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National Nursing Education Database: 2023–2024 Aggregate Data

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Introduction

In the fall of 2020 NCSBN launched the Annual Report Program, which is the first-ever national program to collect annual education data from all nursing programs in participating U.S. nursing regulatory bodies (NRBs). This program is based on NCSBN's studies of quality indicators of nursing programs (Spector et al., 2020), where NCSBN's Annual Report team collects demographic data and evidence-based quality indicators of nursing programs for the NRBs. Most NRBs require nursing education annual reports with program data as part of their approval process of nursing programs.

Each nursing program in participating states/jurisdictions receives a report of their metrics and each participating NRB receives a report of all their programs' metrics, including how their programs are meeting the quality indicators. Please note that all outlier data are verified by the NCSBN Annual Report team before the data are analyzed. This report includes the 2023–2024 aggregate data of the participating NRBs, and these data can be used by all U.S. nursing programs for benchmarking. The NRBs and nursing programs can then work together to identify needed improvements – *before* NCLEX® Exam pass rates and other outcomes fall. It is important to remember that NCLEX pass rates are lagging indicators, meaning that they don't begin to fall until other key quality indicators have not been met (Spector et al., 2020).

This year NCSBN has launched the National Nursing Education Database [dashboard](#), which illustrates Annual Report aggregate data from nursing programs related to demographics and evidence-based quality indicators. This database provides an in-depth look at the characteristics and performance of nursing education programs. It is interactive so that comparisons can be made, and unique data can be identified.

Participating NRBs

Table 1 illustrates the number participating NRBs in the Annual Report Program from 2020, when the program began, to 2024. All the participating NRB's prelicensure nursing programs (practical nursing and registered nursing programs) complete the surveys, and each question on the survey requires the programs to respond. **Table 1** also cites the number of programs, enrolled students, and faculty in each academic year. It is interesting to note the number of adjunct faculty the programs are using, particularly considering that an evidence-based quality indicator is that programs should have at least 35% full-time faculty.

Table 1. Trend of Participating NRBs

| | 2020–2021 | 2021–2022 | 2022–2023 | 2023–2024 |
|--|-----------|-----------|-----------------|-----------------|
| Participating NRBs | 20 | 23 | 30 ¹ | 33 ² |
| Number of Programs | 843 | 972 | 1,539 | 1,695 |
| Enrolled Students | 112,147 | 124,912 | 185,321 | 194,914 |
| Full-time Faculty | 8,263 | 9,653 | 14,101 | 15,490 |
| Part-time Faculty | 3,104 | 4,402 | 6,542 | 7,243 |
| Clinical Adjunct Faculty – Employed by Program | 7,296 | 8,822 | 14,108 | 14,605 |
| Clinical Adjunct Faculty – Not Employed by Program | 472 | 837 | 915 | 900 |

1. The Mississippi BON approves PN programs, while the Board of Higher Education approves RN programs, so the datasets are separate and counted as separate participating entities.

2. As above, the two Mississippi entities are counted separately.

Results

Table 2 illustrates program demographics and characteristics, which are similar to the previous years' data. The majority of bachelor's, accelerated BSN and master's entry programs are located in urban areas; the majority of LPN/VN and associate's degree programs are located in rural areas; and the majority of diploma programs are located in suburban areas. 79.5% of the LPN/VN and 79% of the associate's programs are public, while the majority of bachelor's programs are either public (42%) or not-for-profit (44.8%).

The majority of LPN/VN (69.3%), diploma (55.6%) and associate's (51.7%) programs use in-person only learning modalities. In bachelor's programs, 49.5% use in-person-only and 49.5% use hybrid strategies, while the majority of accelerated BSN (78%) and master's entry (57.7%) programs use hybrid strategies. Interestingly, from previous Annual Report data (2020–21; 2021–22; and 2022–23), all six program types have increased their use of hybrid learning modalities in 2023–2024. The literature in higher education supports the use of hybrid modalities (Müller & Mildenerger, 2021). As in previous years, a large majority of the programs in all six program types report using simulation in their programs (from 84.6% to 100%).

When asked if the program director is responsible for allied health, the vast majority reported they do not have that responsibility, which is consistent with data from previous years. Similarly, the majority of the programs (ranging from 54% to 73%) reported not having an assistant or associate director. Yet, with a range of 92.5% to 76.9%, most of the programs have dedicated administrative support, again consistent with previous years. The majority of programs have formal orientation for adjunct, full-time and part-time new faculty, as well as mentoring of new full-time faculty. Formal orientation has increased slightly from previous years.

Table 2. Program Demographics and Characteristics

| | LPN/VN | Diploma | Associate's | Bachelor's | Accelerated BSN | Master's Entry |
|----------------------------|--------------|--------------|--------------|--------------|-----------------|----------------|
| N | 570 (33.6%) | 27 (1.6%) | 634 (37.4%) | 388 (22.9%) | 50 (2.9%) | 26 (1.5%) |
| | n (%) | n (%) | n (%) | n (%) | n (%) | n (%) |
| Geographic Location | | | | | | |
| Urban | 170 (29.8%) | 9 (33.3%) | 186 (29.3%) | 164 (42.3%) | 29 (58.0%) | 17 (65.4%) |
| Suburban | 131 (23.0%) | 10 (37.0%) | 141 (22.2%) | 96 (24.7%) | 17 (34.0%) | 7 (26.9%) |
| Rural | 266 (46.7%) | 8 (29.6%) | 302 (47.6%) | 123 (31.7%) | 4 (8.0%) | 2 (7.7%) |
| Other | 3 (0.5%) | 0 (0.0%) | 5 (0.8%) | 5 (1.3%) | 0 (0.0%) | 0 (0.0%) |

| Table 2. Program Demographics and Characteristics | | | | | | |
|--|-------------|-------------|-------------|-------------|-----------------|----------------|
| | LPN/VN | Diploma | Associate's | Bachelor's | Accelerated BSN | Master's Entry |
| N | 570 (33.6%) | 27 (1.6%) | 634 (37.4%) | 388 (22.9%) | 50 (2.9%) | 26 (1.5%) |
| | n (%) | n (%) | n (%) | n (%) | n (%) | n (%) |
| Institutional Ownership | | | | | | |
| Public | 453 (79.5%) | 13 (48.1%) | 501 (79.0%) | 163 (42.0%) | 16 (32.0%) | 10 (38.5%) |
| Private, Not-for-profit | 32 (5.6%) | 9 (33.3%) | 54 (8.5%) | 174 (44.8%) | 27 (54.0%) | 14 (53.8%) |
| Private, For-profit | 85 (14.9%) | 5 (18.5%) | 79 (12.5%) | 51 (13.1%) | 7 (14.0%) | 2 (7.7%) |
| Learning Modalities | | | | | | |
| In-person Only | 395 (69.3%) | 15 (55.6%) | 328 (51.7%) | 192 (49.5%) | 11 (22.0%) | 11 (42.3%) |
| Online Only | 1 (0.2%) | 0 (0.0%) | 2 (0.3%) | 4 (1.0%) | 0 (0.0%) | 0 (0.0%) |
| Hybrid | 174 (30.5%) | 12 (44.4%) | 304 (47.9%) | 192 (49.5%) | 39 (78.0%) | 15 (57.7%) |
| Simulated Clinical Experience Offered | | | | | | |
| Yes | 482 (84.6%) | 26 (96.3%) | 606 (95.6%) | 372 (95.9%) | 50 (100.0%) | 26 (100.0%) |
| No | 88 (15.4%) | 1 (3.7%) | 28 (4.4%) | 16 (4.1%) | 0 (0.0%) | 0 (0.0%) |
| Director Has Administrative Responsibility for Allied Health | | | | | | |
| Yes | 135 (23.7%) | 9 (33.3%) | 148 (23.3%) | 31 (8.0%) | 3 (6.0%) | 1 (3.8%) |
| No | 435 (76.3%) | 18 (66.7%) | 486 (76.7%) | 357 (92.0%) | 47 (94.0%) | 25 (96.2%) |
| Program Has Assistant/Associate Director | | | | | | |
| Yes | 154 (27.0%) | 12 (44.4%) | 197 (31.1%) | 160 (41.2%) | 23 (46.0%) | 9 (34.6%) |
| No | 416 (73.0%) | 15 (55.6%) | 437 (68.9%) | 228 (58.8%) | 27 (54.0%) | 17 (65.4%) |
| Director Has Dedicated Administrative Support | | | | | | |
| Yes | 485 (85.1%) | 24 (88.9%) | 577 (91.0%) | 359 (92.5%) | 39 (78.0%) | 20 (76.9%) |
| No | 85 (14.9%) | 3 (11.1%) | 57 (9.0%) | 29 (7.5%) | 11 (22.0%) | 6 (23.1%) |
| Formal Orientation for New Adjunct Clinical Faculty | | | | | | |
| Yes | 515 (90.4%) | 26 (96.3%) | 594 (93.7%) | 362 (93.3%) | 48 (96.0%) | 24 (92.3%) |
| No | 55 (9.6%) | 1 (3.7%) | 40 (6.3%) | 26 (6.7%) | 2 (4.0%) | 2 (7.7%) |
| Formal Orientation for New Full-time Faculty | | | | | | |
| Yes | 554 (97.2%) | 27 (100.0%) | 625 (98.6%) | 381 (98.2%) | 49 (98.0%) | 26 (100.0%) |
| No | 16 (2.8%) | 0 (0.0%) | 9 (1.4%) | 7 (1.8%) | 1 (2.0%) | 0 (0.0%) |
| Formal Orientation for New Part-time Faculty | | | | | | |
| Yes | 504 (88.4%) | 25 (92.6%) | 573 (90.4%) | 345 (88.9%) | 48 (96.0%) | 25 (96.2%) |
| No | 66 (11.6%) | 2 (7.4%) | 61 (9.6%) | 43 (11.1%) | 2 (4.0%) | 1 (3.8%) |
| Formal Mentoring for New Full-time Faculty | | | | | | |
| Yes | 524 (91.9%) | 23 (85.2%) | 605 (95.4%) | 351 (90.5%) | 45 (90.0%) | 24 (92.3%) |
| No | 46 (8.1%) | 4 (14.8%) | 29 (4.6%) | 37 (9.5%) | 5 (10.0%) | 2 (7.7%) |

Table 3 displays the data related to the credentials of a program's director and full- and part-time faculty. From NCSBN's national study of nursing education evidence-based quality indicators (Spector et al., 2020), the director of an LPN/VN program should have a graduate degree and the director of an RN program should be doctorally educated. Faculty in an LPN/VN program should have at least a BSN degree, while faculty in an RN program should have a graduate degree. In **Table 3** the majority of LPN/VN and associate degree program directors have less than a doctoral degree, while in the other four types of programs, the majority of the directors have a doctoral degree. With full-time

faculty, the range of faculty with graduate degrees is 64.3% (LPN/VN programs) to 99.8% (master's entry). Regarding part-time faculty, the trend of high levels of graduate educated faculty remains, though it is at a lower level than for full-time faculty, with a range of 54.5% for LPN/VN programs to 83.9% in diploma programs.

| Table 3. Director, Full-time and Part-time Faculty Highest Degree | | | | | | | |
|---|---------------|-------------|---------------|---------------|-----------------|----------------|----------------|
| | LPN/VN | Diploma | Associate's | Bachelor's | Accelerated BSN | Master's Entry | Grand Total |
| N | 570 (33.6%) | 27 (1.6%) | 634 (37.4%) | 388 (22.9%) | 50 (2.9%) | 26 (1.5%) | 1,695 |
| | n (%) | n (%) | n (%) | n (%) | n (%) | n (%) | n (%) |
| Director's Highest Degree (Nursing or Non-nursing) | | | | | | | |
| Less Than Doctoral Degree | 364 (63.9%) | 13 (48.1%) | 361 (56.9%) | 34 (8.8%) | 10 (20.0%) | 1 (3.8%) | 783 (46.2%) |
| Doctoral Degree | 152 (26.7%) | 14 (51.9%) | 262 (41.3%) | 346 (89.2%) | 39 (78.0%) | 24 (92.3%) | 837 (49.7%) |
| Other or N/A | 54 (9.5%) | 0 (0.0%) | 11 (1.7%) | 8 (2.1%) | 1 (2.0%) | 1 (3.8%) | 75 (4.4%) |
| N | 2,761 (17.7%) | 231 (1.5%) | 5,955 (38.3%) | 5,380 (34.6%) | 657 (4.2%) | 582 (3.7%) | 15,566 |
| | n (%) | n (%) | n (%) | n (%) | n (%) | n (%) | n (%) |
| Full-time Faculty Highest Degree | | | | | | | |
| Less Than Master's Degree | 985 (35.7%) | 11 (4.8%) | 745 (12.5%) | 232 (4.3%) | 12 (1.8%) | 1 (0.2%) | 1,986 (12.8%) |
| Graduate Degree (Master's or Doctoral Degree) | 1,776 (64.3%) | 220 (95.2%) | 5,210 (87.5%) | 5,148 (95.7%) | 645 (98.2%) | 581 (99.8%) | 13,580 (87.2%) |
| N | 1,868 (17.2%) | 199 (1.8%) | 4,329 (40.1%) | 3,252 (30.1%) | 839 (7.8%) | 314 (2.9%) | 10,801 |
| | n (%) | n (%) | n (%) | n (%) | n (%) | n (%) | n (%) |
| Part-time Faculty Highest Degree | | | | | | | |
| Less Than Master's Degree | 850 (45.5%) | 32 (16.1%) | 1,658 (38.3%) | 620 (19.1%) | 250 (29.8%) | 104 (33.1%) | 3,514 (32.5%) |
| Graduate Degree (Master's or Doctoral Degree) | 1,018 (54.5%) | 167 (83.9%) | 2,671 (61.7%) | 2,632 (80.9%) | 589 (70.2%) | 210 (66.9%) | 7,287 (67.5%) |

Table 4 provides the mean direct patient care hours (experiences with actual patients), simulation hours, and skills lab hours for the six program types. Since the 2021–2022 aggregate report, the direct care clinical hours, a quality indicator for nursing programs (Spector et al., 2020), have varied, depending on the program type. While the hours are consistent for accelerated BSN students, they have decreased for LPN/VN, bachelor's, and master's entry programs. There has been a big drop in direct patient care hours for diploma programs (612 hours in 2021–2022 versus 414.91 hours in 2023–2024). However, it should be noted that there were only 5 diploma programs in 2021–2022 and 27 in 2023–2024. The mean direct patient care hours for associate's programs increased slightly in 2023–2024.

Table 4 also reports the mean simulation and skills lab hours of the six program types. While most programs have simulation (**Table 2**), the programs do not have a lot of simulation (range of 45.30–104.70 hours), and this is similar to the findings in the 2021–2022 aggregate report. Associate's, accelerated BSN and master's entry programs slightly increased their simulation hours in 2023–2024, while LPN/VN, diploma, and bachelor's programs slightly decreased their simulation hours. The nursing education community should study what is holding programs back from implementing more simulation. NCSBN's Member Board Profiles reports that 35 (62%) of the U.S. NRBs allow programs to use up to 50% simulation to replace clinical experiences (NCSBN, 2023), as long as guidelines are met. Therefore, in most states, regulation is not a barrier to programs using simulation. All the programs showed slight increases in skills lab hours from the 2021–2022 aggregate report.

| Table 4. Breakdown of Program Hours by Program Type | | | | | | |
|---|---------|---------|-------------|------------|-----------------|----------------|
| | LPN/VN | Diploma | Associate's | Bachelor's | Accelerated BSN | Master's Entry |
| N | 570 | 27 | 634 | 388 | 50 | 26 |
| Direct Patient Care Hours | | | | | | |
| Mean | 374.53 | 414.91 | 464.19 | 599.22 | 551.69 | 678.33 |
| SD | ±142.30 | ±236.63 | ±149.74 | ±162.97 | ±176.33 | ±197.45 |
| Simulation Hours | | | | | | |
| Mean | 45.30 | 50.09 | 70.32 | 82.16 | 104.70 | 65.03 |
| SD | ±44.79 | ±43.02 | ±59.11 | ±64.84 | ±76.23 | ±38.98 |
| Skills Lab Hours | | | | | | |
| Mean | 122.15 | 99.85 | 125.47 | 125.92 | 126.30 | 114.33 |
| SD | ±65.45 | ±63.52 | ±77.73 | ±75.50 | ±66.27 | ±60.21 |

Table 5 illustrates the trend of direct care clinical hours from 2010 to 2024. The 2010 and 2017 clinical experience hours were reported in national studies (Smiley, 2019), while the rest of the data are from the aggregate Annual Reports from those years. In each of the six program types, the direct care clinical hours have decreased since 2010. While direct care clinical hours are an evidence-based quality indicator for nursing programs (Spector et al., 2020), currently we do not have evidence for the numbers of direct care clinical experience hours that programs should have. However, we do know that the U.S. lags behind other English-speaking countries regarding direct care clinical experience hours for nursing education (Hungerford et al., 2019). In Hungerford's et al. (2019) scoping review, Australia requires 800 hours; New Zealand requires 1,100; and the United Kingdom requires 2300 hours. Future nursing education research should address best practices of direct care experiences with patients, as well as the minimum hours students in all program types should have.

| Table 5. Trend of Direct Care Clinical Hours from 2010–2024 | | | | | | |
|---|------------------------|------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| | 2010 (median hours) | 2017 (median hours) | 2020-21 (mean hours) | 2021-22 (mean hours) | 2022-23 (mean hours) | 2023-24 (mean hours) |
| Master's Entry | 770 | 780 | 665 | 736.57 | 651.33 | 678.33 |
| Bachelor's | 765 | 712 | 625.64 | 610.29 | 607.65 | 599.22 |
| Associate's | 628 | 573 | 437.61 | 445.43 | 462.13 | 464.19 |
| Diploma | 720 | 683 | 530.21 | 612.00 | 442.32 | 414.91 |
| LPN/VN | (data not collected) | 565 | 386.3 | 406.13 | 382.27 | 374.53 |

Table 6 highlights the key evidence-based quality indicators of nursing education programs that were identified NCSBN's mixed-methods study of nursing education (Spector et al., 2020). It is crucial for nursing programs to identify any quality indicators that have not been met so that the programs can be proactive in making improvements before their outcomes plummet. Therefore, the Annual Reports that the NRBs receive have a summary of the key quality indicators that each of their programs does not meet. This can foster a collaborative relationship between the NRBs and their programs. The programs can benchmark their metrics with the aggregate data, providing national evidence to their administrators that they need more resources and/or faculty.

Compared to the 2021–2022 data, while there are some minor differences, these 2023–2024 data are similar. Some of the concerns that should be addressed include:

- 17.5 % of LPN/VN programs are nationally nursing accredited. The NCSBN mixed-methods study of quality

indicators (Spector et al., 2020) found that national nursing accreditation is statistically related to better program outcomes. The nursing community should identify strategies for increasing the accreditation of LPN/VN programs.

- More than half of the programs reported having major organizational changes, or lack of support of higher administration, which negatively impacts the quality of programs (Spector et al., 2020). These major changes include, but are not limited to: new director or assistant/associate director; staff or faculty layoff; changes to the leadership of the parent program; merging of programs; economic efficiencies that impact the programs. Programs might use these national data to approach higher administration and make some recommendations.
- 10.4% of the programs had more than three directors in a five-year period. This will negatively impact the program's outcomes (Spector et al., 2020), and strategies should be employed to retain program directors.
- Nearly 1/3 of the programs (31.1%) have lower than 35% full-time faculty, which is related to significantly poorer program outcomes (Spector et al., 2020). Presenting these aggregate data to administration, along with the evidence-based quality indicators, will assist nursing programs in hiring more full-time faculty.
- More than 1/2 of the programs (51.4%) had on-time graduation rates of less than 70%. While graduation rates were not identified as a quality indicator in the NCSBN study (Spector et al., 2020), this was likely because at the time there was not consistent reporting of these data. We are now consistently collecting these data and will be analyzing the effect of on-time graduation rates on program outcomes. However, it is also important to recognize that students who enroll in nursing programs plan their lives around graduating on-time. This is important to students and not graduating on time is likely linked to student burnout or attrition.

Table 6. Key Quality Indicators Across Nursing Program Types

| | LPN/VN | Diploma | Associate's | Bachelor's | Accelerated BSN | Master's Entry | Grand Total |
|---|--------------|--------------|--------------|--------------|-----------------|----------------|---------------|
| N | 570 (33.6%) | 27 (1.6%) | 634 (37.4%) | 388 (22.9%) | 50 (2.9%) | 26 (1.5%) | 1,695 |
| | n (%) | n (%) | n (%) | n (%) | n (%) | n (%) | n (%) |
| Accreditation Status | | | | | | | |
| Yes | 100 (17.5%) | 12 (44.4%) | 463 (73.0%) | 367 (94.6%) | 48 (96.0%) | 25 (96.2%) | 1,015 (59.9%) |
| No | 470 (82.5%) | 15 (55.6%) | 171 (27.0%) | 21 (5.4%) | 2 (4.0%) | 1 (3.8%) | 680 (41.1%) |
| Programs' Approval Status | | | | | | | |
| Fully Approved | 511 (89.6%) | 20 (74.1%) | 539 (85.0%) | 339 (87.4%) | 38 (76.0%) | 22 (84.6%) | 1,469 (86.7%) |
| Not Approved/ Conditional/ Probationary or Warning Status (Less Than Full Approval) | 59 (10.4%) | 7 (25.9%) | 95 (15.0%) | 49 (12.6%) | 12 (24.0%) | 4 (15.4%) | 226 (13.3%) |
| Experienced Major Organizational Changes | | | | | | | |
| Yes | 259 (45.4%) | 9 (33.3%) | 330 (52.1%) | 220 (56.7%) | 36 (72.0%) | 15 (57.7%) | 869 (51.3%) |
| No | 311 (54.6%) | 18 (66.7%) | 304 (47.9%) | 168 (43.3%) | 14 (28.0%) | 11 (42.3%) | 826 (48.7%) |
| Director Turnover | | | | | | | |
| Less than or Equal to Three Directors over the Past Five Years | 514 (90.2%) | 26 (96.3%) | 571 (90.1%) | 345 (88.9%) | 39 (78.0%) | 23 (88.5%) | 1,518 (89.6%) |
| More than Three Directors over the Past Five Years | 56 (9.8%) | 1 (3.7%) | 63 (9.9%) | 43 (11.1%) | 11 (22.0%) | 3 (11.5%) | 177 (10.4%) |

| Table 6. Key Quality Indicators Across Nursing Program Types | | | | | | | |
|--|-------------|-------------|-------------|-------------|-----------------|----------------|---------------|
| | LPN/VN | Diploma | Associate's | Bachelor's | Accelerated BSN | Master's Entry | Grand Total |
| N | 570 (33.6%) | 27 (1.6%) | 634 (37.4%) | 388 (22.9%) | 50 (2.9%) | 26 (1.5%) | 1,695 |
| | n (%) | n (%) | n (%) | n (%) | n (%) | n (%) | n (%) |
| Less Than 50% Direct Care Clinical Experience | | | | | | | |
| Greater than 50% Direct Care Clinical Experience | 521 (91.4%) | 27 (100.0%) | 604 (95.3%) | 380 (97.9%) | 43 (86.0%) | 26 (100.0%) | 1,601 (94.5%) |
| Less than 50% Direct Care Clinical Experience | 49 (8.6%) | 0 (0.0%) | 30 (4.7%) | 8 (2.1%) | 7 (14.0%) | 0 (0.0%) | 94 (5.5%) |
| Less Than 35% Full-Time Faculty | | | | | | | |
| Greater than 35% Full-time Faculty | 406 (71.2%) | 17 (63.0%) | 457 (72.1%) | 249 (64.2%) | 21 (42.0%) | 18 (69.2%) | 1,168 (68.9%) |
| Less than 35% Full-time Faculty | 164 (28.8%) | 10 (37.0%) | 177 (27.9%) | 139 (35.8%) | 29 (58.0%) | 8 (30.8%) | 527 (31.1%) |
| Less Than 70% Graduation Rate | | | | | | | |
| Greater than 70% Graduation Rate | 245 (43.0%) | 13 (48.1%) | 292 (46.1%) | 224 (57.7%) | 30 (60.0%) | 20 (76.9%) | 824 (48.6%) |
| Less than 70% Graduation Rate | 325 (57.0%) | 14 (51.9%) | 342 (53.9%) | 164 (42.3%) | 20 (40.0%) | 6 (23.1%) | 871 (51.4%) |
| Programs Established 2017 or Before 2017/After 2018 | | | | | | | |
| Programs 7 years or older | 510 (89.5%) | 23 (85.2%) | 564 (89.0%) | 326 (84.0%) | 37 (74.0%) | 12 (46.2%) | 1,472 (86.8%) |
| Programs 6 years or newer | 60 (10.5%) | 4 (14.8%) | 70 (11.0%) | 62 (16.0%) | 13 (26.0%) | 14 (53.8%) | 223 (13.2%) |

Table 7 presents other quality indicators that are important to nursing education programs. One finding that has improved from the 2021–2022 aggregate report is providing services for non-native English speakers. In 2021–2022, 43.7% of the programs provided resources to students who are non-native English speakers. However, in 2023–2024 that improved to 56%. Nursing education still has a long way to go with providing these resources, but it is clear that programs have recognized that deficiency and are working on it. 18.2% of the nursing programs reported in 2021–2022 and in 2023–24 that they did not provide formal remediation for students who make errors or report near misses in their clinical experiences. This remains an area where improvements should be made. While the vast majority of programs do not have accredited or endorsed simulation labs, there has been a slight improvement since 2021–2022 in the certification of simulation faculty (19.3% in 2021–2022 versus 24.7% in 2023–2024). This is an area where the programs should focus in the future.

| Table 7. Other Quality Indicators | | | | | | | |
|-----------------------------------|-------------|-------------|-------------|-------------|-----------------|----------------|---------------|
| | LPN/VN | Diploma | Associate's | Bachelor's | Accelerated BSN | Master's Entry | Grand Total |
| N | 570 (33.6%) | 27 (1.6%) | 634 (37.4%) | 388 (22.9%) | 50 (2.9%) | 26 (1.5%) | 1,695 |
| | n (%) | n (%) | n (%) | n (%) | n (%) | n (%) | n (%) |
| Disability Support Services | | | | | | | |
| Yes | 562 (98.6%) | 27 (100.0%) | 629 (99.2%) | 387 (99.7%) | 50 (100.0%) | 25 (96.2%) | 1,680 (99.1%) |
| No | 8 (1.4%) | 0 (0.0%) | 5 (0.8%) | 1 (0.3%) | 0 (0.0%) | 1 (3.8%) | 15 (0.9%) |

| Table 7. Other Quality Indicators | | | | | | | |
|---|-------------|------------|-------------|-------------|-----------------|----------------|---------------|
| | LPN/VN | Diploma | Associate's | Bachelor's | Accelerated BSN | Master's Entry | Grand Total |
| N | 570 (33.6%) | 27 (1.6%) | 634 (37.4%) | 388 (22.9%) | 50 (2.9%) | 26 (1.5%) | 1,695 |
| | n (%) | n (%) | n (%) | n (%) | n (%) | n (%) | n (%) |
| Services for Non-native English Speakers | | | | | | | |
| Yes | 301 (52.8%) | 4 (14.8%) | 382 (60.3%) | 206 (53.1%) | 34 (68.0%) | 22 (84.6%) | 949 (56.0%) |
| No | 269 (47.2%) | 23 (85.2%) | 252 (39.7%) | 182 (46.9%) | 16 (32.0%) | 4 (15.4%) | 746 (44.0%) |
| Services for Low Socioeconomic Class Students | | | | | | | |
| Yes | 543 (95.3%) | 22 (81.5%) | 623 (98.3%) | 382 (98.5%) | 48 (96.0%) | 25 (96.2%) | 1,643 (96.9%) |
| No | 27 (4.7%) | 5 (18.5%) | 11 (1.7%) | 6 (1.5%) | 2 (4.0%) | 1 (3.8%) | 52 (3.1%) |
| Formal Remediation Process for Students Needing Academic Support | | | | | | | |
| Yes | 498 (87.4%) | 24 (88.9%) | 556 (87.7%) | 347 (89.4%) | 46 (92.0%) | 24 (92.3%) | 1,495 (88.2%) |
| No | 72 (12.6%) | 3 (11.1%) | 78 (12.3%) | 41 (10.6%) | 4 (8.0%) | 2 (7.7%) | 200 (11.8%) |
| Formal Remediation Process for Students Committing Errors/Near Misses | | | | | | | |
| Yes | 462 (81.1%) | 20 (74.1%) | 525 (82.8%) | 315 (81.2%) | 43 (86.0%) | 21 (80.8%) | 1,386 (81.8%) |
| No | 108 (18.9%) | 7 (25.9%) | 109 (17.2%) | 73 (18.8%) | 7 (14.0%) | 5 (19.2%) | 309 (18.2%) |
| Certified Simulation Faculty | | | | | | | |
| Yes | 78 (13.7%) | 6 (22.2%) | 155 (24.4%) | 140 (36.1%) | 23 (46.0%) | 16 (61.5%) | 418 (24.7%) |
| No | 395 (69.3%) | 20 (74.1%) | 446 (70.3%) | 233 (60.1%) | 27 (54.0%) | 10 (38.5%) | 1,131 (66.7%) |
| Does not offer simulated clinical experience | 97 (17.0%) | 1 (3.7%) | 33 (5.2%) | 15 (3.9%) | 0 (0.0%) | 0 (0.0%) | 146 (8.6%) |
| Simulation Lab Accredited by SSH or Endorsed by INACSL | | | | | | | |
| Yes | 13 (2.3%) | 4 (14.8%) | 14 (2.2%) | 28 (7.2%) | 6 (12.0%) | 4 (15.4%) | 69 (4.1%) |
| No | 460 (80.7%) | 22 (81.5%) | 587 (92.6%) | 345 (88.9%) | 44 (88.0%) | 22 (84.6%) | 1,480 (87.3%) |
| Does not offer simulated clinical experience | 97 (17.0%) | 1 (3.7%) | 33 (5.2%) | 15 (3.9%) | 0 (0.0%) | 0 (0.0%) | 146 (8.6%) |

Conclusion

In this 2023–2024 aggregate report, 33 U.S. NRBs participated so that data were collected from 1,695 programs that had enrolled 194,914 students. Therefore, this is an excellent document for benchmarking nursing education program metrics with national data. Additionally, with the launch of the National Nursing Education [dashboard](#), which is interactive, programs can analyze these data with more depth.

Some positive findings included:

- All program types were using more hybrid learning modalities in 2023–2024, as compared to previous years, which is supported as a best practice in higher education literature.
- Compared to previous years, there was an increase in the formal orientation of faculty, which is a quality indicator of nursing education programs.
- In RN programs, with the exception of Associate's programs, the majority of the deans/directors had doctoral

degrees. In both RN and LPN/VN programs the majority of faculty had graduate degrees.

- Compared to previous years, there has been an increase in the number of programs that provide resources for non-English-speaking students.

Some areas of concern included:

- Clinical hours continue to decrease from previous years, though there was a slight increase in clinical hours in Associate's programs (445.43 in 2021–2022 versus 464.19 in 2023–2024). Research on alternative sites and times for providing clinical experiences with actual patients should be considered.
- Simulation hours continue to be low (range of 45.30 to 104.70 hours in the six program types). Future research might investigate why this is happening and provide strategies to increase the use of simulation.
- As in previous years, nearly 20% of the programs do not provide formal remediation for student errors and near misses in clinical experiences. Nursing education leaders should provide faculty with evidence-based strategies for developing policies and providing remediation for student errors and near misses in clinical experiences.

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