Post-licensure MSN and DNP programs noted that budgeted positions are not available, which impacts their ability to increase students admitted. Within PhD programs, a lack of qualified student applicants continues to be the only factor limiting capacity (Young et al., 2020).

Wisconsin nursing programs are preparing students at every level to meet today's healthcare demands and face tomorrow's challenges. To ensure that existing nursing programs remain strong and can potentially expand, a robust infrastructure must be in place. This includes funding to strengthen and expand staffing, technology, equipment, and space.

Nursing academic institutions need to remain flexible, under the auspices of accreditation organizations and Board of Nursing, as demonstrated by nursing programs' innovative responses to the COVID-19 pandemic. In particular, simulation and virtual simulation were utilized to a much higher degree during spring of 2020 than previously. There is greater capacity to incorporate more simulation as part of clinical learning. Therefore, the recommendation is for

programs to increase the use of simulation up to 50% to meet clinical demand, as authorized by the Wisconsin State Board of Nursing (N 1.08 3b).

Institutions reported lack of clinical sites as a limiting factor in expanding enrollment. The *Future of Nursing* report suggested the expansion of clinical sites to include community-based facilities, childcare centers, long-term care facilities, rehabilitation centers, hospice facilities, and other healthcare-related facilities (IOM, 2011). Additionally, dedicated education units (DEU) provide a proven alternative for an expansion of clinical capacity. It is recommended that both community-based clinical sites and DEUs be implemented to address the lack of clinical sites.

The lack of academic nurse educators is going to have a far-reaching impact on nursing education and the nurse workforce unless it is addressed immediately. According to the NLN (2021b), nursing faculty leaving the profession will be escalating. Currently 82% of NLN member institutions recruited for new faculty and 74% experienced difficulty in hiring. In addition, according to the National Advisory Council on Nursing Education and Practice (NACNEP, 2020), 30% of nurse faculty active in 2015 are expected to retire by 2025, resulting in a faculty *brain drain*. PhD and DNP program directors can help ameliorate this problem by encouraging students to consider the role of nurse educator upon graduation and evaluating their curriculum for nursing education theory/pedagogy. Where nursing education content does not exist, courses should be added to prepare doctoral students for future opportunities in teaching.

Section III. Students

Student Race and Ethnicity by Program

Table 18 depicts student race and ethnicity. Regardless of program, most Wisconsin student nurses were identified as White/Caucasian. The most notable changes from the 2017-18 survey to the 2019-20 survey are identified. The percentage of Black/African American students increased in LPN programs (5.7% to 12.5%) and pre-licensure MSN programs (5.5% to 6.4%). The percentage of Hispanic/Latino students enrolled in traditional BSN programs increased from 4.9% to 6.7%. There was an increase in the percentage of Asian students enrolled in ADN programs (2.9% to 3.5%) and pre-licensure MSN programs (0.9% to 6.4%). The percentage of American Indian or Alaskan Native students enrolled in a PhD program increased from 0.7% to 4.6%.

Table 18. Student Race and Ethnicity by Program

Program	White/ Caucasian	Black/ African American	Hispanic/ Latino	Asian	Native Hawaiian/ Pacific Islander	American Indian or Alaskan Native	Multiracial	Unknown
	n %	n %	n %	n %	n %	n %	n %	n %
LPN	207 72.1	36 12.5	13 4.5	17 5.9	5 1.7	7 2.4	2 0.7	* *
ADN- Generic/Traditional	2,441 69.7	199 5.7	86 2.5	123 3.5	86 5.6	29 0.8	61 1.7	479 13.7
ADN-Bridge	142 70.0	12 5.9	10 4.9	9 4.4	1 0.5	5 2.9	1 0.5	23 11.3
BSN- Generic/Traditional	4,382 79.1	215 3.9	369 6.7	213 3.8	15 0.3	21 0.4	211 3.8	113 2.0
BSN-Accelerated (2nd degree)	290 81.0	14 3.9	8 2.2	22 6.1	0 0.0	2 0.6	11 3.1	11 3.1
RN-BSN	795 85.3	38 4.1	19 2.0	27 2.9	21 2.3	5 0.5	20 2.1	7 0.8
Pre-Licensure Master's	270 57.3	30 6.4	45 9.6	30 6.4	0 0.0	1 0.2	16 3.4	79 16.8
Post-Licensure Master's	823 82.3	51 5.1	37 3.7	27 2.7	3 0.3	1 0.1	13 1.3	45 4.5
DNP	603 81.3	35 4.7	24 3.2	43 5.8	2 0.3	3 0.4	8 1.1	24 3.2
PhD	91 75.4	4 6.2	6 4.6	5 3.1	1 1.5	3 4.6	1 1.1	3 4.6
Total	10,044	634	617	516	134	77	344	784

*Data not available. Note. Several schools did not report.

Student Gender by Program

Table 19 provides gender information by program. The accelerated (2nd degree) BSN program and the pre-licensure master's program had the highest percentage of male students, while the LPN programs had the lowest. The DNP and PhD programs also had a high percentage of males enrolled.

Table 19. Student Gender by Program

Gender	Female		Male	
	n	%	n	%
LPN	399	97.6	10	2.4
ADN-Generic/Traditional	2,907	89.9	327	10.1
ADN-Bridge	199	92.6	16	7.4
BSN-Generic/Traditional	5,039	89.6	591	10.4
BSN-Accelerated (2nd degree)	342	83.1	70	17.0
RN-BSN	856	91.8	76	6.2
Pre-Licensure Master's	385	81.7	86	18.3
Post-Licensure Master's	929	92.9	71	7.1
DNP	630	84.9	112	15.1
PhD	101	88.6	13	11.4
Total	11,787	89.6	1,372	10.4

Student Age by Program

Table 20 organizes students by age range according to program. Most students were reported to be within the 21-25 age category. Students enrolled in ADN generic and RN-BSN programs had the widest range of ages. Over 45% of students enrolled in DNP programs were under the age of 31, and almost 50% of PhD students were over the age of 40,

Table 20. Student Age by Program

Age	≤20		21-25		26-30		31-40		41-50		51-60		≥61	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
LPN	37	13.0	76	26.0	66	23.0	71	25.0	29	10.0	8	3.0	2	0.7
ADN-Generic/ Traditional	287	8.0	1,114	30.0	864	23.0	889	24.0	298	8.0	50	1.0	4	0.1
ADN-Bridge	3	0.1	35	0.9	51	1.0	89	2.0	22	0.6	3	0.1	0	0.0
BSN-Generic/ Traditional	1,590	31.0	3,003	59.0	249	5.0	145	3.0	65	1.0	11	0.2	2	0.0
BSN-Accelerated (2nd degree)	13	4.0	173	49.0	92	26.0	57	16.0	15	4.0	6	2.0	1	0.3
RN-BSN	19	2.0	167	18.0	269	30.0	262	28.0	173	19.0	29	3.0	4	0.0
Pre-Licensure Master's	0	0.0	252	54.0	126	27.0	63	13.0	24	5.0	6	1.0	0	0.0
Post-Licensure Master's	0	0.0	105	12.0	284	31.0	364	40.0	137	15.0	27	3.0	0	0.0
DNP	0	0.0	105	14.0	262	35.0	270	36.0	86	12.0	17	2.0	2	0.3
PhD	0	0.0	4	4.0	12	11.0	43	38.0	27	24.0	26	23.0	2	2.0
Total	1,949		5,034		2,275		2,253		876		183		17	

Discussion and Recommendations for Students

Race and ethnicity disparities continue to be a challenge within nursing education. There is slightly more diversity reported among nursing students in the current survey than in previous surveys; although, it remains difficult to ascertain student diversity due to the large number of *unknown* survey responses. The *2020 RN Workforce Survey* identified 93.4% of RNs as White (Zahner et al., 2021); whereas, this survey identified between 57.3% to 85.3% in the different programs to be White/Caucasian. This is more in line with the Census data that reported 87% of the Wisconsin population as White/Caucasian (U.S. Census Bureau, 2019).

Within pre-licensure programs, there was an increase in the percentage of Black/African American, Asian, and Hispanic/Latino students. Within post-licensure programs, there was not as much diversity noted in the RN-BSN and MSN programs. The DNP programs saw a slight increase in the same categories as the pre-licensure programs, while the PhD programs saw more students from American Indian or Alaskan Native descent.

It is interesting to note that diversity is increasing in both the pre-licensure and DNP programs. Considering that the profession has been focused on creating a more diverse workforce, this is promising.

In terms of gender, there is a higher percentage of males enrolled in nursing programs than the percentage of males currently employed as registered nurses in Wisconsin. Findings from this survey show that males comprise 10.4% of the total student enrollment in all programs. In contrast, males represent only 7.9% in the nursing workforce, with 0.2% identified as nonbinary (Zahner et al., 2021). Programs where the percentage of male students is higher than the workforce percentage include ADN (10.1%), BSN traditional (10.4%), BSN accelerated/2nd degree (17%), pre-licensure master's (18.3%), DNP (15.1%), and PhD (11.4%). These percentages are similar to reports by the NLN (2021a), which found that males comprised 15% of those enrolled in ADN, MSN, and doctoral programs. It appears that many males enter the nursing profession already holding a degree, allowing them to enroll in an accelerated BSN program or a pre-licensure master's program and enter the workforce sooner.

Student age varies across nursing programs. As expected, the survey confirms that traditional BSN programs have the highest percentage (90%) of students 25 years of age or younger. Other programs enrolling younger students include the BSN accelerated/2nd degree and the pre-licensure master's programs, where most students fall within the 21-30 age group. Students enrolled in LPN and ADN programs span a broader age range, with almost 50% of the students falling between 26 and 40 years.

RN-BSN students are also distributed across wider age categories, ranging from 21 to 50 years. One reason that may contribute to the wider age range is that students enrolling in ADN programs may be older. In addition, some students, upon completing their associate degree, may enter the workforce to gain experience before returning to school for further education.

Almost three-quarters of all DNP students fall within the ages of 26 and 40. A trend to watch is the number of students enrolled who fall within the ages of 26 to 30. The *2015 Wisconsin Nursing Education and Nurse Faculty Survey* showed that almost 20% of students fell within that category (Sabel & Schmitt, 2017); whereas, current survey data reveal that percentage to be

35%. This is consistent with the most current supply and demand forecast affirming that the age of nurses with advanced degrees is trending younger (Walsh & Casal, 2020). Earlier completion of the DNP program prepares these advanced practice nurses to provide care to their community and/or teach within nursing programs for an extended period of time.

There is concern over the declining enrollment in PhD programs, but just as concerning is the age of the students enrolled in Wisconsin institutions. The current survey showed that 23% of the students were between 51 and 60 years of age; whereas, the 2015 survey reported only 5% of students fell within that age range (Sabel & Schmitt, 2017). The overall trend is that nurses returning to Wisconsin schools for this terminal degree are older, which decreases the amount of time available to conduct research, to teach, and to provide institutional leadership.

Wisconsin nursing student diversity has increased slightly, but is still far from reflecting the level of diversity within the state. Nursing institutions need to establish outcome measures that include diversity for their programs that mirror the diversity of their communities or regions. To meet the goal of a more diverse nursing workforce, Wisconsin nursing institutions need to encourage the enrollment of a more diverse population. The use of career exploration, advising, and mentoring of diverse K-12 students may encourage them to consider the nursing profession. Once these students are admitted, institutional evidence-based practices should be in place to foster student progression to graduation and licensure preparation.

Nursing institutions should also create a welcoming environment for male students and provide support from admission to graduation. Nursing programs should provide opportunities for males to learn about nursing as a profession during primary and secondary education. Men coming to nursing as a second degree should also be encouraged through inclusive programming.

Section IV. Faculty

Faculty Positions and Vacancies

Tables 21 and 22 show the faculty positions filled and vacancies. Table 21 indicates that 95.4% of positions were filled at the time of the survey. Administrators reported 69 open positions, resulting in a 4.6% vacancy rate. Of these vacancies, 41 of the 69 (almost 60%) were for full-time positions. As seen in Table 22, full-time vacancies continued to decline, but part-time vacancies increased.

Table 21. Faculty Positions and Vacancies

Academic Year 2019-20	Filled Positions		Vacant Positions	
	n	%	n	%
Full-Time Tenure/Tenure Track	309	21.4	19	27.5
Full-Time Non-Tenure/IAS	572	39.6	22	31.9
Part-Time Instructors	565	39.1	28	40.6
Total	1,446	95.4	69	40.6

Table 22. Faculty Position and Vacancy Trends

	Filled Positions			Vacant Positions		
	2014-15	2017-18	2019-20	2014-15	2017-18	2019-20
Institutions Reporting	38	37	40	38	37	40
Full-Time	799	808	881	61	44	41
Part-Time	610	448	565	20	19	28
Total	1,409	1,256	1,446	81	63	69

Faculty Education by Highest Degree Earned

Table 23 displays full-time and part-time faculty by highest degree earned. There was an increase in full-time PhDs, but part-time faculty with a PhD declined. Faculty with a DNP or MSN increased in both the full-time and part-time categories. There was also a small increase in faculty with a non-nursing master's degree. BSN-prepared faculty almost doubled.

Table 23. Faculty Education by Highest Degree Earned

Academic Year	Full-Time						Part-Time				Total					
	2017-18		2019-20		Non-Tenure Track/IAS		2017-18		2019-20		Instructor		2017-18		2019-20	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
PhD in Nursing	140	18.8	109	33.5	49	8.6	30	6.9	18	3.2	170	14.4	176	12.1		
Doctor of Nursing Practice	92	12.3	27	8.3	96	16.9	61	14.0	83	14.7	153	13.0	206	14.2		
Doctorate Non-Nursing	31	4.2	13	4.0	8	1.4	12	2.8	10	1.8	43	3.6	31	2.1		
Other Nursing Research Doctorate	4	0.5	2	0.6	2	0.4	3	0.7	2	0.4	7	0.6	6	0.4		
Master's in Nursing	467	62.4	167	51.4	388	68.4	261	60.0	347	61.6	728	61.5	902	62.0		
Master's Non-Nursing	2	0.3	3	0.9	5	0.9	8	1.8	6	1.1	10	0.9	14	1.0		
Bachelor's in Nursing	10	1.3	3	0.9	19	3.4	50	11.5	93	16.5	60	5.1	115	7.9		
Bachelor's Non-Nursing	0	0.0	0	0.0	0	0.0	1	0.2	0	0.0	1	0.1	0	0.0		
Associate or Diploma in Nursing	0	0.0	1	0.3	0	0.0	0	0.0	4	0.7	0	0.0	5	0.3		
Unknown	0	0.0	*	*	*	*	9	2.1	*	*	9	0.8	*	*		

*Data not available.

Faculty by Race and Ethnicity

Table 24 reports racial and ethnic identity of full-time and part-time faculty. Diversity remained limited, with the majority of faculty (85%) identified as White/Caucasian. There was an increase in Black/African American, Asian, and Native Hawaiian or other Pacific Islander faculty members since the prior survey.

Table 24. Faculty by Race and Ethnicity

Academic Year	Full-Time						Part-Time				Total			
	2017-18		2019-20		2019-20		2017-18		2019-20		2017-18		2019-20	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
White/Caucasian	739	91.6	238	77.8	479	90.0	382	85.3	425	84.2	1,121	89.3	1,142	85.0
Black/African American	37	4.6	26	8.5	14	2.2	18	4.0	24	4.8	55	4.4	64	4.8
Hispanic/Latino or Spanish	12	1.5	5	1.6	5	0.9	9	2.0	11	2.2	21	1.7	21	1.6
Asian	11	1.4	7	2.3	5	0.9	5	1.1	9	1.8	16	1.3	21	1.6
American Indian or Alaska Native	2	0.2	0	0.0	1	0.2	2	0.5	1	0.2	4	0.3	2	0.1
Native Hawaiian or Other Pacific Islander	2	0.2	2	0.7	3	0.6	1	0.2	2	0.4	3	0.2	7	0.5
Multiracial	2	0.2	0	0.0	2	0.4	4	0.9	3	0.6	6	0.5	5	0.4
Race/Ethnicity Unknown	2	0.2	28	9.2	23	4.3	27	6.0	30	5.9	29	2.3	81	6.0

Faculty by Gender

Tables 25 and 26 show faculty by gender working full- and part-time. Table 25 shows there were more males working part-time as opposed to full-time. Table 26 depicts that although the total number of males employed was up slightly, males working full-time decreased, as well as the overall percentage.

Table 25. Faculty by Gender

Academic Year 2019-20	Full-Time Tenure Track		Full-Time Non-Tenure Track/IAS		Part-Time Instructor		Totals	
	n	%	n	%	n	%	n	%
Female	272	93.8	544	95.8	487	91.7	1,303	93.8
Male	18	6.2	24	4.2	44	8.3	86	6.2

Table 26. Faculty Gender Trends

Academic Year	2017-18		2019-20		2017-18		2019-20		2017-18		2019-20	
	Full-Time				Part-Time				Total			
	n	%	n	%	n	%	n	%	n	%	n	%
Female	762	94.4	816	95.1	411	91.7	487	91.7	1,173	93.4	1,303	93.8
Male	45	5.6	42	4.9	37	8.3	44	8.3	82	6.6	86	6.2

Faculty by Age

Table 27 depicts the distribution of both full-time and part-time faculty by age. There were 577 (43.4%) faculty above the age of 51 and 210 (15.8%) above the age of 61. Regarding full-time faculty, 394 (48.1%) were 51 and older and 136 (16.6%) were over 61. For part-time faculty, 183 (35.7%) were 51 and older and 74 (14.5%) were over 61. Of the faculty who were 40 years of age or under, over half (209) were employed part-time.

Table 27. Faculty by Age

Age	≤ 30		31-40		41-50		51-55		56-60		61-65		66-70		≥ 71	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Full-Time Tenure/Tenure-Track	5	1.7	50	17.4	73	25.3	45	15.6	56	19.4	40	13.9	18	6.3	1	0.3
Full-Time Non-Tenure/IAS Position	14	2.6	132	24.9	151	28.4	93	17.5	64	12.1	53	10.0	22	4.1	2	0.4
Part-Time	46	9.0	163	31.8	120	23.4	50	9.8	59	11.5	40	7.8	28	5.5	6	1.2
Total	65	4.9	345	25.9	344	25.8	188	14.1	179	13.4	133	10.0	68	5.1	9	0.7

Faculty Enrolled in Graduate Programs

Table 28 presents the full-time and part-time faculty enrolled in a graduate program. There has been an increase in faculty enrolled in various graduate programs. More part-time instructors were attending graduate school than previously reported. Faculty enrolled in MSN programs more than doubled.

Table 28. Faculty Enrolled in Graduate Programs

Academic Year	Full-Time			Part-Time		Total	
	2017-18	2019-20 Tenure Track	2019-20 Non-Tenure Track/IAS	2017-18	2019-20	2017	2019-20
PhD	33	3	29	4	6	37	38
PhD, Non-Nursing	2	0	8	2	1	4	9
DNP	36	4	24	12	20	48	48
MSN	9	5	12	19	43	28	60
Master's, Non-Nursing	*	0	0	*	4	*	4
Total	80	12	73	37	74	117	159

Faculty Currently Serving on a Board

Table 29 shows the number of faculty serving on a board or completing board service. Institutions reported 182 (13%) faculty members of the 1,446 employed served on a non-profit, community, health, and/or professional board.

Table 29. Faculty Serving on a Board

Academic Year	2017-18		2019-20	
	n	%	n	%
Faculty	195	16	182	13

Faculty Salaries

Table 30 reflects the responses from administrators who were asked to provide a mean salary (not total compensation) for a variety of positions; although, the question did not ask for a distinction between faculty and administrative roles. The minimum salary column reflects the lowest mean salary reported and the third column is the highest mean salary. The middle column is the average of all the salaries reported for the specific position, as calculated by the survey team.

Salary ranges for LPN instructors and faculty from 2-year nursing programs were higher than most faculty positions at 4-year programs. Tenured professor positions have the greatest gap between minimum and maximum salary at \$70,389.

Table 30. Faculty Salaries

Position	Minimum	Average	Maximum
LPN instructor	\$65,698	\$78,040	\$102,323
2-year faculty	\$65,000	\$77,568	\$101,303
4-year instructor	\$52,000	\$60,957	\$85,000
4-year clinical assistant professor	\$63,888	\$71,973	\$87,944
4-year assistant professor tenure/tenure track	\$53,950	\$74,328	\$93,923
4-year clinical associate professor	\$40,000	\$75,163	\$94,781
4-year associate professor tenure/tenure track	\$68,385	\$88,674	\$117,016
Clinical professor	\$50,000	\$84,124	\$111,278
Professor tenure	\$79,712	\$101,430	\$150,101

Nursing Program Hires and Separations

Table 31 lists responses to a variety of questions related to employee hires and separations. More staff were hired during AY 2019-20, but if funding were available, an even a greater number would have been hired.

A greater number of individuals retired or separated from programs, as compared to previous survey results. In addition, the members who separated or retired from a program and were not replaced increased from 10 in 2017-18 to 37 in 2019-20.

Table 31. Nursing Program Hires and Separations

Questions	Total 2017-18	Full-Time Tenure- Track	Full-Time Non- Tenure/IAS	Part-Time	Total 2019-20
How many new members were hired?	159	36	64	152	252
How many new members were hired from out of state?	15	3	1	7	11
How many retirements occurred?	28	18	26	10	54
How many retirements do you anticipate in the next five years?	230	17	86	34	137
How many members separated from your program for reasons OTHER than retirement, including voluntary separation, termination, etc.?	63	6	22	55	83
How many members who separated from your program, including those who retired will NOT be replaced?	10	7	13	17	37
How many NEW faculty positions were budgeted for AY 2020-21?	*	28	36	31	95
How many NEW faculty positions do you anticipate being budgeted for AY 2021-22?	*	21	38	26.5	85.5
	Total 2017-18	Full-Time	Part-Time	Total 2019-20	
If funding were available, how many additional positions would you add to meet the needs of your current student population?	87	97	45	142	

*Data not available.

Discussion and Recommendations for Faculty

It is not surprising that gender remains relatively unchanged, with females holding the vast majority of faculty positions. This survey identified 6.2% of nurse faculty as male, a slight decline from 6.5% in the previous survey. This finding is also slightly lower than the 7.4% of males employed as RNs in Wisconsin (Zahner et al., 2021), which does not reflect the percentage of males in the state.

The level of diversity within faculty remained relatively unchanged. Where change did exist, Black/African American faculty had the largest increase, from 55 to 64. Faculty of Asian descent increased by five, and there was a gain of four faculty identified as Native Hawaiian or Other Pacific Islander. Although there has been a slight increase within some groups, Hispanic/ Latino faculty remain the same. This group constitutes only 1.6% of total faculty, well below the state Hispanic/Latino population percentage of 7.1% (U.S. Census Bureau, 2019). Faculty mentors are needed to encourage the increasing number of Hispanic/Latino students to consider becoming a nurse educator. Nationally, there has been a slight increase in underrepresented nurse educators, as noted by both AACN (2021c) and NLN (2020).

Nurse educators are getting younger in Wisconsin. In 2017-18, nurse faculty 51 years and older comprised 47.7% of all faculty; whereas, that percentage dropped to 43.4% in this survey. In addition, the previous survey identified 16.5% of nurse faculty as 61 years and older (Sabel & Schmitt, 2017), and that percentage decreased to 15.8%. This is promising, as it increases the number of years educators can teach. Another bright spot is that the mean age of nurses completing the DNP declined from 39.1 years in 2018 to 33.5 years in 2020 (Zahner et al., 2021). If some of these DNP-prepared nurses choose to teach, they could educate future students for several decades. Nationally, faculty age continues to rise (AACN, 2020b), so this will be an area to continue to monitor.

The educational composition of Wisconsin nursing faculty continues to evolve. Faculty with a BSN as their highest degree earned has increased, along with the increase in LPN programs. The minimum education qualification for faculty to teach in a practical nursing program is the baccalaureate degree with a major in nursing (Approval for Schools of Nursing, 1983/2014). Many of these faculty members may be continuing their education, as noted by the sharp increase in faculty enrolled in an MSN program.

With many pathways to obtaining a master's degree in nursing, it is not surprising that MSN-prepared faculty still comprise the largest segment of nurse educators (62%). Although nursing institutions employed an additional 174 master's prepared nurses to teach in their programs in 2019-20, there has been a decline in students enrolling and graduating from nurse educator programs in Wisconsin. This is important, as faculty teaching in professional nursing programs are required to have a graduate degree with a major in nursing (Approval for Schools of Nursing, 1983/2014).

There has been a 35% growth in faculty prepared at the DNP level, from 153 in 2017-18 to 206 in 2019-20 (Sabel & Schmitt, 2017; Young et al., 2020). This parallels the 44% increase in DNPs in the state, from 720 in 2018 to 1,038 in 2020 (Zahner et al., 2021).

Although there has been a 3.5% increase in faculty with a PhD in nursing (from 170 to 176), the proportion of faculty holding a PhD has declined from 14.4% to 12.1%. This is concerning, as Wisconsin has 290 nurses with a PhD in nursing, according to the 2020 RN survey (Zahner et al., 2021), which is an increase of 31 from the 2018 survey (Zahner et al., 2019). The pool of PhD-prepared faculty is stagnant, as both the state and national number of graduates is declining (AACN, 2019c, 2021a). This trend continues to have implications for the viability of baccalaureate and graduate nursing programs in the state. PhD-prepared faculty play an important role as educators and researchers who share the value of the research process with both undergraduate and graduate students.

There is still strong interest by faculty to continue their education. The increase in faculty enrolled in master's programs more than doubled and may be related to the increase in LPN and ADN programs. Recently, the state legislature made an investment to encourage and support financially those nurses who pursue graduate education with the intent to teach within the state (Wisconsin Nurses Association, 2021). This effort should increase nurse educators and help to alleviate the nurse faculty shortage; although, additional initiatives will still be needed to encourage educators to obtain a doctorate degree. An increase of six faculty members pursuing a doctorate degree was noted, with only one enrolled in a PhD program.

Although nurse faculty are continuing their education, faculty who serve on boards has decreased. Yet, according to the most recent Wisconsin RN workforce survey, the level of service on governance boards has increased among nurses in leadership roles. They also found that nurses with higher levels of education were more likely to participate as leaders within their organizations, boards, major committees, and professional associations (Zahner et al., 2021). This could be related to newer faculty who have yet to take on service in the community and profession and that institutions are reporting these data instead of the individual faculty.

As previously noted, the lack of qualified faculty is a factor limiting admission to nursing programs in Wisconsin. Current data demonstrate the faculty shortage will continue to burden nursing education for the foreseeable future. Nationally, the inability to find nurse faculty increased the vacancy rate from 6.5% in 2020 to 8% in 2021 (AACN, 2021e). AACN also reported on regional and state vacancy rates, which indicated the Midwest region had a vacancy rate of 5.1%. However, among Midwest states, Wisconsin's vacancy rate was the highest at 7.2% (AACN, 2021b). Respondents who completed the current *Wisconsin Nursing Education and Nurse Faculty Survey* indicated there are 69 unfilled positions, which results in a 4.6% vacancy rate. The NLN (2020) report on faculty census noted a decline in vacancies from 2017 to 2019. This discrepancy between the AACN data, NLN data, and vacancy data supplied by Wisconsin administrators may be related to the fact that not all schools are members of AACN and/or NLN. Regardless, faculty vacancy rates in Wisconsin are being monitored closely by WCN and ANEW, as it impacts the expansion of programs to meet anticipated workforce demands (Walsh & Casal, 2020).

Since faculty retirements are a main factor contributing to the faculty shortage (AACN, 2020b), a question pertaining to nursing program hires and separations was asked for the first time in the 2017-18 version of this survey, where respondents reported 28 retirements (Young et al., 2020). In the current survey, that number almost doubled to 54. In their study of faculty retirements and succession, Fang and Kesten (2017) confirmed the impact on the entire nurse faculty workforce is significant. Senior faculty retirements represent a loss of doctoral-level research, scholarly and administrative leadership, and decreased availability of faculty to teach at the graduate level. In addition to faculty retirements, heavy workloads and non-competitive salaries contribute to dissatisfaction and burnout that leads to attrition. This harsh reality is an urgent dilemma in nursing education.

Although more full-time employees retired, more part-time employees separated for other reasons. Total separations for reasons other than retirement increased by 20, from 63 to 83. Institutions were able to offset some of those retirements and separations by hiring more educators, particularly part-time. However, administrators report that if funding were available, they would like to fill an additional 142 positions, with the majority being full-time. These additional positions would strengthen existing program infrastructure and create potential for expansion.

This survey also included a new question related to mean salaries for full-time positions, ranging from instructor to tenured professor. There was a wide range of salaries in each category, which could be due to the inclusion of faculty who also hold administrative positions. Additionally, the lower salaries reported for 4-year instructors and clinical professor track positions is not commensurate with the level of educational achievement required. For example, graduates from University of Wisconsin baccalaureate nursing programs can earn as much as master's prepared nurse educators teaching in a 4-year program. In 2019, the median annual earning for new nursing graduates within the UW System was \$65,850 after 1 year, \$71,372 after 3 years, and \$76,504 after 5 years (Office of Policy Analysis and Research, 2021). Faculty salaries at 4-year programs are not competitive with those offered by healthcare organizations (NACNEP, 2020) or salaries paid by 1- and 2-year programs.

Progress toward reducing health disparities in Wisconsin will involve increasing the diversity of the nursing workforce (National Academies of Sciences, Engineering, and Medicine [NAM], 2021). Wisconsin academic institutions have an important role to play in educating and mentoring diverse student nurses who graduate and enter the workforce or academia. As these diverse graduates join nursing programs as faculty, they share similar life experiences, backgrounds, and cultural norms with students, as well as acting as role models and mentors.

To advance faculty racial, ethnic, and gender diversity, institutions are intentionally investing in recruitment activities with underrepresented populations, engaging in cluster hiring, pursuing spousal/dual career hires, and offering educational loan forgiveness (Chilton, 2020; University of Wisconsin-Madison, 2021; Young et al., 2016). Other strategies include implicit bias training; explicit statements within position descriptions that reflect the values of equity, diversity and inclusivity; certification of applicant pools; and search committees comprised of diverse members (Wood, 2019).

It is recommended that Wisconsin's professional nursing organizations help with this effort by investigating opportunities to develop a unified strategic plan around the diversification of the nurse workforce, including nursing education. This initiative would involve stakeholder organizations, such as ANEW, WCN, Wisconsin Nurses Association, Wisconsin Organization of Nurse Leaders, and Wisconsin chapters from minority nursing organizations, such as the American Association for Men in Nursing, National Black Nurses Association, National Association of Hispanic Nurses, Asian American/Pacific Islander Nurses Association, and National Alaska Native American Indian Nurses Association. This type of initiative could ultimately provide a platform for nurse educators with diverse backgrounds from across the state to collaborate.

One of the primary concerns identified in this report is the deepening chasm between the nurse faculty shortage and the high demand for nursing education. To address this dilemma, institutions are called upon to develop, invest, and implement strategies to build a talent pipeline for recruitment. Expertise and resources will be required to support new faculty. In addition, senior faculty need to be retained with innovative interventions and flexibilities. Competitive salaries must be provided.

An opportunity to address the nurse faculty shortage in Wisconsin lies in continuing to foster the growth of new faculty, particularly students enrolled in doctoral programs. There are several influencing factors that attract individuals to become nurse educators, which include mentorship by senior faculty who identify and influence undergraduate and graduate students, autonomy and community found within academia, engagement in research activities, and the ability to shape their practice and the future of the profession (Fang & Bednash, 2017). Institutions should capitalize on these factors by implementing strategies to accelerate the number of nurse educators.

The DNP-prepared nurse's ability to translate knowledge into practice makes the DNP graduate an ideal candidate for a clinical teaching role. However, most DNP curriculums do not include formal instruction in pedagogy, which is required to prepare and support nurses who transition from practice to academia. Institutions must provide coaching and training in a variety of areas, including the role of the nurse educator, curriculum development, teaching methods, assessment and evaluation, and classroom and clinical management. According to Summers (2017), many countries require nurse educators to successfully complete a teacher preparation program. For example, the United Kingdom has an approved teacher preparation course that includes 360 hours of assessed teaching activities in both academic and practice settings (Nursing & Midwifery Council, 2008). Nurses who transition into the educator role without formal preparation as an educator are likely to leave teaching within 5 years (Summers, 2017). It is recommended that institutions include nursing education courses within the DNP curriculum and offer a funded nursing education certificate for post-DNP students.

The use of joint appointments is also a strategy that may bring new educators to the field. When a healthcare organization collaborates with an academic institution and provides its clinically-based nurses protected time to teach, the nurses bring unique knowledge to the classroom and clinical setting. However, their role, expectations, and schedule must be managed carefully for the relationship to be successful. Joint appointment faculty also have a positive impact on

instruction by bringing recent direct patient care experience that reflects current clinical practice and technology found in the workplace (Spector, 2020).

One of the barriers to faculty retention that impacts faculty at every level and at every stage is the heavy workload. All nurse educators are required to teach, engage in scholarship, participate in clinical practice, maintain all certifications, and provide service to the department, institution, community, and profession. This unrealistic expectation contributes to faculty burnout and departure from the academy and needs to be addressed. Additionally, to retain senior faculty contemplating retirement, programs may reduce administrative or teaching responsibilities and offer flexibility by co-teaching with a junior faculty member. Co-teaching arrangements may help support the growth and development of novice faculty through mentorship, while facilitating positive experiences in the academic role.

A 2012 survey of nurses enrolled in doctoral programs found that barriers to pursuing a career as a nurse educator included low wages, financial responsibility to family, and poor perceptions of academic nursing (Fang & Bednash, 2014). Some of these perceptions are reality, as evidenced in our survey and the wage data collected. It is difficult to recruit and retain faculty if wages are not commensurate with family financial obligations/needs and a higher wage can be earned outside academia. Nurse educator salaries are not competitive and must be increased to be reflective of educational attainment and expertise. This holds true for both public and private institutions and across the spectrum of nursing programs. There is urgency in addressing non-competitive salaries, and the process of increasing salaries will need to include multiple stakeholders.

Wisconsin can also look to other states that have successfully implemented strategies to alleviate the nurse faculty shortage. State investments in faculty, like those made in Maryland, including scholarships, fellowships, grants, and awards offered through a nomination process, have successfully advanced nurses to their terminal degrees and improved recruitment and retention of faculty (Daw et al., 2021). They have also increased the diversity within the nursing faculty workforce, as nearly 75% of the scholarship recipients represent racial and ethnic minorities.

Federal investments are also necessary to support an increase in nurse faculty. Nationally, AACN (2021e) reported that the reasons cited for increased vacancy rates were the inability to find candidates with the right specialties and non-competitive salaries. Other factors recognized by the NACNEP (2020) include high workload, a poor understanding of and respect for the faculty role, and lack of diversity within the faculty workforce. The NACNEP recommends including funding for programs that encourage nurses to pursue a career as a nurse educator, offering nurse faculty residency programs and the creation of a national center dedicated to developing nurse faculty and supporting nursing education. This center would be a partnership between the Health Resources and Service Administration (HRSA), professional nursing organizations, and philanthropic entities, with a goal of developing and disseminating best practices in nursing education, collecting and maintaining data, piloting innovative projects, improving the image of the nurse faculty role, encouraging academic-practice partnerships, promoting conformity across credentialing bodies and state boards, and developing distance learning infrastructure to deliver faculty instruction (NACNEP, 2020).

Section V. Additional Information

Simulation and Virtual Simulation

Table 32 highlights the percentage of simulation, including virtual, that was planned for Spring 2020 clinical courses. It also shows the percentage of simulation, including virtual, that was actually implemented at the end of Spring 2020. These questions were asked to gage the impact of COVID-19 on the use of simulation in clinical courses.

Programs that used simulation in 100% of their Spring 2020 clinical courses increased from 10 to 26. Programs that used less than 10% virtual simulations in their clinical courses decreased from 31 to seven.

Table 32. Simulation and Virtual Simulation

At the beginning of Spring 2020 semester, what percentage of your clinical courses <u>planned</u> to use simulation?	At the end of Spring 2020 semester, what percentage of your clinical courses <u>actually used</u> simulation?
100%	10
90-99%	1
80-89%	3
70-79%	3
60-69%	1
50-59%	2
40-49%	1
30-39%	0
20-29%	3
10-19%	10
0-9%	7
At the beginning of Spring 2020 semester, what percentage of those simulations were done <u>virtually</u> ?	At the end of Spring 2020 semester, what percentage of those simulations were done <u>virtually</u> ?
100%	2
90-99%	0
80-89%	0
70-79%	1
60-69%	0
50-59%	4
40-49%	0
30-39%	1
20-29%	1
10-19%	1
0-9%	31

Interprofessional Education/Training

Table 33 identifies the programs and types of interprofessional training offered in AY 2019-20. Ten institutions responded to an open-ended question asking if they offered interprofessional education/training. For those that responded, simulation was identified most often, followed by pharmacology.

Table 33. Programs Offering Interprofessional Education by Type

Interprofessional Education/Training	Number of Programs
Simulation	6
Pharmacology	3
Clinical	2
Community-based care	2
Medical surgical	2
Cardiac	1
Cultural diversity	1
Dementia training	1
Global health	1
Issues, trends, and ethics in healthcare	1
Professional roles	1
Self-care	1

Discussion and Recommendations for Additional Information

The prior survey contained a question pertaining to the percent of clinical hours replaced with simulation, and most programs reported approximately 10%. This survey asked a question regarding simulation and the use of virtual simulation during the Spring 2020 semester to determine the impact of COVID-19 on clinical education. Most programs utilized some simulation within their clinical courses, but the level of implementation increased during the semester. This was probably a result of the emergency order issued by Governor Evers on March 27, 2020, that suspended the limit on the amount of simulation utilized to educate Wisconsin nurses (Emergency Order No. 16, 2020). The use of virtual simulation also dramatically increased during this time. Within the state, 77% of schools reported that 50% or more of their simulations were virtual. This aligns with a national report that found more than 75% of schools used virtual simulation to provide students with clinical experiences (NLN, 2021a). These increases in the use of simulation were a result of the loss of clinical sites due to the COVID-19 pandemic and restrictions placed by healthcare organizations to protect patients and staff. With a return to a new normal and persistent concern over the lack of clinical sites, it is recommended that nursing programs utilize more simulation to deepen clinical learning (Koukourikos et al., 2021). The exception would be for advanced practice graduate courses, where simulation cannot replace clinical hours. Programs should also continue to monitor the use of simulation within clinical courses so that usage can be tracked by this report.

A question pertaining to interprofessional education (IPE) and training was included for the first time in the 2017-18 survey, as a response to the IOM's (2011) recommendation that schools of nursing offer opportunities for students to receive team-based, interprofessional education. Twenty-one institutions responded to that survey question, with medical/surgical cited most

frequently as an area of focus. In the current survey, fewer institutions responded to that question, with mixed findings. It was difficult to interpret the results, as both topics of IPE and methods for implementing IPE were identified. Simulation was cited most frequently as a methodology, followed by pharmacology as a topic.

Intentional collaboration across professions through IPE is highlighted in *The Future of Nursing, 2020-2030* (NAM, 2021) and is one of the domains or areas of competence in *The Essentials: Core Competencies for Professional Nursing Education* (AACN, 2021g). This emphasis illustrates the continued importance of incorporating IPE in the nursing curriculum to develop nurses in a holistic environment. Effective communication and collaborative care coordination are expectations within healthcare organizations, and student nurses must be given opportunities to practice these skills with each other and with students in associated fields of study. Wisconsin nursing programs should engage in intentional efforts to implement IPE across campuses and with health organizations so that it becomes integrated across all learning environments, including the classroom, simulation area, and clinical sites. Inclusion of IPE within the curriculum should allow Wisconsin academic institutions to hire a small percentage of doctorally-prepared faculty from other disciplines, such as pathophysiology, pharmacology, and informatics, to teach at all levels of nursing programs, possibly helping ease the impact of the nursing faculty shortage.

Section VI. Survey Recommendations

Recommendations for Future Surveys and Data Collection

The *Wisconsin Nursing Education and Nurse Faculty Survey* will be conducted every 2 years. As part of the process, the survey team collects information and reports findings to stakeholders. The survey team also identifies problems within the survey tool and seeks solutions. In addition, survey questions are evaluated to ensure they reflect the current interests of the profession; although, changes in questions and emphasis may limit some analysis.

The following recommendations appeared in the 2017-18 report. The response to those recommendations is noted, as well.

Table 34. 2017-18 Report Recommendations with 2019-20 Responses

Recommendations from 2017-18 Report	Response in 2019-20
The survey will be sent to each program director who will provide data for each site.	Completed, however, inconsistent responses. Discussion will occur as to whether to continue this effort.
To increase response rate, ANEW should provide time during a meeting to review the completion of the survey.	Completed and continue.
Limit the number of variables and consolidate program questions to decrease inconsistencies.	Completed and continue.
Limit or eliminate use of other and unknown response options.	Completed and continue.
Delineate types of master's and DNP role prep tracks to better capture program and enrollment numbers.	Completed and continue.
Standard terminology from professional organizations will be used. Definitions of terms will be provided throughout the survey, as needed. These changes will help reduce multiple interpretations of terms and phrases by respondents, which should enhance the quality of data collection and analysis.	Completed and continue. Appended a list of abbreviations.
Investigate the possibility of contracting with a vendor to assist with survey development and implementation.	Completed. Will not pursue due to expense.
Investigate the opportunity to collaborate with the Wisconsin RN workforce survey team.	Completed and continue.
Provide raw data in a table format rather than statistical representations, such as graphs, charts, or figures, so that multiple stakeholders can easily use the information.	Completed and continue.
Archive all survey data in one location.	Not completed.

The 2019-20 report also includes recommendations gathered from survey respondents, ANEW, WCN, and the survey team (see Table 35).

Table 35: 2019-20 Report Recommendations

2019-20 Report Recommendations
Seek commonalities and align survey questions with both the NLN and AACN survey (i.e., age categories).
Investigate the possibility of inquiring from respondents how information was retrieved (i.e., culled from campus dashboards, accreditation reports, best guess).
Reformat question related to factors limiting admissions.
Differentiate between why institutions cannot expand programs and why they cannot hire faculty.
Clarify program capacity categories (new enrollees, admitted students, etc.).
Clarify certificate options offered by asking for title of the certificate and students enrolled.
When asked “if funding were available, how many additional positions would be added,” include what the positions would be used for (i.e., didactic, simulation/lab, clinical, administration, support).
Within vacancy questions, ask what specialty areas are difficult to fill.
Include a question on preceptors/clinical nurse instructors (DEU).
Provide 9-month and 12-month contract options for salary question. Possibly exclude administrators. Review AACN and NLN position categories.
Consider asking the number of nurse educator employees (part-time/full-time) along with FTE.
Add certificate program to the continuing education question. Let respondents state “0” students enrolled. Increase size of open text box.
Inclusion of nonbinary within the gender questions.
Revise simulation question to state, “What percentage of clinical hours are simulation?”
Revise IPE question to differentiate between methodology and topic.
Archive all survey data in one location.

Section VII. Conclusion

A strong nursing workforce to meet the healthcare needs of Wisconsin citizens requires a sustainable and strong academic infrastructure. This infrastructure includes a robust supply of diverse nursing faculty prepared at the master's and doctoral level, a continuous supply of diverse students interested in becoming nurses, accredited nursing programs that can expand their enrollment capacity, clinical sites to provide in-the-field experiences, and simulation laboratories that offer a safe and supportive environment for learning.

Wisconsin is fortunate to have individuals interested in the nursing profession, as reflected in the large number of qualified applicants turned away each year. There is also an abundance of Wisconsin nursing programs, offering degrees from entry-level LPN to terminal doctoral degrees. What there is *not* is an abundance of nursing faculty, especially for the BSN, master's, and doctoral programs. The challenge to replace those retiring and other faculty leaving teaching has intensified the nursing faculty shortage. As a result, sustaining current student graduation rates to meet the needed nurse workforce is at jeopardy.

It is time for academic institutions, healthcare organizations, professional nursing organizations, and governmental entities to collaborate, innovate, and ensure Wisconsin has strong nursing programs with the nursing faculty needed to educate the present and future nurse workforce of Wisconsin. The health of Wisconsin citizens depends on it.

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Appendix A: 2019-20 Wisconsin Nursing Education and Nurse Faculty Survey



Introduction

Wisconsin Nursing Education and Nurse Faculty Survey

This online survey will collect data for academic year 2019-2020 (Fall semester 2019-Summer session(s) 2020).

Institutions with more than one campus location should complete a survey for each site.

Respondents can leave the survey and then re-enter where they left off when they click on the survey link again from the same computer. This feature works by placing a cookie on the respondent's browser that keeps track of the survey progress.

For those submitting multiple surveys, you must submit a survey before starting a new one.

Please complete and submit the survey by close of business Monday, November 30, 2020.

Questions regarding the survey may be directed to:

Linda Young, PhD, RN, CNE, CFLE

Project Manager

younglk@uwec.edu

715-836-4904

The survey is sponsored by the Wisconsin Center for Nursing (WCN) which is a statewide nursing organization whose mission is to ensure an adequate nursing workforce to meet the current and future health needs of the citizens of Wisconsin.

WCN is mandated by legislation to collaborate with groups representing nursing educators to:

- Monitor and evaluate trends in the candidate pool for programs in nursing.
- Evaluate the effectiveness of nursing education, including the interaction among nursing schools to ensure a uniform education and the transferability of student credits.
- Increase access to nursing education and enhance career mobility, especially for populations that are underrepresented in the nursing profession.

The purpose of this study is to discern overall trends, not judge the performance of any individual school. Please know that the information you provide will be kept confidential. Only aggregate information will be reported, and your responses will never be associated with your school. The National Forum of State Nursing Workforce Centers, through a collaborative involving 30 states, identified the key data elements needed from nursing education programs for state and national nurse workforce planning. Standardized data collection across the country facilitates state-to-state, state-to-region, and state-to-nation comparisons. In 2009, the Forum ratified the National Nursing Workforce Minimum Dataset: Education and encouraged all states to adopt the data elements. This survey was designed using the national education minimum dataset. It is the hope of WCN and the Forum that state-level data can be aggregated to a national database. The result will be an improved ability for nursing workforce planning and forecasting for states and the nation as a whole.

Please help us continue to serve your needs by participating in this voluntary survey. Without complete information from Wisconsin nursing programs, we will be unable to provide exhaustive and accurate information at the state and regional levels.

Your cooperation is appreciated. Thank you.

Nursing Program Contact Information

NURSING PROGRAM CONTACT INFORMATION

Institutions with more than one campus location should complete a survey for each site.

If you are reporting on a site, please provide site-specific information for all questions.

Name of Institution

Name of Site Location (if any)

Street Address

City

State

Zip

Provide the contact information for the person completing this survey.

Name of Person Completing Survey

Phone Number

Email Address

Name of Person Responsible for the Program
(Dean, Program Director, Department Chair, etc.)

Region where site is located according to Wisconsin Department of Health Services.

<https://www.dhs.wisconsin.gov/aboutdhs/regions.htm>

- Northern region
- Northeastern region
- Southeastern region
- Southern region
- Western region

Region where site is located according to Administrators of Nursing Education of Wisconsin (ANEW).

<https://anew-wisconsin.com/regions/>

- Northwest region
- Northeast region
- Southwest region
- Southeast region

Select your program's national nursing accreditation agency(s).

- CCNE (Commission on Collegiate Nursing Education)
- NLN CNEA (National League for Nursing, Commission for Nursing Education Accreditation)
- ACEN (Accreditation Commission for Education in Nursing)

Seeking initial accreditation (please identify program(s))

Faculty Employment Information

FACULTY EMPLOYMENT INFORMATION (Fall term 2019 - Summer session 2020)

Please provide information about faculty positions and vacancies, composition of your faculty, and your current and future need for additional faculty positions. The term faculty may be used generally for any instructional, administrative, or research staff of the nursing academic unit. Please include program dean/directors/chairs in the counts reported. For individuals who have multiple site assignments, please report their FTE for that specific site.

Please match your faculty responses to the definitions below as closely as possible:

- **FULL-TIME TENURE/TENURE TRACK POSITIONS:** Members of the instructional, administrative, or research staff of the nursing academic unit who are employed full-time as defined by the institution and who hold tenure or are tenure-track.
- **FULL-TIME NON-TENURE/IAS POSITIONS:** Members of the instructional, administrative, or research staff of the nursing academic unit who are employed full-time as defined by the institution and who do not hold tenure and are not tenure-track.
- **PART-TIME INSTRUCTOR POSITIONS:** Members of the instructional, administrative, or research staff of the nursing academic unit who are employed part-time as defined by the institution and may or may not hold tenure or on tenure track.

Please use zero (0) where appropriate.

Total number of FTE

Number of filled and vacant faculty positions in each category

	Filled Positions	Vacant Positions
Full-Time Tenure/Tenure-Track	<input type="text" value="0"/>	<input type="text" value="0"/>
Full-Time Non- Tenure/IAS	<input type="text" value="0"/>	<input type="text" value="0"/>
Part-Time Instructors	<input type="text" value="0"/>	<input type="text" value="0"/>
#Conjoint, Total#	<input type="text" value="0"/>	<input type="text" value="0"/>

Highest degree earned. For the purpose of this survey, PhD is the highest degree earned.
(The total number counted should equal the number of FILLED positions reported above.)

	Full-Time Tenure/Tenure-Track	Full-Time Non- Tenure/IAS	Part-Time Instructors
PhD in Nursing	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Doctorate of Nursing Practice (DNP)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Other Nursing Research Doctorate	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Other Non-Nursing Research Doctorate	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Masters in Nursing	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Masters, Non-Nursing	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Bachelors in Nursing	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

	Full-Time Tenure/Tenure-Track	Full-Time Non- Tenure/IAS	Part-Time Instructors
Bachelors, Non-Nursing	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Associate or Diploma in Nursing	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
#Conjoint, Total#	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Number of faculty currently enrolled in a graduate program

	Full-Time Tenure/Tenure-Track	Full-Time Non- Tenure/IAS	Part-Time Instructors
PhD in Nursing	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
PhD, Non-Nursing	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Doctorate of Nursing Practice (DNP)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Masters in Nursing	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Masters, Non-Nursing	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
#Conjoint, Total#	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Number of hires, retirements, and separations

	Full-Time Tenure/Tenure-Track	Full-Time Non- Tenure/IAS	Part-Time Instructors
How many NEW faculty members were hired?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Of the NEW faculty members how many were hired from outside of the state of Wisconsin to teach?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many retirements occurred?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many faculty retirements do you anticipate in the next five years?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many members separated from your program for reasons OTHER than retirement, including voluntary separation, termination, etc.?	<input type="text"/>	<input type="text"/>	<input type="text"/>
How many faculty members who separated from your program, including those who retired will NOT be replaced?	<input type="text"/>	<input type="text"/>	<input type="text"/>

If funding were available, how many additional positions would you add to meet the needs of your current student population?

Number of additional positions	Full-Time	Part-Time	#Conjoint, Total#
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

How many NEW faculty positions were budgeted for AY 2020-2021?

How many NEW faculty positions do you anticipate being budgeted for AY 2021-2022?

	Budgeted for AY 2020-2021	Anticipated budget for AY 2021-2022
Full-Time Tenure/Tenure-Track	0	0
Full-Time Non-Tenure/IAS	0	0
Part-Time Instructors	0	0
#Conjoint, Total#	0	0

Faculty Demographic Information

FACULTY DEMOGRAPHIC INFORMATION (Fall term 2019 - Summer session 2020)

Please provide information about faculty positions and vacancies, composition of your faculty, and your current and future need for additional faculty positions. The term faculty may be used generally for any instructional, administrative, or research staff of the nursing academic unit. Please include program dean/directors/chairs in the counts reported. For individuals who have multiple site assignments, please report their FTE for that specific site.

Please match your faculty responses to the definitions below as closely as possible:

- FULL-TIME TENURE/TENURE TRACK POSITIONS:** Members of the instructional, administrative, or research staff of the nursing academic unit who are employed full-time as defined by the institution and who hold tenure or are tenure-track.
- FULL-TIME NON-TENURE/IAS POSITIONS:** Members of the instructional, administrative, or research staff of the nursing academic unit who are employed full-time as defined by the institution and who do not hold tenure and are not tenure-track.
- PART-TIME INSTRUCTOR POSITIONS:** Members of the instructional, administrative, or research staff of the nursing academic unit who are employed part-time as defined by the institution and may or may not hold tenure or on tenure track.

Please use zero (0) where appropriate.

Number of faculty by age

(The total number counted should equal the number of FILLED positions reported above.)

	≤30	31-40	41-50	51-55	56-60	61-65	66-70	≥71	#Conjoint, Total#
Full-Time Tenure/Tenure-Track	0	0	0	0	0	0	0	0	0
Full-Time Non-Tenure/IAS Position	0	0	0	0	0	0	0	0	0
Part-Time Instructors	0	0	0	0	0	0	0	0	0

Number of faculty by gender

(The total number counted should equal the number of FILLED positions reported above.)

	Female	Male	#Conjoint, Total#
Full-Time Tenure/Tenure-Track	0	0	0
Full-Time Non-Tenure/IAS	0	0	0
Part-Time Instructors	0	0	0

Number of faculty by race/ethnicity

(The total number counted should equal the number of FILLED positions reported above.)

	American Indian or Alaskan Native	Asian	Black or African American	Hispanic Latino or Spanish	Native Hawaiian or other Pacific Islander	White	Multiracial	Race / Ethnicity unknown	#Conjoint, Total#
Full-Time Tenure / Tenure Track	0	0	0	0	0	0	0	0	0
Full-Time Non Tenure / IAS	0	0	0	0	0	0	0	0	0
Part-Time Instructors	0	0	0	0	0	0	0	0	0

LPN

Will you be reporting on an LPN program?

- Yes
 No

LPN PROGRAM INFORMATION (Fall term 2019 - Summer session 2020)

Provide information program capacity, admissions, and graduates for AY 2019- 2020, defined as Fall Semester 2019 through Summer Term 2020.

Use the following definitions:

- SEATS FOR NEW STUDENTS:** Number of seats available for newly admitted students. Note: If you have unlimited capacity or there is no formal limit on seats for new students, please indicate with "UNL".
- QUALIFIED APPLICANTS:** Number of individuals who submitted complete applications on time and who met all institutional requirements for formal admission to the nursing program.
- ADMITTED APPLICANTS:** Number of individuals who received official notice from the program that they were invited to begin the nursing program.
- NEW ENROLLEES:** Number of admitted students who subsequently enrolled for the first time in the nursing program. This count should include only individuals who were still enrolled in a nursing course after the first two weeks of class.
- STUDENTS CURRENTLY ENROLLED:** A total count of all students currently enrolled in the program.
- GRADUATES:** A count of the number of students who successfully completed the program requirements and were formally awarded the degree.

Please use zero (0) where appropriate.

LPN program capacity

Provide number for each category.	Seats for New Students	Qualified Applicants	Admitted Applicants	New Enrollees	Students currently enrolled	Graduates

Factors limiting capacity

Please rank factors (1,2,3...) preventing you from accepting more LPN students with #1 being the most important. Leave blank factors that do not apply.

- Yes
 No

- Lack of qualified faculty/IAS candidates to hire in applicant pool
- Budgeted faculty/IAS positions not available
- Faculty/IAS salaries not competitive
- Lack of qualified student applicants to admit
- Lack of clinical placement sites
- Lack of simulation space/capacity
- Lack of classroom space
- Lack of student demand
- Currently meeting demand. Please select as #1
- Other

Number of LPN students by age

(The total number counted should equal the total number of Students Currently Enrolled reported above.)

	≤20	21-25	26-30	31-40	41-50	51-60	≥61	#Conjoint, Total#
Provide number for each category.	0	0	0	0	0	0	0	0

Number of LPN students by gender

(The total number counted should equal the total number of Students Currently Enrolled reported above.)

	Female	Male	#Conjoint, Total#
Provide number for each category.	0	0	0

Number of LPN students by race/ethnicity

(The total number counted should equal the total number of Students Currently Enrolled reported above.)

American Indian or Alaskan Native	Asian	Black or African American	Hispanic, Latino or Spanish	Native Hawaiian or other Pacific Islander	White	Multiracial	#Conjoint, Total#
Provide number for each category.	0	0	0	0	0	0	0

ADN

Will you be reporting on an ADN program?

Check all ADN curriculum options offered at your site.

- Generic/Traditional curriculum (1 + 1)
- Bridge curriculum (LPN to RN, EMT to RN, etc.)

ADN PROGRAM INFORMATION (Fall term 2019 - Summer session 2020)

Provide information program capacity, admissions, and graduates for AY 2019- 2020, defined as Fall Semester 2019 through Summer Term 2020.

Use the following definitions:

- **SEATS FOR NEW STUDENTS:** Number of seats available for newly admitted students. Note: If you have unlimited capacity or there is no formal limit on seats for new students, please indicate "UNL".
- **QUALIFIED APPLICANTS:** Number of individuals who submitted complete applications on time and who met all institutional requirements for formal admission to the nursing program.
- **ADMITTED APPLICANTS:** Number of individuals who received official notice from the program that they were invited to begin the nursing program.
- **NEW ENROLLEES:** Number of admitted students who subsequently enrolled for the first time in the nursing program. This count should include only individuals who were still enrolled in a nursing course after the first two weeks of class.
- **STUDENTS CURRENTLY ENROLLED:** A total count of all students currently enrolled in the program.
- **GRADUATES:** A count of the number of students who successfully completed the program requirements and were formally awarded the degree.

Please use zero (0) where appropriate.

ADN program capacity

	Seats for New Students	Qualified Applicants	Admitted Applicants	New Enrollees	Students currently enrolled	Graduates
Generic/Traditional curriculum	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bridge curriculum	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Factors limiting capacity

Please rank factors (1,2,3...) preventing you from accepting more ADN students with #1 being the most important. Leave blank factors that do not apply.

- Lack of qualified faculty/IAS candidates to hire in applicant pool
- Budgeted faculty/IAS positions not available
- Faculty/IAS salaries not competitive
- Lack of qualified student applicants to admit
- Lack of clinical placement sites

- Lack of simulation space/capacity
 Lack of classroom space
 Lack of student demand
 Currently meeting demand. Please select as #1
 Other _____

Number of ADN students by age

The total number counted should equal the total number of Students Currently Enrolled reported above.

	≤20	21-25	26-30	31-40	41-50	51-60	≥61	#Conjoint, Total#
Generic/Traditional curriculum	0	0	0	0	0	0	0	0
Bridge curriculum	0	0	0	0	0	0	0	0

Number of ADN students by gender

The total number counted should equal the total number of Students Currently Enrolled reported above.

	Female	Male	#Conjoint, Total#
Generic/Traditional curriculum	0	0	0
Bridge curriculum	0	0	0

Number of ADN students by race/ethnicity

The total number counted should equal the total number of Students Currently Enrolled reported above.

	American Indian or Alaskan Native	Black or African American	Hispanic, Latino or Spanish	Pacific Islander	Native Hawaiian or other Pacific Islander	White	Multiracial	Race/Ethnicity unknown
Generic/Traditional curriculum	0	0	0	0	0	0	0	0
Bridge curriculum	0	0	0	0	0	0	0	0

◀ ▶

BSN

Will you be reporting on a BSN program?

- Yes
 No

Check all BSN curriculum options offered at your site.

- Generic/Traditional curriculum
 Accelerated curriculum (2nd degree, baccalaureate to BSN)

- RN to BSN curriculum

BSN PROGRAM INFORMATION (Fall term 2019 - Summer session 2020)

Provide information program capacity, admissions, and graduates for AY 2019- 2020, defined as Fall Semester 2019 through Summer Term 2020.

Use the following definitions:

- **SEATS FOR NEW STUDENTS:** Number of seats available for newly admitted students. Note: If you have unlimited capacity or there is no formal limit on seats for new students, please indicate "UNL".
- **QUALIFIED APPLICANTS:** Number of individuals who submitted complete applications on time and who met all institutional requirements for formal admission to the nursing program.
- **ADMITTED APPLICANTS:** Number of individuals who received official notice from the program that they were invited to begin the nursing program.
- **NEW ENROLLEES:** Number of admitted students who subsequently enrolled for the first time in the nursing program. This count should include only individuals who were still enrolled in a nursing course after the first two weeks of class.
- **STUDENTS CURRENTLY ENROLLED:** A total count of all students currently enrolled in the program.
- **GRADUATES:** A count of the number of students who successfully completed the program requirements and were formally awarded the degree.

Please use zero (0) where appropriate.

BSN program capacity

	Seats for New Students	Qualified Applicants	Admitted Applicants	New Enrollees	Students currently enrolled	Graduates
Generic/Traditional curriculum	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Accelerated curriculum (2nd degree, baccalaureate to BSN)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RN to BSN curriculum	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Factors limiting capacity

Please rank factors (1,2,3...) preventing you from accepting more BSN students with #1 being the most important. Leave blank factors that do not apply.

- Lack of qualified faculty/IAS candidates to hire in applicant pool
 Budgeted faculty/IAS positions not available
 Faculty/IAS salaries not competitive
 Lack of qualified student applicants to admit
 Lack of clinical placement sites
 Lack of simulation space/capacity
 Lack of classroom space
 Lack of student demand

Currently meeting demand. Please select as #1

Other _____

Number of BSN students by age

(The total number counted should equal the total number of Students Currently Enrolled reported above.)

	#Conjoint, Total#	≤20	21-25	26-30	31-40	41-50	51-60	≥61
Generic/Traditional curriculum	0	0	0	0	0	0	0	0
Accelerated curriculum (2nd degree, baccalaureate to BSN)	0	0	0	0	0	0	0	0
RN to BSN curriculum	0	0	0	0	0	0	0	0

Number of BSN students by gender

The total number counted should equal the total number of Students Currently Enrolled reported above.

	Female	Male	#Conjoint, Total#
Generic/Traditional curriculum	0	0	0
Accelerated curriculum (2nd degree, baccalaureate to BSN)	0	0	0
RN to BSN curriculum	0	0	0

Number of BSN students by race/ethnicity

(The total number counted should equal the total number of Students Currently Enrolled reported above.)

	American Indian or Alaskan Native	Asian	Black or African American	Hispanic, Latino or Spanish	Native Hawaiian or other Pacific Islander	White	Multiracial	Race/Ethnicity unknown
Generic/Traditional curriculum	0	0	0	0	0	0	0	0
Accelerated curriculum (2nd degree, baccalaureate to BSN)	0	0	0	0	0	0	0	0
RN to BSN curriculum	0	0	0	0	0	0	0	0

Pre-Licensure Master Program

Will you be reporting on a Pre-Licensure Master's Program?

- Yes
 No

PRE-LICENSURE MASTER'S PROGRAM INFORMATION (Fall term 2019 - Summer session 2020)

Provide information program capacity, admissions, and graduates for AY 2019- 2020, defined as Fall Semester 2019 through Summer Term 2020.

Use the following definitions:

- **SEATS FOR NEW STUDENTS:** Number of seats available for newly admitted students. Note: If you have unlimited capacity or there is no formal limit on seats for new students, please indicate "UNL".
- **QUALIFIED APPLICANTS:** Number of individuals who submitted complete applications on time and who met all institutional requirements for formal admission to the nursing program.
- **ADMITTED APPLICANTS:** Number of individuals who received official notice from the program that they were invited to begin the nursing program.
- **NEW ENROLLEES:** Number of admitted students who subsequently enrolled for the first time in the nursing program. This count should include only individuals who were still enrolled in a nursing course after the first two weeks of class.
- **STUDENTS CURRENTLY ENROLLED:** A total count of all students currently enrolled in the program.
- **GRADUATES:** A count of the number of students who successfully completed the program requirements and were formally awarded the degree.

Please use zero (0) where appropriate.

Pre-licensure Master's Program capacity

Provide number for each category.	Seats for New Students	Qualified Applicants	Admitted Applicants	New Enrollees	Students currently enrolled	Graduates
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Factors limiting capacity

Please rank factors (1,2,3...) preventing you from accepting more Pre-licensure students with #1 being the most important. Leave blank factors that do not apply.

- Lack of qualified faculty/IAS candidates to hire in applicant pool
 Budgeted faculty/IAS positions not available
 Faculty/IAS salaries not competitive
 Lack of qualified student applicants to admit
 Lack of clinical placement sites
 Lack of simulation space/capacity
 Lack of classroom space
 Lack of student demand
 Currently meeting demand. Please select as #1
 Other _____

Number of Pre-Licensure Master's students by age

(The total number counted should equal the total number of Students Currently Enrolled reported above.)

	≤20	21-25	26-30	31-40	41-50	51-60	≥61	#Conjoint, Total#
Provide number for each category.	0	0	0	0	0	0	0	0

Number of Pre-Licensure Master's students by gender

(The total number counted should equal the total number of Students Currently Enrolled reported above.)

	Female	Male	#Conjoint, Total#
Provide number for each category.	0	0	0

Number of Pre-Licensure Master's students by race/ethnicity

(The total number counted should equal the total number of Students Currently Enrolled reported above.)

American Indian or Alaskan Native	Black or African American	Hispanic, Latino or Spanish	Hawaiian or other Pacific Islander	Native Asian	White	Multiracial	Race/Ethnicity unknown	#Conjoi Total#
0	0	0	0	0	0	0	0	0

Provide number for each category.

Post-Licensure Master's Program

Will you be reporting on a Post-licensure Master's Program?

- Yes
 No

Check all Post-licensure Master's curriculum options offered at your site.

- Clinical Nurse Specialist (CNS)
 Certified Nurse Midwife (CNM)
 Nurse Practitioner (NP)
 Clinical Nurse Leader (CNL)
 Nurse Educator
 Nurse Administrator
 Healthcare Informatics
 Other (please indicate) _____

POST-LICENSURE MASTER'S PROGRAM INFORMATION (Fall term 2019 - Summer session 2020)

Provide information program capacity, admissions, and graduates for AY 2019- 2020, defined as

Fall Semester 2019 through Summer Term 2020.

Use the following definitions:

- **SEATS FOR NEW STUDENTS:** Number of seats available for newly admitted students. Note: If you have unlimited capacity or there is no formal limit on seats for new students, please indicate "UNL".
- **QUALIFIED APPLICANTS:** Number of individuals who submitted complete applications on time and who met all institutional requirements for formal admission to the nursing program.
- **ADMITTED APPLICANTS:** Number of individuals who received official notice from the program that they were invited to begin the nursing program.
- **NEW ENROLLEES:** Number of admitted students who subsequently enrolled for the first time in the nursing program. This count should include only individuals who were still enrolled in a nursing course after the first two weeks of class.
- **STUDENTS CURRENTLY ENROLLED:** A total count of all students currently enrolled in the program.
- **GRADUATES:** A count of the number of students who successfully completed the program requirements and were formally awarded the degree.

Please use zero (0) where appropriate.

Post-licensure Master's Program Capacity

	Seats for New Students	Qualified Applicants	Admitted Applicants	New Enrollees	Students currently enrolled	Graduates
Clinical Nurse Specialist (CNS)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Certified Nurse Midwife (CNM)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nurse Practitioner (NP)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Clinical Nurse Leader (CNL)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nurse Educator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nursing Administrator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Healthcare Informatics	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (please indicate)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Factors limiting capacity

Please rank factors (1,2,3...) preventing you from accepting more Post-licensure Master's students with #1 being the most important. Leave blank factors that do not apply.

- Lack of qualified faculty/IAS candidates to hire in applicant pool
 Budgeted faculty/IAS positions not available
 Faculty/IAS salaries not competitive
 Lack of qualified student applicants to admit
 Lack of clinical placement sites
 Lack of simulation space/capacity
 Lack of classroom space

- Lack of student demand
 Currently meeting demand. Please select as #1
 Other

Number of Post-licensure Master's students by age

(The total number counted should equal the total number of Students Currently Enrolled reported above.)

	≤20	21-25	26-30	31-40	41-50	51-60	≥61	#Conjoint, Total#
Provide number for each category.	0	0	0	0	0	0	0	0

Number of Post-licensure Master's students by gender

(The total number counted should equal the total number of Students Currently Enrolled reported above.)

	Female	Male	#Conjoint, Total#
Provide number for each category.	0	0	0

Number of Post-Licensure Master's students by race/ethnicity

(The total number counted should equal the total number of Students Currently Enrolled reported above.)

American Indian or Alaskan Native	Black or African American	Hispanic, Latino or Spanish	Pacific Islander	Native Hawaiian	Race/Ethnicity unknown	#Conjoint	Total#
0	0	0	0	0	0	0	0

Provide number for each category.

◀ ▶

DNP

Will you be reporting on a DNP Program?

- Yes
 No

Check all DNP curriculum options that apply:

- Post BSN Clinical Nurse Specialist (CNS)
 Post BSN Certified Nurse Midwife (CNM)
 Post BSN Nurse Practitioner (NP)
 Post BSN Certified Registered Nurse Anesthetist (CRNA)
 Post BSN Administrator/Leadership
 Post BSN Other (please indicate)

Check all DNP curriculum options that apply:

- Post MSN Clinical Nurse Specialist (CNS)
 Post MSN Certified Nurse Midwife (CNM)
 Post MSN Nurse Practitioner (NP)
 Post MSN Certified Registered Nurse Anesthetist (CRNA)
 Post MSN Administrator/Leadership
 Post MSN Other (please identify program)

DNP PROGRAM INFORMATION (Fall term 2019 - Summer session 2020)

Provide information program capacity, admissions, and graduates for AY 2019-2020, defined as Fall Semester 2019 through Summer Term 2020.

Use the following definitions:

- **SEATS FOR NEW STUDENTS:** Number of seats available for newly admitted students. Note: If you have unlimited capacity or there is no formal limit on seats for new students, please indicate "UNL".
- **QUALIFIED APPLICANTS:** Number of individuals who submitted complete applications on time and who met all institutional requirements for formal admission to the nursing program.
- **ADMITTED APPLICANTS:** Number of individuals who received official notice from the program that they were invited to begin the nursing program.
- **NEW ENROLLEES:** Number of admitted students who subsequently enrolled for the first time in the nursing program. This count should include only individuals who were still enrolled in a nursing course after the first two weeks of class.
- **STUDENTS CURRENTLY ENROLLED:** A total count of all students currently enrolled in the program.
- **GRADUATES:** A count of the number of students who successfully completed the program requirements and were formally awarded the degree.

Please use zero (0) where appropriate.

Post BSN DNP Program capacity

	Seats for New Students	Qualified Applicants	Admitted Applicants	New Enrollees	Students currently enrolled	Graduates
Post BSN Clinical Nurse Specialist (CNS)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post BSN Certified Nurse Midwife (CNM)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post BSN Nurse Practitioner (NP)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post BSN Certified Registered Nurse Anesthetist (CRNA)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post BSN Administrator/Leadership	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post BSN Other (please indicate)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Post MSN DNP Program capacity

	Seats for New Students	Qualified Applicants	Admitted Applicants	New Enrollees	Students currently enrolled	Graduates
Post MSN Clinical Nurse Specialist (CNS)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post MSN Certified Nurse Midwife (CNM)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post MSN Nurse Practitioner (NP)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post MSN Certified Registered Nurse Anesthetist (CRNA)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post MSN Administrator/Leadership	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post MSN Other (please indicate) <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Factors limiting capacity

Please rank factors (1,2,3...) preventing you from accepting more DNP students with #1 being the most important. Leave blank factors that do not apply.

- Lack of qualified faculty/IAS candidates to hire in applicant pool
- Budgeted faculty/IAS positions not available
- Faculty/IAS salaries not competitive
- Lack of qualified student applicants to admit
- Lack of clinical placement sites
- Lack of simulation space/capacity
- Lack of classroom space
- Lack of student demand
- Currently meeting demand. Please select as #1
- Other

Number of DNP students by age

(The total number counted should equal the total number of Students Currently Enrolled reported above.)

	≤20	21-25	26-30	31-40	41-50	51-60	≥61	#Conjoint, Total#
Provide number for each category.	<input type="text"/>							

Number of DNP students by gender

(The total number counted should equal the total number of Students Currently Enrolled reported above.)

	Female				Male			
Provide number for each category.	<input type="text"/>							

Number of DNP students by race/ethnicity
(The total number counted should equal the total number of Students Currently Enrolled reported above.)

	American Indian or Alaskan Native	Asian	Black or African American	Hispanic, Latino or Spanish	Native Hawaiian	Race/Ethnicity unknown	#Conjoint Total#
Provide number for each category.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PhD

Will you be reporting on a PhD Program?

- Yes
- No

PhD PROGRAM INFORMATION (Fall term 2019 - Summer session 2020)

Provide information program capacity, admissions, and graduates for AY 2019- 2020, defined as Fall Semester 2019 through Summer Term 2020.

Use the following definitions:

- **SEATS FOR NEW STUDENTS:** Number of seats available for newly admitted students. Note: If you have unlimited capacity or there is no formal limit on seats for new students, please indicate "UNL".
- **QUALIFIED APPLICANTS:** Number of individuals who submitted complete applications on time and who met all institutional requirements for formal admission to the nursing program.
- **ADMITTED APPLICANTS:** Number of individuals who received official notice from the program that they were invited to begin the nursing program.
- **NEW ENROLLEES:** Number of admitted students who subsequently enrolled for the first time in the nursing program. This count should include only individuals who were still enrolled in a nursing course after the first two weeks of class.
- **STUDENTS CURRENTLY ENROLLED:** A total count of all students currently enrolled in the program.
- **GRADUATES:** A count of the number of students who successfully completed the program requirements and were formally awarded the degree.

Please use zero (0) where appropriate.

PhD Program capacity

	Seats for New Students	Qualified Applicants	Admitted Applicants	New Enrollees	Students currently enrolled	Graduates
Provide number for each category.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Factors Limiting Capacity

Please rank factors (1,2,3...) preventing you from accepting more PhD students with #1 being the most important. Leave blank factors that do not apply.

- Lack of qualified faculty/IAS candidates to hire in applicant pool
- Budgeted faculty/IAS positions not available
- Faculty/IAS salaries not competitive
- Lack of qualified student applicants to admit
- Lack of clinical placement sites
- Lack of simulation space/capacity
- Lack of classroom space
- Lack of student demand
- Currently meeting demand. Please select as #1
- Other

Number of PhD students by age

(The total number counted should equal the total number of Students Currently Enrolled reported above.)

	≤20	21-25	26-30	31-40	41-50	51-60	≥61	#Conjoint, Total#
Provide number for each category.	0	0	0	0	0	0	0	0

Number of PhD students by gender

Your best estimate is appreciated.
(The total number counted should equal the total number of Students Currently Enrolled reported above.)

	Female	Male	#Conjoint, Total#
Provide number for each category.	0	0	0

Number of PhD students by race/ethnicity

Your best estimate is appreciated.
(The total number counted should equal the total number of Students Currently Enrolled reported above.)

American Indian or Alaskan Native	Black or African American	Hispanic, Latino or Spanish	Native Hawaiian or other Pacific Islander	Race/Ethnicity	#Conjoint, Total#
0	0	0	0	0	0

Provide number for each category.

Simulation Questions:

COVID impacted every program in different ways including use of simulation, to better understand this change please provide the percentage of simulation planned for spring 2020 semester (including how much is virtual) and please provide the percentage of simulation that was actually used during the spring 2020 semester (including how much is virtual)."

Beginning of Spring 2020

At the beginning of Spring 2020 semester, what percentage of your clinical courses **planned** to use simulation?
What percentage of those simulations were done virtually?

End of Spring 2020 semester

At the end of Spring 2020 semester, what percentage of your clinical courses **actually used** simulation?
What percentage of those simulations were done virtually?

Salary Information

LPN Nursing Program:

Please provide the **mean** salary (not total compensation) for the following **full-time positions** at your institution during Spring 2020.
(Add up all the salaries for each category and divide by the number of individuals in that category.)

Mean Salary

Nursing instructor

Two-Year Nursing Program:

Mean Salary

Nursing faculty

Four-Year Nursing Programs:

Mean Salary

Instructor

Clinical Assistant Professor

Assistant Professor Tenure / Tenure track

Clinical Associate Professor

Associate Professor Tenure / Tenure track

Clinical Professor

Professor Tenure

Board Service:

Please provide the number of faculty currently serving on a board (i.e. non-profit, community, health care, professional).

Additional Questions

Graduate Certificates:

Please identify all graduate certificates offered by your site and provide the number of students currently enrolled.

	Place an X in box if the graduate certificate is offered at your site.	Provide number of students currently enrolled
Nurse Educator	<input type="checkbox"/>	<input type="text"/>
Nurse Practitioner	<input type="checkbox"/>	<input type="text"/>
Clinical Nurse Specialist/MSN to Nurse Practitioner	<input type="checkbox"/>	<input type="text"/>
Nurse Practitioner to Clinical Nurse Specialist	<input type="checkbox"/>	<input type="text"/>
Other (please identify)	<input type="checkbox"/>	<input type="text"/>
Other (please identify)	<input type="checkbox"/>	<input type="text"/>

Interprofessional Education:

Does your program include interprofessional education/training?

(*Interprofessional education is defined as a course that enrolls students from more than one discipline.*)

Yes (please identify type, i.e. med-surg theory, ethics, community-based care, pharmacology, research, simulation, clinical)

No

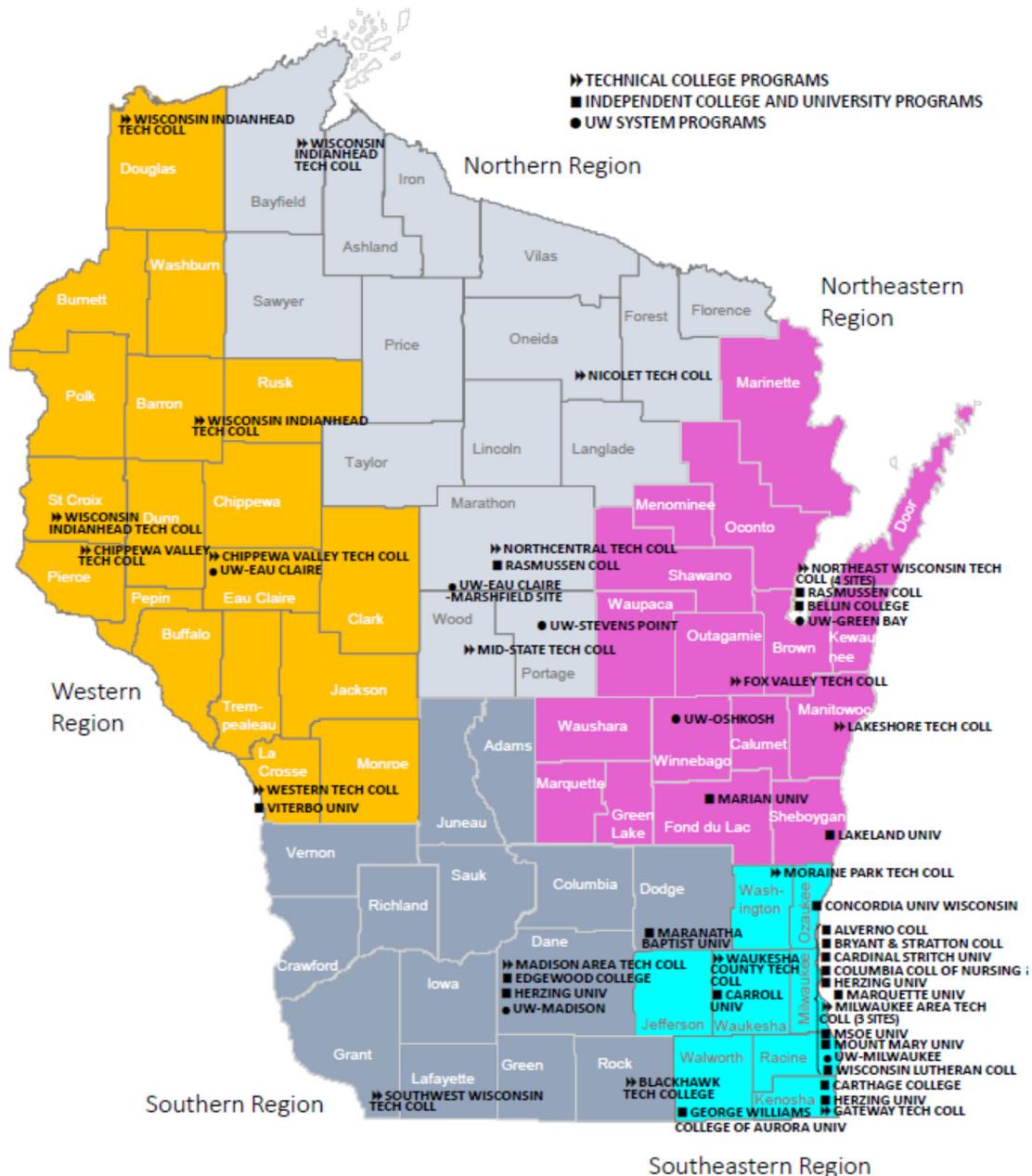
Survey comments

LAST QUESTION

If necessary, please provide any clarifications or comments regarding your responses to this survey.

TO SUBMIT THE SURVEY, PLEASE CLICK NEXT.

Appendix B: Schools of Nursing by Wisconsin DHS Regions of the State



Appendix C: List of Abbreviations

AACN: American Association of Colleges of Nursing
ACEN: Accreditation Commission for Education in Nursing
ADN: Associate Degree in Nursing
ANEW: Administrators of Nursing Education of Wisconsin
AY: Academic Year
BSN: Baccalaureate of Science in Nursing
CCNE: Commission on Collegiate Nursing Education
CNEA: Commission for Nursing Education Accreditation
CNL: Clinical Nurse Leader
CNM: Certified Nurse Midwifery
CNS: Clinical Nurse Specialist
CRNA: Certified Registered Nurse Anesthetist
DEU: Dedicated Education Unit
DNP: Doctor of Nursing Practice
DWD: Department of Workforce Development
HRSA: Health Resources and Service Administration
IAS: Instructional Academic Staff
IOM: Institute of Medicine
IPE: Interprofessional Education
LPN: Licensed Practical Nurse
MSN: Master's in Nursing
NACNEP: National Advisory Council on Nurse Education and Practice
NAM: National Academy of Medicine (formerly the Institute of Medicine)
NE: Nurse Educator
NLN: National League for Nursing
NP: Nurse Practitioner
RN: Registered Nurse
WCN: Wisconsin Center for Nursing