2021–2022 Wisconsin Nursing Education and Nurse Faculty Survey Report

AUTHORS:

Linda K. Young, PhD, RN, CNE, FAAN | Dean Emerita Mohammad Alasagheirin, PhD, RN | Professor Gail Hanson Brenner, PhD, RN, CNE | Assistant Professor Jan Adams, MLIS | Learning Resource Coordinator Emerita Stacey Stephens, BSN, RN | Graduate Research Assistant, DNP Student



College of Nursing and Health Sciences



Young, L. K., Alasagheirin, M., Hanson Brenner, G., Adams J. L., & Stephens, S. (2023). 2021-2022 Wisconsin nursing education and nurse faculty survey report. Wisconsin Center for Nursing.

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Executive Summary

Introduction

The 2021-2022 Wisconsin Nursing Education and Nurse Faculty Survey Report is based on the responses from administrators of nursing schools in Wisconsin to survey questions related to prelicensure and post-licensure programs along with student and faculty demographics. This is the ninth publication in a series from the Wisconsin Center for Nursing (WCN). Results from the data analysis, conducted by a team from the University of Wisconsin-Eau Claire College of Nursing and Health Sciences, provide an important snapshot of Wisconsin's capacity to educate future nurses for the workforce. As appropriate, data from the current survey are compared to prior surveys (Young et al., 2020, 2021) and can be found on the WCN website. The audience for this report includes nursing program administrators and faculty, nursing and healthcare organizations, legislators and policy makers, and other stakeholders.

WCN also publishes a series of workforce reports based on registered nurse (RN) and licensed practical nurse (LPN) surveys. These surveys are administered by the Wisconsin Department of Workforce Development (DWD), completed by nurses as part of their biennial licensure renewal process, and analyzed by teams contracted by WCN. These surveys are required by the Wisconsin State Legislature (Wisconsin State Statute, Chapter 106.30) to collect nursing information for workforce planning.

Methods

Prior nurse education and nurse faculty surveys, along with input from members of Administrators of Nursing Education of Wisconsin (ANEW), were used to develop the 2021-22 survey. Administrators from 42 public and private institutions located in Wisconsin were emailed a link to a secure online survey in August 2022. Institutions with multiple sites could submit a survey for each location. Site-specific information received from two institutions was aggregated and reported at the institutional level. Although a 100% response rate was the goal, 41 institutions submitted a survey, achieving a 98% response rate.

Limitations

As in prior survey reports, survey results were affected by incorrect, incomplete, or missing data. The 2021-22 survey included two question changes regarding factors limiting student admissions and faculty salaries, which impacted comparisons to the previous surveys.

Key Findings and Recommendations for Programs

Pre-Licensure Programs

• The total number of graduates from ADN, BSN, and pre-MSN programs declined by 151, from 3,657 to 3,506.

Licensed Practical Nursing (LPN)

- Institutions offering an LPN program remained at six.
- Qualified applicants, students admitted, total enrollment numbers, and new graduates decreased.
- New enrollees increased slightly.

Associate Degree in Nursing (ADN)

- Two additional institutions reported offering an ADN program, which increased the number of programs to 19.
- Three additional institutions reported on the bridge program and two additional institutions reported on the traditional program.
- Qualified applicants, students admitted, new students enrolled, total enrollment, and graduation numbers all increased within the bridge programs.
- Traditional programs saw a decline in the number of qualified applicants and students admitted, with the number of graduates down by 350.
- There was an increase in the number of new student enrollees and total enrolled in traditional programs.

Baccalaureate of Science in Nursing (BSN)

- Total number of institutions offering a BSN program declined by one, from 25 to 24.
- Traditional programs saw an increase in the number of qualified applicants, students admitted, and new student enrollees.
- There was a decrease in the total enrollment and number of graduates (by 12) in the traditional programs.
- Accelerated programs (2nd degree) had an increase in qualified applicants and students admitted.
- New enrollees, total enrollment, and graduate numbers decreased in accelerated (2nd degree) programs.

Pre-Licensure Master's in Nursing (MSN)

- The number of institutions reporting on this program increased from two to five.
- All program capacity numbers increased.
- The number of new graduates more than doubled, from 195 to 412.

Post-Licensure Programs

RN-BSN

• All program capacity categories decreased in numbers.

Post-Licensure Master's in Nursing (MSN)

- Nurse practitioner (NP) programs saw a decrease in all categories, except for new graduates.
- Clinical nurse specialist programs had no applicants or new enrollees, resulting in a decline in total enrollment.
- The certified nurse midwifery program saw little change.
- Clinical nurse leader programs showed an increase in all categories except for a slight decrease in new graduates.
- Nurse administrator/leadership programs had an increase in the number of total enrollment and new graduates.
- The number of institutions reporting on nurse education programs decreased from seven to six.
- Qualified applicants, students admitted, and new enrollees in a nurse educator program decreased, but the number of those enrolled in a program and new graduates increased.

Graduate Certificates

- One additional institution offered a psychiatric mental health option, with a corresponding increase in enrollment.
- More institutions offered the adult gerontology NP option rather than family NP.
- There was a wide variety of certificate options available, although enrollment was low.

Doctor of Nursing Practice (DNP)

- Ten institutions offered a DNP program, which is an increase of one.
- The overall capacity numbers in post-BSN tracks were greater than in post-MSN.
- All program capacity categories increased.

PhD in Nursing

- The number of PhD programs remained stable at three.
- There was a slight increase in the number of students admitted, new enrollees, and graduates.
- The number of enrolled students declined by 10.

Factors Limiting Admission

- The most frequently cited limiting factor was an insufficient number of clinical sites.
- Insufficient number of faculty was the main factor cited by BSN programs.
- Non-competitive salaries and competition with other markets were the top two reasons identified for the inability to recruit qualified faculty.

Recommendations for Programs

- Monitor LPN, ADN, RN to BSN, post-master's, and PhD programs given the reduction in enrollment and/or number of graduates.
- Pre-licensure master's programs show potential for continued growth, and more institutions should explore adding this program.
- RN-BSN programs should consider realigning or reorganizing to utilize faculty more effectively in programs due to the ongoing decline in student enrollment.
- Expand the number of programs offering MSN nurse educator track to help address the nursing faculty shortage.
- Increase the number of PhD students and explore adding a program located in northern or central Wisconsin.
- Ensure that the volume of new nursing graduates does not decline further, while focusing on growing programs in regional areas that presently have low student numbers.
- Implement plans to expand when more faculty are available to employ, mitigating the nursing shortage in Wisconsin.

Key Findings and Recommendations for Students

LPN Students

- Caucasian/White, Hispanic/Latino, and Asian student groups all increased.
- There was a decrease in the number of Black/African American, Native Hawaiian/Pacific Islander, and American Indian/or Alaskan Native students.
- The number of male students has more than doubled from the prior survey.

ADN Students

- The number of male students declined.
- There was an increase in all race/ethnic categories, except for Native Hawaiian/Pacific Islander and American Indian or Alaskan Native categories.
- The percentage of students under 20 years of age increased from 8% to 21%, while the percentage of students aged 26-30 dropped from 23% to 15%.

BSN Students

- The percentage of male students increased by .08% in traditional programs and 2.2% in accelerated (2nd degree) programs.
- Traditional programs saw slight increases in the percentage of Black/African American and Asian students.
- A larger percentage of students were under the age of 20 in the traditional program, as compared to the prior survey.

Pre-Licensure Master's Students

- The majority of students were between 21-25 years of age, with more than 75% under the age of 30.
- The percentage and number of Black/African American and Asian students increased.

RN-BSN Students

- Hispanic/Latino and Asian students increased in percentage and numbers.
- The percentage of males increased.
- The percentage of students age 21-25 increased by over 10%.

Post-Licensure MSN Students

- Over 70% of students were between 26 to 40 years of age.
- There was a slight increase in the percentage of males in this program.

DNP Students

- Over 75% of students were between the ages of 26-40 years.
- There was a slight increase in male students.
- The percentage of Black/African American and Asian students decreased; the percentage of Native Hawaiian/Pacific Islander increased slightly.

PhD Students

- There was a decrease in male students.
- Due to low response rate and the frequent selection of "Unknown," no key findings can be identified regarding student race/ethnicity and age.

Recommendations for Students

• Diversity must continue to be a focus of student recruitment, admission, enrollment, and graduation.

Key Findings and Recommendations for Faculty

Faculty Positions and Vacancies

- There were 300 fewer faculty employed in nursing programs from the prior survey.
- Filled faculty positions decreased for both full-time (881 to 686) and part-time (565 to 460) categories.
- There was a decrease in full-time vacant positions reported, but vacant positions increased for part-time faculty positions.

Faculty Education by Highest Degree Earned

- BSN-, MSN-, and DNP-prepared faculty declined.
- Both the number and percentage of PhD-prepared faculty decreased.

Faculty by Race and Ethnicity

- Black/African American faculty decreased significantly, from 26 to 7, in the full-time tenure track category and 24 to 18 in the part-time category.
- There was a slight increase in the number and percentage of Hispanic/Latino faculty.
- More diversity existed within the full-time, non-tenure/tenure track category.

Faculty by Gender

• The percentage of males continued to decline.

Faculty by Age

- The majority of faculty were between the ages of 31-50 years, a slight increase from the previous survey.
- More than half of full-time faculty were under 51 years of age.
- The number of part-time instructors under age 41 declined in this survey.

Faculty Enrolled in Graduate Programs

- Faculty enrolled in a graduate program significantly decreased.
- Faculty enrolled in an MSN program decreased by 10.
- The majority of faculty enrolled in a doctoral program were seeking a DNP.

Faculty Serving on Boards

• Faculty who served on boards increased slightly.

Faculty Salaries

• The average AY salary for LPN instructors was greater than all 2- and 4-year instructors and 4-year assistant professors.

Nursing Program Hires and Separations

- Institutions reported hiring fewer faculty compared to the prior survey.
- There was an increase in separations, but fewer retirements.
- If funding were available, another 108 positions would be added to meet the needs of the current student population.
- An additional 138 positions would be needed to expand programs.

Recommendations for Faculty

- Continue efforts to increase the number of faculty.
- Focus on retention efforts for faculty at every level, whether part-time or full-time.
- Increase faculty salaries to eliminate the disparity between healthcare practice settings and academia.
- Bring Wisconsin faculty salaries to a competitive rate in the Midwest.
- Market Wisconsin as a great place for nursing faculty to begin or continue their career in academia.

Key Findings for Simulation and Interprofessional Education

- There was an increase in the use of simulation utilized for clinical learning requirements in pre-licensure programs.
- More institutions reported using interprofessional education in the classroom and through simulation.

Recommendations for Simulation and Interprofessional Education

- Support growth of simulation as clinical hours across programs.
- Foster innovation and creativity in interprofessional/interdisciplinary education on campus and at the region and state levels.
- Support research in simulation and interprofessional education to continue to evolve best practices.

Section I. Introduction

Strong academic nursing programs drive a highly educated nurse workforce to meet the healthcare needs of Wisconsin citizens. The 2021-2022 Wisconsin Nursing Education and Nurse Faculty Survey collected data from nursing education leaders for Fall 2021 semester through Summer 2022. During this period, the pandemic was transitioning to an endemic and still impacting nursing education and the nursing workforce.

The survey report provides Wisconsin nursing program administrators, healthcare organizations, legislators, and the public with timely information reflecting the current state of nursing education. Presented within the report are program, student, and faculty demographics and trends. Each section includes discussion and recommendations, along with comparisons to prior surveys (Young et. al., 2020, 2021). In addition, data from the WCN workforce surveys were utilized as appropriate, primarily from the *Wisconsin 2022 RN Survey Report* (Zahner et al., 2023). All survey reports are available on the WCN website at https://wicenterfornursing.org/data-reports/

Robert Wood Johnson Foundation funded the annual state surveys from 2011 through 2015. WCN and ANEW began funding biennial surveys beginning in 2017-2018. The 2021-2022 Wisconsin Nursing Education and Nurse Faculty Survey Report is the ninth report. A team from UW-Eau Claire College of Nursing and Health Sciences conducted the survey, analyzed the data, and wrote the report.

Data Management

All Wisconsin nursing program administrators were asked to report current programs, students, and faculty information based on AY 2021-2022. The ANEW membership list was used to identify and compile administrator names and contact information. Email invitations, which included a secure site for data entry, were then sent to these individuals. The survey was open for completion in August 2022, with a due date of October 2022. However, surveys continued to be submitted through December 2022.

The survey link was sent to 42 academic institutions; 41 institutions responded, for an overall response rate of 98%. This is identical to the last survey, but still falls short of the 100% goal. Institutions could submit multiple surveys to represent different sites, with two institutions opting to do so. This site-specific information was aggregated and reported at the institutional level. All survey responses were checked for data accuracy and data integrity before the analysis.

Limitations

A variety of symbols are used to identify incorrect, incomplete, or missing data within tables. The use of "unlimited" is a response option identified with a dagger symbol (†). Unlike the WCN RN and LPN surveys administered by Wisconsin DWD, this survey relies on institutional representatives to provide program, student, and faculty information. When inconsistent data entries were noted, an attempt to confirm the data was made. Discrepancies and missing data remained following attempts to confirm or obtain complete responses. In this survey cycle, there were two reformatted questions. First, the question related to admission limitation factors was changed to allow respondents to identify all factors and a main factor that was considered the most significant for that institution. Second, the question related to faculty salaries was expanded to include both academic year and 12-month contracts, as well as different faculty position ranks, such as instructor with administrative responsibilities and administrator. Therefore, data related to these two questions cannot be compared to the prior survey report.

Section II. Programs

Accreditation

Institutions were asked to identify their national accrediting organization(s). Twenty-two institutions reported their program(s) were accredited by the Commission on Collegiate Nursing Education (CCNE). Seventeen institutions reported accreditation by the Accreditation Commission for Education in Nursing (ACEN). Three respondents reported accreditation by both CCNE and ACEN. Initial accreditation is also being sought from the ACEN by one institution for their ADN program and one institution for their LPN program. No programs utilized the National League for Nursing Commission for Nursing Education Accreditation (CNEA).

Program Options

Table 1 shows survey response rates and program options offered by Wisconsin institutions for the last six surveys. The response rate was 98% for AY 2021-22 survey, which is identical to the prior year.

The number of institutions offering an LPN program remained stable. All pre-licensure programs increased in number, even though the number of institutions reporting that they offered a BSN traditional, accelerated (2nd degree), and/or RN-BSN declined by one. The number of institutions that offer a master's degree was unchanged; although, there has been a fluctuation in the number and variety of tracks. The number of institutions offering a DNP increased by one and the number of PhD programs in Wisconsin remained unchanged at three. Certificate options are discussed later in this report.

Academic Year	2012-13	2013-14	2014-15	2017-18	2019-20	2021-22
Surveys Distributed	43	43	44	39	41	42
Surveys Returned	40	*	38	37	40	41
Institutional Response Rate	93%	59%	86%	95%	98%	98%
	Pre-Licens	ure Prograi	ns			
LPN Program	4	1	2	4	6	6
ADN Program	21	8	15	15	17	19
Traditional	21	8	14	14	17	19
Bridge	16	7	12	12	14	17
BSN Program (including RN-BSN)	19	20	23	20	25	24
Traditional	15	18	20	19	20	22
Accelerated (2nd Degree)	4	4	3	6	7	8
Pre-Licensure MSN Program	2	2	3	3	2	5

Table 1. Program Options and Trends

Table 1 (cont.)

Post-Licensure Programs								
RN-BSN	15	12	15	15	14	14		
MSN Program	*	*	*	*	13	13		
Clinical Track MSN	9	9	8	0	*	*		
Program		9		8	-1-			
Nurse Practitioner (NP)	7	6	5	5	6	7		
Clinical Nurse Specialist (CNS)	1	2	2	2	3	2		
Certified Nurse Midwifery (CNM)	1	1	1	1	1	1		
Clinical Nurse Leader (CNL)	3	5	1	4	2	2		
Other	3	1	2	0	1	0		
Non-Clinical Track MSN Program	*	10	8	10	*	*		
Nurse Educator (NE)	5	6	7	6	7	6		
Nurse Administrator/ Leadership	3	5	6	7	3	6		
Health Informatics	*	*	*	*	*	1		
Other	0	*	0	0	0	0		
DNP	8	8	8	9	9	10		
Post BSN-DNP Program	*	*	*	*	9	8		
Clinical Nurse Specialist (CNS)	*	*	*	*	2	2		
Certified Nurse Midwifery (CNM)	*	*	*	*	0	0		
Nurse Practitioner (NP)	*	*	*	*	6	8		
Certified Registered Nurse Anesthetist (CRNA)	*	*	*	*	2	3		
Nurse Administrator/ Leadership	*	*	*	*	4	5		
Other	*	*	*	*	2	2		
Post MSN-DNP Program	*	*	*	*	9	9		
Clinical Nurse Specialist (CNS)	*	*	*	*	1	1		
Certified Nurse Midwifery (CNM)	*	*	*	*	0	0		
Nurse Practitioner (NP)	*	*	*	*	5	4		
Certified Registered Nurse Anesthetist (CRNA)	*	*	*	*	2	0		
Nurse Administrator/Leadership	*	*	*	*	4	6		
Other	*	*	*	*	4	8		
PhD	3	3	3	3	3	3		

*Data not available.

Other Post BSN-DNP 2 = Population health nursing & MBA/DNP.

Other Post MSN-DNP 8 = Direct Care (pre-certified APRNs), Clinical focus for APRNs, DNP without specialization (previous NP certificate), No specialization, Population health nursing, MBA/DNP, & APRN to DNP (2).

Capacity Measures for LPN Programs

Table 2 identifies trends in LPN enrollment and graduation numbers. The number of institutions offering an LPN program remained stable. The number of new enrollees increased, while the number of students currently enrolled in a program declined. The number of graduates decreased by 53 from the prior survey.

Academic Year	2012-13	2013-14	2014-15	2017-18	2019-20	2021-22
Institutions Reporting	4	1	2	4	6	6
Qualified Applicants	225	545	*	202	390	228
Student Seats	288	92	85	202	228†	246
Students Admitted	164	92	85	201	417	220
Qualified Applicants Not	61	453	*	10	*	5
Admitted (%)	(27)	(84)	(*)	(5)	(*)	(2)
New Enrollees	164	92	*	160	222	246
Enrolled in Program	*	104	185	298	497	265
Seats Left Vacant	124	0	*	0	*	*
New Graduates	137	50	58	136	222	169

Table 2. Capacity Trends for LPN Programs

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

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Capacity

Table 3 displays trends in ADN enrollment and graduation numbers. The total number of institutions reporting increased from 17 to applicants, students admitted, and graduates in traditional programs. Bridge programs reported increases in all categories, including 19, with a corresponding increase in student seats, new enrollees, and total enrollment. However, there was a decrease in qualified the number of institutions offering the program.

Academic Year	2012-13	-13	2013-14	14	2014-15	-15	2017-18	-18	2019-20	-20	2021-22	22
T	21	1	8		1	14	1	15	L1	7	19	6
	Bridge	Trad	Bridge	Trad	Bridge	Trad	Bridge	Trad	Bridge	Trad	Bridge	Trad
Keporung	*	*	*	*	*	*	12	14	14	17	17	19
Qualified Applicants	235	2,831	121	1,449	*	*	182	2,171	192	2,308	238	1,870
Student Seats	190	2,003	106	911	153†	1,743	188^{+}	1,651	223†	1,428†	251†	$1,890^{+}$
Students Admitted	134	1,866	86	892	197	1,246	188	1,471	180	2,370	215	1,749
Qualified	101	965	23	557	2	110	0	248	12	* *	28	60
Applicants Not Admitted (%)	(43)	(34)	(19)	(38)	(*)	(*)	(0)	(17)	(9)	(*) (*)	(12)	(3)
New Enrollees	113	1,871	98	845	*	*	189	1,965	143	1,310	187	1,459
Enrolled in Program	203	4,922	130	1,457	264	2,974	177	2,791	211	4,475	262	4,939
Seats Left Vacant	56	137	8	66	*	*	0	*	*	*	*	*
New Graduates	116	1,477	61	668	62	1,379	86	1,048	121	1,498	137	1,147
		•	1 1 1 1									

Table 3. Capacity Trends for ADN Programs

*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, the number of programs increased from 20 to 22. The number of qualified applicants, student seats, students admitted, and new enrollees also increased. However, the number of students currently enrolled declined by 550, along with a slight decrease in new graduates. The number of institutions offering an accelerated (2nd degree) program has continued to increase since the 2017-18 survey. Qualified applicants and students admitted increased in number.

Academic Year	2012-13	2-13	2013-14	3-14	2014-15	-15	2017-18	-18	2019-20	-20	2021-22	-22
	1	19	7	20	23	3	22	5	25	5	2	22§
Institutions Renorting	Trad	2nd Degree	Trad	2nd Degree	Trad	2nd Degree	Trad	2nd Degree	Trad	2nd Degree	Trad	2nd Degree
	15	4	18	4	20	n N	19	9	20	L	22	×
Qualified Applicants	3,266	263	2,429	233	*	*	3,239	275	3,661	350	4,271	385
Student Seats	$1,748^{\circ}$	105	971†	\$68	1,384†	1 68	2,271†	198†	1,983†	228†	2,154†	283†
Students Admitted	2,249	98	1,284	89	2,865	88	2,676	198	2,664	222	3,290	324
Qualified Applicants Not Admitted (%)	1,017 (31)	165 (63)	1,145 (47)	144 (62)	1,442 (*)	130 (*)	513 (16)	72 (26)	997 (27)	128 (37)	667 (16)	61 (16)
New Enrollees	1,619	96	1,223	89	*	*	1,925	186	1,667	199	1,720	185
Enrolled in Program	*	*	2,436	151	4,922	130	5,365	559	5,195	353	4,639	297
Seats Left Vacant	-501°	L	-252†	<u>†0</u>	*	*	*	*	*	*	*	*
New Graduates	1,325	72	897	88	1,514	107	1,668	166	1,635	208	1,623	187
*Data not available. ⁺ Some institutions reported unlimited student seating. ^e Total underrepresented due to missing data.	Some institut	ions reported	unlimited st	udent seating	. Total unde	rrepresented	due to missir	o data.				

Table 4. Capacity Trends for BSN Programs

1 oual underrepresented due to missing data. Data not available. 7Some institutions reported unlimited student scating. γ

§Institutions include only traditional and accelerated (2nd degree) BSN pre-licensure programs. The RN-BSN program report appears within the post-licensure section.

Capacity Measures for Pre-Licensure MSN Programs

Table 5 details trends in pre-licensure MSN enrollment and graduation numbers. The number of institutions reporting on this program increased from two to five. Student seats, new enrollees, total program enrollment and number of graduates all increased. The number of new graduates has once again more than doubled from the prior survey.

Academic Year	2012-13	2013-14	2014-15	2017-18	2019-20	2021-22
Institutions Reporting	2	2	3	3	2	5
Qualified Applicants	200	453	*	419	424	517
Student Seats	80°	80	108	216	280	524
Students Admitted	152	234	61	277	420	596
Qualified Applicants Not	48	219	6	157	4	78
Admitted (%)	(24)	(48)	(*)	(37)	(1)	(36)
New Enrollees	80	76	*	202	277	323
Enrolled in Program	*	265	209	325	471	618
Seats Left Vacant	0°	4	*	*	3	*
New Graduates	*	53	60	93	195	412

Table 5. Capacity Trends for Pre-Licensure MSN Programs

*Data not available. °Total underrepresented due to missing data.

Pre-Licensure Graduates

Table 6 reveals pre-licensure graduates from each program. There were 3,506 new graduates from ADN, BSN, and pre-licensure MSN programs in AY 2020-21 (see prior tables), which is a decrease from the 2019-20 survey result.

Table 6. Number of Pre-Licensure Graduates

Academic Year		2017-18		20	19-20		20	21-22	
Institutions	ADN	BSN	Pre- MSN	ADN	BSN	Pre- MSN	ADN	BSN	Pre- MSN
Reporting	15	23	3	17	25	2	19	22 §	5
Graduates	1,134	1,834	93	1,619	1,843	195	1,284	1,810	412
Total		3,061			3,657			3,506	

§Institutions include only traditional and accelerated (2nd degree) BSN pre-licensure programs. The RN-BSN program report appears within the post-licensure section.

Capacity Measures for BSN Completion (RN-BSN) Programs

Table 7 shows trends in BSN completion program enrollment and graduation numbers. The number of institutions reporting remained steady at fourteen. All categories continued to present a decline in the number of students.

Academic Year	2012-13	2013-14	2014-15	2017-18	2019-20	2021-22
Institutions Reporting	15	12	15	15	14	14
Qualified Applicants	1,027	620	*	625	415	352
Student Seats	*	*	*	*	*	431†
Students Admitted	1,020	557	861	569	405	309
Qualified Applicants Not	7	63	16	0	10	11
Admitted (%)	(1)	(10)	(*)	(0)	(2)	(3)
New Enrollees	667	442	*	427	321	228
Enrolled in Program	*	1,196	*	1,109	876	599
New Graduates	497	258	490	476	344	241

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

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

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 a snapshot of the assorted options and program capacity. The NP programs continued to have the greatest number of students in all categories.

Program	CNS	CNM	NP	CNL	NE	ADM	HI	ОТ
Institutions Reporting	2	1	7	2	6	6	1	1
Qualified Applicants	0	11	126	13	34	26	5	2
Student Seats	30	15	236†	30†	34†	56†	0†	0
Students Admitted	0	11	120	13	31	26	5	2
Qualified Applicants Not	0	0	6	0	0	0	0	0
Admitted (%)			(5)					
New Enrollees	0	6	96	10	30	18	5	0
Enrolled in Program	18	13	501	20	99	69	5	0
New Graduates	5	5	245	3	35	18	0	0

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

[†]Some institutions reported unlimited student seating.

CNS = Clinical Nurse Specialist, CNM = Certified Nurse Midwife, NP = Nurse Practitioner, CNL = Clinical Nurse Leader, NE = Nurse Educator, ADM = Nurse Administrator/Leadership, HI = Healthcare Informatics, OT = Other.

while the number of graduates remained the same as in the prior survey report. The CNM program remained stable. The CNL program an NP program; however, numbers in most categories declined, except for new graduates. Institutions reported no qualified applicants, Table 9 reports information pertaining to clinical track post-licensure master's programs. One additional institution reported offering students admitted, or new enrollees in CNS programs. In addition, there was a decline in the number of students currently enrolled, showed an increase in all categories, except for new graduates.

	CNL 2	13	30†	13	0	(0)	10	20	3	
2021-22	1 CNM	11	15	11	0 🤅	(0)	9	13	5	
202	۹N	126	236†	120	9	(c)	96	501	245	
	2 CNS	0	30	0	0 🤅	(0)	0	18	5	
	CNL 2	4	30	4	0	(0)	4	16	5	
2019-20	CNM 1	12	*	12	0 🤅	(0)	6	13	2	
2019	on NP	411	362	394	17	(c)	321	740	139	
	3 CNS	30	30	26	4 5	(61)	13	34	5	
-18	s NP	281	*	275	9	(7)	221	337	230	
2017-18	2 CNS	10	*	10	0 🤅	(0)	4	11	L	
-15	e N	*	*	362	* *		*	1,098	232	ating.
2014-15	2 CNS	*	*	16	* *		*	28	8	ted student seating.
-14	۹N	496	*	346	150	(UC)	283	968	219	unlimited
2013-14	LNS 1	20	*	11	6	(C4)	6	8	0	is reported
2-13	NP 7	466	*	462	4 5	(1)	412	*	230	institutior
2012-13	L CNS	1	*	1	0 🤅	(0)	1	*	2	le. †Some
Academic Year	Institutions Reporting	Qualified Applicants	Student Seats	Students Admitted	Qualified Applicants Not	Admitted (%)	New Enrollees	Enrolled in Program	New Graduates	*Data not available. †Some institutions reported unlimit

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

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

Within the nurse educator program, there were decreases in the number of institutions reporting, number of students admitted, and new an administrator/leadership program increased by three, the number of students applying to the program remained stable. There was an Table 10 shows the number of students enrolled in nurse educator, administrative/leadership, health informatics, and other programs. enrollees. However, the number of students currently enrolled and graduated increased. Although the number of institutions offering uptick in both student enrollment and graduation numbers. One institution offered a health informatics program. One institution reported two students admitted to an unidentified program, but no other information was provided.

Academic Year	5	2012-13	~	20	013-14		2(2014-15		2(2017-18			2019-20			2021-22	-22	
Institutions Reporting	S NE	3 LE	$_0^{\rm OT}$	6 NE	s LE	•* 0T	⊿ NE	LE 6	0 0	4 NE	s LE	0 0	٦E	ADM 3	$\frac{0}{1}$	e NE	ADM 6	HI 1	1 1
Qualified Applicants	51	32	0	57	50	15	*	*	*	27	*	0	41	25	1	34	26	5	5
Student Seats	*	*	*	*	*	*	*	*	*	*	*	*	84	*	*;	34†	56†	*!	*
Students Admitted	48	26	0	57	46	15	45	33	*	37	*	0	41	25	1	31	26	5	5
Qualified Applicants Not Admitted (%)	3 (6)	6 (19)	0	0	4 (8)	0 (0)	4 *	(*)	* *	(] 5	* *	0 (0)	0 (0)	0	0	$0 \\ 0.0$	0 (0)	0	0 (0)
New Enrollees	48	25	0	40	40	10	*	*	*	31	*	0	38	19	1	30	18	S	0
Enrolled in Program	*	*	*	96	70	*	124	41	*	89	70	0	76	42	4	66	69	5	0
New Graduates	43	21	0	33	18	0	41	11	*	20	*	0	20	5	0	35	18	0	0
*Data not available. †Some institutions reported unlimited student seating.	ole. †Sor	ne instit	tutions 1	reported	unlimit	ed stude	ant seatir	ıg.											

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

NE = Nurse Educator, LE = Leadership, ADM = Administrator/Leadership, HI = Health Informatics, OT = Other.

Nurse Educator Program Trends

Table 11 shows capacity trends in nurse educator programs. There was a slight decrease in the number of institutions reporting on the program. There was a decrease in students admitted, but an increase in enrolled students and graduates.

Academic Year	2014-15	2017-18	2019-20	2021-22
Institutions Reporting	7	4	7	6
Students Admitted	45	37	41	31
Qualified Applicants Not Admitted	0	2	0	0
Enrolled in Program	124	89	76	99
New Graduates	41	20	20	35

 Table 11. Capacity Trends for Nurse Educator Programs

Graduate Certificate Options and Trends

Table 12 displays graduate certificate options and enrollment numbers. The number of institutions offering certificate programs remained relatively stable; however, the total enrollment declined. The certificate programs with the highest enrollment numbers included adult-gerontology NP, with six institutions and 24 students; psychiatric mental health, with three programs and 21 students; and family NP with four programs and 18 students enrolled. One program specified offering an adult gerontology acute care certificate. There were four family NP certificate programs, with one additional program identified as being on hold.

Table 12.	Graduate	Certificate (Options.	Enrollment.	and Trends
	Gradaate	Con unicate v	o peromo,	Lintonnente	, and monthly

Academic Year	2012-13	2013-14	2014-15	2017-18	2019-20	2021-22
Number of Institutions Reporting (Enrollment)	10	12	7	9	8 (94)	9 (78)
Nurse Educator (NE)	4	6	3	7	3 (3)	3 (6)
Nurse Practitioner (NP)	1	3	3	3	5 (68)	*
Nurse Practitioner-Family (FNP)	*	*	*	*	*	4 (18)
Nurse Practitioner- Adult Gerontology (AGNP)	*	*	*	*	*	6 (24)
Psychiatric Mental Health	*	*	*	*	2 (14)	3 (21)
Clinical Nurse Specialist	*	*	*	*	*	1 (0)
Administration/Leadership	*	*	*	*	*	3 (0)
Other	8	5	1	4		
Pediatric					*	1 (5)
Neonatal					*	1 (0)
Nurse Midwifery					1 (9)	1 (9)
Healthcare Education Professional					*	1 (0)
Trauma-informed care					1 (0)	1 (0)

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

Table 13 depicts enrollment and graduation numbers for DNP programs. A total of ten institutions offered a DNP program; eight offer a post-BSN and nine a post-MSN. Overall, the number of post-BSN applicants, enrollments, and graduates are greater than the post-MSN programs. Specifically, within each program NP and CRNA had the most applicants, enrollments, and graduates.

For DNP trending information please see Table 14.

10 Luctitutions			Post-BS	Post-BSN DNP (8)					Post-MSN DNP (9)	(9) DNP (9)		
Reporting	CNS	CNM	NP	CRNA	ADM	OT	CNS	CNM	NP	CRNA	ADM	OT
1	7	0	8	e	S	2	6	0	4	1	9	8
Qualified Applicants	2	0	215	264	28	6	0	0	50	65	34	25
Student Seats	10†	0	114†	40	36†	10†	0	0	5†	20	41†	41†
Students Admitted	2	0	198	45	28	7	0	0	49	22	34	22
Qualified Applicants Not	0	0	29	219	0	2	0	0	1	43	0	0
Admitted (%)	(0)	(0)	(14)	(83)	(0)	(22)	(0)	(0)	(2)	(99)	(0)	(0)
New Enrollees	1	0	155	37	24	5	0	0	38	17	33	13
Enrolled in Program	17	0	494	120	30	7	0	0	49	52	39	30
New Graduates	4	0	135	36	9	0	0	0	15	14	14	13
[†] Some institutions reported unlimited student seating.	eported unli	mited student	t seating.	Vidmito V		(D)		Domictomod 1	Minute Amonth	- MUA - PMA -	Minute A damin	

Table 13. Capacity Measures for Post-BSN and Post-MSN DNP Programs

CNS = Clinical Nurse Administrator, CNM = Certified Nurse Midwife, NP = Nurse Practitioner, CRNA = Certified Registered Nurse Anesthetist, ADM = Nurse Administrator, OT = 2 Other Post-BSN: Population Public Health & MBA/DNP.

OT = 8 Other Post MSN-DNP: Direct Care (pre-certified APRNs), Clinical focus for APRNs, DNP without specialization (previous NP cert), No specialization, Population health nursing, MBA/DNP, & APRN to DNP (2).

Capacity Measures for DNP and PhD Programs

Table 14 displays DNP and PhD program enrollment and graduation numbers. The number of institutions that offer a DNP program increased by one. In addition, all DNP applicants, enrollment, and graduate categories increased in number since the last survey. The number of PhD programs remained stable at three. There was a slight increase in applicants, students admitted, new enrollees, and graduates. However, there was again a decrease in the number of enrolled students.

Academic Year	201	2012-13	201	2013-14	201	2014-15	2017-18	-18	2019	2019-20	2021-22	-22
Institutions	DNP	DhD	DNP	DhD	DNP	DhD	DNP	DhD	DNP	DhD	DNP	DhD
Reporting	8	e	8	3	8	3	6	3	6	3	10	e
Qualified Applicants	*	47	301	26	*	*	325	37	462	32	692	39
Student Seats	*	0	207	3†	156†	3†	72†	30 †	348†	÷	¢09	25†
Students Admitted	*	43	254	19	231	40	278	33	315	28	407	33
Qualified Applicants Not Admitted (%)	* *	4 (9)	47 (16)	7 (30)	75 (*)	25 (*)	41 (13)	4 (11)	147 (32)	4 (13)	294 (42)	6 (15)
New Enrollees	*	38	207	16	*	*	231	22	250	14	323	19
Enrolled in Program	*	*	429	136	528	142	541	123	725	114	838	104
New Graduates	*	13	54	25	123	24	148	26	139	14	237	17
*Data not available. *Some institutions	*Some ins		norted unli	reported unlimited student seating	nt seatino							

Table 14. Capacity Trends for DNP and PhD Programs

Data not available. †Some institutions reported unlimited student seating.

	0									
Tables 15 and 16 report factors that limit admission to nursing programs and factors that relate to insufficient numbers of faculty.	l 16 report fa	actors that lii	mit admissic	on to nursing	g programs a	und factors t	hat relate to	insufficient	numbers of 1	aculty.
The "All Factors" columns display the number of programs that reported the corresponding factor as limiting nursing admissions. The "Main Factor" columns show the number of programs that identified the corresponding factor as the main reason for limiting admissions. Questions related to Tables 15 and 16 had a low response rate.	tors" column " columns sl Juestions rel	ns display the how the nurr ated to Table	e number of ther of progress 15 and 16	programs thrank the program is the p	nber of programs that reported the fprograms that identified the co and 16 had a low response rate.	the correspc correspondii	nding factor ng factor as 1	r as limiting the main rea	t nursing adm ason for limit	issions. The ing
Table 15 shows that insufficient clinical sites were the most frequently identified factor among all factors, followed by an insufficient number of number of nursing faculty. In addition, an insufficient number of faculty was cited as the main factor for limiting admissions by BSN programs. For programs that identified "other" as a limiting factor, most responses were related to students choosing other programs or choosing not to enroll.	vs that insuf rsing faculty r programs th ot to enroll.	ficient clinic . In addition hat identifie	al sites wer 1, an insuffic d "other" as	e the most fi sient number a limiting f	requently ide r of faculty v actor, most r	entified facto vas cited as esponses wo	or among all the main fac ere related to	factors, fol stor for limit students ch	es were the most frequently identified factor among all factors, followed by an insufficient nsufficient number of faculty was cited as the main factor for limiting admissions by BSN her" as a limiting factor, most responses were related to students choosing other programs	insufficient ns by BSN programs
Table 16 highlights the variables that are related to "Insufficient number of nursing faculty." Programs that selected "Insufficient number of nursing faculty" as a factor to limiting admissions were asked to identify the variables that impacted their ability to sufficiently retain and hire faculty. The two top reasons identified include the inability to recruit qualified faculty because of competition with other marketplaces and noncompetitive salaries. Table 15. Factors Limiting Admission	lights the va rsing faculty stain and hire vith other me tors Limiti	rriables that /" as a factor e faculty. Th arketplaces ε ng Admission	are related t r to limiting le two top re and noncom	o "Insuffició admissions asons identi petitive sala	ent number c were asked 1 ified include rries.	of nursing fa to identify th the inability	culty." Prog he variables / to recruit q	rams that se that impact ualified fac	elected "Insuf ed their abilit ulty because	ficient y to of
	-	D				-				
Factors	Insufficien of nursin	Insufficient number of nursing faculty	Insufficie	Insufficient clinical sites	Insufficient classroom/ simulation space	icient 'oom/ 'n space	Insufficient budget	nt budget	Otl	Other
	All A	Main	All	Main	IIV T	Main	IIV	Main	IIV .	Main
LPN	Factors	Factor 0	Factors 2	Factor ()	Factors	Factor 0	Factors	Factor 1	Factors ()	Factor ()
ADN	5	1	9	3	С	-	С	c	2	2
BSN	5	4	5	3	3	0	3	0	4	4
Pre-Lic Master's	1	0	0	0	1	1	0	0	0	0
Post-Lic Master's	0	0	1	1	0	0	0	0	0	0
DNP	2	1	1	1	1	0	1	0	4	3
DHD	0	0	0	0	0	0	0	0	1	1
Total	14	9	15	8	6	2	8	4	11	10

Factors Limiting Admissions

25

Programs Reporting	LPN 1	ADN 5	BSN 5	Pre-Lic MSN 1	DNP 1	Total 13
Factors						
Inability to recruit qualified faculty						
because of competition with other	1	2	5	1	1	10
marketplaces						
Noncompetitive salaries	1	3	4	0	1	9
Budgeted faculty positions not	1	2	5	0	0	8
available	-	_		Ŭ		
Finding faculty with the right specialty	1	2	4	0	1	8
mix	1		•	Ŭ	1	0
Qualified applicants are unavailable	1	3	2	0	1	7
due to challenging geographic area	1	5	2	0	1	/
High faculty workload	1	0	4	0	1	6
Finding faculty willing/able to teach	1	0	3	0	1	5
clinical courses	1	0	5	0	1	5
Finding faculty willing/able to conduct	0	0	1	0	0	1
research	U	0	1	0	0	1
Other (decreased enrollment)	0	0	0	0	1	1

Table 16. Variables Related to Insufficient Faculty

Student Enrollment by Program

Table 17 presents student enrollment in the various curriculum programs or tracks over the past three surveys. Student enrollment in LPN programs and pre-licensure and post-licensure BSN programs decreased, as well as total student enrollment in MSN and PhD graduate programs.

There was an increase in enrollment in ADN, pre-licensure MSN, and DNP programs. Within master's programs, there was also a growth in enrollment in the nurse educator, nurse administrator/leadership, and CNL tracks. In addition, both NP and CRNA in DNP programs showed increased enrollment.

Academic Year	2017-18	2019-20	2020-21
Pr	e-licensure Progra	ams	
LPN Program	298	497	265
ADN Program			4.000
Traditional	2,791	4,475	4,939
Bridge	177	211	262
Total ADN	2,968	4,686	5,201
BSN Program			
Traditional	5,365	5,195	4,639
Accelerated (2nd Degree)	559	353	297
Total Pre-Licensure BSN	5,924	5,548	4,936
Pre-Licensure MSN	325	471	618
	st-Licensure Progr		010
RN-BSN	1,109	876	599
MSN Program	,		
MSN: CNS	11	34	18
MSN: CNM	10	13	13
MSN: NP	337	740	501
MSN: CNL	118	16	20
MSN: Nurse Educator	89	76	99
MSN: Nurse Administrator/Leadership	70	42	69
MSN: Healthcare Informatics	*	*	5
MSN: Other	*		0
Total MSN	654	925	725
DNP Programs			
Post BSN: CNS	25	17	17
Post BSN: CNM	0	0	0
Post BSN: NP	418	480	494
Post BSN: CRNA	27	88	120
Post BSN: Admin/Leadership	12	26	30
Post BSN: Other	0	3	7
Post MSN: CNS	*	0	0
Post MSN: CNM	*	0	0
Post MSN: NP	*	47	49
Post MSN: CRNA	*	18	52
Post MSN: Admin/Leadership	*	19	39
Post MSN: Other	*	27	30
Total DNP	541	725	838
PhD	123	114	104
Total Doctoral	664	839	942
Total Enrollment	11,864	13,838	13,286

Table 17. Student Enrollment by Program

*Data not available

Discussion and Recommendations for Programs

The number of nursing programs in Wisconsin remains stable, but there are slight fluctuations. The number of LPN programs did not change from the prior survey, while the number of ADN programs increased by two. The number of institutions offering a traditional BSN or accelerated (2nd degree) program increased slightly. Three more pre-licensure master's programs were reported, compared to the prior survey. In terms of post-licensure MSN programs, the number of institutions offering the degree remains unchanged; although, the curriculum foci have varied over time. The number of DNP programs increased by one, from nine to 10. The number of PhD programs remained the same at three.

Six institutions were identified as offering an LPN program, which is consistent with the findings in 2019-20. The number of new enrollees continues to trend upward, from 160 in 2017-18 to 246 in 2021-22. However, when comparing this report to the prior two survey results, the findings are curious. A considerable increase occurred in 2019-20 related to qualified applicants, students admitted, enrollment, and LPN graduation numbers. Then numbers in all categories returned to results like those found in 2017-2018. The reasons for the spike in 2019-20 numbers are unknown.

The LPN degree is one route on the educational pathway to becoming a registered nurse. The most recent statewide LPN survey (Bowers et al., 2022) reported that 8,930 (93%) of LPNs hold a diploma in nursing as their highest nursing degree. Approximately one-third of these individuals are either enrolled in an associate or bachelor's program (1,272) or plan to enroll in further education within the next 2 years (1,957). The two most common barriers to pursuing further education include lost income and benefits related to a reduced work schedule, followed by the cost of tuition, materials, and books.

Although the number of institutions offering an LPN program and the number of students enrolled remain relatively stable, the total number of LPNs in practice across the various healthcare settings continues to decline, from 8,423 in 2013 to 7,219 in 2021. This trend is concerning, as findings from the workforce survey show a growing percentage of retired LPNs, currently at 9%, which is a 3% increase since 2013 (Bowers et al., 2022). Analysis of the education survey numbers, combined with information from the LPN survey, suggests a growing workforce deficit.

The number of institutions offering an ADN program increased in the state. Traditional programs increased from 17 to 19 and bridge programs increased from 14 to 17. In 2021-22, these programs graduated a third of the new registered nurses in Wisconsin. With two more traditional programs reporting and three additional bridge programs reporting, the number of students enrolled increased by 515. However, the number of graduates decreased by 335 from the last survey. Currently, nurses who report their highest nursing degree is an ADN comprise 30.9% (26,797) of the nursing workforce (Zahner et al., 2023). Given the increase in the total enrollment numbers, it is anticipated that the graduation numbers will increase in the future.

The number of traditional BSN programs increased from 20 to 22. There was also an increase in the number of accelerated (2nd degree) programs from seven to eight. Qualified applicants

within each program are at their peak compared to the past decade. The increase in the number of programs and qualified applicants is encouraging, given the current workforce demand.

Institutions reported 667 qualified applicants were not admitted to a traditional BSN program; although, it appears to be more than 1,000 when comparing the number of qualified applicants (4,271) and those admitted (3,290), as seen in Table 4. This parallels a national trend. According to the American Association of Colleges of Nursing (AACN, 2023b), U.S. nursing schools turned away 66,261 qualified applications from entry-level baccalaureate programs in 2022. The large numbers in both state and national surveys represent a potential pool of nursing students, an untapped resource to meet future nursing workforce demands.

There is also a large disparity in Wisconsin BSN program data between the number of students admitted and those newly enrolled. Over 1,550 students did not enroll to traditional programs and nearly 140 students did not enroll to an accelerated (2nd degree) program. Why the admission and enrollment numbers are not more closely aligned is unknown. It is possible that BSN traditional students are applying to multiple programs and some accelerated students are choosing to attend a traditional program. In addition, when comparing the most recent data to the prior survey, there was a decline of over 600 enrolled students and 33 fewer graduates. This decrease in enrolled students and graduates has ongoing implications and requires continued monitoring. Without qualitative information, it is difficult to speculate as to what variables are at play. Nationally, there is also a decrease in enrollment, as AACN (2023b) reported enrollment in BSN programs declined by 1.4% (3,518 students) from 2021 to 2022. This was the first time since 2000 that enrollments decreased.

Pre-licensure MSN programs continue to experience an increase in applicant, enrollment, and graduation numbers. The number of institutions offering a pre-licensure MSN program increased from two to five. This may be a response to increased student demand. This is another pathway for individuals with a baccalaureate degree in a non-nursing discipline who wish to enter the profession, while also obtaining a graduate degree. Similar to pre-licensure BSN programs, the interest in nursing as a career is strong, as identified by the numbers of qualified applicants. However, there is a disparity between admissions and enrollments. Within the pre-licensure MSN program, only 54% of those admitted enrolled. It is possible, students may be applying to multiple schools to improve their odds of acceptance. Most of these programs are located within the southeastern part of the state. This program's popularity may provide an opportunity for expansion at institutions in other parts of the state.

Registered nurses are graduates of ADN, BSN, or pre-licensure MSN programs who pass the national licensure exam. The 2021-22 survey showed that the total number of pre-licensure graduates has declined from 3,657 in 2019-20 to 3,506 in 2021-22. Although the decline of pre-licensure graduates was only 150, the reduction could have been much worse had the pre-licensure MSN graduation numbers not increased dramatically, from 195 in 2019-20 to 412 to 2021-22. The decline in ADN and BSN graduates is alarming, given the number of RNs needed to address the nursing workforce shortage in Wisconsin, as recent workforce projections forecast a deficit of 23,000 RNs by 2040 (Walsh & Casal, 2022).

Another area of decline was found in the RN-BSN programs. Fourteen institutions in Wisconsin offer this option for RNs who have an associate or diploma degree in nursing to obtain the baccalaureate degree, with its curriculum focus on community/public health, leadership, research, and evidence-based practice. Although the number of institutions offering this program remains stable, the number of students enrolled and graduated has continued to decline over time. Enrollment and graduate numbers have dropped by nearly 50% since 2017-2018. This parallels national data, which also show a significant decrease in numbers of students in RN-BSN programs for the fourth consecutive year (AACN, 2023a).

There are several post-licensure master's programs that prepare graduate level nurses for advanced roles in nursing. In this survey the categories of data collected included health informatics, nursing administrator/leader, nursing educator, clinical nurse specialist, clinical nurse leader, clinical nurse midwife, and nurse practitioner. Overall enrollment in MSN programs in Wisconsin declined by 200 students from 2019-20 to 2021-22. AACN (2023a) determined that for the first time since 2001, master's programs also experienced a decrease in enrollment nationally, noting that 5,766 fewer students enrolled in 2021 than in 2020.

Health informatics is offered by one program, with single digit enrollment and no graduates during 2021-22. Health informatics is an integral component of healthcare organizations, and it may be that they are growing their own informaticists. A recent national study showed that the educational requirements for employment in this role include a minimum of a bachelor's degree, some required RN licensure, but only 7% required formal education in health informatics (McLane et al., 2021). The number of institutions reporting on the master's nurse administrator/leadership track doubled, from three to six. There was a subsequent increase in the number of students enrolled and graduated. Of interest is what appears to be an alternating cycle of increase and decrease in enrollment. Another trend to watch is enrollment at the master's versus DNP levels. The number of new enrollees in the master's program declined by one, but new enrollees in the nurse administrator program at the DNP level increased significantly, from 32 in the previous survey to 57 in 2021-22.

There was a decrease by one in the number of institutions offering a nursing educator program at the master's level. There was also a slight decline in the number of qualified applicants, students admitted, and newly enrolled. However, the total number of enrolled in a program increased by 23, and the number who graduated increased by 15. An increase in the number of students admitted and enrolled is anticipated in the next survey report, due to the recently initiated Wisconsin Nurse Educator Program loan program for nurse educators (University of Wisconsin System, 2022).

The number of institutions reporting on clinical nurse specialist programs decreased from three to two. Not only did the number of programs decline for the first time, but no qualified applicants, no students admitted, and no new enrollees were reported. The number of students enrolled also declined. However, recent RN survey data show that the number of certified clinical nurse specialists has increased. from 243 in 2018 to 397 in 2022 (Zahner et al., 2023).

Two institutions continue to offer the clinical nurse leader program. Although there is a slight growth in student enrollment, numbers remain low, with a decline in graduates. It would be beneficial for the Wisconsin RN workforce survey to include the number of nurses employed as a clinical nurse leader. This information would provide a data point in understanding the utilization of CNLs within healthcare organizations.

Eleven nurses were admitted to a master's certified nurse midwifery program in 2021-22. However, only six students enrolled and five graduated. Currently, one institution located in southern Wisconsin offers a certified nurse midwife program at the master's level. Not having a CNM program in other regions presents an opportunity for additional institutions to establish a CNM program to meet healthcare demands within the state. The northern region, as defined by DHS, has only eight working CNMs, compared to southeastern Wisconsin with 75 (Zahner et al., 2023) For nurses interested in obtaining a DNP-CNM, the closest programs are in Minnesota, Illinois, and Michigan (Nurse Midwifery, n.d.).

Since 2017, the nurse practitioner track has been the fastest growing area of study nationally in terms of enrollment in both the master's and DNP programs (AACN, 2022a). Although the interest in the nurse practitioner programs at the master's level has been strong, there is now a notable decline in qualified applicants, students admitted, new enrollees, and those enrolled. This trend has been ongoing; for example, in 2014, there were 1,098 students enrolled in MSN nurse practitioner program, and the current survey identifies 501 students enrolled, a 50% decrease. This decline possibly reflects a transition by students to pursue a nurse practitioner degree at the doctoral level, as DNP NP enrollment showed an increase, when compared to the prior survey.

Graduate certification allows graduate-prepared nurses to advance their nursing career or pursue new professional directions. Wisconsin nursing academic institutions offer various graduate certificates, but reported enrollment is not robust. The certificates with the largest number of enrollees included adult gerontology nurse practitioner, followed by psychiatric mental health and family nurse practitioner.

Institutions reporting on a DNP program increased, as did the total number of admissions, enrollments, and new DNP graduates. Variance in student demand exists within the types of DNP programs and between post BSN-DNP and post MSN-DNP options. The trend of more students moving toward a terminal degree from a baccalaureate degree, rather than master's degree, persists. The most recent survey shows that nearly 80% of DNP students are attending a post BSN-DNP program. For example, within post BSN-DNP programs, nearly 500 students are enrolled, compared to 49 enrolled in post MSN-DNP programs. This is also reflected in the nurse anesthetist program, with a larger portion of the students with a BSN degree.

Interest in nurse administrator/leadership specialty at the doctoral level has also increased, as demonstrated by a growth in admissions, enrollment, and graduation rates. Total enrollment increased over the prior survey from 19 to 39 and graduation numbers increased from eight to 14. The trend has shown an increase in the number of nurse executives in the workforce. In 2018, the total number of nurse executives was 695 and is currently at 1,025. (Zahner, 2019, 2023).

Qualified applicants, students admitted, new enrollees, and graduates in PhD programs remain relatively stable, with a slight increase. However, the number of total students enrolled in a PhD program is at its lowest point in almost a decade. PhD enrollment numbers have also declined nationally and, like Wisconsin, are at their lowest since 2013 (AACN, 2023a).

All three PhD institutions in Wisconsin are in the southern part of the state, with two designated as research focused R1 institutions. Perhaps, if there were a PhD program located in northern Wisconsin, it may be more accessible to those interested in pursuing this terminal degree. This program could be focused on areas such as nursing education or community health nursing.

A question related to general factors that limited admission to nursing programs was again asked in this survey. Institutions most often reported lack of clinical sites as the main factor in limiting enrollment. The exception was baccalaureate programs, which lacked sufficient faculty as the primary factor preventing more student admissions.

Another question specifically addressing the reasons institutions are unable to hire enough faculty was also included. From the options provided in the question, respondents most often selected the inability to recruit qualified faculty because of competition with other marketplaces, followed by noncompetitive salaries. Other factors identified by respondents included budgeted faculty positions not available, finding faculty with the right specialty mix, qualified applicants are unavailable due to challenging geographic area, high faculty workload, and finding faculty willing/able to teach clinical courses.

The total enrollment in Wisconsin nursing programs of 13,286 declined by 552 (4%) from the prior survey. LPN enrollment showed the steepest decline of 232 (47%), followed by MSN programs with an enrollment drop of 200 (21%) students. In terms of the baccalaureate degree, the number of students enrolled also declined by a total of 889 (14%). BSN traditional enrollment declined by 556 (11%) and accelerated (2nd degree) decreased by 56 (16%). RN-BSN enrollment declined by 277 (32%). Encouragingly, an area that has increased is found within the DNP program, where enrollments moved from 839 to 942 since the prior survey.

Section III. Students

Student Race and Ethnicity by Program

identified as White/Caucasian. The other categories of race and ethnicity that have 10% or greater students include Hispanic/Latino in the ADN traditional program and Black/African American and Asian students in the pre-licensure master's program. Additionally, Table 18 displays student race and ethnicity by program. Regardless of the program, most (72%) Wisconsin student nurses were 18% of post-licensure MSN, 22% of BSN accelerated (2nd degree), and 24% of PhD students were identified as "Unknown."

Program	White/ Caucasian	White/ aucasian	Black/ African American	African rican	Hispanic/ Latino	anic/ ino	Asian	ian	Native Hawaiian/ Pacific Islander	Native Iawaiian/ Pacific slander	American Indian or Alaskan Native	rican un or kan ve	Two or more races	. more ces	Unknown	uwo
	и	%	и	%	и	%	и	%	и	%	и	%	и	%	и	%
LPN	245	76.8	20	6.3	27	8.5	21	6.6	0	0.0	1	0.3	5	1.6	0	0.0
ADN-Traditional	3,300	3,300 71.6	346	7.5	541	11.7	176	3.8	9	0.1	27	0.6	150	3.3	64	1.4
ADN-Bridge	190	76.9	20	8.1	16	6.5	6	3.6	0	0.0	9	2.4	1	0.4	5	2.0
BSN-Traditional	3,041	72.1	205	4.9	300	7.1	208	4.9	6	0.2	16	0.4	194	4.6	244	5.8
BSN-Accelerated (2nd degree)	196	196 66.2	5	1.7	7	2.4	20	6.8	0	0.0	1	0.3	3	1.0	64	21.6
RN-BSN	428	71.9	26	4.4	36	6.0	38	6.4	2	0.3	9	1.0	15	2.5	44	7.3
Pre-Licensure Master's	460	63.1	80	10.9	68	9.3	80	10.9	1	0.1	0	0.0	26	3.6	13	1.8
Post-Licensure Master's	503	6.69	33	4.6	24	3.3	23	3.2	0	0.0	0	0.0	10	1.4	126	17.5
DNP	590	77.3	28	3.6	27	3.5	33	4.3	6	1.2	5	0.7	6	1.2	62	8.1
PhD	61	58.7	5	4.9	4	3.8	5	4.8	0	0.0	1	0.9	3	2.9	25	24.0
Total	0'6	9,014	268	58	1,0	1,050	613	3	7	27	63	3	416	9	647	L

Table 18. Student Race and Ethnicity by Program

Student Race and Ethnicity Trends

decrease in the DNP program. There was an overall decline in the number of Native Hawaiian/Pacific Islander and American Indian or decreases in the LPN, BSN accelerated (2nd degree), and post-licensure MSN programs. The Hispanic/Latino category had the largest increase, most specifically within the ADN programs and pre-licensure MSN programs, with decreases in the BSN generic and post-Table 19 displays the number of students in programs as it relates to race and ethnicity in 2019-20 and 2021-22. The most notable Alaskan Native students in most programs. There was an increase in the number of students identified as two or more races. Both changes within the Black/African American student category were increases in the ADN programs and pre-licensure MSN and licensure masters. The number of Asian students increased in the ADN, RN-BSN, and pre-licensure master's programs, with a surveys identified many "Unknowns"; however, the number declined slightly in the most current survey.

Program	White/ Caucasian	White/ aucasian	Bla Afri Ame	Black/ African American	Hispanic/ Latino	anic/ ino	A	Asian	Native Hawaiian Pacific Islander	tive aiian/ ific	American Indian or Alaskan Native	rican un or kan ive	Two or More Races	More	Unknown	UMO
	2019- 20	2021- 22	2019- 20	2021- 22	2019- 20	2021- 22	2019- 20	2021- 22	2019- 20	2021- 22	2019- 20	2021- 22	2019- 20	2021- 22	2019- 20	2021- 22
LPN	207	245	36	20	13	27	17	21	5	0	7	1	2	5	*	0
ADN- Traditional	2,441	3,300	199	346	98	541	123	176	86	9	29	27	61	150	479	64
ADN-Bridge	142	190	12	20	10	16	6	6	1	0	5	9	1	1	23	5
BSN- Traditional	4,382	3,041	215	205	369	300	213	208	15	6	21	16	211	194	133	244
BSN-																
Accelerated (2nd degree)	290	196	14	S	×		22	20	0	0	0		11	ς,	11	64
RN-BSN	795	428	38	26	19	36	27	38	21	2	5	9	20	15	7	44
Pre-Licensure Master's	270	460	30	80	45	68	30	80	0	1	1	0	16	26	79	13
Post-Licensure Master's	823	503	51	33	37	24	27	23	3	0	1	0	13	10	45	126
DNP	603	590	35	28	24	27	43	33	2	9	3	5	8	6	24	62
PhD	91	61	4	5	9	4	5	5	1	0	3	1	1	3	3	25
Total	10,044	9,014	634	768	617	1,050	516	613	134	27	LL	63	344	416	784	647

Table 19. Student Race and Ethnicity Trends

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Student Gender by Program

Table 20 provides gender information by program. This survey included a new category of "Other, Non-binary," in which 50 students were identified. The accelerated (2nd degree) BSN program, pre-licensure master's, and DNP program had the highest percentages of male students, while the LPN program had the lowest. Two additional programs, BSN traditional and RN-BSN, had more than 10% of male students enrolled.

Gender	Fen	nale	Μ	ale	Other, bina	
	n	%	n	%	п	%
LPN	301	94.4	18	5.6	0	0.0
ADN-Traditional	4,187	89.8	453	9.7	23	0.5
ADN-Bridge	260	92.2	19	6.7	3	1.1
BSN-Traditional	3,664	88.4	463	11.2	20	0.5
BSN-Accelerated (2nd degree)	235	79.4	57	19.2	4	1.4
RN-BSN	529	88.9	66	11.1	0	0.0
Pre-Licensure Master's	601	82.6	127	17.4	0	0.0
Post-Licensure Master's	652	90.6	68	9.4	0	0.0
DNP	614	83.8	119	16.2	0	0.0
PhD	96	92.3	8	7.7	0	0.0
Total	11,	139	1,3	398	5	50

Table 20. Student Gender by Program

Student Age by Program

Table 21 details students by age ranges according to program. The majority (56%) of students were reported to be age 25 or younger, dominated by traditional BSN students. Age ranges of 21-25 and 31-40 have the highest percentages of students enrolled in the various programs. Most DNP students are below the age of 41.

Age	20	0	21-25	25	26-30	30	31-40	40	41	41-50	51-60	-60	≥61	1
	и	%	и	%	и	%	и	%	и	%	и	%	и	%
LPN	26	8.2	81	25.4	78	24.5	85	26.6	46	14.4	3	0.9	0	0.0
ADN-Traditional	940	20.9	1,272	28.2	666	14.8	1,217	27.0	346	7.7	63	1.4	3	0.1
ADN-Bridge	2	0.7	50	18.5	62	22.9	87	32.1	59	21.8	11	4.1	0	0.0
BSN-Traditional	1,390	39.6	1,849	52.6	144	4.1	92	2.6	32	0.9	5	0.1	0	0.0
BSN-Accelerated (2nd degree)	0	0.0	107	46.7	55	24.0	46	20.1	17	7.4	4	1.7	0	0.0
RN-BSN	14	2.3	188	31.0	121	20.0	186	30.7	82	13.5	15	2.5	0	0.0
Pre-Licensure Master's	1	0.2	364	55.2	166	25.2	98	14.9	24	3.6	9	6.0	0	0.0
Post-Licensure Master's	0	0.0	75	10.5	207	29.0	294	41.1	118	16.5	21	2.9	0	0.0
DNP	0	0.0	67	10.2	249	37.9	261	39.7	68	10.4	10	1.5	2	0.3
PhD	0	0.0	3	7.3	7	17.1	15	36.6	10	24.4	5	12.2	1	2.4
Total	2,373	73	4,056	56	1,755	55	2,381	81	8(802	143	.3	9	

Table 21. Student Age by Program

Discussion and Recommendations for Students

Student race and ethnicity disparity continues in nursing education in Wisconsin. Students are dominantly White/Caucasian across all nursing programs; although, there has been a slight shift. In 2019-20, 81% of students were identified as White/Caucasian; whereas, the current survey identifies 75% of students as White/Caucasian. As in prior surveys, the substantial number of unknown responses continues to make it difficult to determine actual student diversity; therefore, these percentages do not include the "Unknowns." There is slightly more diversity reported among nursing students in the current survey than in previous surveys. Areas of increased diversity in race/ethnicity include the categories of Black/African American, Hispanic/Latino, Asian, and multiracial students. Areas of decline include Native Hawaiian/Pacific Islander and American Indian or Alaskan Native.

The program with greatest student race and ethnicity fluctuation was found within ADN traditional programs. There were substantial increases within the categories of Black/African American, Hispanic/Latino, Asian, and two or more races and a decline of Native Hawaiian/Pacific Islander students. Diversity within BSN traditional programs remains relatively unchanged, except for a decrease by 69 in the number of Hispanic/Latino students. Pre-licensure master's programs are experiencing an increase in enrollment of Black/African American, Hispanic/Latino, and Asian students. Native Hawaiian/Pacific Islander and Black/African American enrollment numbers in RN-BSN programs have declined. Additionally, master's post-licensure programs reflected a decline in race and ethnicity across all categories.

When calculating percentages, nursing students from minority backgrounds represented 23% of students in BSN traditional and accelerated (2nd degree) programs, 15% of master's students, 16% of DNP students, and 23% of students in PhD programs. These percentages lag national data. According to AACN's report on 2021-2022 enrollment, 40.8% of students in entry-level baccalaureate programs, 38.9% of master's students, 35.5% of students in research-focused doctoral programs, and 38.9% of DNP students are from minority backgrounds (AACN, 2022a).

Wisconsin ADN programs are more diverse, with 27% of students from minority backgrounds. When combining both ADN and BSN student data, this percentage drops to 25%. These percentages align more closely to National League for Nursing (NLN) statistics, where underrepresented students enrolled in pre-licensure registered nurse programs was 30.9% in 2020 (Mazinga, 2021).

Females comprise 88.5% of the student population and males 11.1%. A new category of "Other, Non-binary" was included in this survey, resulting in 0.4% of students. Although the percentage of males enrolled in nursing programs hovers between 10%-11%, these percentages do not drop when moving from pre-licensure to post-licensure programs. In fact, the survey shows that males comprise 11% of students enrolled in a pre-licensure program, which increases to 12% in post-licensure program. This is encouraging and a trend to monitor in future surveys.

High school students continue to follow a traditional pathway to pursuing a nursing degree, as evidenced by institutions reporting 92% of BSN and 49% of ADN students are age 25 or less. Wisconsin has a much younger student BSN cohort than nationally. The 2020 NLN enrollment

survey reports that 76% of students enrolled in traditional BSN programs and 38.9% of students enrolled in ADN programs are age 25 or younger (NLN, 2020). With a projected decline of 5% in the school-age population in Wisconsin (National Center for Education Statistics, 2023), institutions may look to recruit older adults into the nursing profession. Seventy-eight percent of BSN accelerated (2nd degree) students and 80% of pre-licensure master's students are 21 to 30 years of age. Most post-licensure master's students (70%) and DNP students (77%) are between the ages of 26 to 40. The age range for LPN and RN-BSN students spans across all categories, with greater than 90% falling between ages 21 to 50.

Unfortunately, there is a variance in the level of survey completion for student demographics, particularly noticeable within the age category. For example, institutions reported only 40% of PhD student ages. Of those reported, 61% fell within the age of 31 to 50. These age data are critical for trend analysis, particularly for this group, since students are encouraged to begin their PhD program at an early age to maximize the length of time in the workforce at this education level.

The future of the diversification of the Wisconsin nursing workforce is driven by RN graduates of nursing programs in the state. With the RN workforce presently at 93.4% White/Caucasian and current enrollment in nursing programs at 75% White/Caucasian, and with the percentage of women at 91.6% in the workforce and student population presently at 88.5% women, there is hope for increasing diversity in the future RN workforce (Zahner et al., 2023).

As Wisconsin continues to increase in population diversity, nursing students and faculty also need to be diverse, an area that is declining for some of our categories in this survey. Research supports that patients who have caregivers who look like them and understand their unique cultural backgrounds experience better outcomes (Hynson et al., 2022). The Committee on the Future of Nursing 2020–2030 concluded that,

Building a diverse nursing workforce is a critical part of preparing nurses to address a diverse population within the state, improve health, and promote equitable access to health care. While the nursing workforce has steadily grown more diverse, nursing schools need to continue and expand their efforts to recruit and support diverse students that reflect the populations they will serve (Wakefield et al., 2021, p. 9).

Wisconsin RN workforce reports could publish gender, race, and ethnic diversity within the various age categories. The data could then be used to track the degree of diversification, in particular the younger workforce. This information would provide a better understanding of the effectiveness of diversification interventions utilized in the workforce, as well as in the educational arena. In addition, statistics on this younger cohort should begin to reflect the educational survey findings.

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Faculty Positions and Vacancies

Tables 22 and 23 display faculty positions filled and faculty vacancies. Table 22 indicates that 84% of the positions were held by fulltime, non-tenure, instructional academic staff, or part-time instructors. Most vacancies (55%) appear within full-time position categories.

while part-time vacancy positions have increased. The most recent survey records the lowest employment numbers for both full- and part-time faculty, with a total decline of 300 educators from the prior survey. The overall vacancy rate has remained relatively stable Table 23 provides position and vacancy trends for the last four surveys. The number of full-time vacancies has declined overtime, since 2017-18. Of note, tenure track qualifications vary across institutions in Wisconsin. Some require a PhD as a qualification for the position, others offer tenure-track to DNP faculty. Master's-prepared faculty also qualify for tenure track in some organizations.

Academic Year 2021-22	Filled F	Filled Positions	Vacant	Vacant Positions
	и	0%	и	%
Full-Time Tenure/Tenure Track	188	16.4	21	31.3
Full-Time Non-Tenure/IAS	498	43.5	16	23.9
Part-Time Instructors	460	40.1	30	44.8
Total	1,146	100.0	67	100.0

Table 22. Faculty Positions and Vacancies

Table 23. Faculty Position and Vacancy Trends

		Filled I	Filled Positions			Vacant	Vacant Positions	
Academic Year	2014-15	2017-18	2019-20	2021-22	2014-15	2017-18	2019-20	2021-22
Institutions Reporting	38	37	40	41	38	37	40	41
Full-Time	66L	808	881	686	61	44	41	37
Part-Time	610	448	565	460	20	19	28	30
Total	1,409	1,256	1,446	1,146	81	63	69	67

Earned
Degree
Highest
by]
Education
Faculty

faculty declined by 65 and master's-prepared faculty declined by 123. The total number of faculty holding a DNP declined slightly; previous survey. There was a decline in the total number of faculty in all nursing degree categories. The number of BSN-prepared Table 24 shows full-time and part-time faculty by highest degree earned, as reported by their institution, along with data from the although, the number in a tenure-track position increased. The number of PhD-prepared faculty decreased by 57.

				Full-Time	lime					Part-Time	Time			Total	tal	
Academic Year	Ten	-20 Fenure	202 Tenure	2021-22 hure/Tenure	2019-20 Non- Tenure) Non- ure	2021-22 Non-Tenure	l-22 enure	2019-20 Instructor)-20 Iictor	202 Instri	2021-22 Instructor	2019-20)-20	2021-22	-22
	Track	ck	Tr	Track	Track/IAS	c/IAS	Track/IAS	VIAS		10101						
Degree	и	%	и	%	и	%	и	%	и	%	и	%	и	%	и	%
PhD in Nursing	109	33.5	68	21.9	49	8.6	39	8.3	18	3.2	12	2.9	176	12.1	119	9.6
Doctor of																
Nursing	27	8.3	38	12.2	96	16.9	89	18.9	83	14.7	71	17.2	206	14.2	198	16.6
Practice																
Doctorate Other Nursing	2	0.6	0	0.0	2	0.4	3	0.6	2	0.4	3	0.7	9	0.4	9	0.5
Doctorate Non- Nursing	13	4.0	20	6.4	8	1.4	4	0.8	10	1.8	3	0.7	31	2.1	27	2.3
Master's in Nursing	167	51.4	180	57.9	388	68.4	311	65.9	347	61.6	293	70.9	902	62.0	784	65.6
Master's Non- Nursing	3	0.9	0	0.0	5	0.9	5	1.1	9	1.1	4	1.0	14	1.0	6	0.8
Bachelor's in Nursing	3	0.9	5	1.6	19	3.4	19	4.0	93	16.5	26	6.3	115	7.9	50	4.2
Bachelor's Non- Nursing	0	0.0	0	0.0	0	0.0	1	0.2	0	0.0	1	0.2	0	0.0	2	0.2
Associate or	,							1					I		,	
Diploma in		0.3	0.0	0	0	0.7	-	0.2	4	0.7	0	0.0	S	0.3	1	0.1
Nursing																

Table 24. Faculty Education by Highest Degree Earned

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slightly. The total number of Black/African American faculty declined by 22, with 19 of those in tenure-track positions. The number of Native Hawaiian or Other Pacific Islander faculty also decreased by five. Hispanic/Latino faculty increased by nine. There were fewer Table 25 details racial and ethnic identity of full-time and part-time faculty. The percentage of White/Caucasian faculty has increased "Unknown" reported in this survey.

				Full-Time	lime					Part-Time	Time			Total	tal	
Academic Year	2019-20 Ten Tenure	2019-20 Tenure/ 2021-22 Tenure/ Tenure	2021-22 Ten	-22 Tenure/ Tenure	2019-20 Non-Tenure	-20 enure	202 Non-T	2021-22 Non-Tenure	2019-20 Instructor	-20 Letor	202 Instr	2021-22 Instructor	2019-20)-20	2021-22	-22
	I rack	ıck	IL	I rack	I rack/IAS	VIAS	I raci	I rack/IAS								
Ethnicity	и	%	и	%	и	%	и	%	и	0%	и	%	и	%	и	%
White/ Caucasian	238	77.8	165	82.5	479	90.0	517	92.3	425	84.2	360	84.5	1,142	85.0	1,042	87.9
Black/African American	26	8.5	Г	3.5	14	2.2	17	3.0	24	4.8	18	4.2	64	4.8	42	3.5
Hispanic/ Latino	5	1.6	2	1.0	5	0.9	11	2.0	11	2.2	17	4.0	21	1.6	30	2.5
Asian	7	2.3	6	4.5	S	0.9	7	1.3	6	1.8	7	0.5	21	1.6	18	1.5
American Indian or Alaska Native	0	0.0	0	0.0	1	0.2	5	0.4	1	0.2	0	0.0	5	0.1	5	0.2
Native Hawaiian or Other Pacific Islander	7	0.7	1	0.5	3	0.6	1	0.2	7	0.4	0	0.0	L	0.5	7	0.2
Two or More Races	0	0.0	0	0.0	2	0.4	0	0.0	3	0.6	4	0.9	5	0.4	4	0.3
Race/Ethnicity unknown	28	9.2	16	8.0	23	4.3	5	6.0	30	5.9	25	5.9	81	6.0	46	3.9

Table 25. Faculty by Race and Ethnicity

Faculty by Gender

Tables 26 and 27 depict full- and part-time faculty by gender, as reported by their institution. A new category, "Other, Non-binary," was added to this survey.

Table 26 shows that females equal 93.8% of the nurse educator workforce. The highest number of faculty were employed as full-time, non-tenure/IAS. More males worked full-time, as opposed to part-time.

Table 27 shows that the percentage of males and females in the educator workforce remained unchanged.

Academic Year 2021-22	Tenure	Time /Tenure ack	Ter	me Non- iure k/IAS		Time uctor	To	tal
	п	%	п	%	п	%	n	%
Female	215	94.3	528	94.8	403	92.2	1,146	93.8
Male	13	5.7	28	5.0	34	7.8	75	6.1
Other, Non-binary	0	0.0	1	0.2	0	0.0	1	0.1
Total	22	28	5	57	4	37	1,2	22

Table 26. Faculty by Gender

Table 27. Faculty Gender Trends

		Full-	Time			Part-	Time			To	tal	
Academic Year	201	9-20	202	1-22	201	9-20	202	1-22	201	9-20	202	1-22
	п	%	n	%	n	%	п	%	n	%	n	%
Female	816	95.1	743	94.6	487	91.7	403	92.2	1,303	93.8	1,146	93.8
Male	42	4.9	41	5.2	44	8.3	34	7.8	86	6.2	75	6.1
Other, Non-binary	*	*	1	0.1	*	*	0	0.0	*	*	1	0.1

*Data not available.

Faculty by Age Distribution

Table 28 reports the age of faculty by full- and part-time status. Of full-time faculty, 424 (56.5%) were 50 and younger and 326 (43.5%) were 51 and older. For part-time faculty, 248 (63%) were 50 years of age and younger and 146 (37%) were 51 and older. Faculty age categories 50 and under constituted 59% of the nurse educator workforce. A total of 472 (41%) faculty were above the age of 51. The largest number of faculty (330) were in the category of 41 to 50. Of the total faculty who were 40 years of age or under, 143 (41.8%) were employed part-time.

Age	≤	30	31	-40	41	-50	51	-55	56	-60	61	-65	66	-70	2	71
	n	%	n	%	п	%	п	%	п	%	п	%	п	%	п	%
Full-Time Tenure/ Tenure- Track	3	1.2	53	20.5	94	36.4	24	9.3	40	15.5	30	11.6	13	5.0	1	0.4
Full-Time Non- Tenure/ IAS	12	2.4	131	26.6	131	26.6	86	17.5	80	16.3	46	9.3	4	0.8	2	0.4
Part-Time Instructor	26	6.6	117	29.7	105	26.6	58	14.7	36	9.1	31	7.9	18	4.6	3	0.8
Total	41	3.6	301	26.3	330	28.0	168	14.7	156	13.6	107	9.4	35	3.1	6	0.5

Table 28. Faculty by Age Distribution

Faculty Enrolled in Graduate Programs

Table 29 displays the number of full-time and part-time faculty enrolled in a graduate program, as reported by their institution over the past two survey cycles. There has been a decrease in total faculty enrolled in various graduate programs. The number of full-time, non-tenure/IAS faculty enrolled in a PhD program has declined from 29 to 13. However, there has been a slight increase in full-time, non-tenure/IAS faculty enrolled in DNP and master's programs. The number of part-time instructors attending graduate school declined by almost 50%.

Table 29	Faculty	Enrolled	in Graduate	Programs
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Academic Year	Tenure	Time /Tenure ack	Full-Tin Tenui	ne Non- ·e/IAS		Time actors	To	tal
	2019-20	2021-22	2019-20	2021-22	2019-20	2021-22	2019-20	2021-22
PhD Nursing	3	6	29	13	6	4	38	23
DNP	4	3	24	25	20	6	48	34
Doctorate Other Nursing	*	0	*	6	*	0	*	6
Doctorate Non- Nursing	0	0	8	1	1	1	9	2
MSN	5	5	12	20	43	25	60	50
Master's Non- Nursing	0	0	0	0	4	0	4	0
Total	12	14	73	65	74	36	159	115

Faculty Currently Serving on a Board

Table 30 displays the number and percentage of faculty currently serving on a non-profit, community, healthcare, and/or professional board, as reported by their institution. Of the 1,146 faculty members employed, 197 (17.2%) served on a board. This is a slight increase over 2019-20 and similar to the 2017-18 response.

Academic Year	201	7-18	201	9-20	202	1-22
	n	%	n	%	п	%
Faculty	195	16.0	182	13.0	197	17.2

Table 30. Faculty Serving on a Board

Faculty Salaries

Table 31 displays the responses from 38 administrators who responded to questions related to mean salary (not total compensation) for a variety of full-time roles for both academic year (AY) and 12-month employees. The table supplies information as to the number of institutions responding, the minimum and maximum mean salaries reported, and the average of those mean salaries for the specific position, as calculated by the survey team. The final column provides the average salary when both AY and 12-month mean salaries are combined and is the focus of the data reported in the next paragraph.

LPN and 2 -year instructors have higher salaries than instructors teaching at 4-year programs, and made an average of \$10,400 more than 4-year program instructors. LPN and 2-year instructors also make, on average, more than clinical assistant professors and assistant professors on tenure/tenure track. Other findings for 4-year programs included the average salary for clinical assistant professors and clinical professors is higher when compared to tenure/tenure track assistant professors and associate professors.

The majority of faculty employed have an AY contract; whereas, most administrators hold 12month contracts. Within AY contracts, the range between minimum and maximum mean salaries for faculty is nearly \$90,000. Annual salaries for the position of faculty with administrative responsibilities showed the widest range at over \$140,000.

Position	п	AY Min/Max	AY Average	n	Annual Min/Max	Annual Average	Combined Average
LPN Programs							
Instructor	5	\$69,000 / \$85,455	\$79,268	1	\$75,254	\$75,254	\$78,599
Instructor with admin responsibilities	1	\$104,351	\$104,351	0	0	0	\$104,351
Administrator	1	\$130,000	\$130,000	2	\$97,500 / \$105,000	\$101,250	\$110,833
2-Year Programs							
Instructor	11	\$65,000 / \$90,500	\$78,825	8	\$69,105 / \$86,740	\$76,747	\$77,950
Instructor with admin responsibilities	5	\$85,000 / \$103,980	\$95,424	3	\$75,000 / \$110,000	\$92,333	\$94,264
Administrator	4	\$92,000 / \$153,000	\$123,750	9	\$81,098 / \$118,000	\$98,107	\$105,997
4-Year Programs							
Instructor/ Lecturer	10	\$49,000 / \$80,015	\$63,615	6	\$59,106 / \$93,970	\$74,322	\$67,630
Clinical assistant professor	8	\$62,131 / \$90,578	\$73,198	3	\$68,000 / \$104,334	\$86,131	\$76,725
Clinical associate professor	8	\$76,000 / \$97,874	\$82,355	3	\$41,300 / \$107,214	\$79,945	\$81,698
Clinical professor	3	\$83,858 / \$110,253	\$96,221	1	\$128,682	\$128,682	\$104,336
Assistant professor tenure/tenure track	9	\$55,000 / \$97,427	\$74,252	2	\$57,764 / \$79,000	\$68,382	\$73,185
Associate professor tenure/tenure track	8	\$60,000 / \$119,841	\$85,174	3	\$81,000 / \$159,285	\$124,482	\$95,894
Professor	11	\$60,000 / \$149,957	\$95,528	2	\$76,875 / \$100,000	\$88,438	\$94,437
Faculty with admin responsibilities	9	\$70,000 / \$95,500	\$81,259	9	\$45,214 / \$185,510	\$103,109	\$92,202
Administrator	3	\$110,000 / \$135,000	\$123,045	11	\$70,380 / \$199,234	\$123,090	\$123,080

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Table 32 contains data from a variety of questions related to full-time tenure/tenure track, full-time non-tenure/IAS, and part-time instructor hires and separations. Four new questions were added to the current survey. Two of the new questions addressed approved positions and qualified applicants. The number of applicants in each category exceeded the number of positions approved to recruit.

In terms of the total number of new faculty hired, there was a decrease from the prior survey, from 252 to 211. The decrease occurred There was also a slight increase in the total number of individuals hired from outside of Wisconsin, which resulted in more full-time, in full-time, tenure/tenure track and part-time instructors. However, there was an increase in full-time, non-tenure IAS employees. non-tenure IAS staff.

reasons other than retirement in both full-time, tenure/tenure track and full-time, non-tenure/IAS categories increased. Of those faculty There was a decline in the total number of retirements, with most from part-time faculty. However, the number of separations for who left, not all positions were replaced.

A decrease was reported in new total budgeted positions for AY 2022-23, with the largest decline in full-time tenure/tenure-track positions. The number of new faculty positions projected to be budgeted for AY 2023-24 also decreased in all categories Although there was a decline from the previous survey, over 100 positions were reported as necessary to meet the needs of the current student population. In relation to program expansion, 138 new positions were identified as required to increase program enrollment.

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lable 32. Nursing Program Hires, Separations, and Funding	Hıres, Sepai	ations, and	Funding					
	Full-Time Tenure/T Track	the Tenure/Tenure	Full-Time No	Full-Time Non-Tenure/IAS	Part-Time Instructors	structors	Total	tal
Academic Year	2019-20	2021-22	2019-20	2021-22	2019-20	2021-22	2019-20	2021-22
Number of positions approved to recruit.	*	27	*	84	*	90 ^a	*	201 ^a
Number of qualified applicants.	*	38	*	271	*	102	*	411
How many NEW faculty members were hired?	36	19	64	80	152	112	252	211
Of the NEW faculty members, how many were hired to teach only remotely?	*	0	*	0	*	6	*	6
Of the NEW faculty members, how many were hired from outside of the state of Wisconsin?	3	2	1	5	7	5	11	12
How many retirements occurred?	18	15	26	26	10	4	54	45
How many faculty retirements do you anticipate in the next five years?	17	38	86	71	34	25	137	134
How many members separated from your program for reasons OTHER than retirement, including voluntary separation, termination, etc.?	9	21	22	52	55	39	83	112
How many faculty members who separated from your program, including those who retired, will NOT be replaced?	7	4	13	13	17	1	37	18
How many NEW faculty positions were budgeted for AY 2022-2023?	28	19	36	41	31	28	56	88
How many NEW faculty positions do you anticipate being budgeted for AY 2023- 2024?	21	12	38	30	26.5	21	85.5	63
								47

_	Full	Full-time	Part	Part-time	Total		
	2019-20	2021-22	2019-20	2021-22	2019-20 2021-22	2021-22	
If funding were available, how many additional positions would you add to meet the needs of your current student population?	26	61	45	47	142	108	
If funding were available, how many additional positions would you add to expand your program?	*	87	*	51	*	138	
*Data not available. ^a Open or ongoing recruitment.	ng recruitment.						

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Number of FTE and Position Types

Table 33 shows a new question to track the FTE of the nursing school or college and the total number employed as nurse educators or other supporting roles. The vast majority of staff were in teaching, with 13% employed in a compacity other than nurse educator.

Table 33. Number of FTE and Position Types

Academic Year 2021-22	и
Total Number of FTE	959.5
Total number employed as nurse educator (primarily instructional)	951
Total number employed in a capacity other than nurse educator (full- and part-time whose role is primarily administrative, research, support)	139

Discussion and Recommendations for Faculty

The number of filled nursing faculty positions, full- and part-time, declined by 300 (20%), from 1,446 in 2019-20 to 1,146 in 2021-22. With this decrease, the 2021-22 figure is the lowest number of filled positions reported in almost a decade. Nationally, the percentage of RNs who identified their primary nursing practice position setting as "school of nursing" also declined from 3.6% in 2015 to 2.1% in 2022 (Smiley et al., 2023).

The nurse faculty workforce is not as diverse as the overall nurse workforce in Wisconsin, and the demographic characteristics remain basically unchanged compared to prior surveys. Nursing education continues to be a female-dominated profession. Current survey results indicate a continuing decline in male faculty, from 6.6% in 2017-18 to 6.1% 2021-22. Wisconsin continues to lag the national average of 8.4% male faculty, as reported in a census conducted by NLN (2021). Prior Wisconsin surveys showed the percentage of male faculty working part-time versus full-time was slightly higher; that trend has now reversed, and a higher percentage of males are working full-time. This does differ with a recent national survey by NLN, which showed a slight increase in part-time employment by males (NLN, 2022).

The level of faculty diversity nationally is higher than what is found within Wisconsin nursing programs, as it relates to race and ethnicity. According to recent AACN (2022b) data, 22.2% of faculty were reported as non-White/Caucasian; whereas, approximately 12% of Wisconsin nurse faculty are non-White/Caucasian. This is a slight decrease from 2019-20, resulting in a less diverse faculty workforce in the state. The level of diversity within tenure-track positions has also declined for most groups. In particular, the number of Black/African American faculty in tenure-track positions declined from 26 in 2019-20 to seven in 2021-22. The departure of these 19 individuals is concerning and should be investigated to determine why this cohort left academia. However, there was an increase in the number Hispanic/Latino faculty, from 21 in 2019-20 to 30 in 2021-22, which is promising.

There are opportunities for growth in areas where there have been low gender and race/ethnicity representation. As an example, Wisconsin Nurse Educator Program funds nurses to both master's and their terminal degree and loan forgiveness for new hires. Marketing efforts for this initiative could include communication with men and minority nurse organizations with the hope of expanding the number of nurse faculty from diverse backgrounds. Wisconsin nurse organizations could also develop a statewide campaign to reach out to current faculty, with the goal to approach promising diverse students and mentor them toward an academic career.

The percentage of nurse educators under the age of 50 continues to grow. Faculty under 50 years of age have increased, from 52% in 2017-18 to 58% currently. The percentage of nurse faculty 61 years and older has decreased, going from 17% in 2017-18 to 13% in this survey. The number of faculty under the age 40 also declined from 410 in 2019-20 to 342 in 2021-22, with the decrease most pronounced in the part-time instructor category. Another significant decline in numbers occurred between the ages of 56 to 70. In 2019-20, there were 380 faculty members in this category, compared to 298 in the 2021-22. The RN survey data also reflected a reduction in

the mean age of nursing faculty by three years, from 53.4 years to 50.6 years in 2022 (Zahner et al., 2023).

Faculty with an MSN degree constitute the majority (65.6%) of nurse educators. This is an increase of over 3% from the 2019-20 survey, with the largest number positioned as non-tenure/IAS track or part-time instructors. The 2022 RN survey also reported the majority of educators in an academic setting hold an MSN degree; however, that percentage declined slightly, from 57.9% in 2020 to 55.5% in 2022 (Zahner et al., 2021, 2023).

According to both the Wisconsin RN workforce survey and the AACN, employment of DNPprepared faculty increased by 2% (AACN, 2021b; Zahner et al., 2021, 2023). This corroborates findings from this survey, where the overall percentage of DNP faculty employed increased by over 2%. In fact, all employment categories for faculty with a DNP showed an increase, with the largest of 3.9% seen within the tenure track.

PhD-prepared nurse educators, with their expertise in nursing and scholarship, are equipped to prepare future faculty, lead nursing research, and assume leadership roles in the broader arena of healthcare industries, governmental agencies, and professional organizations. Although the number of PhD-prepared nurses in the state workforce has increased from 290 in 2020 to 313 in 2022, the number of PhD faculty has declined (Zahner et al., 2021, 2023). These nurses may be taking positions outside of academic institutions, which has implications for both baccalaureate and graduate nursing programs. The current education survey shows that faculty holding a PhD have decreased, from 176 (12.1%) in 2019-20 to 119 (9.9%). The steepest decline was within tenure, tenure track faculty, with the number dropping from 109 to 68. In addition, the pipeline of PhD graduates in Wisconsin is concerning, given a persistent and consecutive decline in total enrollment numbers over the past decade, from 141 to 104. This is a national trend, as AACN (2021a, 2022a) also reported a decline in enrollment in PhD programs, from 5,110 to 4,476, over the last 9 years.

BSN-prepared faculty make up the smallest segment of educators, compared to those with an MSN, DNP, or PhD. There was a large decline in BSN-prepared faculty in 2021-22, with institutions reporting 50 BSN-prepared faculty, as compared to 115 BSN-prepared faculty from the prior survey. This large number in 2019-20 was an outlier over prior surveys, as the number of reported BSN-prepared faculty ranged between 60 and 74. The larger number of 115 from 2019-20 was closer to the number reported in RN survey data (Zahner et al., 2023). The discrepancy between numbers reported in this survey and the RN survey is an area for further exploration.

The Wisconsin nursing education survey asked institutions to report on the number of faculty enrolled in a graduate program to advance their career. Current results show faculty enrolled in a master's or doctoral program declined by 44. Specifically, the number of faculty working toward a PhD in nursing fell from 38 to 23, those working toward a DNP declined from 48 to 34, and faculty enrolled in an MSN program fell from 60 to 50. Particularly concerning is the decrease in the number of part-time faculty pursuing additional education, which dropped from 74 in 2019-

20 to 36 in 2021-22. The RN survey also reported that fewer nurse faculty are enrolled in PhD, DNP, and master's programs (Zahner et al., 2023).

The Wisconsin RN workforce survey also captures faculty information and found that within the next 2 years, 16% of faculty plan to pursue further education, which is about the same (16.6%) as the prior survey. In the total RN population, 17% (14,933) reported plans to pursue further education within the next 2 years, which is down from 20% (16,348) in 2020. The primary barrier to obtaining further education for both faculty and the entire RN workforce is the cost of tuition and fees, at 40% and 52% respectively, with the additional top barriers being family or personal reasons (20% and 36%), and cost of loss of work and benefits (16% and 29%; Zahner et al., 2023, 2021). Reducing these educational barriers has the potential to increase the nurse faculty workforce.

The innovative Wisconsin Nurse Educator Program, initiated by the Wisconsin Nurses Association and ANEW in August 2022, was created to support nurses enrolled as full-time graduate students by reducing financial hardships. This program is funded through the Wisconsin state budget and administered through the Wisconsin Higher Educational Aids Board. To date, the program has received \$5 million and is anticipated to acquire another \$10 million for the next 2 years. Students must be admitted to an accredited nursing program in Wisconsin and must commit to teach at a Wisconsin-based school for at least 3 years after completing their MSN in nursing education, DNP, or PhD (Wisconsin Nurse Educator Program, n.d.).

The number of nurse faculty serving on boards increased slightly in 2021-22. A larger percentage of faculty serve on boards (17.2%), as compared to the percentage of RNs (1.9%) serving on a governance board (Zahner et al., 2023). Participation of full-time faculty on boards not only serves the community and the profession, but also helps to fulfill job expectations.

Institutions were asked to report faculty salaries across programs and position categories, from instructor to administrator, along with differentiating between academic and calendar year employees. Similar to the prior survey, instructors at LPN and ADN programs earn on average \$10,400 more than instructors/lecturers teaching at 4-year programs. In addition, they earn more than clinical assistant professors and assistant professors on tenure/tenure track at 4-year programs. Within 4-year programs, the average salary for clinical assistant professors and clinical professors is higher than tenure/tenure track assistant professors and associate professors. According to the RN survey, the median income of nurse educators (those who provide professional development or continuing education for healthcare organizations and other entities) is \$10,000 more than faculty with the same degree preparation at the master's and doctorate level (Zahner et. al., 2023). In addition, according to the Wisconsin nurse education survey and AACN (AACN, 2022b) salary report, there is a \$10,000 salary gap between full-time professors in Wisconsin (\$96,000) versus those in the Midwestern region (\$106,000). Low salaries continue to impact the ability of institutions to attract and retain faculty.

Wisconsin nursing programs reported a decrease in the number of new faculty hired and an increase in the number of faculty separated from their institutions, contributing to the loss of 300 educators since the prior survey. It appears that institutions may decrease funding for new faculty

positions, even though over 100 positions were reported as necessary to meet the needs of the current student population. When asked about the number of additional positions needed to expand, institutions reported that they would require another 138 positions. A new question related to the number of FTE and position types appeared in this survey, as recommended by ANEW. Institutions reported a total of 959.5 FTE. They also reported that 951 faculty are primarily assigned to an instructional role versus 139 employed or assigned to administrative, research, and support roles. This information will continue to be gathered in subsequent surveys to provide additional insight into the Wisconsin nursing education and faculty landscape.

Section V. Simulation

Simulation and Virtual Simulation

Table 34 shows utilization of simulation for pre-licensure clinical learning requirements. Thirtyseven sites, representing 35 institutions, responded to this question.

Twelve sites used simulation 10% or less. Another 12 sites used simulation 20% or less. Thirteen sites used simulation 21% to 50% of the time to fulfill clinical learning requirements.

Table 35 shows the results when institutions were asked to provide the percentage of type of simulation (face-to-face or virtual), as related to their response in Table 34. Twelve 4-year programs and eight technical college programs used face-to-face simulation 91% to 100% of the time. Virtual simulation was used between 5% and 10% by six programs. The highest usage of virtual simulation was 60% reported by one program.

Table 34. Use of Simulation for Pre-Licensure Clinical Learning Requirements

Percentage of simulation utilized for clinical learning requirements in pre-licensure programs.	Number of programs reporting	4-year institutions	Technical colleges
41%-50%	2	1	1
31%-40%	4	3	1
21%-30%	7	5	2
11%-20%	12	8	4
0%-10%	12	9	4

% of Simulation	Number of Programs	Face-to Simul		Virtual Si	mulation
76 of Simulation	Reporting	4-year Institutions	Technical Colleges	4-year Institutions	Technical Colleges
91%-100%	20	12	8	0	0
81%-90%	3	0	3	0	0
71%-80%	3	3	0	0	0
61%-70%	0	0	0	0	0
51%-60%	1	1	0	1	0
41%-50%	1	0	1	0	0
31%-40%	2	2	0	1	0
21%-30%	1	0	1	1	0
11%-20%	3	2	1	2	0
1%-10%	1	1	0	2	4

Institutions were also asked what new models for clinical instruction were adopted or may be adopted. The most common response (five) was dedicated education units (DEU). Both mentoring and virtual reality simulation were mentioned twice. The remainder of the suggestions were mentioned by one institution and included the following: joint appointments, blended clinical between senior and juniors, virtual simulation, augmented reality, high school academy, and grants to pay clinical partner staff to teach clinicals.

Interprofessional Education/Training

Table 36 identifies types of interprofessional training offered in AY 2021-22. Fifteen institutions affirmed that they provided interprofessional education/training. Five institutions identified content areas and 12 institutions reported the teaching modalities utilized. The various content areas were delivered primarily via classroom instruction and simulation.

Content Area	Number of Programs
Healthcare ethics	2
Culture	1
Death and dying	1
Patient transitions	1
Statistics	1
Disaster preparedness	1
Med-surg	1
Emergency	1
Triage	1
Therapeutic communication	1
Teaching Modality	
Classroom	8
Simulation	6
Virtual simulation	1
Hybrid (online/in person)	1

Table 36. Programs Offering Interprofessional Education by Content Area and Modality

Discussion and Recommendations for Additional Information

Historically within nursing curriculum, students have translated theory to practice through clinical experiences within healthcare facilities and community organizations. The growth of multi-faceted simulation allows for this translation to occur through a controlled environment, fostering a deep learning of clinical knowledge and practice. The use of simulation not only develops psychomotor clinical skills (Aebersold, 2018), but it can also enhance learning in other areas of baccalaureate curriculum, including nurse management and leadership, health promotion, mental health and psychiatric care, environmental and occupational health, pediatric and geriatric care, and home, family, and community healthcare.

Wisconsin statutes (Wisconsin Approval for Schools of Nursing, 2018/2021) permit nursing programs to utilize simulation up to 50% to fulfill clinical requirements. Due to the COVID-19 pandemic, an emergency rule was put in place by Wisconsin's governor in March 2020 suspending the limitation of the amount of simulation programs can use (Wisconsin Nurses Association, 2020). Institutions responded by dramatically increasing the use of simulation. The 2019-20 survey reported that institutions more than doubled the number of clinical courses implementing simulation. The current survey shows that the use of simulation has increased only

slightly over pre-pandemic levels. However, simulation utilization is now more evenly distributed between 0%-50%, rather than hovering at 10% as in the 2018-19 survey.

Another result from the COVID-19 pandemic was the increase in virtual simulation. In the prior survey, three quarters of institutions reported that at least half of their simulations were virtual. Virtual simulation usage declined, with the dominant delivery method of simulation returning to face-to-face at the pre-licensure level. Given that the amount of simulation is now closer to pre-pandemic levels and that programs identify clinical site compression as a limiting factor to enrollment, increased use of simulation is recommended to close the gap.

Interprofessional education is required for accreditation of nursing programs by ACEN and CCNE (AACN, n.d.). This topic was addressed in two prior surveys, where it appeared as an open-ended question. In this survey, the question was asked again, but separated into two parts, one focused on teaching modality and the second asked for content topic. Only 33 out of 41 institutions responded to this question. Eighteen reported that interprofessional education or training is not offered, with nine of these responses being from 4-year programs and nine from 2-year programs. Of the 15 institutions responding to this survey question in the affirmative, 12 are 4-year programs and three are 2-year programs. Four teaching modalities were identified by respondents, with classroom and simulation the most frequent strategies employed. Ten content areas were identified once. Due to low reporting, it is recommended that this question format be evaluated.

Section VI. Survey Recommendations

Recommendations for Future Surveys and Data Collection

Table 37 identifies recommendations made as part of the 2019-20 survey report and the response to the recommendations in the 2021-22 report.

Table 38 includes new recommendations collected during the current survey process. In addition, suggestions from survey respondents and other stakeholders were incorporated.

Table 37. 2019-20 Report Recommendations with 2021-22 Responses

Recommendations from 2019-20	Response in 2021-22
Seek commonalities and align survey questions with both the NLN and AACN survey (i.e., age categories).	Completed. Will continue to monitor.
Investigate the possibility of inquiring from respondents about how information was retrieved (i.e., culled from campus dashboards, accreditation reports, best guess).	Not completed. Will not move forward.
Reformat question related to factors limiting admissions.	Completed.
Differentiate between why institutions cannot expand programs and why they cannot hire faculty.	Completed.
Clarify program capacity categories (new enrollees, admitted students, etc.).	Completed.
Clarify certificate options offered by asking for title of the certificate and students enrolled.	Completed.
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).	Not completed. Will not move forward.
Within vacancy questions, ask what specialty areas are difficult to fill. Include a question on preceptors/clinical nurse instructors (DEU).	Not completed. Will not move forward.
Provide 9-month and 12-month contract options for salary questions. Possibly exclude administrators. Review AACN and NLN position categories.	Completed.
Consider asking the number of nurse educator employees (part-time/full-time) along with FTE.	Completed.
Add certificate program to the continuing education question. Let respondents state "0" students enrolled. Increase size of the open text box.	Completed. Data can be accessed through the RN survey.
Inclusion of nonbinary within the gender questions.	Completed.
Revise simulation question to state, "What percentage of clinical hours are simulation?"	Completed.
Revise IPE question to differentiate between methodology and topic.	Completed.
Investigate archiving all survey data in one location.	Not completed. Will move forward.

Table 38. 2021-22 Report Recommendations

2021-22 Report Recommendations

Seek commonalities and align survey questions with both the NLN and AACN surveys.

Reformat the IPE question so that it is open-ended and gathers feedback on IPE use within the curriculum and extra-curricular activities, including disciplines involved in the educational experiences, what type of teaching modality was used, and what topics were covered.

Move IPE and simulation questions to program section.

Simulation questions should differentiate between pre-licensure and post-licensure programs.

Include a question within pre-licensure and post-licensure program capacity measurements to ascertain the number of vacant seats.

Within the faculty vacancy section, consider inquiring what position credentials are required (i.e., PHD required, DNP required, MSN required).

Revisit with ANEW what salary and compensation questions are needed beyond what is currently provided.

Collaborate more closely with the RN workforce team regarding faculty data.

Formalize process for survey sustainability through a succession plan.

Formalize communication plan for report distribution/presentation to stakeholders.

Investigate archiving all survey data in one location and develop a process to make it accessible for research.

Meet with WCN data committee to discuss changes across surveys.

Section VII. Conclusion

Wisconsin nursing academic infrastructure is critical to meeting the nursing workforce needs of its citizens. Nursing programs are in a challenging position. Although there is an abundance of qualified individuals wanting to become nurses, there is a lack of resources and faculty to accommodate all of them. Most significantly, the number of faculty in Wisconsin nursing programs has declined by 300 since the prior survey.

A new initiative may impact the nursing faculty shortage by providing financial support to nurses who further their education to teach the next generation of nurses. The Wisconsin Nurse Educator Program (WNEP) was implemented in the summer of 2022 and is continuing for the 2023-25 budget year through the support of the Wisconsin legislators and governor. The next step should be to build upon WNEP and create a permanent nursing faculty infrastructure that ensures a continuous pipeline of nurse educators in Wisconsin. Time is of the essence for academic institutions, healthcare organizations, professional nursing organizations, and governmental entities to collaborate and innovate in creating this permanent pathway. This will ensure Wisconsin has the nursing faculty needed to educate the present and future nurse workforce. Indeed, the health of Wisconsin citizens depends on it.

The *Wisconsin Nursing Education and Nurse Faculty Survey Report* provides the landscape of Wisconsin nursing education. It relies upon program, student, and faculty data collected from nursing education leaders, as well as the findings from the RN and LPN survey reports. These three WCN reports enable stakeholders to identify trends and respond with interventions. The importance of these biennial publications cannot be underestimated in ensuring that Wisconsin can respond quickly to the changing nursing education and workforce environment.

For more information contact: Linda K. Young PhD, RN, CNE, FAAN Dean Emerita College of Nursing and Health Sciences, University of Wisconsin-Eau Claire <u>younglk@uwec.edu</u> 414-520-5161

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Appendix A: 2021-2022 Wisconsin Nursing Education and Nurse Faculty Survey



2021-2022 Wisconsin Nursing Education and Nurse Faculty Survey

This online survey will collect data for academic year 2021-2022 (Fall term 2021 through Summer term(s) 2022). Please try and complete this survey in one sitting by one individual. However, it is possible for respondents to 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. A print copy of the survey has been provided should you wish to review questions and obtain responses prior to completion.

It is acceptable for an institution to submit multiple surveys representing different sites. In that case, the survey data will be combined into a single data set. However, please ensure that a staff member who works at multiple sites is not counted more than 1.0 FTE. Please complete and submit the survey by close of business Friday, October 28, 2022.

Questions regarding the survey may be directed to: Linda Young, PhD, RN, CNE, CFLE, FAAN Dean Emerita, College of Nursing and Health Sciences, UW-Eau Claire younglk@uwec.edu or Jan Adams, adamsil@uwec.edu

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. Survey responses will be kept confidential and only aggregate information will be reported. The National Forum of State Nursing Workforce Centers identify 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. 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 or states and the nation. 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.

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Q2 NURSING PROGRAM INFORMATION

Please provide institution information. If your institution is submitting multiple surveys representing different sites please provide site-specific information here.

O Name of institution
Name of site location (if applicable)
O Street address
O city
O State
O zip
Q3 Provide the contact information for the person completing this survey.
O Name of person completing survey
O Phone number
O Email address
O Name of person responsible for the program (Dean, Program Director, Department Chair, etc.)

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	e site is located according to Wisconsin Department of Health Services. wisconsin.gov/aboutdhs/regions.htm
	n region
	istern region
Southea	astern region
Souther	n region
O Western	n region
-	e site is located according to Administrators of Nursing Education of Wisconsin (ANEW). consin.com/regions/
	est region
	ist region
O Southw	est region
○ Southea	ast region
Q6 Select your p	rogram'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)

Q7 FACULTY EMPLOYMENT INFORMATION (Fall term 2021 through Summer term(s) 2022) 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

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counts reported. 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.

L

Please use zero (0) where appropriate.

Q8 Number of filled and vacant faculty positions in each category

	Full-Time Tenure/Tenure- Track	Full-Time Non-Tenure/IAS	Part-Time Instructors
Filled positions			
Vacant positions			

Q9 Number of FTE and number by position type.

	Number of FTEs	Total number employed as nurse educator (primarily instructional).	Total number employed in a capacity other than nurse educator (full and part-time whose role is primarily administrative, research, support).
Total Number Employed			

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üll-Time Tenure/Tenure- Track	Full-Time Non-Tenure/IAS	Part-Time Instructors

Q10 Highest degree earned. For the purpose of this survey, <u>PhD</u> is the highest degree earned. (The total number counted should equal the number of FILLED positions reported above.)

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Total		

Q11 Number of faculty currently enrolled in a graduate program

	Full-Time Tenure/Tenure- Track	Full-Time Non-Tenure/IAS	Part-Time Instructors
PhD, Nursing			
DNP, Doctorate of Nursing Practice			
Doctorate, Other Nursing			
Doctorate, Non-Nursing			
Masters in Nursing			
Masters, Non-Nursing			
Total			

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Q12 Number of hires, retiren	nents, and separations (Fall te	erm 2021 through Summer	term(s) 2022)

	Full-Time Tenure/Tenure- Track	Full-Time Non-Tenure/IAS	Part-Time Instructors
Number of positions approved to recruit?			
Number of qualified applicants?			
How many NEW faculty members were hired?			
Of the NEW faculty members how many were hired to teach only remotely.			
Of the NEW faculty members how many were hired from outside of the state of Wisconsin?			
How many retirements occurred?			
How many faculty retirements do you anticipate in the next five years?			

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How many members separated from your program for reasons OTHER than retirement, including voluntary separation, termination, etc.?			
How many faculty members who separated from your program, including those who retired will NOT be replaced?			
Q13 How many NEW faculty anticipate being budgeted fo	/ positions were budgeted for A r AY 2023-2024? Full-Time Tenure/Tenure- Track	NY 2022-2023? How many NE Full-Time Non-Tenure/IAS	W faculty positions do you Part-Time Instructors
Budgeted for AY 2022- 2023			
Anticipated budget for AY 2023-2024			

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Q14 If funding were available, how many additional positions would you add to meet the needs of your current student population?

	Full-Time	Part-Time
Number of additional positions		

Q15 If funding were available, how many additional positions would you add to expand your program?

	Full-Time	Part-Time
Number of additional positions		

Q16 FACULTY DEMOGRAPHIC INFORMATION (Fall term 2021 through Summer term(s) 2022)

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.

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Q17 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
Full-Time Tenure/Tenure- Track								
Full-Time Non- Tenure/IAS Position								
Part-Time Instructors								

Q18 Number of faculty by gender (The total number counted should equal the number of FILLED positions reported above.)			
	Female	Male	Other (non-binary)
Full-Time Tenure/Tenure- Track			
Full-Time Non-Tenure/IAS			
Part-Time Instructors			

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Q19 Number of faculty by race/ethnicity

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

(The total n	umber counte	ed should equ	al the numbe	r of FILLED p	ositions repoi	ted above.)		
	American Indian or Alaskan Native	Asian	Black or African American	Hispanic or Latino	Native Hawaiian or other Pacific Islander	White	Two or more races	Race / Ethnicity unknown
Full-Time Tenure / Tenure Track								
Full-Time Non Tenure / IAS								
Part-Time Instructors								

Q20 Will you be reporting on an LPN program?

O Yes

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Q21 LPN PROGRAM INFORMATION (Fall term 2021 through Summer term(s) 2022)

Provide information on program capacity, admissions, and graduates using 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.

QUALIFIED APPLICANTS ADMITTED: Number of individuals who received official notice from the program that they were invited to begin the nursing program.

QUALIFIED APPLICANTS NOT ADMITTED: Number of qualified individuals who were not 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.

Q22 LPN program capacity

	Seats for New Students	Qualified Applicants	Admitted Applicants	Qualified NOT Admitted	New Enrollees	Students Currently Enrolled	Graduates
Provide number for each category.							

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Q23 If any qualified applicants were NOT	admitted, please select AL	L the reasons that apply.	From those reasons
please identify the MAIN reason.			

	LPN ALL reasons that apply	LPN ONE MAIN reason
Insufficient number of nursing faculty		
Insufficient clinical sites		
Insufficient classroom/simulation space		
Insufficient budget		
Other		

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Q24 If insufficient number of nursing faculty was selected as one of the reasons, please select ALL barriers to recruitment, hiring and retention.

Noncompetitive salaries
Budgeted faculty positions not available
Inability to recruit qualified faculty because of competition with other marketplaces
Qualified applicants are unavailable due to challenging geographic area
Finding faculty with the right specialty mix
Finding faculty willing/able to teach in classroom
Finding faculty willing/able to teach clinical courses
Finding faculty willing/able to conduct research
High faculty workload
Other
Other

Q25 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
Provide number for each category.							

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Q26 Number of LPN students by gender

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

	Female	Male	Other (non-binary)
Provide number for each category.			

Q27 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 or Latino	Native Hawaiian or other Pacific Islander	White	Two or more races	Race/Ethnicity unknown
Provide number for each category.								

Q28 Will you be reporting on an ADN program?

O Yes

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Q29 Check all ADN curriculum options offered at your site.

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

Q30 ADN PROGRAM INFORMATION (Fall term 2021 through Summer term(s) 2022)

Provide information on program capacity, admissions, and graduates using 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.

QUALIFIED APPLICANTS NOT ADMITTED: Number of qualified individuals who were not 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.

Q31 ADN program capacity

	Seats for New Students	Qualified Applicants	Admitted Applicants	Qualified NOT Admitted	New Enrollees	Students currently enrolled	Graduates
Generic/Traditional curriculum							
Bridge curriculum							

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Q32 If any qualified applicants were **NOT** admitted, please select ALL the reasons that apply. From those reasons please identify the **MAIN** reason.

	ADN Generic/Traditional ALL reasons that apply	ADN Generic/Traditional ONE MAIN reason	Bridge curriculum (2nd Degree) ALL reasons that apply	Bridge curriculum (2nd Degree) ONE MAIN reason
Insufficient number of nursing faculty				
Insufficient clinical sites				
Insufficient classroom/simulation space				
Insufficient budget				
Other				

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Q33 If insufficient number of nursing faculty was selected as one of the reasons, please select ALL barriers to recruitment, hiring and retention.

Noncompetitive salaries
Budgeted faculty positions not available
Inability to recruit qualified faculty because of competition with other marketplaces
Qualified applicants are unavailable due to challenging geographic area
Finding faculty with the right specialty mix
Finding faculty willing/able to teach in classroom
Finding faculty willing/able to teach clinical courses
Finding faculty willing/able to conduct research
High faculty workload
Other
Other

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Q34 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
Generic/Traditional curriculum							
Bridge curriculum							

Q35 Number of ADN students by gender

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

	Female	Male	Other (non-binary)
Generic/Traditional curriculum			
Bridge curriculum			

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Q36 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	Asian	Black or African American	Hispanic or Latino	Native Hawaiian or other Pacific Islander	White	Two or more races	Race/Ethnicity unknown
Generic/Traditional curriculum								
Bridge curriculum								

Q37 Will you be reporting on a BSN program?

O Yes

O No

Q38 Check all BSN curriculum options offered at your site.

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

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Q39 BSN PROGRAM INFORMATION (Fall term 2021 through Summer term(s) 2022) Provide information on program capacity, admissions, and graduates using 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.

QUALIFIED APPLICANTS NOT ADMITTED: Number of qualified individuals who were not 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.

Q40 BSN program capacity							
	Seats for New Students	Qualified Applicants	Admitted Applicants	Qualified NOT Admitted	New Enrollees	Students currently enrolled	Graduates
Generic/Traditional curriculum							
Accelerated curriculum (2nd degree, baccalaureate to BSN)							
RN to BSN curriculum							
		-	-				n

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Q41 If any qualified applicants were **NOT** admitted, please select **ALL** the reasons that apply. From those reasons please identify the **MAIN** reason.

	BSN Generic/Traditional ALL reasons that apply	BSN Generic/Traditional ONE MAIN reason	BSN Acclelerated (2nd Degree) ALL reasons that apply	BSN Accelerated (2nd Degree) ONE MAIN reason	RN to BSN ALL reasons that apply	RN to BSN ONE MAIN reason
Insufficient number of nursing faculty						
Insufficient clinical sites						
Insufficient classroom/simulation space						
Insufficient budget						
Other						

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Q42 If insufficient number of nursing faculty was selected as one of the reasons, please select ALL barriers to recruitment, hiring and retention.

Noncompetitive salaries
Budgeted faculty positions not available
Inability to recruit qualified faculty because of competition with other marketplaces
Qualified applicants are unavailable due to challenging geographic area
Finding faculty with the right specialty mix
Finding faculty willing/able to teach clinical courses
Finding faculty willing/able to conduct research
High faculty workload
Other
Other

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Q43 Number of BSN 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
Generic/Traditional curriculum							
Accelerated curriculum (2nd degree, baccalaureate to BSN)							
RN to BSN curriculum							

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Q44 Number of BSN students by gender The total number counted should equal the total number of Students Currently Enrolled reported above.

	Female	Male	Other (non-binary)
Generic/Traditional curriculum			
Accelerated curriculum (2nd degree, baccalaureate to BSN)			
RN to BSN curriculum			

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Q45 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 or Latino	Native Hawaiian or other Pacific Islander	White	Two or more races	Race/Ethnicity unknown
Generic/Traditional curriculum								
Accelerated curriculum (2nd degree, baccalaureate to BSN)								
RN to BSN curriculum								

Q46 Will you be reporting on a Pre-Licensure Master's Program?

O Yes

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Q47 PRE-LICENSURE MASTER'S PROGRAM INFORMATION (Fall term 2021 through Summer term(s) 2022) Provide information on program capacity, admissions, and graduates using 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.

QUALIFIED APPLICANTS NOT ADMITTED: Number of qualified individuals who were not 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.

Q48 Pre-licensure Master's Program capacity

	Seats for New Students	Qualified Applicants	Admitted Applicants	Qualified NOT Admitted	New Enrollees	Students currently enrolled	Graduates
Provide number for each category.							

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Q49 If any qualified applicants were NOT admitted, please select ALL the reasons that apply. From those re	asons
please identify the MAIN reason.	

	Pre-licensure Master's ALL reasons that apply	Pre-licensure Master's ONE MAIN reason
Insufficient number of nursing faculty		
Insufficient clinical sites		
Insufficient classroom/simulation space		
Insufficient budget		
Other		

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Q50 If insufficient number of nursing faculty was selected as one of the reasons, please select ALL barriers to recruitment, hiring and retention.

Noncompetitive salaries
Budgeted faculty positions not available
Inability to recruit qualified faculty because of competition with other marketplaces
Qualified applicants are unavailable due to challenging geographic area
Finding faculty with the right specialty mix
Finding faculty willing/able to teach clinical courses
Finding faculty willing/able to conduct research
High faculty workload
Other
Other

Q51 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
Provide number for each category.							

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Q52 Number of Pre-Licensure Master's students by gender

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

	Female	Male	Other (non-binary)
Provide number for each category.			

Q53 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	Asian	Black or African American	Hispanic or Latino	Native Hawaiian or other Pacific Islander	White	Two or more races	Race/Ethnicity unknown
Provide number for each category.								

Q54 Will you be reporting on a Post-licensure Master's Program?

O Yes

O No

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Q55 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/Leadership
Healthcare Informatics
Other (please indicate)

Q56 POST-LICENSURE MASTER'S PROGRAM INFORMATION (Fall term 2021 through Summer term(s) 2022) Provide information on program capacity, admissions, and graduates using 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.

QUALIFIED APPLICANTS NOT ADMITTED: Number of qualified individuals who were not 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.

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Q57 Post-licensure Master's Program Capacity

Q57 Post-licensure Master	's Program (Q57 Post-licensure Master's Program Capacity					I
	Seats for New Students	Qualified Applicants	Admitted Applicants	Qualified NOT Admitted	New Enrollees	Students currently enrolled	Graduates
Clinical Nurse Specialist (CNS)							
Certified Nurse Midwife (CNM)							
Nurse Practitioner (NP)							
Clinical Nurse Leader (CNL)							
Nurse Educator							
Nursing Administrator/Leadership							
Healthcare Informatics							
Other (please indicate)							
	I	1		I	I		1

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Q58 <u>If any qualified applicants</u> were **NOT** admitted, please select **ALL** the reasons that apply. From those reasons please identify the **MAIN** reason.

	Post-licensure Master's ALL reasons that apply	Post-licensure Master's ONE MAIN reason
Insufficient number of nursing faculty		
Insufficient clinical sites		
Insufficient classroom/simulation space		
Insufficient budget		
Other		

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Q59 If insufficient number of nursing faculty was selected as one of the reasons, please select ALL barriers to recruitment, hiring and retention.

Noncompetitive salaries
Budgeted faculty positions not available
Inability to recruit qualified faculty because of competition with other marketplaces
Qualified applicants are unavailable due to challenging geographic area
Finding faculty with the right specialty mix
Finding faculty willing/able to teach clinical courses
Finding faculty willing/able to conduct research
High faculty workload
Other
Other

Q60 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
Provide number for each category.							

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Q61 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		Other (non-binary)	
	umber for eac tegory.	h						
	er of Post-Lice number count American Indian or Alaskan Native			•	-	ntly Enrolled White	reported abo Two or more races	ove.) Race/Ethnicity unknown
Provide number for each								

Q63 Will you be reporting on a DNP Program?

O Yes

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Q64 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)

Q65 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)

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Q66 DNP PROGRAM INFORMATION (Fall term 2021 through Summer term(s) 2022) Provide information on program capacity, admissions, and graduates using 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.

QUALIFIED APPLICANTS NOT ADMITTED: Number of qualified individuals who were not 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.

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Q07 FUSE DSIN DINF FIUGH							
	Seats for New Students	Qualified Applicants	Admitted Applicants	Qualified NOT Admitted	New Enrollees	Students currently enrolled	Graduates
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)							

Q67 Post BSN DNP Program capacity

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Q68 POST MSN DNP Program capacity							
	Seats for New Students	Qualified Applicants	Admitted Applicants	Qualified NOT Admitted	New Enrollees	Students currently enrolled	Graduates
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 indicate)							

Q68 Post MSN DNP Program capacity

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Q69 If any qualified applicants were **NOT** admitted, please select **ALL** the reasons that apply. From those reasons please identify the **MAIN** reason.

	DNP ALL reasons that apply	DNP ONE MAIN reason
Insufficient number of nursing faculty		
Insufficient clinical sites		
Insufficient classroom/simulation space		
Insufficient budget		
Other		

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Q70 If insufficient number of nursing faculty was selected as one of the reasons, please select ALL barriers to recruitment, hiring and retention.

Noncompetitive salaries
Budgeted faculty positions not available
Inability to recruit qualified faculty because of competition with other marketplaces
Qualified applicants are unavailable due to challenging geographic area
Finding faculty with the right specialty mix
Finding faculty willing/able to teach clinical courses
Finding faculty willing/able to conduct research
High faculty workload
Other
Other

Q71 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
Provide number for each category.							

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Q72 Number of DNP students by gender

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

	Female	Male	Other (non-binary)
Provide number for each category.			

Q73 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 or Latino	Native Hawaiian or other Pacific Islander	White	Two or more races	Race/Ethnicity unknown
Provide number for each category.								

Q74 Will you be reporting on a PhD Program?

O Yes

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Q75 **PhD PROGRAM INFORMATION** (Fall term 2021 through Summer term(s) 2022) Provide information on program capacity, admissions, and graduates using 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.

QUALIFIED APPLICANTS NOT ADMITTED: Number of qualified individuals who were not 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.

Q76 PhD Program capacity

	Seats for New Students	Qualified Applicants	Admitted Applicants	Qualified NOT Admitted	New Enrollees	Students currently enrolled	Graduates
Provide number for each category.							

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Q77 If any qualified applicants were NOT admitted, please select ALL the reasons that apply. From those reasons please identify the MAIN reason.

	PHD ALL reasons that apply	PHD ONE MAIN reason
Insufficient number of nursing faculty		
Insufficient clinical sites		
Insufficient classroom/simulation space		
Insufficient budget		
Other		

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Q78 If insufficient number of nursing faculty was selected as one of the reasons, please select ALL barriers to recruitment, hiring and retention.

	Noncompetitive salaries
	Budgeted faculty positions not available
	Inability to recruit qualified faculty because of competition with other marketplaces
	Qualified applicants are unavailable due to challenging geographic area
	Finding faculty with the right specialty mix
	Finding faculty willing/able to teach clinical courses
	Finding faculty willing/able to conduct research
	High faculty workload
	Other
	Other

Q79 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
Provide number for each category.							

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Q80 Number of PhD students by genderYour best estimate is appreciated.

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

,	Female	Male	Other (non-binery)
Provide number for each category.			

Q81 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	Asian	Black or African American	Hispanic or Latino	Native Hawaiian or other Pacific Islander	White	Two or more races	Race/Ethnicity unknown
Provide number for each category.								

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Q82 Wisconsin Statutes (N1.08 (5m)(2b) states that "Simulation may not be utilized for more than 50% of the time designated for meeting clinical learning requirements."

Please provide the percentage of simulation utilized for clinical learning requirements in pre-licensure programs.

Q83 Please provide percentage of type of simulation relate	ed to the response above.
	% (should equal 100%)
Face-to-face simulation	
Virtual simulation	

Q84 Please share any new models/ideas for clinical instruction that your program has adopted or is considering implementing.

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Q85

Salary Information

Please provide the mean salary (not total compensation) for the following full-time positions at your institution during Spring 2021. (Add up all the salaries for each category and divide by the number of individuals in that category.)

LPN Nursing Program:

LPN Nursing Program:			
	Mean Salary (Academic year contract)	Mean Salary (12 month contract)	
Nursing instructor			
Nursing instructor with administrative responsibilities			
Adminstrator			

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Q86 Two-Year Nursing Program:

	Mean Salary (Academic year contract)	Mean Salary (12 month contract)
Nursing instructor		
Nursing instructor with administrative responsibilities		
Administrator		

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Q87

Four-Year Nursing Programs: Count individuals only once. Please select most appropriate category.

Count individuals only once. Please se	elect most appropriate category.	I
	Mean Salary (Academic year contract)	Mean Salary (12 month contract)
Instructor/Lecturer		
Clinical Assistant Professor		
Assistant Professor Tenure / Tenure track		
Clinical Associate Professor		
Associate Professor Tenure / Tenure track		
Clinical Professor		
Professor		
Faculty with administrative responsibilities		
Administrator		

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Q88 Board Service Please provide the number of faculty currently serving on a board (i.e. non-profit, community, health care, professional).

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Q89 Graduate Certificate

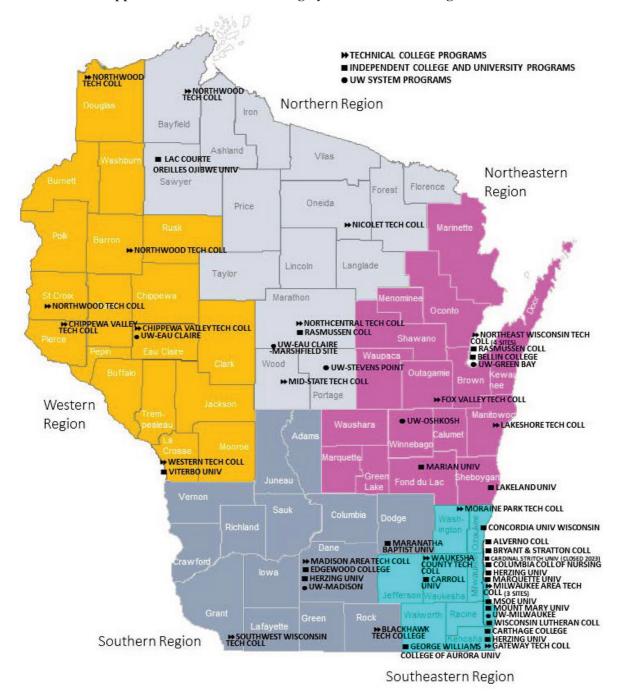
If your institution offers a graduate certificate please identify the program and provide the number of students currently enrolled.

	Place an X in box if the graduate certificate is offered at your site	Provide number of students currently enrolled
Nurse Educator		
Clinical Nurse Specialist		
Administration/Leadership		
Nurse Practitioner (Family)		
Nurse Practitioner (Adult-Gero)		
Other Specialty NP Certificate (please identify)		
Other Specialty NP Certificate (please identify)		
Other (please identify)		
Other (please identify)		

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	Other (please identify)
Does	nterprofessional Education: your program include interprofessional education/training? professional education is defined as a course that enrolls students from more than one discipline.)
(Yes, please list teaching modalities (i.e. classroom, clinical, simulation)
(Yes, please list content areas (i.e. pharmacology, med-surg, disaster)
(O No
If nec	QUESTION essary, please provide any clarifications or comments regarding your responses to this survey. Also, are there uestions or topics that should be addressed in the next survey?
-	
-	

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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 **DNP** Doctor of Nursing Practice DWD Wisconsin Department of Workforce Development HI Health Informatics IAS Instructional Academic Staff IPE Interprofessional Education LPN Licensed Practical Nurse MSN Master's in Nursing **NE Nurse Educator** NLN National League for Nursing NP Nurse Practitioner PhD Doctor of Philosophy **RN** Registered Nurse WCN Wisconsin Center for Nursing WNA Wisconsin Nurses Association

