

Wisconsin 2023 - 2024

Wisconsin Nursing Education and Nurse Faculty Survey Report



Authors:

Gail Hanson Brenner, PhD, RN, CNE, Assistant Professor

Linda K. Young, PhD, RN, CNE, FAAN, Dean Emerita

Mohammad Alasagheirin, PhD, RN, Professor

Jan Adams, MLIS, Learning Resource Coordinator Emerita

Stacey Stephens, DNP, APNP, AGNP-C

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Suggested Citation:

Hanson Brenner, G., Young, L. K., Alasagheirin, M., Adams J. L., & Stephens, S. (2025). *2023-2024 Wisconsin nursing education and nurse faculty survey report*. Wisconsin Center for Nursing.

Acknowledgement

The survey team would like to acknowledge the contribution from Administrators of Nursing Education of Wisconsin (ANEW) who provided feedback on the development of survey questions.

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Wisconsin Center for Nursing, Inc.

University of Wisconsin-Eau Claire
College of Nursing



December 2025

The *2023–2024 Wisconsin Center for Nursing (WCN) Nursing Education and Nurse Faculty Report* reflects the collective commitment and collaboration of nursing school administrators and partners across the state who share a unified purpose—to ensure a strong, well-prepared, and sustainable nursing workforce for Wisconsin and beyond.

First and foremost, I extend deep appreciation to the research team from the University of Wisconsin–Eau Claire College of Nursing for their expertise and dedication in developing this Nursing Education and Nurse Faculty Report:

- **Gail Hanson Brenner, PhD, RN, CNE** – Assistant Professor
- **Linda K. Young, PhD, RN, CNE, FAAN** – Dean Emerita
- **Mohammad Alasagheirin, PhD, RN** – Professor
- **Jan Adams, MLIS** – Learning Resource Coordinator Emerita
- **Stacey Stephens** – DNP, APNP, AGNP-C

Their careful work in gathering, analyzing, and interpreting data provides a strong foundation for understanding where we are today, and where we need to go, in advancing nursing education and faculty development across Wisconsin.

We are especially grateful to the administrators of Wisconsin’s forty-three schools of nursing and extend sincere gratitude to their collaborative organization, **Administrators of Nursing Education of Wisconsin (ANEW)** for continued financial support of this survey. This report would not be possible without your voluntary submission of information on student candidate pools and faculty. Your participation allows us to identify meaningful trends and actionable strategies to strengthen nursing education statewide. On behalf of the WCN Board of Directors, I offer my heartfelt thanks.

At WCN, our mission is to assure an adequate, well-prepared, and diverse nurse workforce for the people of Wisconsin. Achieving this mission begins with strong, inclusive, and forward-thinking nursing education programs. Together, we continue to address shared challenges, explore new opportunities, and work toward dismantling barriers that limit access and success for both students and faculty.

Finally, thank you to the nursing school faculty and staff across Wisconsin. Your dedication to preparing the next generation of nurses in a rapidly changing healthcare environment is inspiring. The data in this report helps us better understand our current capacity, identify challenges, promote diversity, and strengthen the educator pipeline—ensuring that Wisconsin continues to cultivate a robust and well-prepared nursing workforce for years to come.

With appreciation and optimism for our shared future,

Kerri Kliminski, Ed.D., MSN, RN
President – Wisconsin Center for Nursing, Inc

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Executive Summary

Introduction

Since 2010, the Wisconsin Center for Nursing (WCN) has published a *Wisconsin Nursing Education and Nurse Faculty Survey Report* annually or more recently biennially. The report contains responses from administrators of nursing schools on the characteristics of each program, student and nurse faculty demographics, and other elements including faculty education levels, salaries, vacancy rates, interprofessional education, and simulation. The reports provide nursing program administrators and faculty, nursing and healthcare organizations, legislators and policy makers, and other stakeholders with data that can be used to make informed decisions regarding nursing education in Wisconsin.

Methods

In August of 2024, nurse leaders from 43 Wisconsin-based public and private institutions were emailed a secure online link and invitation to complete the *2023-2024 Wisconsin Nursing Education and Nurse Faculty Survey*. The survey, consisting of 94 questions, was based upon prior surveys and input from both WCN and Administrators of Nursing Education of Wisconsin (ANEW). Institutions with multiple sites could submit a survey for each location, however any site-specific information was aggregated and reported at the institutional level.

Limitations

The primary limitation of the survey was the poor response rate of 86%. Even after employing personalized communications from the survey team and ANEW leadership to encourage participation, only 37 institutions completed the survey. With 37 out of 43 nursing programs reporting, survey results may be skewed making them less representative. Therefore, throughout the report narrative caveats were included when interpreting the results. In addition, when inconsistent data entries were noted, an attempt was made to confirm the data. The *2023-24 Education Survey* also included two question changes regarding factors limiting student admissions and interprofessional education which impacted comparisons to previous surveys.

Key Findings – Overall

- The survey response rate was 86% with only 37 of 43 institutions reporting.
- Total student enrollment has decreased.
- Total number of students who graduated from a pre-licensure program has increased.
- Total number of students who graduated with a graduate degree has decreased.
- Total number of faculty positions filled has increased.

Key Findings for Pre-Licensure Programs

- Licensed practical nursing (LPN) programs grew by one with an increased number of qualified applicants, student seats, students admitted, total enrollment numbers, and new graduates.
- Associate Degree in Nursing (ADN) programs had a decrease in the number of qualified applicants, student seats, students admitted, and enrolled with a slight increase in the number of new graduates.
- The number of students enrolled in ADN, Bachelor of Science in Nursing (BSN), and pre-licensure Master of Nursing (MSN) programs is down by approximately 500.
- The total number of graduates from ADN, BSN, and pre-licensure MSN programs increased by 56, from 3,506 to 3,562.
- The number of institutions offering a BSN program declined, with three fewer traditional programs and two fewer accelerated (2nd degree) programs.
- There was a decrease in the number of qualified applicants and student seats with an increase in the number of students admitted and total enrolled in all BSN programs.
- Pre-licensure MSN programs had an increase in all capacity categories including new graduates.

Recommendations for Pre-Licensure Programs

- Recruitment of students needs to begin earlier, targeting middle and high school students.
- Institutions should continue offering bridge programs at all levels of education.
- Institutions should consider partnering with healthcare agencies to offer education programs or apprenticeship programs for people interested in a career in healthcare.

Key Findings for Post-Licensure Programs

- Registered nurse to Bachelor of Science in Nursing (RN-to-BSN) or BSN completion programs continue to see a decline in the number of qualified applicants, new enrollees, enrolled in program, and new graduates.
- There was an increase in the number of students admitted to clinical nurse specialist (CNS) and nurse practitioner (NP) options within post-licensure MSN programs.
- There was a decline in new graduates across all post-licensure MSN clinical tracks.
- There were more qualified applicants, students admitted, and new enrollees in the post-licensure MSN nurse educator option.
- The number of graduate certificate options and the number of students enrolled have increased.
- There was an increase in the number of student seats, students admitted, new enrollees, and total enrolled in the certified registered nurse anesthetist (CRNA) track in the post-BSN to Doctor of Nursing Practice (DNP), but a decrease in the number of qualified applicants.

- There was a slight decline in the number of students enrolled in and new graduates in the nurse NP option in post-BSN DNP programs.
- There was a decrease in the number of qualified applicants, students admitted, new enrollees, total enrolled in program, and new graduates in both the NP and CRNA options in post-MSN DNP programs.
- There was a decrease in the number of qualified applicants, students admitted, new enrollees, total enrollment, and new graduates within DNP programs.
- There was an increase in the number of qualified applicants, students admitted, new enrollees, total enrollment, and new graduates in Doctor of Philosophy (PhD) in nursing programs.

Recommendations for Post-Licensure Programs

- RN-to-BSN programs should continue to partner with healthcare organizations to encourage RNs to continue their education.
- Institutions should focus on recruiting students to RN-to-BSN and DNP programs.
- Investigate reasons why more qualified students are not admitted to PhD programs.

Key Findings for Total Student Enrollment

- Overall total enrollment declined.
- There was a large increase in the number of LPN students.
- There was a decrease in ADN students.
- There was a slight increase in total BSN students.
- There was an increase in pre-licensure MSN students.
- There was a decrease in RN-to-BSN students, total MSN students, and total DNP students.
- There was an increase in the number of PhD students.

Recommendations for Total Student Enrollment

- Focus recruitment efforts to increase enrollment in ADN and BSN programs.
- Continue to encourage nursing students and newly licensed RNs to enroll in graduate programs earlier in their career.

Key Findings for Factors Limiting Admissions

- Insufficient clinical sites was the most frequently cited factor that limited admission.
- Insufficient faculty followed by insufficient budget were cited as additional top factors.
- Students choosing an alternate school or withdrawing applications was identified as “Other” reasons for limiting admissions.
- The main variable related to insufficient faculty was noncompetitive salaries.

Recommendations for Factors Limiting Admissions

- Address the shortage of clinical sites.
- Address the faculty shortage.

Key Findings for Simulation and Interprofessional Education

- Face-to-face simulation remains a cornerstone of nursing education in Wisconsin.
- There is strong interest in pursuing virtual, augmented, and extended reality/simulation/immersive experiences.
- A number of programs offered interprofessional training that emphasized communication, followed by disaster and emergency response.
- Simulation and classroom teaching were the two most frequent teaching methods used in IPE programs.

Recommendations for Simulation

- Expand simulation opportunities in response to a shortage of clinical sites.
- Explore opportunities to incorporate more virtual simulation including virtual reality, augmented reality, and extended reality.

Key Findings for Students

- Nursing students in Wisconsin are dominantly White/Caucasian.
- Hispanic/Latino students had the largest numerical increase in this survey compared to other underrepresented student groups.
- Black/African American students had the second largest increase in the race/ethnicity category.
- The largest decline in underrepresented students occurred in the Asian student group.
- Students continue to be dominantly female in Wisconsin.
- There was a decrease in male students across all programs compared to the last survey.
- The majority of nursing students 25 years of age or younger were traditional BSN students.
- Most post-licensure MSN and DNP students were between the ages of 26-40 and almost half of PhD students were between the ages of 31-40 years of age.

Recommendations for Students

- Employ evidenced-based strategic plans focused on recruitment, enrollment, retention and graduation of diverse students across all levels of nursing education.
- Introduce nursing as a career option to primary and secondary students.
- Employ focus groups of male nurses to identify strategies that are meaningful and successful in attracting more men to nursing.
- Encourage graduate education to follow close behind entry-level degree acquisition to yield longer careers in the profession.

- Ensure access to nursing education grants, scholarships and loan forgiveness programs as well as multiple pathways to degrees to facilitate the necessary growth of the nursing workforce.

Key Findings for Faculty

- With fewer programs reporting (37 out of 43), the number of faculty positions filled increased and number of vacancies decreased.
- The total number of full-time equivalent (FTE) employees decreased.
- The number of Black/African American, Hispanic/Latino, and Asian faculty increased slightly within the tenure/tenure track category.
- The number and percentage of faculty 30 years of age and younger increased.
- The majority of faculty (57%) were between the ages of 31-50.
- Enrollment by faculty in DNP programs increased by 16%.
- The average academic year (AY) salary for LPN instructors was greater than 2-year instructors, and 4-year instructors, assistant professors, and clinical associate professors.
- The number of applicants for faculty positions declined.
- The number of new faculty hired from outside of Wisconsin more than doubled, from 12 to 28.

Recommendations for Faculty

- Encourage nursing students to consider nursing education as a career option.
- Provide clear pathways to advanced degrees.
- Improve faculty recruitment and retention efforts through evidence-based strategies.
- Identify and implement strategies to increase faculty salaries.
- Expand academic-practice partnerships to meet mutual goals, including increasing clinical faculty roles for experienced nurses and increase capacity at nursing schools to meet workforce demands.
- Promote Wisconsin as a great place for nursing faculty to begin or continue their careers.

Section I. Introduction

Robust academic nursing programs are essential for ensuring a well-educated and prepared nursing workforce to meet the healthcare needs of Wisconsin citizens. The *2023-2024 Wisconsin Nursing Education and Nurse Faculty Survey Report* provides stakeholders with insight into the landscape of nursing education in the state. The report is based on survey data collected from 37 out of the 43 Wisconsin nursing schools and gathered from a total of 94 questions related to pre-licensure and post-licensure program options, student demographics, faculty demographics, and other elements.

This is the tenth WCN publication on nursing programs and nursing education workforce. The reports were published annually beginning in 2010, but since 2018 have been published biennially. WCN contracted with a small team affiliated with the University of Wisconsin-Eau Claire College of Nursing to create the survey, analyze data, and report the findings. WCN also contracts with two other teams to publish workforce reports on RNs and LPNs. Both reports are based upon surveys completed by nurses as part of their biennial licensure renewal process through the Wisconsin Department of Workforce Development (DWD). Regular surveys of nurses and nursing education are mandated by the Wisconsin State Legislature (Wisconsin Nursing Workforce Survey and Grant, 2009 & rev. 2011) and are crucial for developing a comprehensive understanding of the nursing workforce, forming strategies to address shortages, and strengthening the pipeline of new nurses.

The 2023-24 survey was developed using prior *Wisconsin Education Surveys* which can be found on the WCN website (<https://wicenterfornursing.org/education-faculty-survey-reports>). Both WCN and ANEW were contacted to ascertain if new questions should be included or current questions be edited or deleted. As a result, three new questions were added: direct entry, number of employees, and the preferred credential when filling vacant faculty positions.

A list of programs and contact information for administrators was obtained from the Wisconsin Board of Nursing website. Nurse leaders from 43 accredited public and private institutions located in Wisconsin were emailed an invitation with a link to a secure online survey in August 2024. The survey was open for completion from August through October 2024. Most surveys were completed within the assigned timeframe. Nevertheless, the survey team continued to contact individuals and accept surveys through December 2024.

The survey data is reported in the following sections: programs, students, and faculty. Each section contains graphical representations of the data with short descriptions highlighting various data points. When appropriate, statistics from this publication were compared to results from prior surveys. A discussion with recommendations concludes each section.

Data Management

The *2023-24 Education Survey* relies upon institutional representatives to complete the survey and provide program, student, and faculty information. Survey responses were checked for data

accuracy and data integrity before the analysis. When inconsistent responses were noted, an attempt was made to confirm the data or solicit additional information. However, all responses were used to preserve as much information as possible. As a result, there is some variation in the number of responses listed for each table.

Limitations

Ultimately, of the 43 academic institutions invited to participate, only 37 institutions responded, for an overall response rate of 86%. This is the lowest rate of return in four survey cycles. Therefore, the report may pose challenges to stakeholders and researchers, making it difficult to draw conclusions and develop interventions. The report was also affected by missing data. Symbols were used to identify those issues within tables.

Two questions in the survey were modified. In past surveys, the question relating to the reasons students were not admitted to a program included the factor, “Insufficient simulation/classroom space.” In this survey that response was split so that both “Insufficient simulation space” and “Insufficient classroom space” were options. Any disparities related to this change in the question are addressed in the narrative. The question regarding interprofessional education content and teaching modalities was slightly altered, which did not impact comparisons to the previous surveys.

Section II. Programs

Accreditation

Institutions were asked to identify their national accrediting organization(s). The Commission on Collegiate Nursing Education (CCNE) accredited 18 institutions. The Accreditation Commission for Education in Nursing (ACEN) accredited 17 institutions. One respondent reported accreditation by both CCNE and ACEN, and one respondent reported accreditation by both CCNE and the National League for Nursing’s Commission for Nursing Education Accreditation.

Program Options

Table 1 shows survey response rates and program options offered by Wisconsin institutions for the last six surveys. The response rate was 86%, which was lower than the previous survey.

The number of institutions offering an LPN program increased by one while the number of ADN programs remained the same. The total number of institutions reporting BSN programs declined by four. The pre-licensure accelerated (2nd degree) and traditional BSN programs declined by two and three respectively, while the post-licensure RN-to-BSN programs declined by four. The number of institutions that offer a pre-licensure MSN was unchanged. The post-licensure MSN programs and tracks have remained relatively unchanged. The number of institutions reporting a DNP program and/or a PhD program also did not change. The number of programs with certificate options are discussed later in this report.

Table 1. Number of Institutions Offering Program Options and Trends

Academic Year	2013-14	2014-15	2017-18	2019-20	2021-22	2023-24
Surveys Distributed	43	44	39	41	42	43
Surveys Returned	*	38	37	40	41	37
Institutional Response Rate	59%	86%	95%	98%	98%	86%
Pre-Licensure Programs						
LPN Program	1	2	4	6	6	7
ADN Program	8	15	15	17	19	19
Traditional	8	14	14	17	19	19
Bridge	7	12	12	14	17	17
BSN Program (includes RN-to-BSN)	20	23	20	25	24	20
Traditional	18	20	19	20	22	19
Accelerated (2nd Degree)	4	3	6	7	8	6
Pre-Licensure MSN Program	2	3	3	2	5	5

Table 1 (cont.)

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

*Data not available.

Other MSN 1 = Comprehensive

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

Other Post MSN-DNP 6 = Population health, Direct care, DNP (no specialization), DNP (previously earned specialty), MBA/DNP & Post-Master's DNP online.

Capacity Measures for LPN Programs

Table 2 identifies trends in LPN enrollment and graduation numbers. The number of institutions offering an LPN program increased by one. Numbers increased in all categories over the prior survey with the greatest gain found in the number of students enrolled, moving from 265 to 725.

Table 2. Capacity Trends for LPN Programs

Academic Year	2013-14	2014-15	2017-18	2019-20	2021-22	2023-24
Institutions Reporting	1	2	4	6	6	7
Qualified Applicants	545	*	202	390	228	256
Student Seats	92	85	202	228†	246	313
Students Admitted	92	85	201	417	220	284
Qualified Applicants Not Admitted (%)	453 (84)	* (*)	10 (5)	* (*)	5 (2)	21 (8)
New Enrollees	92	*	160	222	246	412
Enrolled in Program	104	185	298	497	265	725
New Graduates	50	58	136	222	169	375

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

Capacity Measures for ADN Programs

Table 3 displays trends in ADN enrollment and graduation numbers. The total number of institutions reporting for both program types is unchanged from the last survey. The traditional programs reported a decrease in student seats, students admitted, qualified students not admitted, new enrollees, and total enrollment. However, there was an increase in graduates from this program. The number of bridge programs remained the same, however decreases in all categories were reported.

Table 3. Capacity Trends for ADN Programs

Academic Year	2013-14		2014-15		2017-18		2019-20		2021-22		2023-24	
Institutions Reporting	8		14		15		17		19		19	
	Bridge	Trad	Bridge	Trad	Bridge	Trad	Bridge	Trad	Bridge	Trad	Bridge	Trad
	*	*	*	*	12	14	14	17	17	19	17	19
Qualified Applicants	121	1,449	*	*	182	2,171	192	2,308	238	1,870	151	1,506
Student Seats	106	911	153†	1,743	188†	1,651	223†	1,428†	251†	1,890†	208†	1,615
Students Admitted	98	892	197	1,246	188	1,471	180	2,370	215	1,749	166	1,578
Qualified Applicants Not Admitted (%)	23 (19)	557 (38)	2 (*)	110 (*)	0 (0)	248 (17)	12 (6)	* (*)	28 (12)	60 (3)	9 (6)	46 (3)
New Enrollees	98	845	*	*	189	1,965	143	1,310	187	1,459	151	1,563
Enrolled in Program	130	1,457	264	2,974	177	2,791	211	4,475	262	4,939	224	4,162
New Graduates	61	668	79	1,379	86	1,048	121	1,498	137	1,147	111	1,249

*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 decreased from 22 to 19. The number of qualified students, student seats, qualified applicants not admitted, new enrollees, and new graduates decreased. However, the number of students admitted and enrolled students increased.

The number of institutions offering an accelerated (2nd degree) program decreased by two. There is an increase across all categories except qualified applicants not admitted, which remains the same as the last survey.

Table 4. Capacity Trends for BSN Programs

Academic Year	2013-14		2014-15		2017-18		2019-20		2021-22		2023-24	
Institutions Reporting	20		23		22		25		22§		19§	
	Trad	2nd Degree	Trad	2nd Degree	Trad	2nd Degree	Trad	2nd Degree	Trad	2nd Degree	Trad	2nd Degree
	18	4	20	3	19	6	20	7	22	8	19	6
Qualified Applicants	2,429	233	*	*	3,239	275	3,661	350	4,271	385	4,034	344
Student Seats	971†	89†	1,384†	89†	2,271†	198†	1,983†	228†	2,154†	283†	1,978†	245
Students Admitted	1,284	89	2,865	88	2,676	198	2,664	222	3,290	324	3,547	212
Qualified Applicants Not Admitted (%)	1,145 (47)	144 (62)	1,442 (*)	130 (*)	513 (16)	72 (26)	997 (27)	128 (37)	667 (16)	61 (16)	333 (8)	61 (18)
New Enrollees	1,223	89	*	*	1,925	186	1,667	199	1,720	185	1,658	174
Enrolled in Program	2,436	151	4,922	130	5,365	559	5,195	353	4,639	297	4,768	224
New Graduates	897	88	1,514	107	1,668	166	1,635	208	1,623	187	1,595	165

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

§Institutions include only traditional and accelerated (2nd degree) BSN pre-licensure programs. The RN-to-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 offering the program remained the same since the last survey. Qualified applicants, student seats, students admitted, new enrollees, total program enrollment and the number of graduates all increased. The number of qualified applicants not admitted has decreased by 78 from the last survey.

Table 5. Capacity Trends for Pre-Licensure MSN Programs

Academic Year	2013-14	2014-15	2017-18	2019-20	2021-22	2023-24
Institutions Reporting	2	3	3	2	5	5
Qualified Applicants	453	*	419	424	517	710
Student Seats	80	108	216	280	524	810
Students Admitted	234	61	277	420	596	710
Qualified Applicants Not Admitted (%)	219 (48)	6 (*)	157 (37)	4 (1)	78 (36)	0 (0)
New Enrollees	76	*	202	277	323	410
Enrolled in Program	265	209	325	471	618	869
New Graduates	53	60	93	195	412	442

*Data not available.

Pre-Licensure Graduates

Table 6 reveals pre-licensure graduates from each program. There was a total of 3,562 new graduates from ADN, BSN, and pre-licensure MSN programs in AY 2023-24 (see prior tables), which is a small increase from the AY 2021-22 survey result. The ADN and pre-licensure MSN programs experienced increases in graduates while BSN programs reported a decrease by 50 graduates.

Table 6. Number of Pre-Licensure Graduates

Academic Year	2019-20			2021-22			2023-24		
	ADN	BSN	Pre-MSN	ADN	BSN	Pre-MSN	ADN	BSN	Pre-MSN
Institutions Reporting	17	25	2	19	22§	5	19	19§	5
Graduates	1,619	1,843	195	1,284	1,810	412	1,360	1,760	442
Total	3,657			3,506			3,562		

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

Capacity Measures for RN-BSN (BSN Completion) Programs

Table 7 shows trends in RN-to-BSN (BSN Completion) program enrollment and graduation numbers. The number of institutions reporting declined by four. All categories continued to present a decline in the number of students, although the number of students admitted slightly increased.

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

Academic Year	2013-14	2014-15	2017-18	2019-20	2021-22	2023-24
Institutions Reporting	12	15	15	14	14	10
Qualified Applicants	620	*	625	415	352	344
Student Seats	*	*	*	*	431†	101†
Students Admitted	557	861	569	405	309	316
Qualified Applicants Not Admitted (%)	63 (10)	16 (*)	0 (0)	10 (2)	11 (3)	25 (7)
New Enrollees	442	*	427	321	228	220
Enrolled in Program	1,196	*	1,109	876	599	528
New Graduates	258	490	476	344	241	196

*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 MSN programs offered at 12 institutions. Table 8 shows a snapshot of the assorted options and program capacity. Nurse practitioner programs continued to have the greatest number of students in all categories.

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

Program	CNS	CNM	NP	CNL	NE	ADM	HI	OT
Institutions Reporting	2	1	7	1	6	5	1	1
Qualified Applicants	8	7	216	0	44	23	0	14
Student Seats	2†	†	333†	0	90†	35†	0	†
Students Admitted	8	7	179	0	43	23	0	14
Qualified Applicants Not Admitted (%)	0 (0)	0 (0)	33 (15)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
New Enrollees	4	5	150	0	32	15	0	11
Enrolled in Program	20	13	492	0	90	35	8	16
New Graduates	4	3	154	2	30	3	0	23

†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 (1 Comprehensive).

Table 9 reports information pertaining to clinical track post-licensure MSN programs. Only one institution reported offering a clinical nurse leader (CNL) program, which is one less program than the prior survey. Nurse practitioner program numbers in most categories increased, except for the number enrolled and new graduates, both which declined. Institutions reported an increase in qualified applicants, students admitted, new enrollees, and total enrolled in programs in the CNS track. The certified nurse midwife (CNM) program decreased in qualified applicants, student seats, admitted students, new enrollees, and new graduates. However, the institution reported maintaining the same number of students enrolled in the program.

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

Academic Year	2019-20				2021-22				2023-24			
	Institutions Reporting	CNS	CNM	NP	CNL	CNS	CNM	NP	CNL	CNS	CNM	NP
Qualified Applicants	3	1	6	2	2	1	7	2	2	1	7	1
Student Seats	30	12	411	4	0	11	126	13	8	7	216	0
Students Admitted	30	*	362	30	30	15	236†	30†	2†	†	333†	0
Students Admitted	26	12	394	4	0	11	120	13	8	7	179	0
Qualified Applicants Not Admitted (%)	4 (13)	0 (0)	17 (3)	0 (0)	0 (0)	0 (0)	6 (5)	0 (0)	0 (0)	0 (0)	33 (15)	0 (0)
New Enrollees	13	9	321	4	0	6	96	10	4	5	150	0
Enrolled in Program	34	13	740	16	18	13	501	20	20	13	492	0
New Graduates	5	2	139	5	5	5	245	3	4	3	154	2

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

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

Table 10 shows the number of students enrolled in nurse educator, administrative/leadership, health informatics, and other programs. Within the nurse educator program, there were increases in the number of qualified applicants, student seats, students admitted, and new enrollees. However, the number of students currently enrolled and graduated decreased. The number of institutions offering an administrator/leadership program decreased by one, with all categories having decreased in numbers compared to the AY 2021-22 survey. One institution offered a health informatics program with an increase of three students. No other information about the HI program was reported.

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

Academic Year	2019-20			2021-22				2023-24			
	NE 7	ADM 3	OT 1	NE 6	ADM 6	HI 1	OT 1	NE 6	ADM 5	HI 1	OT 2
Qualified Applicants	41	25	1	34	26	5	2	44	23	0	14
Student Seats	84	*	†	34†	56†	†	*	90†	35†	0	†
Students Admitted	41	25	1	31	26	5	2	43	23	0	14
Qualified Applicants Not Admitted (%)	0 (0)										
New Enrollees	38	19	1	30	18	5	0	32	15	0	11
Enrolled in Program	76	42	4	99	69	5	0	90	35	8	16
New Graduates	20	5	0	35	18	0	0	30	3	0	23

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

NE = Nurse Educator, ADM = Administrator/Leadership, HI = Health Informatics, OT = Other (RN-MSN & Comprehensive

Nurse Educator Program Trends

Table 11 shows capacity trends in nurse educator programs. The number of programs reporting remained the same. There was an increase in students admitted; however, there was a decrease in enrolled students and new graduates.

Table 11. Capacity Trends for Nurse Educator Programs

Academic Year	2017-18	2019-20	2021-22	2023-24
Institutions Reporting	4	7	6	6
Students Admitted	37	41	31	43
Qualified Applicants Not Admitted	2	0	0	0
Enrolled in Program	89	76	99	90
New Graduates	20	20	35	30

Graduate Certificate Options, Enrollment and Trends

Table 12 displays graduate certificate options and enrollment numbers. The number of institutions offering certificate programs increased by four. The total enrollment number significantly increased from 78 to 208. The certificate programs with the highest enrollment included adult-gerontology NP with four institutions and 81 students, psychiatric mental health with seven programs and 54 students, and family NP with five programs and 18 students enrolled.

Table 12. Graduate Certificate Options, Enrollment, and Trends

Academic Year	2013-14	2014-15	2017-18	2019-20	2021-22	2023-24
Number of Institutions Reporting (Enrollment)	12	7	9	8 (94)	9 (78)	13 (208)
Nurse Educator (NE)	6	3	7	3 (3)	3 (6)	6 (29)
Clinical Nurse Specialist	*	*	*	*	1 (0)	1 (2)
Administration/Leadership	*	*	*	*	3 (0)	4 (12)
Nurse Practitioner-Family (FNP)	*	*	*	*	4 (18)	5 (18)
Nurse Practitioner-Adult Gerontology (AGNP)	*	*	*	*	6 (24)	4 (81)
Nurse Practitioner-Psychiatric Mental Health	*	*	*	2 (14)	3 (21)	7 (54)
Nurse Practitioner (NP)	3	3	3	5 (68)	*	*
Other	5	1	4	*	1 (5)	
Nurse Practitioner-Pediatric	*	*	*	*	1 (5)	1 (3)
Nurse Practitioner-Neonatal	*	*	*	*	1 (0)	1 (1)
Nurse Midwifery	*	*	*	1 (9)	1 (9)	1 (6)
Healthcare Education Professional	*	*	*	*	1 (0)	0 (0)
Trauma-informed care	*	*	*	1 (0)	1 (0)	0 (0)
Population Health	*	*	*	*	*	1 (0)
Nurse Practitioner-Adult-Gerontology	*	*	*	*	*	1 (2)

*Data not available.

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, with eight offering a post-BSN and ten post-MSN. Overall, the number of post-BSN applicants, enrollments, and graduates are greater than the post-MSN programs. Specifically, the NP and CRNA programs had the most applicants, enrollments, and graduates.

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

Institutions (n=10)	Post-BSN DNP (n=8)					Post-MSN (n=10)				
	CNS 2	NP 8	CRNA 3	ADM 4	OT 2	CNS 1	NP 5	CRNA 0	ADM 8	OT 6
Qualified Applicants	8	211	69	10	19	1	17	0	25	16
Student Seats	8†	265†	48	16†	70	6	157†	0	87†	32†
Students Admitted	7	202	50	10	13	0	16	0	25	16
Qualified Applicants Not Admitted (%)	1 (13)	6 (3)	23 (33)	0 (0)	0 (0)	1 (100)	1 (6)	0 (0)	0 (0)	0 (0)
New Enrollees	6	162	48	6	12	0	13	0	23	11
Enrolled in Program	9	427	130	15	28	2	33	0	43	29
New Graduates	4	123	35	5	6	2	12	0	23	0

†Some institutions reported unlimited student seating.

CNS = Clinical Nurse Administrator, 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 Trends for Post-BSN DNP Programs

Table 14 provides capacity trends for three post-BSN DNP programs. Of the program specialties, NP has consistently shown the largest numbers in all categories with little variation across time. However, NP qualified applicants, total enrollment, and new graduates have declined. The number of CRNA student seats, admitted students, new enrollees, and total enrollment have increased over time.

Table 14. Capacity Trends for Post-BSN DNP Programs

Institutions (n=8)	2019-20			2021-22			2023-24		
	CNS *	NP *	CRNA *	CNS 2	NP 8	CRNA 3	CNS 2	NP 8	CRNA 3
Qualified Applicants	8	237	94	2	215	264	8	211	69
Student Seats	40	144	28	10†	114†	40	8†	265†	48
Students Admitted	7	200	28	2	198	45	7	202	50
Qualified Applicants Not Admitted (%)	1 (13)	37 (16)	66 (70)	0 (0)	29 (14)	219 (83)	1 (13)	6 (3)	23 (33)
New Enrollees	4	148	28	1	155	37	6	162	48
Enrolled in Program	17	480	88	17	494	120	9	427	130
New Graduates	2	100	11	4	135	36	4	123	35

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

CNS = Clinical Nurse Administrator, NP = Nurse Practitioner, CRNA = Certified Registered Nurse Anesthetist.

Capacity Trends for Post-MSN DNP Programs

Table 15 represents the capacity trends for three post-MSN DNP programs. The number of NP programs increased by one, but the number of NP students in all categories has declined from AY 2021-22. The number of institutions reporting on CNS programs has declined from nine to one.

Table 15. Capacity Trends for Post-MSN DNP Programs

Institutions (n=10)	2019-20			2021-22			2023-24		
	CNS *	NP *	CRNA *	CNS 9	NP 4	CRNA 1	CNS 1	NP 5	CRNA 0
Qualified Applicants	0	17	50	0	50	65	1	17	0
Student Seats	0	†	22	0	5†	20	6	157†	0
Students Admitted	0	15	12	0	49	22	0	16	0
Qualified Applicants Not Admitted (%)	0 (0)	2 (12)	38 (76)	0 (0)	1 (2)	43 (66)	1 (100)	1 (6)	0 (0)
New Enrollees	0	15	12	0	38	17	0	13	0
Enrolled in Program	0	47	18	0	49	52	2	33	0
New Graduates	0	6	0	0	15	14	2	12	0

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

CNS = Clinical Nurse Administrator, NP = Nurse Practitioner, CRNA = Certified Registered Nurse Anesthetist.

Capacity Measures for DNP and PhD Programs

Table 16 displays DNP and PhD program enrollment and graduation numbers. The number of institutions that offer a DNP program remained the same, however the number of DNP applicants declined by 316. Additionally, students admitted, qualified applicants not admitted, new enrollees, total enrollment, and new graduates also declined in number since the last survey.

The number of PhD programs remained at three. The number of applicants has nearly doubled since the last survey. There was also an increase in admitted students, qualified students not admitted, new enrollees, and graduates.

Table 16. Capacity Trends for DNP and PhD Programs

Academic Year	2013-14		2014-15		2017-18		2019-20		2021-22		2023-24	
	DNP	PhD	DNP	PhD	DNP	PhD	DNP	PhD	DNP	PhD	DNP	PhD
Institutions Reporting	8	3	8	3	9	3	9	3	10	3	10	3
Qualified Applicants	301	26	*	*	325	37	462	32	692	39	376	70
Student Seats	207†	3†	156†	3†	72†	30†	348†	†	317†	25†	689†	8†
Students Admitted	254	19	231	40	278	33	315	28	407	33	339	42
Qualified Applicants Not Admitted (%)	47 (16)	7 (30)	75 (*)	25 (*)	41 (13)	4 (11)	147 (32)	4 (13)	294 (42)	6 (15)	32 (9)	26 (37)
New Enrollees	207	16	*	*	231	22	250	14	323	19	281	29
Enrolled in Program	429	136	528	142	541	123	725	114	838	104	716	117
New Graduates	54	25	123	24	148	26	139	14	237	17	210	22

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

Student Enrollment by Program

Table 17 presents student enrollment in the various curriculum programs or tracks over the past four surveys. Total pre-licensure and post-licensure enrollments have decreased.

Student enrollment in ADN, MSN, and DNP graduate programs have declined. Within master's programs, the decline appears in all specialties except CNS and healthcare informatics.

There was an increase in enrollment in LPN, BSN, pre-licensure masters, and PhD programs.

Table 17. Student Enrollment by Program

Academic Year	2017-18	2019-20	2021-22	2023-24
Pre-licensure Programs				
LPN	298	497	265	725
ADN Program				
Traditional	2,791	4,475	4,939	4,162
Bridge	177	211	262	224
Total ADN	2,968	4,686	5,201	4,386
BSN Program				
Traditional	5,365	5,195	4,639	4,768
Accelerated (2nd Degree)	559	353	297	224
Total Pre-Licensure BSN	5,924	5,548	4,936	4,992
Pre-Licensure MSN	325	471	618	869
Post-licensure Programs				
RN-BSN	1,109	876	599	528
MSN Program				
MSN: CNS	11	34	18	20
MSN: CNM	10	13	13	13
MSN: NP	337	740	501	492
MSN: CNL	118	16	20	0
MSN: Nurse Educator	89	76	99	90
MSN: Nurse Admin/Leadership	70	42	69	35
MSN: Healthcare Informatics	*	*	5	8
MSN: Other	*	4	0	16
Total MSN	654	925	725	674
DNP Programs				
Post BSN: CNS	25	17	17	9
Post BSN: NP	418	480	494	427
Post BSN: CRNA	27	88	120	130
Post BSN: Admin/Leadership	12	26	30	15

Post BSN: Other	0	3	7	28
Post MSN: CNS	*	0	0	2
Post MSN: NP	*	47	49	33
Post MSN: CRNA	*	18	52	0
Post MSN: Admin/Leadership	*	19	39	43
Post MSN: Other	*	27	30	29
Total DNP	541	725	838	716
PhD	123	114	104	117
Total Doctoral	664	839	942	833
Total Enrollment	11,942	13,838	13,286	13,007

*Data not available

Factors Limiting Admissions

Tables 18 and 19 report factors that limit admission to nursing programs and factors that relate to insufficient numbers of faculty. Only 20 institutions of the 37 submissions responded to these questions.

The “All Factors” columns in Table 18 display the number of programs that reported the corresponding factor as limiting nursing admissions. The “Main Factor” columns in the same table show the number of programs that identified the corresponding factor as the main reason for limiting admissions.

Table 18 shows that insufficient clinical sites were identified as either a factor or the main factor by a total of ten programs and insufficient number of faculty was identified as a factor by seven programs. In addition, they were both cited as a top main factor. For programs that identified “other” as a limiting factor, most responses were related to students choosing not to enroll or choosing other programs.

Table 19 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 primary reason identified was noncompetitive salaries. This was followed by budgeted faculty positions not available and finding faculty willing/able to teach clinical courses.

Table 18. Factors Limiting Admission

Factors	Insufficient number of nursing faculty		Insufficient clinical sites		Insufficient simulation space		Insufficient classroom space		Insufficient budget		Other	
	All Factors	Main Factor	All Factors	Main Factor	All Factors	Main Factor	All Factors	Main Factor	All Factors	Main Factor	All Factors	Main Factor
LPN	1			1		1	1			2		1
ADN		2	2	2		1	2	1		2		2
BSN	1	2	1	3	1		1		2		4	6
Pre-Lic Master’s		1	1									
Post-Lic Master’s						1						
DNP											1	2
PHD												
Total	2	5	4	6	1	3	4	2	2	4	5	11

Table 19. Variables Related to Insufficient Faculty

Programs Reporting	LPN	ADN	BSN	Pre-Lic MSN	Post-Lic MSN	Total
Factors						
Inability to recruit qualified faculty because of competition with other marketplaces		1	1			2
Noncompetitive salaries		1	3	1		5
Budgeted faculty positions not available			3	1		3
Finding faculty with the right specialty mix			1			1
Qualified applicants are unavailable due to challenging geographic area			1			1
High faculty workload			2			2
Finding faculty willing/able to teach clinical courses		1	2			3
Finding faculty willing/able to conduct research			1			1
Other		1	1		1	3

Simulation and Virtual Simulation

Table 20 shows the responses from 32 institutions as to percentage of simulation used to meet clinical learning requirements for pre-licensure programs. Two programs reported usage between 41%-50%. Nineteen schools used simulation 20% or less.

Table 21 reveals that face-to-face simulation was favored by the majority of programs. With 34 institutions reporting, 20 respondents used face-to-face simulation between 91% and 100% of the time and 16 respondents reported zero use of virtual simulation in pre-licensure programs.

Table 20. Use of Simulation for Pre-Licensure Clinical Learning Requirements

Percentage of simulation utilized for clinical learning requirements in pre-licensure programs.	4-year institutions (n=17)	Technical colleges (n=15)
41%-50%	1	1
31%-40%	2	1
21%-30%	4	4
11%-20%	6	4
1%-10%	3	4
0 %	1	1

Table 21. Use of Face-to-Face Simulation and Virtual Simulation

Percentage of simulation	Face-to-Face simulation (n=34)		Virtual simulation (n=26)	
	4-year institutions	Technical colleges	4-year institutions	Technical colleges
91%-100%	11	9	0	0
81%-90%	0	2	1	0
71%-80%	1	0	0	0
61%-70%	0	0	0	0
51%-60%	0	0	0	0
41%-50%	0	1	0	1
31%-40%	0	0	0	0
21%-30%	3	1	0	0
11%-20%	2	0	1	0
1%-10%	1	1	2	5
0%	1	1	11	5

New Models/Ideas for Clinical Instruction

Table 22 lists the responses provided when institutions were asked what new models/ideas for clinical instruction were adopted or may be adopted. Twenty programs responded to this open-ended question. The most frequently cited model was technologies that offer immersive and interactive experiences/simulations (VR/AR/XR). Designated Educational Units were mentioned three times and artificial intelligence twice.

Table 22. New Models/Ideas for Clinical Instruction

Model/Ideas for Clinical Instruction	Number of institutions (n=20)
Virtual, Augmented, and Extended Reality/Simulation/Immersive Experiences VR/AR/XR	10
Designated Educational Units	3
Artificial intelligence	2
Co-clinical instructor	1
Customized Dedication Education Programs	1
Interdisciplinary simulations	1
Intern/externships with clinical partners	1
Live actors in Simulation	1
More simulation	1
Older Adult Community Learning Opportunities	1
Paid externships and use it as their final precepted clinical	1
Working with SSM and the ACES program	1

Interprofessional Education/Training

Table 23 identifies types of interprofessional training offered in AY 2023-24. Thirty-three programs responded, with 22 indicating that they did not offer IPE. Of the eleven institutions that reported that they provided interprofessional education/training. Nine institutions identified content areas and 10 institutions reported the teaching modalities utilized.

Communication was the content area most prevalent followed by disaster and emergency response. The other content areas that had more than one program reporting included dementia and ethics. Simulation and classroom teaching were the most frequently identified teaching modalities used when offering interprofessional education.

Table 23. Programs Offering Interprofessional Education by Content Area and Modality

Content Area	Number of Institutions (n=9)
Cardiac	1
Communication	5
Community	1
Dementia	2
Disaster and Emergency response	3
End-of-life care	1
Environmental	1
Ethics	2
Interprofessional teams and teamwork	1
Interprofessional roles and responsibilities	1
Issues, trends, and ethics in healthcare	1
Mobility	1
Mock code	1
OTM Dietetics	1
Pharmacology	1
Roles and responsibilities	1
Root cause analysis	1
Social Work	1
Teamwork	1
Wound care	1
Teaching Modality	(n=10)
Classroom	3
Clinical	1
Didactic	1
Hybrid	1
Lab	1
Online	1
Simulation	4
Team STEPPS	1

Discussion and Recommendations for Program Section

The number of nursing programs in Wisconsin remains strong, but not all programs responded to this survey. The previous two surveys had a 98% response rate, while this survey's response rate was only 86% of Wisconsin's nursing programs. Despite not receiving data from six institutions, there was an increase in the number of LPN and post MSN-DNP programs. The missing data from these institutions may contribute to the lower number of BSN, RN-to-BSN, and MSN programs. The remaining programs were unchanged from the prior survey.

A new question was asked addressing direct entry into BSN programs since there is no state level survey that collects this data. Direct entry was defined in this survey as *“A direct entry program allows a student to be formally admitted to both the university and school, college, or major program, prior to enrolling. There is no secondary application to the school, college, or major program after being admitted to the university.”* Sixteen institutions reported having direct entry. Twelve of the 19 traditional BSN programs use direct entry. Additionally, four of the six accelerated (2nd degree) programs use direct entry while eight of the ten RN-to-BSN programs directly admit students into their programs.

Capacity for student seats in pre-licensure programs continues to fluctuate, with increases noted in LPN and pre-licensure MSN programs. This may be related to an increase in demand as shown through a higher number of qualified applicants over the prior four surveys. Decreases in student seat capacity were seen in the ADN options and the BSN options along with a decrease in the number of qualified applicants. This may be due to the lower return rate, which makes it difficult to draw any conclusions.

The number of qualified applicants varied across the pre-licensure programs, with increases seen in the LPN and pre-licensure MSN programs and decreases seen in the ADN and BSN options. Although the number of qualified applicants varied, the number of students admitted to all programs increased with the exception of the ADN programs. New enrollees also varied, with increases in the LPN and pre-licensure MSN programs, unchanged in ADN programs, and a decrease in BSN programs. There continues to be a large gap between the number of students admitted (3,547) to traditional BSN programs compared to the number of new enrollees (1,658). This may reflect the direct entry aspect of students being admitted to the program at the same time they are admitted to the university. As a result, the number of admitted students may be amplified while new enrollees are only counted when they begin their nursing coursework. Another possibility is that students are being accepted but not admitted. A question appears in this survey focused on qualified applicants turned away. Several institutions voluntarily raised the following issues: students were withdrawing applications, declining admittance, or were choosing alternative schools.

There was a reduction in the number of qualified applicants who were turned away from traditional pre-licensure (ADN and BSN) programs in *2023-2024 Wisconsin Education Survey* compared to the prior survey. Wisconsin institutions reported turning away 6.5% of qualified applicants from traditional ADN programs and 23% of qualified applicants from traditional BSN programs in 2021-2022, whereas in this survey there were no qualified applicants from traditional ADN programs and only 12.1% of qualified applicants from traditional BSN

programs that were turned away. This is consistent with the latest available reporting from national organizations which reported that fewer qualified applicants were denied admission to nursing programs in 2023 compared to 2022 (National League of Nursing, [NLN] n.d.; American Association of Colleges of Nursing, [AACN] 2025b).

The pre-licensure MSN program remains popular, as evidenced by the number of student seats, students admitted, and total enrollment. All qualified students were admitted. The number of qualified applicants and students admitted was higher than the new enrollees. This could indicate that many students had applied to more than one program to increase their chance of being admitted to one. Institutions have responded to the demand from students for this type of program, as there were only two institutions that offered a pre-licensure MSN program in 2019-20 which increased to five in 2021-22 (Young et al., 2021, 2023) and remained at five as reported in this survey. Although the number of programs remains unchanged, there was an increase in the number of student seats from 524 in 2021-22 to 810 in 2023-24. This option is ideal for students who have completed a non-nursing bachelor's degree and who wish to pursue not only a second degree in nursing, but to obtain a graduate degree to attain leadership, advanced practice roles, or specialize without getting a BSN first. This means that more nurses will be prepared to step into those advanced roles sooner than the traditional BSN-prepared nurse who must then obtain a degree from a graduate program.

There was a slight increase (56) in the reported number of new pre-licensure graduates in this survey when compared to the prior survey. This is still approximately one hundred fewer graduates than prior to the pandemic, although due to the low survey response rate this number of new graduates is likely higher. Despite a small increase in the number of new graduates in the workforce, a deficit of between 12,000 and 19,000 nurses by 2040 is predicted and related to demographic shifts (Walsh & Casal, 2024). As Wisconsinites age, the demand for healthcare increases and will persist for decades to come (Wisconsin Hospital Association, 2025).

Most capacity measures in RN-to-BSN programs continue to decline with approximately 100 fewer new enrollees and 350 fewer total enrolled students. These programs admit students who have completed an ADN program, both new graduates and experienced nurses, and wish to obtain a BSN. Although the reported number of ADN graduates in Wisconsin has fluctuated in the past three *Wisconsin Education Surveys* ranging from 1,619 (2019-2020) to 1,284 (2021-2022) and most currently 1,360 in 2023-2024, the percentage of these graduates enrolling in RN-to-BSN programs continues to decline from 20% to 18% to 16% respectively. There were four fewer RN-to-BSN programs reporting in this survey from institutions that had previously offered this type of program, which may reflect the unsustainability of the number of institutions offering this type of program with the declining student enrollment. This contrasts with national data from AACN (2025b), which reported student enrollment in RN-to-BSN programs had increased slightly after years of declining numbers. There are also non-Wisconsin based RN-to-BSN online programs available for nurses to enroll in to further their education, as there was a modest increase in BSN-prepared nurses, from 66.0% in 2022 to 67.0% in 2024 (Zahner et al., 2023; Pawlak et al., 2025).

The reality of fewer RNs furthering their education to receive a baccalaureate degree may have an impact on health outcomes, especially in rural areas. Wisconsin's rural population experienced a 5.1% growth between 2000 and 2022 (Wisconsin Policy Forum, 2023). Wisconsin's rural communities also have a higher percentage of people under age 65 with disabilities than urban communities, and fewer people in rural areas have health insurance than in urban areas or the state (Wisconsin Office Rural Health, 2022). Nationally, more LPNs work in rural areas than in urban areas and there are fewer RNs and advanced practice nurses in rural areas than in urban areas. A national survey of RN-to-BSN programs reported only 46% of registered nurses achieved a bachelor's degree or higher (Merrell et al., 2020). They concluded that RN-to-BSN programs may not be targeting rural nurses for recruitment and retention. Therefore, an opportunity exists for educators, institutions, and policymakers to target and incentivize rural nurses to advance their education to better serve the communities in which they live and work.

One recommendation is for practice institutions to establish partnerships with academic institutions to help finance continuing education for their nursing workforce. In particular, rural healthcare organizations that are affiliated with or integrated into larger urban systems could leverage these collaborations to support rural nurses in pursuing advanced education, such as a bachelor's degree. A well-educated nursing workforce is critical to ensuring access to high-quality healthcare (Rural Health Information Hub, 2025), and investment in higher education adds measurable value to both individual practice and organizational outcomes. For example, Magnet-designated institutions highlight the benefits of academic progression by demonstrating improved patient outcomes, professional development, and organizational excellence. Supporting nurses in advancing their education not only enhances clinical practice but also strengthens healthcare delivery systems, particularly in underserved rural communities (AACN, 2024a).

There has been more fluctuation in post-licensure MSN programs focusing on clinical practice. The number of students admitted to CNL and CNM programs decreased. It is concerning to have a decrease in the only program offering midwifery education in the state. This contrasts with the increase in the number of students admitted and number of new enrollees in the post-licensure MSN and post-BSN DNP programs for NPs.

The number of master's level nurse educator programs remains stable, but there is an increase in the number of students admitted. This is promising, as both academic and practice institutions need nurse educators, and may be a result of the Wisconsin Nurse Educators Program (<https://heab.state.wi.us/features/nep.html>) which provides financial awards for nurses to obtain a higher degree and then work as a nurse educator in the state. In addition, interest in nurse educator graduate certification has increased with the number of institutions offering the certificate doubling and enrollment quadrupling.

Other graduate certificate options and enrollment also continue to increase. These certificates allow nurses with a graduate degree to expand their career opportunities and pursue specialized professional roles or explore new avenues of practice. The number of institutions reporting on certificate options increased by five, while enrollment has more than doubled. Although the certificates with the largest number of enrollees continues to be adult-gerontology NPs followed by psychiatric mental health, the nurse educator certificate enrollment has increased and is now

the third most enrolled certificate surpassing the family nurse practitioner. This contrasts with the data from the *RN Workforce Survey* where enrollment in non-degree certificate programs has declined statewide, from 813 in 2020 to 476 in 2024 (Zahner et al., 2021; Pawlak et al., 2025).

When comparing the results of this survey to the previous one, only minor changes and some fluctuations were observed in DNP program offerings. The number of institutions reporting on a DNP program has remained the same at 10. All those institutions reported having a DNP option for post-MSN students, which is an increase of one program from the 2021-22 survey. The nurse administrator/leadership track in the post-MSN DNP option is the most common with eight programs and a total of 43 students enrolled. This is an increase by two programs from the prior survey. Although the same number of institutions offer some type of nurse administration/leadership preparation, there was a decrease of one program in both the post-licensure MSN option and the BSN-DNP track. The popularity of this track may have peaked and is something to monitor in future surveys.

Nationally, DNP program enrollments have increased in the last two decades (AACN, 2025b). However, this survey report showed a decrease in student enrollment in post-BSN DNP programs by 59 and in post-MSN DNP programs by 63 from the prior survey. The NP track does remain the most popular, despite a decrease of approximately 70 students, with over 400 students enrolled in eight programs. Most NPs still graduate from master's level programs both within Wisconsin (154 new graduates from post-licensure MSN programs and 135 from DNP programs) and nationally (AACN, 2022c). Despite the general decline in post-licensure MSN and DNP program enrollment, the number and percentage of Wisconsin nurses who hold a DNP degree as their highest nursing degree has increased over the past two years, going from 1,479 (1.7%) to 1,958 (2.1%) (Zahner et al., 2023; Pawlek et al., 2025).

There has been no change in the number of institutions that offer a PhD program, but the number of qualified applicants has increased significantly, from 39 in 2021-22 (Young et al., 2023) to 70 qualified applicants reported in this survey. All other capacity measures also increased, with more students being admitted, enrolled, and graduated. This is promising, as AACN has reported that enrollment in PhD programs continues to decline (AACN, 2025b), and it is forecasted that PhD enrollments and graduates will decrease in the next ten years with some regional variation (Halabicky et al., 2024).

Although there was an increase in qualified applicants and the number admitted to a PhD program, there was also an increase in the number of qualified applicants not admitted. This number more than doubled from the prior survey, from six to 26. When institutions were given an opportunity in this survey to identify reasons why qualified students were not admitted, no responses were submitted.

Total enrollment in Wisconsin nursing programs declined by 279 from the prior survey. This is less than the previous decline of 552 between 2019-20 and 2021-22. Across programs, we saw an increase in enrollment in LPN, traditional BSN, pre-licensure MSN, and PhD programs. These increases contrast with findings from the prior survey and need to continue to be monitored if the nursing workforce meets the projected demands of the future.

The decreasing enrollment may be impacted by various factors. This survey asked institutions to identify the factors why qualified applicants were not accepted into the program. For those institutions that responded, insufficient clinical sites was identified as the main reason for pre-licensure programs. Those programs require acute care settings, such as hospitals, for their students to demonstrate nursing skills and apply classroom knowledge in the clinical setting. Lack of nursing faculty was the second most reported reason why programs could not admit all qualified applicants. The insufficient number of faculty may be related to non-competitive salaries, as this was the most frequently cited challenge for institutions to hire additional faculty. In addition, other barriers noted included limited budgeted positions and finding faculty willing and/or able to teach clinical courses.

Strengthening the nursing education landscape to build the workforce requires sustained recruitment strategies. Efforts to engage middle and high school students through hands-on experiences could help build a strong pipeline into nursing. Recruitment initiatives should focus on increasing enrollment in ADN and BSN programs, while also addressing barriers to increasing capacity in PhD programs.

To meet the needs of an expanding and more complex healthcare environment, Wisconsin needs to build a more educated and larger nursing workforce. Strategies that will ensure continued progression within the profession could include developing seamless transitions between degrees and encouraging nursing students and newly licensed RNs to pursue graduate education earlier in their careers. In addition, strengthening partnerships between academic institutions and healthcare agencies can support educational pathways, apprenticeship opportunities, and clinical experiences that promote career entry and advancement.

Expanding program capacity will require additional full-time and part-time faculty and greater access to clinical and simulation sites. In addition, sustained funding will be necessary to strengthen institutional infrastructure, including staffing, technology, equipment, and physical space. With reported ongoing challenges in securing adequate clinical placements, institutions should explore opportunities in community-based organizations, rehabilitation facilities, schools, and other nontraditional settings to diversify clinical learning environments.

The use of simulation in pre-licensure nursing programs is an effective educational approach that provides hands-on experience in a safe, controlled environment, thereby bridging the gap between theoretical knowledge and real-world clinical skills (Koukourikos et al., 2021). Wisconsin Administrative Code allows nursing programs to use simulation up to 50% of the total clinical learning requirement (Wisconsin Approval for Schools of Nursing, Simulation, 2014 & 2021). Within the last few surveys, the use of simulation has fluctuated. The *2018-2019 Wisconsin Education Survey* showed that 26% of programs used simulation to fulfill 10% or more of their clinical learning requirements. During the COVID-19 pandemic the 2019-2020 survey results captured the dramatic surge in the use of simulation and virtual simulation due to the closure of clinical sites and campus labs. The two most recent surveys show simulation utilization has leveled off at a higher rate than pre-pandemic levels with 65% and 72% of programs reporting usage above 10% (Young et al, 2023).

The progressive development and research of technologies within simulation expanded the options available to educators to prepare nurses for the workforce (Al-Hassan et al., 2025). According to the most recent survey, not all Wisconsin schools have fully implemented these technologies to enhance deep learning as the use of virtual simulation has declined post-COVID.

When institutions were asked what new models for clinical instruction have been adopted or may be adopted, 20 programs responded that they were exploring technologies that offer immersive and interactive experiences, such as virtual reality, augmented reality, and extended reality (VR/AR/XR). Although yet to be translated to practice, this interest in simulation technologies for nursing education may be due to the persistent challenge of limited clinical placements. Respondents to this survey and surveys conducted by the AACN (2022a) have repeatedly identified an insufficient number of clinical placement sites as one of the barriers to admitting all qualified nursing students. To support nursing schools in integrating simulation technology, increased funding for equipment and maintenance, faculty development programs focused on technology and simulation pedagogy, and resources for curriculum integration are critical (da Silva and Mitchell, 2024).

Interprofessional education prepares nurses for the collaborative nature of modern healthcare and is a component of ACEN and CCNE accreditation standards (AACN, 2023b; ACEN, 2025; CCNE, 2024). For those programs that responded that they do offer IPE, the most commonly cited content area was communication, and the most common delivery method was either classroom instruction or simulation. However, of the 33 programs which responded to this question, 22 declared that IPE was not offered. The prior survey showed a similar response with 33 respondents and 18 programs not offering IPE (Young et al., 2023). This paradox between accreditation requirements and survey findings highlights either challenges to integrating IPE practices into nursing curriculum, such as differences in academic calendars and policies, curriculum overload, and faculty commitment to course development or a poorly framed question which should be addressed in a future survey. Possible strategies for addressing integration challenges include encouraging collaborative planning, incentivizing course development, standardizing curriculum frameworks, and providing ongoing professional development (Health Professions Accreditors Collaborative, 2019).

Section III. Students

Student Race and Ethnicity by Program

Table 24 displays student race and ethnicity by program. Regardless of the program, most (67%) Wisconsin student nurses were identified as White/Caucasian. The other categories of race and ethnicity that have 10% or greater students include Black/African American in the LPN program; Hispanic/Latino in the LPN, traditional ADN program, and pre-licensure master’s program; and Asian students in the pre-licensure master’s program. Additionally, 13% of post-licensure MSN, 31% of BSN accelerated (2nd degree), and 39% of PhD students were identified as “unknown.”

Table 24. Student Race and Ethnicity by Program

Program	White/Caucasian		Black/African American		Hispanic/Latino		Asian		Native Hawaiian/Pacific Islander		American Indian or Alaskan Native		Two or more races		Unknown	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
LPN	274	39.6	179	25.9	121	17.5	19	2.7	1	0.1	9	1.3	39	5.6	50	7.2
ADN-Traditional	2,939	69.3	356	8.4	522	12.3	144	3.4	8	0.2	21	0.5	121	2.9	127	3.0
ADN-Bridge	172	74.5	18	7.8	14	6.1	9	3.9	0	0.0	5	2.2	2	0.9	11	4.8
BSN-Traditional	3,420	71.9	242	5.1	445	9.4	218	4.6	5	0.1	18	0.4	187	3.9	222	4.7
BSN-Accelerated (2nd degree)	123	56.9	3	1.4	6	2.8	12	5.6	2	0.9	0	0.0	3	1.4	67	31.0
RN-to-BSN	415	79.0	14	2.7	27	5.1	22	4.2	0	0.0	4	0.8	15	3.0	28	5.3
Pre-Licensure Master’s	220	60.3	35	9.6	43	11.8	40	11.0	0	0.0	0	0.0	18	4.9	9	2.5
Post-Licensure Master’s	142	75.1	8	4.2	8	4.2	3	1.6	0	0.0	1	0.5	2	1.1	25	13.2
DNP	511	77.8	30	4.6	37	5.6	39	5.9	1	0.2	2	0.3	15	2.3	22	3.3
PhD	55	47.0	4	3.4	5	4.3	5	4.3	0	0.0	1	0.9	1	0.9	46	39.3
Total	7,997	70.8	710	6.3	1,107	9.8	492	4.4	16	0.1	52	0.5	364	3.2	557	4.9
Correct Totals	8271		889		1228		511		17		61		403		607	

Student Race and Ethnicity Trends

Table 25 displays the number of students in programs as it relates to race and ethnicity in AY 2021-22 and AY 2023-24. There was a decrease in the total number of White/Caucasian students. The most notable changes within the Black/African American student category were increases in the LPN, traditional ADN, traditional BSN, and DNP programs, with decreases in most of the other programs. The Hispanic/Latino category had the largest increase within the LPN, traditional BSN, and DNP programs, with decreases in pre- and post-licensure master’s programs. There was an increase of Asian students in the traditional BSN and DNP programs, with a decrease in all other categories except the ADN bridge and PhD programs. There was a decline in the number of Native Hawaiian/Pacific Islander in the traditional BSN and DNP programs and very little variation in other programs. Among American Indian or Alaskan Native students, there was an increase in LPN and traditional BSN programs and a decline in most other programs. There was an increase in the number of students who identified as two or more races in the LPN and DNP programs. The number of “Unknowns” for both surveys were high, although the number decreased slightly in the current survey.

Table 25. Student Race and Ethnicity Trends

Program	White/ Caucasian		Black/ African American		Hispanic/ Latino		Asian		Native Hawaiian/ Pacific Islander		American Indian or Alaskan Native		Two or More Races		Unknown	
	2021- 22	2023- 24	2021- 22	2023- 24	2021- 22	2023- 24	2021- 22	2023- 24	2021- 22	2023- 24	2021- 22	2023- 24	2021- 22	2023- 24	2021- 22	2023- 24
LPN	245	274	20	179	27	121	21	19	0	1	1	9	5	39	0	50
ADN- Traditional	3,300	2,939	346	356	541	522	176	144	6	8	27	21	150	121	64	127
ADN-Bridge	190	172	20	18	16	14	9	9	0	0	6	5	1	2	5	11
BSN- Traditional	3,041	3,420	205	242	300	445	208	218	9	5	16	18	194	187	244	222
BSN- Accelerated (2nd degree)	196	123	5	3	7	6	20	12	0	2	1	0	3	3	64	67
RN-to-BSN	428	415	26	14	36	27	38	22	2	0	6	4	15	15	44	28
Pre-Licensure Master’s	460	220	80	35	68	43	80	40	1	0	0	0	26	18	13	9
Post-Licensure Master’s	503	142	33	8	24	8	23	3	0	0	0	1	10	2	126	25
DNP	590	511	28	30	27	37	33	39	9	1	5	2	9	15	62	22

PhD	61	55	5	4	4	5	5	5	5	0	0	1	1	3	1	25	46
Total	9,014	7,997	768	889	1,050	1,228	613	492	27	16	63	52	416	364	647	557	

Student Gender by Program

Tables 26, 27, and 28 provide gender information by program. Table 26 shows the total student gender in all programs.

Table 26 shows the accelerated (2nd degree) BSN program had the highest percentage of male students (20%). The traditional ADN, RN-to-BSN, pre-licensure master's, DNP, and PhD programs all had greater than 10% of males enrolled. Only 13 students were identified as "Other, non-binary" across programs.

Table 26. Student Gender by Program

Gender	Female		Male		Other, non-binary	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
LPN	669	92.9	50	0.1	1	0.0
ADN-Traditional	3,787	89.4	442	10.4	5	0.1
ADN-Bridge	220	90.5	23	9.5	0	0.0
BSN-Traditional	4,318	90.6	445	9.3	4	0.1
BSN-Accelerated (2nd degree)	177	79.0	46	20.0	1	0.4
RN-to-BSN	468	88.0	64	12.0	0	0.0
Pre-Licensure Master's	724	83.3	144	16.6	1	0.1
Post-Licensure Master's	624	92.3	51	7.5	1	0.1
DNP	577	86.5	90	13.5	0	0.0
PhD	104	88.9	13	11.1	0	0.0
Total	11,668	89.4	1,368	10.4	13	0.09

Trends in Gender by Program

Tables 27 and 28 show trending by gender in pre- and post-licensure programs. Table 27 shows gender over the past two surveys in pre-licensure programs. The accelerated (2nd degree) BSN program had the highest percentage of male students followed by the pre-licensure master’s program. The majority of “Other, Non-binary” students (11) are in pre-licensure programs, although the numbers are less than the prior survey.

Table 28 shows gender in post-licensure programs over the past two surveys. The DNP program had the highest percentage of male students followed by the RN-to-BSN program, which is consistent with the prior survey. The number of males in PhD programs increased.

Table 27. Pre-licensure Student Gender by Program

Gender	Female				Male				Other, non-binary			
	2021-22		2023-24		2021-22		2023-24		2021-22		2023-24	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
ADN-Traditional	4,187	89.8	3,787	89.4	453	9.7	442	10.4	0	0.0	5	0.1
ADN-Bridge	260	92.2	220	90.5	19	6.7	23	9.5	23	0.5	0	0.0
BSN-Traditional	3,664	88.4	4,318	90.6	463	11.2	445	9.3	3	1.1	4	0.1
BSN-Accelerated (2nd degree)	235	79.4	177	79.0	57	19.2	46	20.0	20	0.5	1	0.4
Pre-Licensure Master’s	601	82.6	724	83.3	127	17.4	144	16.6	0	0.0	1	0.1
Total	8,947	88.5	9,226	89.25	1,119	11.1	1,100	10.6	46	0.5	11	0.1

Table 28. Post-licensure Student Gender by Program

Gender	Female				Male				Other, non-binary			
	2021-22		2023-24		2021-22		2023-24		2021-22		2023-24	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
RN-to-BSN	529	88.9	468	87.9	66	11.1	64	12.0	0	0.0	0	0.0
Post-Licensure Master’s	652	90.6	624	92.3	68	9.4	51	7.5	0	0.0	1	0.1
DNP	614	83.8	577	86.5	119	16.2	90	13.5	0	0.0	0	0.0
PhD	96	92.3	104	88.9	8	7.7	13	11.1	0	0.0	0	0.0
Total	1,891	87.9	1,773	89.0	261	12.1	218	11.0	0	0.0	1	0.1

Student Age by Program

Table 29 features students by age ranges according to program. The majority of students in all programs were reported to be age 25 or younger (59%). Traditional BSN programs have a greater percentage (93%) of students age 25 or younger than traditional ADN programs (47%). Most post-licensure masters (68%) and DNP (73%) students are between the ages of 26 to 40. Nearly half of PhD students (43%) are between 31 and 40 years of age.

Table 29. Student Age by Program

Age	≤20		21-25		26-30		31-40		41-50		51-60		≥61		Total <i>n</i>
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	
LPN	58	8.0	224	31.0	171	23.7	197	26.9	75	10.4	15	2.1	0	0.0	740
ADN-Traditional	778	18.3	1,234	29.1	851	20.0	925	21.7	377	8.9	76	1.8	3	1.0	4,244
ADN-Bridge	5	2.0	54	22.0	47	19.2	96	39.2	39	15.9	3	1.2	1	0.4	245
BSN-Traditional	1,883	39.5	2,540	53.3	211	4.43	105	2.2	20	0.42	7	0.2	0.0	0.0	4,766
BSN-Accelerated (2nd degree)	0.0	0.0	130	59.9	51	23.5	24	11.1	8	3.69	3	1.4	1	0.5	217
RN-to-BSN	13	2.0	147	27.4	118	21.97	162	30.2	82	15.3	15	2.8	0	0.0	537
Pre-Licensure Master's	1	0.1	451	51.9	217	25.0	127	14.6	57	6.6	12	1.4	4	0.5	869
Post-Licensure Master's	0.0	0.0	101	13.2	260	34.0	200	26.2	88	11.5	26	3.4	1	0.1	676
DNP	0.0	0.0	64	9.6	266	39.9	220	33.0	87	13.0	27	4.0	3	0.4	667
PhD	0.0	0.0	3	2.6	13	11.1	50	42.7	35	29.9	13	11.1	3	2.6	117
Total	2,738	21.0	4,948	38.0	2,205	16.9	2,106	16.2	868	6.7	197	1.5	16	0.1	13,078

Discussion and Recommendations for Student Section

Consistent with previous reports, the race and ethnicity of Wisconsin's nursing students continues to be dominantly White/Caucasian. However, there continues to be a decline in this category with the current survey identifying 70.8% as White/Caucasian, whereas, in 2021-22, 75% of students were identified in this group. It is notable that six schools were not represented in the survey data, making it difficult to draw conclusions.

The largest increase in underrepresented groups was seen with Hispanic/Latino students. The increase of 209 students occurred in the LPN, traditional BSN and DNP programs. The second largest increase was found in the Black/African American students in the LPN, traditional ADN, traditional BSN and DNP programs. A total of 206 more Black/African American students were enrolled in these programs compared to the prior survey. However, there was a loss of students in these two underrepresented categories within several programs equaling 72 Hispanic/Latino students and 84 Black/African American students for a net gain of 137 and 122 students, respectively.

For the remaining categories of race and ethnicity, the decrease in the number of students in some programs exceeded the increase in enrollment in other programs. The number of Asian students declined the most, with a total decline of 118 students in LPN, ADN, BSN accelerated (2nd degree), RN-to-BSN, pre-licensure master's and post-licensure master's programs and only an increase of 16 students in the remaining programs. Of concern, the substantial number of "unknown" responses continues to make it difficult to determine actual student diversity. When comparing student race and ethnicity data from the *2023-2024 Wisconsin Education Survey* to Wisconsin's census data, this survey reports a higher percentage of Black/African American (6.3% vs. 6.2%), Hispanic (9.8% vs. 7.6%) and Asian (4.4% vs. 3.0%) students. In addition, this survey reflects a lower number of White/Caucasian (67.1% vs 78.6%), American Indian or Alaskan Native (.05% vs. 0.08%) and two or more races (0.3% vs. 3.5%) than the Wisconsin census data (U.S. Census Bureau, 2021). The *Wisconsin RN Workforce Survey* reported 89.5% White/Caucasian, 7.1% Hispanic, 2.9% Black/African American, 2.9% Asian, 0.7% American Indian or Alaskan Native, and 1.7% other (Pawlek et al., 2025). The Wisconsin nursing student population is indeed more diverse than the RN workforce across categories giving hope that the future RN workforce in the state will be a more diversified group. At the national level, the number of underrepresented students included 48.2% in baccalaureate programs, 45.8% in master's programs, 38.3% in research-focused doctorate programs and 43.5% in practice doctorate programs (AACN 2025b), reflecting much more diversity than what is found in Wisconsin nursing students.

Wisconsin continues to lag behind the national trends in race and ethnic diversity with none of the race or ethnic categories reaching double digit percentages with the exception of White/Caucasian. The United States is projected to undergo a major shift by 2040 when the number of people who belong to a racial and ethnic minority will increase considerably. It thus becomes essential that nursing, inclusive of students and educators, reflect this growing diversity of the patient population. Being strategic in recruitment and retention of diverse students and faculty using evidence-based multi-faceted practices is imperative (El-Banna, 2025).

Student gender remains dominantly female (89.4%) with 10.4% identifying as male and 0.09% as other gender or non-binary. There is a slight increase in female students in both pre-licensure and post-licensure programs, as well as a decrease in male students in all programs compared to the last survey. Fewer students identified as other or non-binary in the pre-licensure programs compared to the last survey results. The *Wisconsin RN Workforce Survey* findings consisted of 91.5% females, 8.2% males, and 0.2% other or non-binary (Pawlek et al., 2025) with females and other or nonbinary having a higher percentage than the *2023-2024 Wisconsin Education Survey* findings.

A recent NLN survey (2025b) reveals that nationally, 85% of students are female, 14% male and 0.1% as other or nonbinary in all RN programs. The AACN 2024-2025 survey (2025c) reported gender by program, with 11.9% male baccalaureate students, 10.1% male master's program students, 7.0% males in research doctorate programs, and 13.5% male students in practice doctorate programs.

Like Wisconsin, nationally, there has not been much progress in increasing the number of men in nursing. In fact, there appears to be some regression. Focused recruitment efforts are needed, educating primary grade students that nurses represent various genders, and perhaps targeting individuals who are without jobs due to the increased use of artificial intelligence (Ozken & Sullivan, 2025) are potential opportunities for implementation. Non-binary data has recently been added to the categories for these surveys.

In terms of age, the majority (93%) of nursing students in the traditional BSN program were 25 years of age or younger. Most post-licensure master's students were between the ages of 26-40, as well as DNP students. Over the past three *Wisconsin Education Surveys*, the largest percentage of PhD students falls between the age range of 31 and 40 years of age. However, that percentage has been increasing, from 38% in 2019-20 to 42.7% in 2023-24 (Young et al., 2021). In terms of national data, these survey results parallel the NLN survey data (2023b) with the majority (77.4%) of baccalaureate students being 25 years of age or younger and the largest percentage of doctoral degree students between 31-40 years of age. Having nurse faculty advisors encouraging graduate education to follow close behind entry-level degree acquisition may yield longer careers in the profession.

Understanding where the changes in enrollment have occurred and what programs are of interest to the variety of future students will be key to recruitment and continuation of diversification in race/ethnicity and gender of the future nurse workforce. Additionally, El-Banna et al. (2025) identified that mentorship, the creation of safe spaces, provision of support services, and comprehensive faculty training are important strategies to ensure recruitment and retention of students. Having more diverse faculty to serve as role models and mentors is also essential to attracting and graduating diverse/underrepresented nursing students in all types of nursing programs (Moore, et al., 2024). Support for nursing education grants, scholarships as well as multiple pathways to degrees will be necessary in growing the nursing workforce.

Section IV. Faculty

Faculty Positions and Vacancies

Tables 30 and 31 show filled and vacant positions for faculty. Table 30 indicates that 41% of faculty positions were held by part-time instructors with 59% held by full-time faculty. Most vacancies (81%) are for full-time positions.

Table 31 provides the trends for faculty positions and vacancies for the last four surveys. The number of filled positions has increased despite fewer institutions reporting. The number of full-time vacancies has continued to decline over time, with a sharp decline in part-time vacant positions.

Table 30. Faculty Positions and Vacancies

Academic Year 2023-24	Filled Positions		Vacant Positions	
	<i>n</i>	%	<i>n</i>	%
Full-Time Tenure/Tenure Track	254	19.0	13	50
Full-Time Non-Tenure/IAS	529	39.7	8	30.7
Part-Time Instructors	547	41.1	5	19.2
Total	1,330		26	

Table 31. Faculty Position and Vacancy Trends

Academic Year	Filled Positions				Vacant Positions			
	2017-18	2019-20	2021-22	2023-24	2017-18	2019-20	2021-22	2023-24
Institutions Reporting	37	40	41	37	37	40	41	37
Full-Time	808	881	686	783	44	41	37	21
Part-Time	448	565	460	547	19	28	30	5
Total	1,256	1,446	1,146	1,330	63	69	67	26

Number of FTE, Employees and Position Types

Table 32 tracks the full-time equivalent (FTE) of the nursing school or college over two surveys along with the total number employed as nurse educators or other supporting roles. Most staff were primarily instructional, however there was a decrease in the number of FTE in this area from the prior survey. Additionally, there was an increase in the number of FTE with primary roles in administration, research, or support.

Data found in table 33 is from a new question that was asked in this survey related to the number of employees and position types. Of the total number of employees within nursing programs, 85.6% are primarily instructional nurse educators.

Table 32. Number of FTE and Position Types

Academic Year	2021-22	2023-24
Total Number of FTE	959.5	990.4
Total number of FTE employed as nurse educator (primarily instructional)	951.0	881.4
Total number of FTE employed in a capacity other than nurse educator (full- and part-time whose role is primarily administrative, research, support)	139.0	174.0

Table 33. Number of Employees and Position Types

Academic Year	2023-24
Total Number of Employees	1406.5
Total number employed as nurse educator (primarily instructional)	1203.5
Total number employed in a capacity other than nurse educator (full- and part-time whose role is primarily administrative, research, support)	198.0

Faculty Education by Highest Degree Earned

Table 34 shows full-time and part-time faculty with the highest degree earned, as reported by their institution, along with previous survey data for trending. There was an increase in all position categories for doctorate degrees in nursing and the total number of master's in nursing degrees. The number of DNP-prepared faculty increased by 26 while the number of PhD-prepared faculty increased by 58.

Table 34. Faculty Education by Highest Degree Earned

Academic Year	Full-Time								Part-Time				Total			
	2021-22 Tenure/Tenure Track		2023-24 Tenure/Tenure Track		2021-22 Non-Tenure Track/IAS		2023-24 Non-Tenure Track/IAS		2021-22 Instructor		2023-24 Instructor		2021-22		2023-24	
Degree	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
PhD in Nursing	68	22	100	42	39	8	48	8	12	3	29	6	119	10	177	13
Doctor of Nursing Practice (DNP)	38	12	37	15	89	19	98	16	71	17	89	18	198	17	224	17
Doctorate Other Nursing	0	0.0	1	0.4	3	0.6	5	0.8	3	0.7	10	2	6	0.5	16	1
Doctorate Non- Nursing	20	6	14	6	4	0.8	8	1	3	0.7	8	2	27	2	30	2
Master's in Nursing (MSN)	180	58	85	35	311	66	416	70	293	71	321	66	784	66	822	62
Master's Non- Nursing	0	0.0	0	0.0	5	1	1	0.2	4	1	4	0.8	9	0.8	5	0.4
Bachelor's in Nursing (BSN)	5	2	2	0.8	19	4	19	3	26	6	29	6	50	4	50	4
Bachelor's Non- Nursing	0	0.0	2	0.8	1	0.2	1	0.2	1	0.2	0	0.0	2	0.2	3	0.2
Associate or Diploma in Nursing (LPN, ADN)	0	0.0	0	0.0	1	0.2	0	0.0	0	0.0	0	0.0	1	0.1	0	0.0
Total	311		241		472		596		413		490		1,196		1,327	

Faculty by Race and Ethnicity

Table 35 identifies race and ethnicity of faculty as reported by institutions, along with data from the prior survey. Although the percentage of White/Caucasian faculty has decreased slightly, the number of “unknown” reported more than doubled for this survey. There was an increase in both number and percentage of Black/African American tenure-track faculty. The number and percentage of Asian faculty in all position types increased.

Table 35. Faculty by Race and Ethnicity

Academic Year	Full-Time								Part-Time				Total			
	2021-22 Tenure/Tenure Track		2023-24 Tenure/Tenure Track		2021-22 Non-Tenure Track/IAS		2023-24 Non-Tenure Track/IAS		2021-22 Instructor		2023-24 Instructor		2021-22		2023-24	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
White/ Caucasian	165	82.5	212	77.7	517	92.3	465	89.6	360	84.5	435	79.4	1,042	87.9	1112	83.0
Black/African American	7	3.5	13	4.8	17	3.0	9	1.7	18	4.2	16	2.9	42	3.5	38	2.8
Hispanic/ Latino	2	1.0	7	2.6	11	2.0	6	1.2	17	4.0	13	2.4	30	2.5	26	1.9
Asian	9	4.5	12	4.4	7	1.3	8	1.5	2	0.5	12	2.2	18	1.5	32	2.4
American Indian or Alaska Native	0	0.0	2	0.7	2	0.4	1	0.2	0	0.0	2	0.4	2	0.2	5	0.4
Native Hawaiian or Other Pacific Islander	1	0.5	2	0.7	1	0.2	1	0.2	0	0.0	0	0.0	2	0.2	3	0.2
Two or More Races	0	0.0	3	1.1	0	0.0	2	0.4	4	0.9	0	0.0	4	0.3	5	0.4
Race/Ethnicity Unknown	16	8.0	22	8.1	5	0.9	27	5.2	25	5.9	70	12.8	46	3.9	119	8.9

Faculty by Gender

Tables 36 and 37 describe gender, as reported by their institutions, of full- and part-time faculty.

Table 36 indicates 93.6% of faculty across all categories were female. More males were employed as part-time instructors compared to the other full-time categories.

Table 37 provides trends of gender with the prior survey. The numbers and percentages have remained unchanged between the two surveys.

Table 36. Faculty by Gender

Academic Year 2023-24	Full-Time Tenure/Tenure Track		Full-Time Non- Tenure Track/IAS		Part-Time Instructor		Total	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Female	239	93.7	506	94.6	507	92.7	1,252	93.6
Male	16	6.3	29	5.4	39	7.1	84	6.3
Other, non-binary	0	0.0	0	0.0	1	0.2	1	0.1
Total	255		535		547		1,337	

Table 37. Faculty Gender Trends

Academic Year	Full-Time				Part-Time				Total			
	2021-22		2023-24		2021-22		2023-24		2021-22		2023-24	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Female	743	94.6	745	94.3	403	92.2	507	92.7	1,146	93.8	1,252	93.6
Male	41	5.2	45	5.6	34	7.8	39	7.1	75	6.1	84	6.3
Other, non-binary	1	0.1	0	0.0	0	0.0	1	0.2	1	0.1	1	0.1

Faculty by Age Distribution

Table 38 displays the age of faculty by full- and part-time status.

Of the full-time tenure-track faculty, half were 50 and younger and half were 51 and older. For full-time non-tenure/IAS faculty, 64.8% (362) were 50 and younger and 35.2% (197) were 51 and older. For part-time faculty, nearly 70% (383) were younger than 51.

Of the nursing faculty workforce, 64.3% (861) were aged 50 or younger while 35.7% (479) were age 51 and older. Across all categories of positions, the greatest number of faculty are in the age range of 41-50.

Table 38. Faculty by Age Distribution

Age	≤30		31-40		41-50		51-55		56-60		61-65		66-70		≥71	
	<i>n</i>	%														
Full-Time Tenure/Tenure-Track	4	1.7	35	15.2	77	33.3	30	13.0	37	16.0	31	13.4	14	6.1	3	1.3
Full-Time Non-Tenure/IAS	22	3.9	161	29.1	179	31.7	84	14.9	65	11.5	39	6.9	6	1.1	3	0.5
Part-Time Instructor	75	13.6	160	29.1	148	26.9	75	13.6	46	8.4	24	4.4	14	2.55	8	1.45
Total	101	7.5	356	26.6	404	30.1	189	14.1	148	11.0	94	7.0	34	2.5	14	1.0

Faculty Enrolled in Graduate Programs

Table 39 shows the number of faculty enrolled in a graduate program, as reported by their institution over the past two surveys. The total number of faculty enrolled in all graduate programs has not varied from the prior survey, including the number of faculty enrolled in PhD programs. There was a decrease in faculty enrolled in MSN programs across all categories, and an increase in the full-time non-tenure/IAS and part-time instructor categories for the DNP program.

Table 39. Faculty Enrolled in Graduate Programs

Academic Year	Full-Time Tenure/Tenure Track		Full-Time Non-Tenure/IAS		Part-Time Instructors		Total	
	2021-22	2023-24	2021-22	2023-24	2021-22	2023-24	2021-22	2023-24
PhD, Nursing	6	5	13	12	4	4	23	21
DNP	3	0	25	35	6	19	34	54
Doctorate Other Nursing	0	0	6	2	0	0	6	2
Doctorate Non-Nursing	0	0	1	0	1	0	2	0
MSN	5	4	20	14	25	14	50	32
Master's Post-Certificate Program	*	2	*	4	*	1	*	7
Master's Non-Nursing	0	1	0	0	0	0	0	1
Total	14	12	65	67	36	38	115	117

*Data not available.

Faculty Currently Serving on a Board

Table 40 shows the number of faculty serving on a non-profit, community, healthcare, and/or professional board as reported by their institutions. There has been a drop in the number of faculty serving on boards.

Table 40. Faculty Serving on a Board

Academic Year	2019-20 (35 institutions)	2021-22 (32 institutions)	2023-24 (29 institutions)
Faculty	182	197	129

Faculty Salaries

Table 41 displays the responses from 34 administrators who responded to questions related to mean salary, not including total compensation, for a variety of full-time roles for both academic year (AY) and 12-month employees. 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 is displayed on the table. The last column shows the average salary when both AY and 12-month mean salaries are combined.

When looking at the Combined Average column, among the “Instructor” category in all programs, the LPN instructor has the highest salary. Instructors in LPN programs make approximately \$4,500 more than 2-year program instructors and nearly \$15,000 more than the 4-year program instructor/lecturer. Administrators for LPN programs make \$2,000 more than faculty teaching in a 4-year program who also have administrative responsibilities.

Table 41. Faculty Salaries

Position	<i>n</i>	AY Min/Max	AY Average	<i>n</i>	Annual Min/Max	Annual Average	Combined Average
LPN Programs							
Instructor	5	\$70,000 / \$101,431	\$86,826	1	\$85,000	\$85,000	\$85,913
Instructor with admin responsibilities	3	\$90,000 / \$110,589	\$98,530	1	\$90,000	\$90,000	\$94,265
Administrator	2	\$95,000 / \$120,000	\$107,500	2	\$120,000 / \$133,469	\$126,735	\$117,118
2-Year Programs							
Instructor	14	\$70,000 / \$101,431	\$83,847	4	\$72,000 / \$86,066	\$79,260	\$81,544
Instructor with admin responsibilities	9	\$83,000 / \$110,000	\$92,820	3	\$84,237 / \$90,000	\$86,412	\$89,616
Administrator	9	\$92,216 / \$130,000	\$110,839	8	\$88,000 / \$133,469	\$110,565	\$110,702
4-Year Programs							
Instructor/ Lecturer	8	\$40,000 / \$89,523	\$65,589	7	\$40,000 / \$107,586	\$76,250	\$70,920
Clinical assistant professor	9	\$45,000 / \$101,670	\$73,376	4	\$73,868 / \$119,083	\$92,665	\$83,021
Clinical associate professor	6	\$80,000 / \$115,126	\$80,084	4	\$45,000 / \$130,709	\$89,571	\$84,828
Clinical professor	2	\$85,000 / \$126,206	\$105,753	3	\$48,000 / \$177,797	\$105,687	\$105,720
Assistant professor	11	\$45,000 / \$107,759	\$78,077	3	\$63,836 / \$98,576	\$82,931	\$80,504

tenure/tenure track							
Associate professor tenure/tenure track	8	\$68,000 / \$144,163	\$90,984	2	\$93,295 / \$155,639	\$104,467	\$97,726
Professor	7	\$72,000 / \$187,666	\$110,674	4	\$50,000 / \$166,217	\$103,670	\$107,172
Faculty with admin responsibilities	7	\$68,000 / \$132,600	\$96,804	8	\$85,000 / \$227,934	\$133,089	\$114,947
Administrator	4	\$80,000 / \$227,934	\$131,984	11	\$49,000 / \$184,869	\$121,264	\$126,624

Nursing Program Hires, Separations, and Funding

Table 42 displays 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.

There was an increase in budgeting for new faculty positions, however the number of positions approved to recruit was down by approximately 70. There was an increase in the number of qualified applicants for full-time tenure/tenure track positions, but the total number of qualified applicants decreased from the prior survey. There was a reduction in the number of new faculty hired, although the number of faculty hired from out of state more than doubled from the prior survey. The number of retirements was unchanged, yet the number of separations related to reasons other than retirement declined by approximately half. Institutions anticipated budgeting for more full-time faculty hires in AY 2024-25 than in AY 2023-24.

Table 42. Nursing Program Hires, Separations, and Funding

Academic Year	Full-Time Tenure/Tenure Track		Full-Time Non-Tenure/IAS		Part-Time Instructors		Total	
	2021-22	2023-24	2021-22	2023-24	2021-22	2023-24	2021-22	2023-24
Number of positions approved to recruit.	27	25	84	51	90 ^a	55 ^a	201 ^a	131 ^a
Number of qualified applicants.	38	55	271	196	102	81	411	332
How many NEW faculty members were hired?	19	17	80	60	112	53	211	130
Of the NEW faculty members, how many were hired to teach only remotely?	0	0	0	0	6	3	6	3
Of the NEW faculty members, how many were hired from outside of the state of Wisconsin?	2	4	5	7	5	17	12	28
How many retirements occurred?	15	15	26	28	4	11	45	44
How many faculty retirements do you anticipate in the next five years?	38	42	71	58	25	23	134	123
How many members separated from your program for reasons OTHER than retirement, including voluntary separation,	21	13	52	37	39	17	112	67

termination, etc.?								
How many faculty members who separated from your program, including those who retired, will NOT be replaced?	4	3	13	3	1	0	18	6
How many NEW faculty positions were budgeted for AY 2023-2024?	19	57	41	46	28	8	88	111
How many NEW faculty positions do you anticipate being budgeted for AY 2024-2025?	12	55	30	53	21	34	63	142
	Full-time		Part-time		Total			
	2021-22	2023-24	2021-22	2023-24	2021-22	2023-24		
If funding were available, how many additional positions would you add to meet the needs of your current student population?	61	49	47	23	108	72		
If funding were available, how many additional positions would you add to expand your program?	87	103	51	30	138	133		

^aOpen or ongoing recruitment.

Discussion and Recommendations for Faculty

The level of diversity within Wisconsin's RN workforce continues to lag behind the population. After White/Caucasian, the largest racial or ethnic group in Wisconsin is Hispanic or Latino (7.6%), followed by Black/African American (6.2%) (U.S. Census Bureau, 2021). Most Wisconsin RNs self-identified as White or Caucasian (92.7%) with 7.1% identifying as Hispanic, Latino, or Latinx and 2.9% for both Black or African American and Asian (Pawlek et al., 2025).

Among nursing faculty, there is more diversity. According to the most recent Wisconsin RN survey (Pawlek et al., 2025), most faculty self-identified as White (84.9%), while Latino/ Black, Indigenous, and People of Color (BIPOC) totaled 15.1%. However, this is a lower rate of diversity than seen nationally across nursing programs. Specifically, 78% of faculty identify as White, 10% identify as Black or African American faculty and both Hispanic or Latino and Asian faculty each represent 5.1%. (AACN, 2025d)

Results from the *2023-2024 Wisconsin Education Survey* parallel the *Wisconsin RN Workforce Survey* with 83% of faculty reported as being White/Caucasian, however due to the 8.9% "unknown" rate it is difficult to make further comparisons. It is likely that a portion of the percentage could be from underrepresented populations. What can be said is that both the number and the percentage of Hispanic/Latino and Black/African American faculty declined and the number and percentage of Asian faculty increased from 2021-22 to 2023-24.

Growing a diverse RN workforce has been identified as a priority (National Academies of Sciences, Engineering, and Medicine, 2021). With few racially and ethnically diverse nursing faculty, a cycle is perpetuated where students with multicultural backgrounds are less likely to be recruited and retained, and therefore fewer minority students are available to progress to faculty positions. However, professional organizations (AACN, 2023a) are researching and distributing information on the impact that racism has on the nursing workforce and the patients they serve. In 2021, leading nursing organizations launched the National Commission to Address Racism in Nursing (American Nurses Association, n.d.) which is led by the American Nurses Association, National Black Nurses Association, National Coalition of Ethnic Minority Nurse Associations, and National Association of Hispanic Nurses. Although, not specifically directed at nurse faculty, the resources that they have developed related to disparities and inequities in healthcare can be used across every healthcare setting and environment, including academia. Schools of nursing are also utilizing strategies to recruit and retain diverse faculty such as outreach to colleges and universities with a diverse student population; ensuring search committees use a holistic hiring process inclusive of member representation from different ethnic backgrounds and genders, and receive training to reduce bias; offer high-quality mentoring experiences; avoid tokenism, or give greater weight to diversity events/committees in promotion and tenure since minority faculty are often called to participate; conduct climate surveys to assess institutional culture; and update policies and procedures to ensure equity and fairness. (Bradford, et al., 2022; Ganek, et al., 2023; Salvucci and Lawless, 2016; National Academies of Sciences, Engineering, and Medicine, 2021)

Calls to increase diversity within the nursing workforce also extend to gender and sexual orientation. Wisconsin faculty are predominantly female at 93.6%. The Wisconsin RN survey shows a similar percentage at 93.7% (Pawlak et al., 2025) and there has been very little change across the last several surveys. The percentage of males hovers between 5% to 6% for full-time and within part-time positions they comprise a slightly higher percentage at 7.1%. Administrators report that 0.1% of their faculty identify as other or non-binary. Wisconsin's faculty gender

profile is similar to national findings where the overwhelming majority of full-time nurse educators identify as female, followed by males at approximately 8%, transgender 0.10%, and unknown 0.03% (AACN, 2025d). Among part-time nurse educators, 87.6% identified as female, followed by males (10%), unknown (2.4%), and transgender (0.01%) (NLN, 2023a).

The age of Wisconsin faculty is trending younger. Although the largest percentage of faculty continue to be between 31 and 50 years old, a notable increase was reported within the 30 years and under group, from 3.6% in 2021-22 to 7.5% in 2023-24. The data also shows a decline in the number of faculty between the ages of 56 and 70 across three consecutive surveys, from 380 to 292 to 276 (Young et al., 2021, 2023). The *Wisconsin RN Workforce Survey Reports* also note that the average age of nursing faculty is declining slightly from 50.9 to 50.6 to 49.8 years. (Zahner et al., 2021, 2023; Pawlak et al., 2025). Nationally, mean ages for full-time master's and doctorally-prepared faculty are also decreasing (AACN, 2025d). Several efforts to recruit new faculty to Wisconsin have likely contributed to the state's shift toward a younger nursing faculty. In 2022, the Wisconsin Higher Educational Aids Board began distributing funds through the Wisconsin Nurse Educator Program (<https://nurseeducatorswi.com/>), a new program to encourage more nurses to become educators and address the nursing shortage by providing funding. Since then, the Wisconsin state legislature has allocated \$25 million from the budget to help nurses earn advanced degrees for teaching, contingent upon a three-year teaching commitment in the state. Programs like this help address the potentially prohibitive cost of tuition and fees and the low academic salaries that often deter younger nurses from becoming educators.

Even with fewer institutions reporting, the number of nursing faculty positions in Wisconsin has rebounded from the prior survey. Thirty-seven administrators reported nearly 200 more filled faculty positions (1,330) compared to the 1,146 reported in 2021-22. The number of nursing faculty reported in the Wisconsin RN workforce report also increased slightly, from 1,169 in 2022 to 1,219 in 2024 (Pawlak et al., 2025). Nationally, the percentage of RNs who identified their primary position title as nurse faculty/educator increased from 3.3% in 2022 to 4.5% in 2024 (Smiley et al., 2025).

Notably, the percentage of part-time faculty positions also increased over the past four survey cycles from 35.7% in 2017-18 to 41.1% in 2023-24 (Young et al., 2020, 2021, 2023). The increased reliance on part-time faculty is a strategy many programs use to meet current demand and expand their capacity to educate new nurses (Cole, 2024; McPherson, 2019). However, this places additional burdens on full-time faculty who take on the extra responsibilities of mentoring, training, and supervising staff, often without additional support or compensation (Jarosinski et al., 2022).

To drill down further into the nursing faculty workforce, institutions were asked to provide the number of FTEs and position type. The total number of FTEs has declined. Within the nurse educator category there was a decrease from 951 (2022-23) to 881.4 (2023-24). Conversely, there is an increase in FTEs among staff whose role is primarily administrative, research, and support. The increase in support staff may be due to the shortage of nurse educators. Many responsibilities beyond teaching, curriculum development, assessment, and student advising may be shifting to non-nursing personnel, who could perform essential functions like securing and maintaining affiliation agreements with healthcare facilities, assigning students to preceptors and placement sites, updating student records and compliance with site requirements, communicating

with students regarding placement details, course scheduling, admissions, marketing and recruitment activities for both student and faculty, alumni relations, fundraising, grant writing, simulation lab, technology, and audiovisual support.

The total number of faculty applicants declined from 411 in 2021-22 to 332 in 2023-24, and the number of new faculty hires also decreased from 211 to 130. The total number of vacancies between 2017-18 and 2021-22 remained constant between 63 to 69, while the recent survey shows a 60% drop to only 26 vacancies. With a smaller reporting pool, the number of vacancies is undoubtedly higher.

AACN recently reported that the national faculty vacancy rate is 7.9% (Havey et al., 2025). Of those vacancies, 31% were open for more than a year and 84% required or preferred a doctoral degree. The Wisconsin Hospital Association (2025) also reported a vacancy rate of approximately 9% for RNs. Advanced practice nursing, which requires a master's or doctoral degree, has a higher vacancy rate of 14% for CRNAs and 16% for NPs. Elevated vacancy rates are likely to continue. Competition for the limited pool of faculty (AACN, 2024b) is occurring between Wisconsin schools, between Wisconsin schools and other schools nationwide, and healthcare facilities within and outside of Wisconsin.

In addition, Wisconsin institutions reported that the number of positions approved to recruit across all categories, tenure/tenure-track, full-time non-tenure/IAS, and part-time faculty, also declined from a total of 201 in 2021-22 to 131 in 2023-24. According to the NLN (2025b), 81.2% of surveyed schools in the U.S. have difficulty recruiting and hiring new educators. The most reported issues administrators face when recruiting faculty are finding those with the necessary teaching experience, the right specialty mix, a PhD from the limited pool of available candidates, and faculty willing/able to teach clinical courses. The main reasons schools do not hire full-time faculty, despite a need for them, are insufficient funds to hire new faculty, administrative constraints around hiring additional full-time faculty, a preference to hire adjunct or part-time faculty rather than full-time faculty with benefits, and academia in competition with healthcare (Havey et al., 2024). The percentage of new faculty hired from out of state increased from 5.7% in 2021-22 to 21.5% in 2023-24 which is a positive sign that recruitment efforts to attract educators are having some success.

Although recruitment and hiring numbers are down, the hiring outlook for Wisconsin nursing schools is encouraging, particularly for tenure and tenure-track faculty. Administrators were asked to provide the total number of new faculty positions budgeted for the current academic year and the upcoming academic year. In the 2021-22 survey, the response was 88 new faculty positions budgeted and 63 for the upcoming year. In the 2023-24 survey, both categories increased to 111 and 142, respectively, with the greatest increases occurring within tenure/tenure track positions. State employment forecasts also predict a growth rate for nurse educators from 8.2% for 2030 to 10.2% by 2040 (Walsh and Casal, 2024). The U.S. Bureau of Labor Statistics (n.d.-b) also projects a double-digit increase in the need for post-secondary nursing instructors and teachers nationally between 2023 and 2033, and NLN (2025b) reported that 77% of schools plan to hire new faculty.

The number of retired faculty increased from 45 in 2021-22 to 54 in 2023-24. However, due to the lower response rate for the most current survey, that number is most likely higher. When administrators were asked to anticipate the number of faculty retirements occurring over the next five years, the response in 2021-22 was 134, and in the current survey that number declined to 123.

Faculty that left for reasons other than retirement decreased from 112 in 2021-22 to 67 in the current survey. When nurses who identified themselves as faculty in the RN survey were asked how long they would stay in their current type of employment, 33% (405) plan to leave within 5 years (Pawlak et al., 2025). Similar percentages appear in the national reporting, where it is anticipated that one-third of the current nursing faculty employed by baccalaureate and graduate programs will retire by 2025 (Fang and Kesten, 2017).

Salaries for Wisconsin faculty are stagnant when compared to RNs employed in all other healthcare environments. For example, in 2020 the median salary for a staff nurse, who typically has a baccalaureate degree, was \$60,000, whereas it is now \$80,000. In 2020, the salary for a consultant, nurse researcher, nurse manager, nurse educator in a healthcare organization, or nurse faculty was \$80,000 (Zahner et al., 2021). In the most recent RN survey report, salaries for these positions are now \$10,000 to \$20,000 higher annually – all except nurse faculty who remain at \$80,000 (Pawlak et al., 2025). Wisconsin DWD (n.d.) also reported the annual median for postsecondary nursing instructor or teacher in Wisconsin was \$79,810. In addition, the Bureau of Labor Statistics reported the median salary across APRN roles was \$132,050 (n.d.-a) whereas median annual wages for postsecondary nursing instructors and teachers was \$80,780 (n.d.-b). The higher median annual wage of an APRNs compared to the median annual wage for postsecondary nursing instructors may influence the ability of institutions to compete in the job market and recruit experienced, highly skilled, and well-educated nurses as faculty. The mean annual salaries of postsecondary nursing instructors in neighboring Michigan and Minnesota are higher than Wisconsin at \$84,440 and \$84,730, respectively. Higher wages in neighboring states is a factor that may impact institutions' ability to recruit faculty in some regions of the state (Bureau of Labor Statistics, 2023). These pay disparities may add to the struggle to fill the 142 anticipated new faculty positions budgeted for AY 2024-25, as evidenced by the decline in the total number of FTE, new faculty hired, and fewer qualified applicants.

Over the last three survey cycles, administrators were asked to provide mean salary for full-time nurse faculty on both academic year and 12-month contracts. All position types saw an increase in combined salary, except for instructors with administrative responsibilities employed at LPN programs. Even so, LPN instructors with administrative responsibilities out-earn faculty with administrative duties at both 2 and 4-year programs. In addition, a consistent data point across all surveys is that the average LPN instructor salary is higher than instructors in the other programs. However, further investigation into this finding should be conducted.

The level of education within Wisconsin's nursing faculty is slowly increasing. With fewer institutions reporting, the number and percentage of faculty holding a doctoral degree has grown from 29.5% to 33%. Much of that gain is within the PhD category which went from 119 (10%) in 2021-22 to 177 (13%) in 2023-24. There are 337 Wisconsin RNs with a PhD in nursing; 138 of them are in academia, which is an increase of 7 individuals over the prior survey (Pawlek et al., 2025; Zahner et al., 2023). The most recent *National Nursing Workforce Survey* also reports an increase in percentage of RNs with PhDs from 0.9% to 1.6% (Smiley et al., 2025). The Wisconsin figures suggest progress, but a gap remains when compared to national statistics. The AACN (2025a) reports that over 50% of faculty are doctorally prepared, while in Wisconsin the master's degree is still the most prevalent.

There was an increase in enrollments and graduation numbers from Wisconsin PhD programs, which may enlarge the pool of PhD-prepared faculty candidates in the future. Although there

appears to be more interest in pursuing a PhD, Wisconsin administrators reported that the number of faculty who enrolled in a PhD program declined over the past three surveys from 37 in 2018-19 to 21 currently (Young et al., 2020). In addition, both RNs and RNs who self-identify as faculty reported decreasing interest in pursuing a PhD (Zahner et al., 2023; Pawlak et al., 2025). Nationally, AACN reports that enrollment in PhD nursing programs decreased again by 0.5% from the prior year. This continues a decade-long slide, with a cumulative loss of 17.9% since 2013 (AACN, 2025b). These declines are concerning since PhD-prepared nurses become educators in baccalaureate and graduate nursing programs, researchers, and policy makers who advance individual and societal health with an explicit grounding in the discipline of nursing.

Barriers to advanced education include the cost of tuition and fees (AACN, 2025d; Pawlak et al., 2025). In response, states are developing programs that fund nursing students to their master's or terminal degree. For example, Wisconsin offers the Nurse Educators Program (2023), South Carolina the BOLD Nursing Faculty Program (2023), and Mississippi the Nursing Education Forgivable Loan (2025) program. Increased funding through scholarships, fellowships, traineeships, project and teaching assistantships, and loans is important, but providing full funding opportunities would encourage even more students to enroll. Other strategies which may be implemented to boost enrollment include: identify likely candidates in pre-licensure and master's programs and encourage them to apply, provide mentoring, integrate BSN-PhD curriculum into junior year or directly into second degree curriculum, improve program design through online learning options to increase speed of completion, provide nursing science immersion during summer internships, offer collaborative referrals of students to other programs that align with their needs, increase cooperation across programs, increase the diversity of the student population, make clear that the PhD degree is the preferred academic degree, and market PhD programs (Granner & Ayoola, 2021; Fongwa et al., 2025; Freyer, 2025). With early entry pathways becoming more common, younger nurse scientists are relying more heavily on digital tools and social media platforms. Graduate program educators should engage students by leveraging technology that fosters student discovery, analysis, and reflection on real-world problems (Lippe et al, 2025). Professional nursing organizations are also advocating for an increase in research-focused doctoral programs, such as AACN's *The Research-Focused Doctoral Program in Nursing: Pathways to Excellence* document and the recently announced NLN Program of Excellence on *Advancing the Educational Excellence in Research-Focused Doctorate in Nursing Education* (2025).

Together, both PhD and DNP-prepared faculty are needed to advance the nursing profession and develop future nurses to deliver high-quality care. DNP-prepared nurses are experts in clinical practice, and the degree continues to grow in popularity. Nationwide, the percentage of the nursing workforce with a DNP increased from 0.6% to 2.6% (Smiley et al., 2025). The percentage of RNs in the state with a DNP increased, while the number of RNs who identified themselves as faculty with a DNP was basically the same in 2022 and 2024 at 11.8% and 11.7% respectively (Zahner et al., 2023; Pawlak et al., 2025). Within this survey, the percentage of faculty with a DNP has remained stable at 17% over the last two reports, but the numbers increased from 198 to 224. Wisconsin faculty continue to show an interest in earning a DNP degree, a trend reflected in recent enrollment data which showed an increase from 34 in 2021–22 to 54 in 2023–24. According to the AACN (2025d) the percentage of faculty with a DNP has increased steadily from 2015 (14.1%) to 2024 (32.2%).

The number of faculty with an MSN increased from 784 to 822 over the last two surveys. However, the percentage dropped slightly from 66 to 62%. Nurses with an MSN who identified themselves as faculty decreased in both number and percentage from 646 (55.5%) in 2022 to 49.4% (602) in 2024 (Zahner et al., 2023; Pawlak et al., 2025). The pool of RNs who hold a MSN may also be shrinking, since this survey and the *Wisconsin RN Workforce Surveys* show a decline in enrollment (Zahner et al., 2023; Pawlak et al., 2025). Nationally, the number of students in master's programs increased by 4.8% or 6,308, but this is the first increase in 4 years (AACN, 2025b).

Administrators reported very few faculty enrolled in a post-master's certificate program. However, as noted in the Program Section above, interest in certificate programs generally has increased. More certificate options are being offered by institutions, and a greater number of nurses are enrolling in them. In particular, the number of programs offering a nurse educator certificate increased from 3 to 6 and enrollment jumped from 6 to 29. These programs equip graduates with skills in curriculum development, teaching strategies, and assessment to prepare them for roles as academic nurse educators (Oermann, 2005).

However, the percentage of Wisconsin RNs who report no plans to pursue further education increased by 4.5% between 2022 (73.8%) and 2024 (78.3%) (Zahner et al., 2023; Pawlak et al., 2025). In addition, nearly 75% of Wisconsin faculty report that they have no plans for additional nursing studies (Pawlak et al., 2025). There are a variety of challenges to further education at both the state and national level. The cost of tuition and fees remains the most often cited, followed by a lack of support from employers and cost of lost work and benefits, family and personal reasons or work-life balance, lack of clinical sites and preceptors, and faculty shortage (Fitzgerald et al., 2012; Pawlak et al., 2025). However, the U.S. Health Resources and Services Administration (2025) found that slightly more than 70% of the nursing workforce was employed in a health-related field before completing their first RN degree. Therefore, encouraging more middle and high school students to consider a health-related job, such as a certified nursing assistant, should make a positive impact on future enrollments. Collaboration between RNs and community partners can effectively foster early exposure to nursing through workshops that include academic preparation and mentoring (Cousin et al., 2025). In addition, preparing materials that describe the added value of each academic step, from LPN to post-doctoral, can introduce the nursing field to middle, high school and college students.

Academic nursing leadership can extend beyond the workplace to include professional, community, and advocacy roles. In 2011, *The Future of Nursing: Leading Change, Advancing Health* called for an increase in the number of nurses on boards and commissions who can apply nursing expertise to issues that impact their communities. This recommendation resulted in the creation of the Nurses on Boards Coalition (<https://www.nursesonboardscoalition.org/>) which advocates, supports, and prepares nurses to participate in decision-making processes within boards with the aim of improving the health of communities nationwide. This survey asked administrators to report the number of nursing faculty serving on non-profit, community, healthcare, and professional boards. The number and percentage (129, 9.6%) of faculty serving on a board is at its lowest since the question was introduced in 2017-18. However, this data may not reflect the full scope of a faculty member's professional life outside of their primary employment. Institutions may not know or track all the external activities of their faculty. The *Wisconsin RN Workforce Survey* asks a variation on this question, asking individuals to report their level of leadership beyond the workplace, such as board director or trustee, government or

appointed official, or leader in a professional organization (Pawlek et al., 2025). Although the self-identifying nature of the responses could be helpful, the level of detail related to nurse faculty lacks the specificity to draw strong comparisons or conclusions. There are numerous studies on the need for nurses to provide leadership to their organization and community, pathways to informal and formal board service, and the impact nurses have on board relations, processes, and outcomes (Brown, et al., 2025; Graystone, 2019; Sundean, 2022) and there are studies related to academic leadership within nursing programs and the demands of the role (Heier, 2024; Neal-Boylan, 2018; Young et al., 2011) but little information related to the level of leadership by nurse faculty and their influence beyond academia.

Section V. Survey Recommendations

Recommendations for Future Surveys and Data Collection

Table 43 identifies recommendations made as part of the 2021-22 survey report and the response to the recommendations in the 2023-24 report.

Table 44 includes new recommendations collected during the current survey process, including suggestions from survey respondents and other stakeholders.

Table 43. 2021-22 Report Recommendations with 2023-24 Responses

Recommendations from 2021-22	Responses in 2023-24
Seek commonalities and align survey questions with both the NLN and AACN surveys.	Completed. Will continue to monitor.
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.	Completed.
Move IPE and simulation questions to program section.	Completed.
Simulation questions should differentiate between pre-licensure and post-licensure programs.	Not completed. Will not move forward.
Include a question within pre-licensure and post-licensure program capacity measurements to ascertain the number of vacant seats.	Not completed. Will not move forward.
Within the faculty vacancy section, consider inquiring what position credentials are required (i.e., PhD required, DNP required, MSN required).	Completed.
Collaborate closely with ANEW regarding program, student, and faculty data/information needed.	Completed. Will continue to collaborate.
Collaborate more closely with the RN workforce team regarding faculty data.	Completed. Will continue to collaborate.
Meet with WCN data committee to discuss changes across surveys.	Completed. Will continue to participate.
Formalize communication plan for report distribution/presentation to stakeholders.	Not completed. Will move forward.
Investigate archiving all survey data in one location and develop a process to make it accessible for research.	Not completed. Will continue to investigate.
Explore process for survey sustainability through a succession plan.	Not completed. Will move forward.

Table 44. 2023-24 Report Recommendations

2023-24 Report Recommendations

Re-evaluate the “Faculty Serving on Boards” query for usefulness. Can the self-reported information found in the *Wisconsin RN Workforce Survey* be made available?

The survey question related to IPE may have an implicit bias toward discrete IPE courses. The question should be broadened to capture IPE that is taught in a more integrated manner.

Add “Coping with the demands of the job” as a response to the “Variables related to insufficient faculty” question.

Within the survey’s salary question, the list of position types should be edited so that they are the same as the list in the report.

Change “preferred credential” to “preferred degree” regarding filling vacant faculty positions

Confirm with ANEW. Add additional questions to the survey that will foster an understanding of growth of nursing programs in our state, such as are nursing schools expanding their programs or have plans to do so, which degree programs will be included, additional student numbers to be admitted, and what is the timeline of the expansions.

Reconsider the IPE question

Clarify status of accreditation to receive an invitation to complete the survey (i.e., accredited, non-accredited schools, and/or schools in the initial accreditation process)

Section VI. Conclusion

The health of Wisconsin citizens is dependent on a robust nurse workforce. Key to this workforce is a sufficient number of nursing faculty, students and administrators to meet the needs of the present and future nursing demands in our state. The Wisconsin Nursing Education and Nurse Faculty Survey Report is essential in understanding the current education landscape and potential supply of nurses to the workforce. This report focuses on program capacity and trends at all educational levels, factors limiting admission, student and faculty demographics, filled and vacant faculty positions, as well as other variables.

The report is not fully conclusive due to the low response rate. For the next survey, a plan needs to be activated so that there is a more accurate picture of nursing education. However, what is apparent is that Wisconsin nursing programs continue to contribute graduates to the nursing workforce but remain in a challenging position to increase the supply. Unfortunately, the numbers revealed in this report are not sufficient to address the health care needs of the state, nor significantly increase the pipeline of nursing faculty.

The following are essential to grow the number of nurses in the state: recruitment of additional students, growth of current nursing programs, expansion of academic/healthcare partnerships and access to clinical facilities, increasing the use of simulation, and marketing the benefits of learning, teaching and working in Wisconsin. Additionally, the state of Wisconsin has been very supportive of growing the nursing faculty workforce, as evidenced by the creation and continuation of the Wisconsin Nurse Educator Program. This survey serves as an important tool to evaluate the variables that measure the impact of the WNEP. It is imperative that we continue to work to ensure increased numbers of nursing graduates and increased numbers of nursing faculty for the future.

For more information contact:

Gail Hanson Brenner, PhD, RN, CNE
Assistant Professor
College of Nursing
University of Wisconsin-Eau Claire
brennegm@uwec.edu

Linda K. Young PhD, RN, CNE, FAAN
Dean Emerita
College of Nursing
University of Wisconsin-Eau Claire
younglk@uwec.edu

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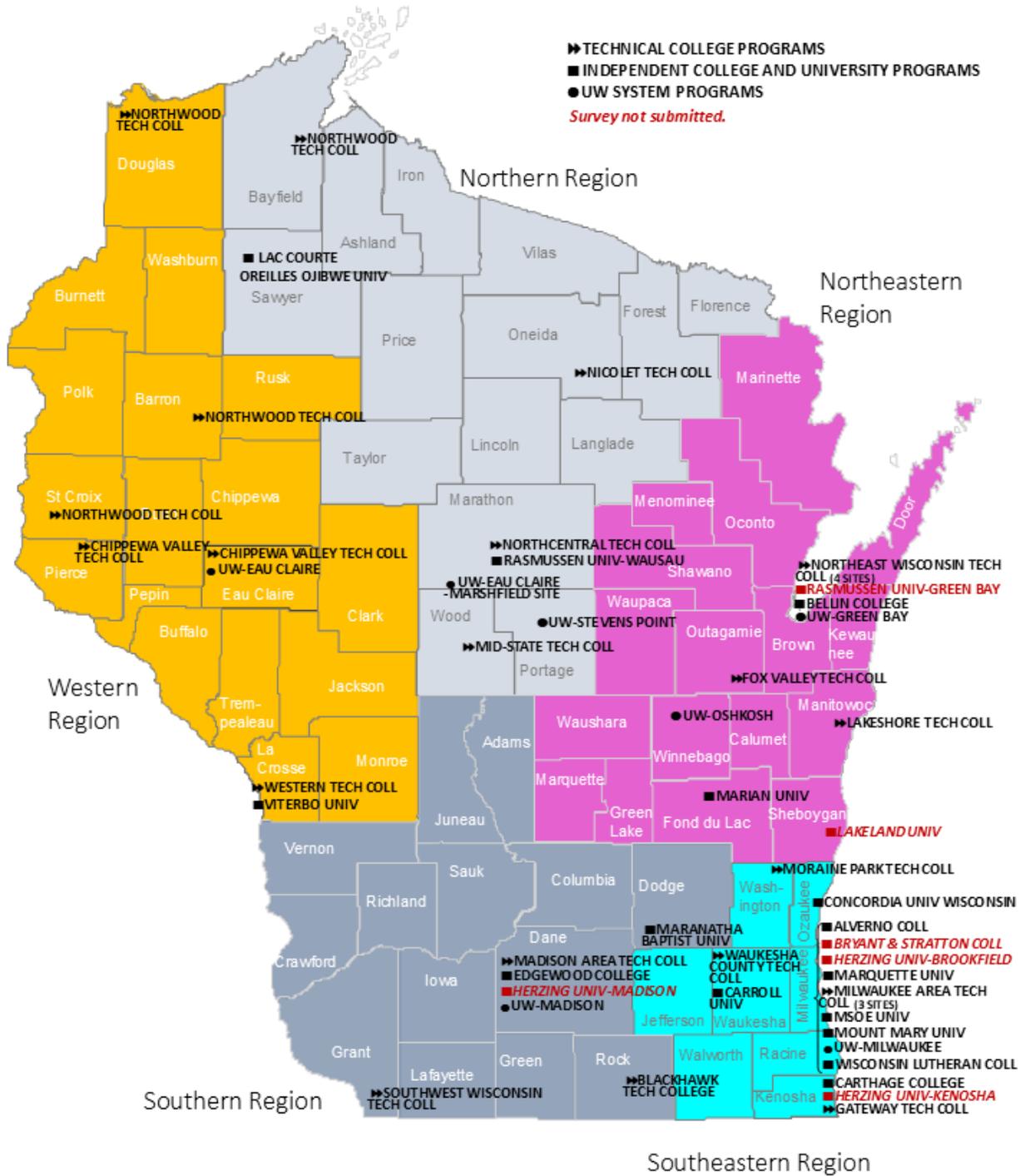
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Appendix A: Schools of Nursing by Wisconsin DHS Regions of the State



Appendix B: Glossary of Terms, Abbreviations, and Acronyms

AACN - American Association of Colleges of Nursing

Accelerated (2nd Degree) - A Bachelor of Science in Nursing degree program for those with a non-nursing bachelor's degree, focusing on preparing the student to pass the certification exam and become an RN.

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

CNL - Clinical Nurse Leader

CNM - Certified Nurse Midwifery

CNS - Clinical Nurse Specialist

CRNA - Certified Registered Nurse Anesthetist

Direct entry - A direct entry program allows a student to be formally admitted to both the university and school, college, or major program, prior to enrolling. There is no secondary application to the school, college, or major program after being admitted to the university.

DNP - Doctor of Nursing Practice

DWD - Wisconsin Department of Workforce Development

FTE - Full-time equivalent

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

Pre-licensure MSN – A graduate-level program that, while also preparing the nurse for licensure, builds in master's-level skills and coursework from the start, leading to a longer program duration and higher-level career goals like leadership or advanced practice.

PhD - Doctor of Philosophy

RN - Registered Nurse

RN-to-BSN (BSN completion) – Registered nurse to Bachelor of Science in Nursing degree program designed for registered nurses (RNs) who already hold an Associate Degree in Nursing (ADN).

WCN - Wisconsin Center for Nursing



Introduction

Wisconsin Nursing Education and Nurse Faculty Survey

The data from this online survey should be from the academic year 2023-2024 (Fall term 2023 through Summer term(s) 2024).

For your convenience a Word copy of the survey is linked here so you may review questions and obtain responses prior to starting the survey. It is recommended that one individual complete this survey in one sitting. Upon the completion and submission of the survey you will be directed to a page stating your response has been recorded with a summary of your responses you can download as a PDF.

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 Tuesday, October 15, 2024.

Thank you.

Gail Hanson Brenner, PhD, RN, CNE
Assistant Professor
College of Nursing
UW-Eau Claire
brennegm@uwec.edu

Linda Young, PhD, RN, CNE, FAAN
Dean Emerita

College of Nursing
UW-Eau Claire
younglk@uwec.edu

Technical questions can be directed to:

Jan Adams
adamsjl@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 and forecasting for states and the nation.

The survey has also been supported by the Administrators of Nursing Education of Wisconsin (ANEW), an organization dedicated to meeting the future needs of nursing education and the nursing profession.

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

**Your cooperation is appreciated.
Thank you.**

Nursing Program Contact Information

NURSING PROGRAM INFORMATION

Please provide institution information here.

(If your institution is submitting multiple surveys representing different sites please provide site-specific location information in field 2.)

Name of institution

Name of site location/campus (if applicable)

Street address

City

State

Zip

If you are submitting one survey containing information from multiple sites, please use this box to list all of the site locations/campuses you will be reporting on.

Names of site locations/campuses

Provide the contact information for the person completing this survey.

Name of person completing survey

Phone number

Email address

Name of person responsible for the program (Dean, Program Director, Department Chair, etc.)

Select the region where institution or site is located according to Wisconsin Department of Health Services.

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

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

Select the region where institution or site is located according to Administrators of Nursing Education of Wisconsin (ANEW).

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

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

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

- CCNE (Commission on Collegiate Nursing Education)
- NLN CNEA (National League for Nursing, Commission for Nursing Education Accreditation)
- ACEN (Accreditation Commission for Education in Nursing)
- Seeking initial accreditation (please identify program(s))

Faculty Employment Information

FACULTY EMPLOYMENT INFORMATION (Fall term 2023 through Summer term(s) 2024)

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.

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

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

Please use zero (0) where appropriate.

Number of employees.

Click to write

Total number of employees

Click to write

Total number employed as a nurse educator (full and part-time whose role is primarily instructional).

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

Number of full-Time Equivalent (FTE) employees.

Click to write

Number of FTEs

Total number of FTEs employed as nurse educator (full and part-time whose role is primarily instructional).

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

Number of filled and vacant faculty positions in each category.

Filled positions

Vacant positions

Full-Time
Tenure/Tenure-Track

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

If your organization has vacant faculty positions, please provide the "preferred" credential for the position category.

	PhD	DNP	MSN	BSN
Full-Time Tenure/Tenure-Track	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full-Time Non-Tenure/IAS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Part-Time Instructors	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Highest degree earned. For the purpose of this survey, PhD is the highest degree earned.

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

	Number of full-time tenure/tenure-track with	Number of full-time non-tenure/IAS with	Number of part-time Instructors with
PhD, Nursing	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
DNP, Doctorate of Nursing Practice	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Doctorate, Other Nursing	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Doctorate, Non-Nursing	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Master's in Nursing	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

	Number of full-time tenure/tenure-track with	Number of full-time non- tenure/IAS with	Number of part-time Instructors with
Master's, Non-Nursing	0	0	0
Bachelor's in Nursing	0	0	0
Bachelors Degree, Non- Nursing	0	0	0
Associate or Diploma in Nursing	0	0	0
#Conjoint, Total#	0	0	0

Number of faculty currently enrolled in a graduate program.

	Full-Time Tenure/Tenure-Track	Full-Time Non- Tenure/IAS	Part-Time Instructors
PhD, Nursing	0	0	0
DNP, Doctorate of Nursing Practice	0	0	0
Doctorate, Other Nursing	0	0	0
Doctorate, Non-Nursing	0	0	0
Masters in Nursing	0	0	0
Master's Post-Certificate Program	0	0	0
Masters, Non-Nursing	0	0	0
#Conjoint, Total#	0	0	0

Number of hires, retirements, and separations (Fall term 2023 through Summer term(s) 2024).

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

How many NEW faculty positions were budgeted for AY 2023-2024? How many NEW faculty positions do you anticipate being budgeted for AY 2024-2025?

	Budgeted for AY 2023-2024	Anticipated budget for AY 2024-2025
Full-Time Tenure/Tenure-Track	0	0
Full-Time Non-Tenure/IAS	0	0
Part-Time Instructors	0	0
#Conjoint, Total#	0	0

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

	Full-Time	Part-Time	#Conjoint, Total#
Number of additional positions	0	0	0

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

	Full-Time	Part-Time	#Conjoint, Total#
Number of additional positions	0	0	0

Faculty Demographic Information

	White or Caucasian	Black or African American	American Indian or Alaskan Native	Asian	Hispanic or Latino	Native Hawaiian or other Pacific Islander	Two or more races	Race / Ethnicity unknown	#Conjoi Total#
Full-Time Non Tenure / IAS	0	0	0	0	0	0	0	0	0
Part-Time Instructors	0	0	0	0	0	0	0	0	0

LPN

Will you be reporting on an LPN program?

- Yes
- No

LPN PROGRAM INFORMATION (Fall term 2023 through Summer term(s) 2024)

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.

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.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If any qualified applicants were NOT admitted, please select ALL 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	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient clinical sites	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient simulation space	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient classroom space	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient budget	<input type="checkbox"/>	<input type="checkbox"/>

LPN ALL reasons that apply

LPN ONE MAIN reason

Other

Other

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 faculty 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

Number of LPN students by age.

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

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

Number of LPN students by gender.

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

	Female/Woman	Male/Man	Non-binary	#Conjoint, Total#
Provide number for each category.	0	0	0	0

Number of LPN students by race/ethnicity.

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

	White or Caucasian	Black or African American	American Indian or Alaskan Native	Asian	Hispanic or Latino	Native Hawaiian or other Pacific Islander	Two or more races	Race/Ethnicity unknown	#Co To
Provide number for each category.	0	0	0	0	0	0	0	0	



ADN

Will you be reporting on an **ADN** program?

Yes

No

Check all ADN curriculum options offered at your site.

Generic/Traditional curriculum (1 + 1)

Bridge curriculum (LPN to RN, EMT to RN, etc.)

ADN PROGRAM INFORMATION (Fall term 2023 through Summer term(s) 2024)

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.
- **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.

ADN program capacity.

	Seats for New Students	Qualified Applicants	Admitted Applicants	Qualified NOT Admitted	New Enrollees	Students currently enrolled	Graduates
Generic/Traditional curriculum	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bridge curriculum	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient clinical sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient simulation space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient classroom space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	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
Other <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 faculty 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

Number of ADN students by age.

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

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

Number of ADN students by gender.

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

	Female/Woman	Male/Man	Non-binary	#Conjoint, Total#
Generic/Traditional curriculum	0	0	0	0
Bridge curriculum	0	0	0	0

Number of ADN students by race/ethnicity.

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

	White or Caucasian	Black or African American	American Indian or Alaskan Native	Asian	Hispanic or Latino	Native Hawaiian or other Pacific Islander	Two or more races	Race/Ethnicity unknown
Generic/Traditional curriculum	0	0	0	0	0	0	0	0
Bridge curriculum	0	0	0	0	0	0	0	0



BSN

Will you be reporting on a BSN program?

- Yes
- No

Check all BSN curriculum options offered at your site.

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

Check all BSN curriculum options that admit students via direct entry.

(A direct entry program allows a student to be formally admitted to both the university and school, college, or major program, prior to enrolling. There is no secondary application to the school, college, or major program after being admitted to the university.)

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

BSN PROGRAM INFORMATION (Fall term 2023 through Summer term(s) 2024)

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

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 Accelerated (2nd Degree) ALL reasons that apply	BSN Accelerated (2nd Degree) ONE MAIN reason	RN to BSN Al reasor that apply
Insufficient number of nursing faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient clinical sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient simulation space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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 faculty 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

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	#Conjoint, Total#
Generic/Traditional curriculum	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text" value="0"/>
Accelerated curriculum (2nd degree, non-nursing baccalaureate to BSN)	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text" value="0"/>
RN to BSN curriculum	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text" value="0"/>

Number of BSN students by gender.

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

	Female/Woman	Male/Man	Non-binary	#Conjoint, Total#
Generic/Traditional curriculum	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text" value="0"/>
Accelerated curriculum (2nd degree, non-nursing baccalaureate to BSN)	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text" value="0"/>

	Female/Woman	Male/Man	Non-binary	#Conjoint, Total#
RN to BSN curriculum	0	0	0	0

Number of BSN students by race/ethnicity.

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

	White or Caucasian	Black or African American	American Indian or Alaskan Native	Asian	Hispanic or Latino	Native Hawaiian or other Pacific Islander	Two or more races	Race/Ethnicity unknown
Generic/Traditional curriculum	0	0	0	0	0	0	0	0
Accelerated curriculum (2nd degree, non-nursing baccalaureate to BSN)	0	0	0	0	0	0	0	0
RN to BSN curriculum	0	0	0	0	0	0	0	0



Pre-Licensure Master Program

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

- Yes
- No

If any qualified applicants were NOT admitted, please select ALL the reasons that apply. From those reasons 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	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient clinical sites	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient simulation space	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient classroom space	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient budget	<input type="checkbox"/>	<input type="checkbox"/>
Other <input style="width: 200px; height: 30px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <input style="width: 200px; height: 30px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 faculty 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

<input type="checkbox"/>	Other
--------------------------	-------

Number of Pre-Licensure Master's students by age.

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

	≤20	21-25	26-30	31-40	41-50	51-60	≥61	#Conjoint, Total#
Provide number for each category.	<input type="text" value="0"/>							

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

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

	Female/Woman	Male/Man	Non-binary	#Conjoint, Total#
Provide number for each category.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

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

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

	White or Caucasian	Black or African American	American Indian or Alaskan Native	Asian	Hispanic or Latino	Native Hawaiian or other Pacific Islander	Two or more races	Race/Ethnicity unknown	#Co To
Provide number for each category.	0	0	0	0	0	0	0	0	



Post-Licensure Master's Program

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

- Yes
- No

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

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

	Seats for New Students	Qualified Applicants	Admitted Applicants	Qualified NOT Admitted	New Enrollees	Students currently enrolled	Grad
Certified Nurse Midwife (CNM)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nurse Practitioner (NP)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Clinical Nurse Leader (CNL)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nurse Educator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nursing Administrator/Leadership	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Healthcare Informatics	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (please identify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (please identify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If any qualified applicants 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	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient clinical sites	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient simulation space	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient classroom space	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient budget	<input type="checkbox"/>	<input type="checkbox"/>

Post-licensure Master's ALL reasons
that apply

Post-licensure Master's ONE MAIN
reason

Other

Other

**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 faculty 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

Number of Post-licensure Master's students by age.

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

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

Number of Post-licensure Master's students by gender.

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

	Female/Woman	Male/Man	Non-binary	#Conjoint, Total#
Provide number for each category.	0	0	0	0

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

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

	White or Caucasian	Black or African American	American Indian or Alaskan Native	Asian	Hispanic or Latino	Native Hawaiian or other Pacific Islander	Two or more races	Race/Ethnicity unknown	#Co To
Provide number for each category.	0	0	0	0	0	0	0	0	



Will you be reporting on a DNP Program?

- Yes
- No

Check all Post BSN-DNP curriculum options that apply.

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

Check all Post MSN-DNP curriculum options that apply.

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

DNP PROGRAM INFORMATION (Fall term 2023 through Summer term(s) 2024)

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.
- **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.

Post BSN DNP Program capacity.

	Seats for New Students	Qualified Applicants	Admitted Applicants	Qualified NOT Admitted	New Enrollees	Students currently enrolled	Grad
Post MSN Certified Registered Nurse Anesthetist (CRNA)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post MSN Administrator/Leadership	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post MSN Other (please identify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post MSN Other (please identify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient clinical sites	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient simulation space	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient classroom space	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient budget	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

DNP ALL reasons that apply

DNP ONE MAIN reason

Other

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 faculty 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

Number of DNP students by age.

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

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

Number of DNP students by gender.

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

	Female/Woman	Male/Man	Non-binary
Provide number for each category.			

Number of DNP students by race/ethnicity.

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

	White or Caucasian	Black or African American	American Indian or Alaskan Native	Asian	Hispanic or Latino	Native Hawaiian or other Pacific Islander	Two or more races	Race/Ethnicity unknown	#Co To
Provide number for each category.	0	0	0	0	0	0	0	0	



PhD

Will you be reporting on a PhD Program?

Yes

No

PHD PROGRAM INFORMATION (Fall term 2023 through Summer term(s) 2024)

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.
- **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.

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.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient clinical sites	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient simulation space	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient classroom space	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient budget	<input type="checkbox"/>	<input type="checkbox"/>
Other <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 faculty 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

Number of PhD students by age.

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

	≤20	21-25	26-30	31-40	41-50	51-60	≥61	#Conjoint, Total#
Provide number for each category.	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text" value="0"/>

Number of PhD students by gender.

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

	Female/Woman	Male/Man	Other (non-binary)	#Conjoint, Total#
Provide number for each category.	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text" value="0"/>

Number of PhD students by race/ethnicity

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

Enrolled reported above.)

	White or Caucasian	Black or African American	American Indian or Alaskan Native	Asian	Hispanic or Latino	Native Hawaiian or other Pacific Islander	Two or more races	Race/Ethnicity unknown	#Co To
Provide number for each category.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>

ADDITIONAL QUESTIONS

Wisconsin Statutes (NI.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.

Please provide percentage of type of simulation in pre-licensure programs as related to the response above.

%
(should equal 100%)

Face-to-face simulation

Virtual simulation

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

SALARY INFORMATION

Please provide the mean salary (not total compensation) for the following full-time positions at your institution during Spring 2024.

(Add up all the salaries for each category and divide by the number of individuals in that category.)

LPN NURSING PROGRAM:

	Mean Salary (Academic year contract)	Mean Salary (12-month contract)
Nursing Instructor	<input type="text"/>	<input type="text"/>
Nursing Instructor with administrative responsibilities	<input type="text"/>	<input type="text"/>
Administrator	<input type="text"/>	<input type="text"/>

TWO-YEAR NURSING PROGRAMS:

	Mean Salary (Academic year contract)	Mean Salary (12-month contract)
Nursing Instructor	<input type="text"/>	<input type="text"/>
Nursing Instructor with administrative responsibilities	<input type="text"/>	<input type="text"/>

Mean Salary (Academic year contract)

Mean Salary (12-month contract)

Administrator

BACCALAUREATE AND GRADUATE NURSING PROGRAMS:

(Count individuals only once. Please select most appropriate category.)

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

BOARD SERVICE

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

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	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Nurse Specialist	<input type="checkbox"/>	<input type="checkbox"/>
Administration/Leadership	<input type="checkbox"/>	<input type="checkbox"/>
Nurse Practitioner (Family)	<input type="checkbox"/>	<input type="checkbox"/>
Nurse Practitioner (Adult-Gero)	<input type="checkbox"/>	<input type="checkbox"/>
Nurse Practitioner Psychiatric/Mental Health	<input type="checkbox"/>	<input type="checkbox"/>
Other (please identify) <input style="width: 200px; height: 30px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please identify) <input style="width: 200px; height: 30px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please identify) <input style="width: 200px; height: 30px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please identify) <input style="width: 200px; height: 30px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERPROFESSIONAL EDUCATION

Does your program include interprofessional education/training?

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

- Yes, please list content areas (i.e. disaster, dementia, ethics, cardiac, communications, end-of-life care, pharmacology)**

- Yes, please list teaching modalities used in interprofessional education (i.e. classroom, clinical, simulation)**

- No**

Survey Comments

LAST QUESTION

If necessary, please provide any clarifications or comments regarding your responses to this survey. Also, are there any questions or topics that should be addressed in the next survey?

TO SUBMIT THE SURVEY, PLEASE CLICK NEXT.



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