Past Event: 2026 NCSBN Scientific Symposium - Evidence-based Quality Indicators of Nursing Education Programs: An Analysis of 5 Years of National Data Transcript

Event
2026 NCSBN Scientific Symposium

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- [Dr. Spector] Welcome, everyone, to our fabulous scientific symposium at NCSBN. I am so glad to see so many of you here. I'm Nancy Spector, the Director of Nursing Education Policy at NCSBN, and I'm going to talk today about the Evidence-Based Quality Indicators of Nursing Education Programs.

This is the 2026 quality indicators. It's an analysis of the last five years of data, and really so exciting. Both Nicole Kaminski-Ozturk and our research department and Jo Silvestre and my department have worked very closely with me on these.

But also, we've had collaboration from many throughout the organization, from the rest of the research department, from marketing, from our IT department with our dashboard. So it has been very exciting. In this program, our annual report program, the boards of nursing participate, and we have 38 boards of nursing participating, and all of their nursing programs from LPN through all the RN programs contribute data to our database.

So they contribute data on the quality indicators as well as the demographics. So this is becoming the first-ever national nursing education database. So where did this all begin?

Well, as many of you know, most of our boards of nursing approve the nursing education programs. So our board asked for some legally defensible and evidence-based quality indicators that the boards can use when they do these approvals. And that certainly makes a lot of sense because it enhances the scientific foundation of approval.

So we thought this would be pretty easy. We started with the U.S. Department of Education. We had a committee working with us, and we asked them, they have requirements, what is the research to support their requirements? Well, if you remember, the U.S.

Department of Education funds the programs and funds the students they set, and therefore they don't have research in back of it. They just want to make sure that students graduate, get their license, and practice. So then we went to the National Nursing Accreditors because they have requirements too. But what they told us is they have to follow the requirements of the U.S.

Department of Education because they're recognized by the U.S. Department of Education. And therefore, we had to go back to our board and we asked them if we could conduct three national studies and do an integrative literature review so that we can come up with the evidence-based quality indicators.

And we started obviously with the literature review. And as you can see, we had 65 published articles. Now that might not seem like a lot, but we had very high criteria because remember, we're looking at the hierarchy of evidence.

And then secondly, we did a national Delphi and we did this with educators, regulators, and practice throughout the country. And then we conducted, and this was our research department, they are a fabulous department. We conducted a quantitative study of five years of the Boards of Nursing's annual reports. Now this was done in 2020.

At the time, the annual reports were individual for each Board of Nursing. So while, as you can see, we have a lot of data, much of it wasn't consistent because they didn't all ask the same questions. In our annual report program now where we have 38 states participating, all of the programs get all of the consistent questions.

Then we knew that the quantitative data is very valuable. It gives us a lot about what's going on in terms of numbers, you know, how many students are enrolled, what's the turnover of deans and directors or faculty, etc. But it doesn't tell us what happened to cause these to go down. So then we decided we needed to do a qualitative study.

For that study, we had five years of site visit documents. The site visit really gives you the quality and the stories of what's going on in the program when some of these metrics go down, you know, like NCLEX pass rates. So these are the questions we asked on our literature review.

And you can imagine the first question was about annual NCLEX pass rates. Are they the only quality indicator of a pre-licensure nursing program? Because we do have some of the boards of nursing using NCLEX pass rates as well as accreditors. And what we did find in the literature, and we looked not only at the nursing literature on this, but at other professions on this, is that annual licensure or certification pass rates are not a quality indicator, but the trends are.

So in our surveys now, we collect five years of NCLEX pass rates. We also knew that we had to look at additional outcomes and metrics because, you know, the NCLEX is a lagging indicator. It doesn't go down until something else has happened in the program. And we needed to look at what those characteristics are.

And frankly, that's what our quality indicators are. So if you meet the quality indicators and make improvements when some of them are low, it's likely that your outcomes won't fail. And then we looked at warning signs. It was very interesting about the literature of warning signs because a lot of this was published by regulators.

They really look at the programs in depth and they know what's happening. And then we did a national Delphi. And I loved this Delphi because we got great response rates and we got a lot of great information from the educators, clinical nurse educators who are the managers who worked with new graduates, and then education consultants who are the regulators at boards of nursing.

The question we asked was, what are the characteristics of a nursing program where graduates are safe and competent nurses? We learned some really new areas from our clinical nurse educators. We learned, for example, that they want to be involved at the beginning of a curriculum change and not just at the end of a preceptorship when it's just donuts and coffee.

So then with our quantitative report, and again, our amazing research department analyzed this, remember they looked at over 11,000 annual reports. And these were the questions they asked. We looked at the outcome of board of nursing approval, but then you can see we asked a post hoc question and in that question we asked about 80% NCLEX pass rates because again, many of the boards and the accreditors use that.

And you know, we did find those to be pretty similar, what we found in the programs. This is a sample. We have 43 boards of nursing, NRBs, nursing regulatory bodies, with more than 11,000 annual reports. So I really have to thank our boards of nursing for participating in this.

They are really responsible for these quality indicators because they were so participative. The same thing with our qualitative site study with, you know, looking at the stories of the program. We got, again, over 1,200 documents and that is really good because not all of the boards of nursing make site visits.

We hired a renowned qualitative researcher and she used her doctoral student as well because at the time we didn't have qualitative researchers at NCSBN. So they did the analysis for us and it was an amazing analysis. It told the story of what was happening when there were so many of the outcomes falling in programs. We also found this, and this is one of my favorite findings, that approval improves standards.

So the boards of nursing need to see this. This is great data that really supports approving of nursing education programs. And this can be valuable because in some states, sometimes the legislators say, well, we want to take the board of nursing out of nursing education.

Look, it does help to improve the standards of the nursing programs. So these studies and the literature review were published in our 2020 summer supplement of JNR. It's free to the public on our website. And I so encourage all of you to go to it and read it. So we have a lot of data, right?

What should we do with it? Well, we needed those quality indicators. So we brought in regulators, obviously from the boards of nursing, educators. We brought in educators from NLN, AACN, and ODIN. We brought in attorneys because remember, they needed to be legally defensible. And I can tell you, we really got a lot of help from our attorneys on that.

And then of course, researchers, because this is all based on research. And as you can see, it was decided at the end that at least two of the four national studies had to support a quality indicator, period. So if there's anything else we thought, you know, that should be one.

If two of the four national studies didn't support it, it wasn't able to be included. At the time, we decided that the quantitative data, the annual reports related to the quality indicators need to be analyzed with sophisticated statistics every five years. And look, it has now been five years.

At the end of 2025, our fabulous research department started again, analyzing the quality indicators. So this analysis was exploratory steps for a finalized model. We used repeated measures, a univariate generalized estimating equation regression analysis to evaluate the original quality indicators.

And to be honest, we didn't know if they'd stick or not. Because remember in 2020, all of the boards had different annual reports, whereas in the next five years, we got very consistent data. And then the following quality indicators are significant at the 0.05 level. So they're all significant predictors of outcomes.

And before I share all of those quality indicators with you, look at this. We had 36 states, and this was at the end of 2025, with more than 7,000 observations. We had, look at the number of RN and LPN programs, and great, 984 schools had four or more observations between 2020 and 2025.

So here we go with the quality indicators. Many programs have fewer than three deans or directors in five years. This is a struggle with programs. This is a major quality indicator that you need to have fewer than three in five years.

We're seeing big turnovers. This is something we need to focus on in nursing education. Why is this happening? And what can we do about it? And I'm looking at it at NCSBN, and I believe also the Texas Board of Nursing is looking at it in their state.

The next two on simulation. Simulation faculty need to either be certified or go through that INACSL simulation program. The simulation center either needs to be accredited or recognized. At the very beginning in 2020, there were very few schools that did this. It has improved over the years.

And I think that's partly because it's a quality indicator. Still very low, but it is something schools need to look at because again, it's a significant quality indicator. The program has resources for non-native English speakers. Now what do you think about that?

We asked the question, the program or the parent program has resources. And at the beginning in 2020, we found that only about 50% of the programs said yes to this. However, that has also improved, not a whole lot, but it has improved over the five years. It's one area that we do need to focus on.

And then programs offering support to students with low socioeconomic statuses and also formal remediation and formal is defined in the survey for students with low academic performance. Those two are pretty well being followed. And so that is really good.

So then the program has 70% or higher on-time graduation rates. Now the on-time, sometimes we get criticized for using on-time, we should use one and a half times, but the on-time was chosen because of the U.S. Department of Education, as well as if a student comes into a program, they plan to graduate when the program says they will.

We are seeing this pretty low in nursing education programs, well below the 70% in some programs. And so this is another area that we need to focus on. And what about programs being more than six

years old or under seven years old, the younger programs? Well, the older programs are more seasoned, so it kind of makes sense that they're having better outcomes.

It doesn't mean that those new programs are terrible, but it does mean that they need more supervision. And that is usually done by the board of nursing. Then clinical courses having 50% of direct care in clinical experiences. This one is definitely being followed. And that surprised me a little bit because a lot of times I hear when I go out to the conferences, oh, well, we just have a whole lot of simulation in nursing education right now.

You know what? We have the data. We do not. Remember, we have data on 38 states and all their programs. And you know what we're finding? The mean of the number of hours in simulation is below 100. So this is an area that we need to focus on.

And then in terms of full-time faculty, interestingly, we are seeing that many faculty have below 35% full-time faculty. Now this one surprised me as well. I was faculty at Loyola University of Chicago before I came to NCSBN.

And I thought, oh, you know, this is going to be much higher than 35%. Once we have more consistent data, it'll probably be up there to 50% at least. Well, I can tell you, again, we have the data from 38 states and all their programs. And in a couple of programs, it was zero full-time faculty.

And in many, it was like 10%, 15%, 20%. This is another area we need to focus on. Think about it. You know, you need full-time faculty for advisement, curricular changes, systematic evaluation. Again, this is another area where we really need to see improvement.

Now, if you remember, our quality indicators need at least two of the four studies to support them. And we have that with the credentials of faculty and deans and directors on RN programs, both the qualitative study and the literature review. And we did update that literature review in 2025.

Faculty need to have a graduate degree. And for the most part, that is attained. However, deans and directors need a doctorate, particularly in the ADN programs. That is lower than we'd like to see. And it's really an important quality indicator because in some states, we're seeing legislators trying to decrease faculty credentials.

In their minds, this will help with a nursing shortage because if you have more faculty because you've lowered the credentials, then you'll have more enrollment of students. And therefore, you'll have more nurses out there and you won't have as much of a nursing shortage. Well, what don't they think about?

The competency and safety of those graduates. So this national quality indicator really needs to be used if that question comes up in your states. Then programs must offer disability support. And this for the most part is happening and it's probably because of the ADA. Similarly, we're seeing, and again, formal is defined for faculty when they take these surveys, formal mentoring of new full-time faculty and formal orientation of adjunct faculty.

So we're very glad to see that this is happening because it's really very important. However, again, supported by the 2020 qualitative study and literature, we need policies in place for remediation of errors and near misses.

Now, I thought this would happen in almost all the programs, but I was very wrong. Only about 80% of the programs have these kind of policies in place. So this is another area that we really must improve. And then programs provide significant faculty development. And we did define faculty development, I think, pretty well, such as money for conferences, and this is money to each faculty, major speakers being brought in, etc.

And for the most part, we're seeing that this is happening, though the monetary amounts per faculty could be improved in some schools. For example, as you know, it's hard to attend a conference for only $200, and that's sometimes what we're seeing. We are still looking for answers with how the numbers of clinical hours impact outcomes.

NCSBN has been counting clinical hours since 2010, and I can tell you they have fallen and fallen, especially precipitously after 2020 and the pandemic. And so we're looking to see how this is impacting outcomes. Similarly, while we have RN faculty and dean and director credentials, there's not a lot out there on LPN credentials for faculty and for directors.

We are still recommending that faculty have at least a BSN and directors have a graduate degree, but I have to admit, we don't at this point have the research to support that. So what about next steps?

We're not done yet. Research will take all of these significant quality indicators and develop a model that will identify both the important and redundant predictors. When this is in place, we will definitely publish it and disseminate the results of that model.

So thank you so much for your time and attention today, and I hope you're as excited with these results as we are at NCSBN. And now it is time for any questions you might have for me. So please ask away. Thank you again.

- [Jason] Great job, Nancy. And I'm pleased to be joined by Nicole as well.

So let me just get things going. I see quite a few questions already. Nancy, in addition to the spring 2026 issue of Leader to Leader, what other plans might you have to publish some of these results?

- Well, we are very excited that we're going to put into that April 2027 special nursing education issue of JNR. We're going to put a special publication in on that, and it's going to be about all of these quality indicators, showing the evidence behind them, because we really want to get this disseminated out not only to boards of nursing, but then also to faculty.

So we're very excited about that. And another publication that I am going to be writing is also about the annual report program. You know, again, you're right. We have a lot of things in Leader to Leader, but we need to get more things into the journals. And so we are going to write an article on that and have it published for the nurse educators as well.

- Thank you, Nancy. If I could follow up on the 35% full time faculty quality indicator, who is that inclusive of? Is that didactic and lab and sim, maybe off-site faculty? What are we looking at there?

- We are looking at everyone. We're looking at all adjunct, all part-time and all full-time faculty. And that's what the quality indicator found for us. Remember, it was statistically significant, showing statistically significant outcomes if they had that.

And I was I think I said this in the presentation. I was surprised when I saw all of the results that there are very many programs that just don't have that and have much below it. But it's all faculty.

- Thank you. And since we have Nicole here, Nicole, I think I may direct this one to you, but you can certainly bounce it to Nancy as well. Once the model is complete, how do you anticipate it could differ from the previous model from 2020?

- [Dr. Kaminski-Ozturk] Thanks, Jason. So the 2020 model identified elements of interest in a univariate fashion. Well, this updated version's going to place all these elements together. And we're going to see if some become more or less important depending on the presence of other program characteristics. So we're hoping that this this additional information will provide boards of nursing deeper insights into the pre licensure nursing programs within their jurisdiction.

- Very good. Nancy, there's a compliment from the audience, which is just thanking you for your important work. But then it follows up as well. Do you envision these indicators ultimately having influence over accreditation, moving accreditation away from traditional outcome measures into some of these leading quality indicators?

- Well, we have talked to the accreditors. We've also talked to NLN and we've talked to AACN about, you know, establishing these. Right now, they're not a part of it, but we will continue these talks because they really should be.

You know, these are really evidence-based, you know, significantly different outcomes. So I'm hoping that that will go. And again, we're talking. But at this point, nothing has really come to fruition. But, you know, there are especially at CCNE, you know, they're just so into the competency-based education that that's what they're really pushing right now.

But this can certainly be a part of that.

- Thank you for that. And then in terms of deans with doctorates, is there a particular type of doctorate that the data points to or that your instincts maybe would direct deans toward?

- There isn't. But I will tell you that this came out very strong in the qualitative study. But at this point, we don't have like is a DNP better than a PhD or is a PhD in anthropology okay? We don't have that at this point, but it's not just doctorate in general.

- Got it. And then final question, I think before we hit time, so I may try to route some of the additional questions to you offline. But at the moment, when we say quality indicators, are we thinking pre-licensure and APRN only or all nursing programs?

- We're only thinking pre-licensure. This is only done on pre-licensure, not even APRN programs. And it was done to help the boards of nursing so that they can have some data to collect for approval. So moving down the line for APRN programs, that might be a way to go. If more boards use approval of the programs, then certainly they would also want to have to do something about quality indicators as well.

- Well, you know what, we still have 30 seconds left. And I think this last question is so much in your wheelhouse, Nancy. Why aren't all states participating in this process or data collection?

- Well, I think as some of you know, we've had a lot of turnover on boards of nursing. And part of it is we just have to get the word out more. And we're doing that at delegate assembly. We have an exhibit booth. I think also sometimes the boards worry that maybe it'll be more work this way. But actually, we have evidence from the boards of nursing that are part of it that it actually decreases their work.

I think it's really finding out what that evidence is to be a part of it.

- Okay, well, with that, Nancy, Nicole, thank you very much. And for our audience, one final time, head to the lobby and choose which of two concurrent sessions you want to head to. And we will shortly close things out. Thanks so much.

- Thank you, Jason.