NJCCN
for nursing

20th Anniversary

Nursing Data and Analysis

New Jersey Collaborating Center for Nursing

Edna Cadmus PhD, RN, NEA-BC, FAAN
Executive Director
Pamela B. de Cordova, PhD, RN-BC
Nurse Scientist
Susan Weaver, PhD, RN, CRNI, NEA-BC
Nurse Scientist
Arun Ravichandran, MS
Data Analyst
Zifan Li, MS
Data Analyst
Maria Zamora, CPA
Finance Manager
Nicole Thomas
Department Administrator
Zohar Hasson, BA
Administrative Assistant

Vision

- To be the dominant voice on nursing workforce solutions for New Jersey residents.

Mission

- Ensure that competent, future-oriented, diverse nursing providers are available in sufficient numbers and preparation to meet the demand of the evolving healthcare system in New Jersey.

- Transform the healthcare system through research and innovative model programs.

- Create a central repository for education practice and research related to the nursing workforce.

- Engage academic/practice partners, inter-professional colleagues, government and legislative agencies, consumers, business, and industry.

- Promote a positive image for nursing.

The correct reference is as follows:
New Jersey Collaborating Center for Nursing. (2023). *Nursing data and analysis.* Newark, NJ; NJCCN.
https://www.njccn.org/nursing-workforce-supply-and-demand/

NOTE:

Any future modifications to this report will be published electronically.
For the most recent data on the New Jersey Nursing Workforce, visit www.njccn.org.

Contents

Introduction

The New Jersey Collaborating Center for Nursing (NJCCN) is the primary source for data on New Jersey's nursing workforce. NJCCN serves as a catalyst for the implementation of innovative education and practice models using data to create programs that address needs in the state. To that end, NJCCN conducts an annual survey of all nursing education programs on behalf of the New Jersey Board of Nursing (NJBON). This Educational Capacity Survey allows NJCCN to monitor enrollment and graduation trends as well as demographics of both students and faculty. These data contribute to the **supply** data.

Working collaboratively with NJBON, NJCCN also collects workforce data at time of licensure renewal for Registered Nurses (RNs), Licensed Practical Nurses (LPNs), and Advanced Practice Nurses (APNs). In 2018, NJBON transitioned its survey questions to the Nursys® Licensure and Workforce tool to align with national datasets. The Educational Capacity and Workforce data together create our understanding of the **supply** of nurses in New Jersey.

Based on the national trends and the need to monitor and prepare the workforce, NJCCN has determined that using real-time **demand data** is an important first step in evaluating demand for nursing in New Jersey. While survey data for a specific industry is important, the limited response rate of surveys and the delays in obtaining primary data in real-time do not make these methods a first-tier approach. Quality data are a prerequisite for effective workforce planning and policymaking for the nursing workforce. Healthcare workforce forecasting models provide a means for making future projections, which can be valuable in quantifying the supply, distribution, and demand of nurses and are critical to designing programs and policies that will ensure access to care and an effective healthcare system (Bienemy, 2015).

Forecasting nursing workforce supply and demand is complex. State-level data may be more detailed than national data, leading state-level projections to differ substantially from their national counterparts. Some variables, such as changes in healthcare or population shifts within New Jersey, may be too difficult to factor into the model. Though the goal is to provide current data on supply and demand, one must view this report in the context of volatility. Workforce data should to be viewed with the following caveats:

- National estimates may differ from state data substantially

- Nurses work in teams and therefore other healthcare workforce members data are also important to consider (e.g. Certified Nursing Assistants, Home Health Aides, and MDs)

- Projections that are further out in years have a greater error rate

- Data are only as good as the information that is provided by the respondent

How to Use the Report

This report is broken up into the following chapters, with references and a glossary at the end:

- Chapter 1: Educational Capacity Report

- Chapter 2: Workforce Supply Data

- Chapter 3: Workforce Demand Data

- Chapter 4: Nurse Retirement Projections

Executive Summary

The 2023 edition of the Nursing Data and Analysis Report provides insights on the workforce supply and demand data across setting. The pandemic over the last 2 years has significantly impacted the workforce.

New in this Report:

- Impact of COVID-19 on Nursing Educational Programs

- Nurse Licensure Compact Data

- Expanded Demand Data

Issues Facing the Residents of New Jersey Include:

- Primary health care access deficit

- High maternal mortality rates, especially with populations of color

- Aging population which increases care needs

- Increase mental health concerns

- Increase in health costs

National Perspective

- Demand for healthcare workers continues to outpace supply.

- Turnover and vacancy rates for healthcare workers are high across settings in the U.S.

    - RN Turnover in hospitals nationally is 27% (NSI, 2022).
    - RN Vacancy rates in hospitals nationally is 17% (NSI, 2022).
    - For every 1% change in RN turnover, it will cost organizations $262,300 (NSI, 2022).
    - RNs with less than 1 year service have a turnover rate of 27.7% (NSI, 2022).

- Economic instability in healthcare organizations have been impacted by the pandemic.

- Agency and travel nursing costs are significant across all settings.

Areas of Focus for Healthcare

Health and Wellbeing	Delivery Model Changes	Diversity, Equity, Inclusion & Belonging
• Comprehensive support • Reduce workplace violence concerns • Healthy work environment initiatives	• Telehealth and technology expansion • Workflow changes • Interprofessional collaboration • New competencies for students and staff • *ANA Staffing recommendations from think tank for integration into work environment	• Intentional recruitment and retention strategies • Reducing health disparities through a more diverse workforce

At a national level, nursing organizations are creating a blueprint for nursing. The Tri-Council and the *ANA, AONL, American Association of Critical Care Nurses, IHI, and HFMA have developed staffing recommendations. These reports can be found at the end of this summary. These reports can help develop strategic directions for NJ.

The Future of Nursing 2020-2030 Report (NASEM, 2021) Recommendations Include:

- An increase in the number of nurses available to meet the healthcare demands will be required.

- Right size the distribution of nurses where they are needed, especially in specialty areas.

- Ensure a nursing workforce that is diverse and prepared with the knowledge and skills to address the social determinants of health.

- Overcome barriers affecting workforce capacity such as faculty availability.

- Ensure the health and well-being of nurses are addresses across the continuum.

Supply Projections for New Jersey

Faculty

- Faculty shortages identified in LPN (20%) and RN (range 4-8%) programs.

- Surveys were sent to schools of nursing to determine enrollment capacity in 2022. Results showed that schools were unable to enroll more students.

  - 93% of BSN programs
  - 90% of ADN programs
  - 88% of Diploma programs

Pre-Licensure

- New graduates are being employed at a faster rate.

- NCLEX rates for RNs and LPNs have declined in 2021.

- LPN pass rates are 5% below the national average.

- Racial/ethnic diversity is highest in LPN-RN bridge and LPN programs.

Workforce

- The workforce is primarily female (APN 90%, RN 91%, LPN 90%).

- RN workforce is primarily white (60%), have a BSN or higher degree (70%), and are hospital based (54%).

- LPNs are of diverse racial/ethnic backgrounds (over 48%) and work primarily in nursing homes and home care.

- APNs are primarily white (61%) and are working in hospital settings (44%).

- In 2021, the nurse license compact was instituted, 860 nurses applied for multi-state compact licensure.

Demand Projections for New Jersey

- Posting intensity is high for RNs with greatest demand for ICU nurses.

- NJ has the highest demand concentration for NPs in the country.

- NJ has high demand concentration for RNs and LPNs in the country.

- Turnover rate for LPNs (50%), RNs (24%), and NPs (29%) are high, which translates to high demand.

Initiatives in New Jersey

- New graduate residency programs (NJCCN nurse residency collaborative) - 21 hospitals participating in a 12-month transition into practice initiative. First year outcomes showed 10% turnover as compared to the national turnover of 27%.

Legislative Bills Pending

- S1522/A2286 eliminates practice restrictions for APNs.

- S2825/A4325 provides 25 million for academic program grants, 1.2 million for NJ-NEW continuation, mandatory data collection, investment to re-purpose funds to continue to implement transition into practice programs across settings, preceptor tax credits for APN students, and transfer of CNAs to the NJ Board of Nursing.

- A4614 Nursing Faculty Loan Redemption Program definition of faculty and time when nursing faculty can apply revised to increase usage.

Resource Reports

- NSI (2022). NSI national health care retention & RN staffing report. NSI Nursing Solutions Inc. Retrieved at: https://www.nsinursingsolutions.com/Documents/Library/NSI_National_Health_Care_Retention_Report.pdf.

- Tri-Council for Nursing (2021). Transforming together implications and opportunities from Covid-19 Pandemic for nursing education, practice and regulations. Retrieved at: https://img1.wsimg.com/blobby/go/3d8c2b58-0c32-4b54-adbd-efe8f931b2df/downloads/Tri-Council-COVID-19-Report-5-2021-Updated2.pdf?ver=1623419813920.

- ANA, AONL, AACN, HFMA, IHI (2022). Nurse staffing think tank: Topics and recommendations. Retrieved at: https://www.nursingworld.org/ 49940b/globalassets/practiceandpolicy/nurse-staffing/nurse-staffing-think-tank-recommendation.pdf.

Chapter 1

Educational Capacity Report

This chapter presents program information and statistics on students and faculty in New Jersey's nursing education programs. These data were self-reported by schools in the 2020-2021 surveys. This survey is distributed annually by NJCCN and compliance is reported to the NJBON. To reduce duplication and survey fatigue, data were obtained from the American Association of Colleges of Nursing (AACN) and a shorter survey was provided to BSN and higher deans and directors.

The first section of this chapter presents program information and student data for pre-licensure and post-licensure programs for Registered Nurse (RN) education (see **Figure 1.1**). The second section presents program information and student data for Practical Nurse education programs. The third section describes faculty employment and demographic data.

Educational Capacity Report-RN

Overview

Figure 1.1: Pre-Licensure and Post-Licensure RN Nursing Program Types
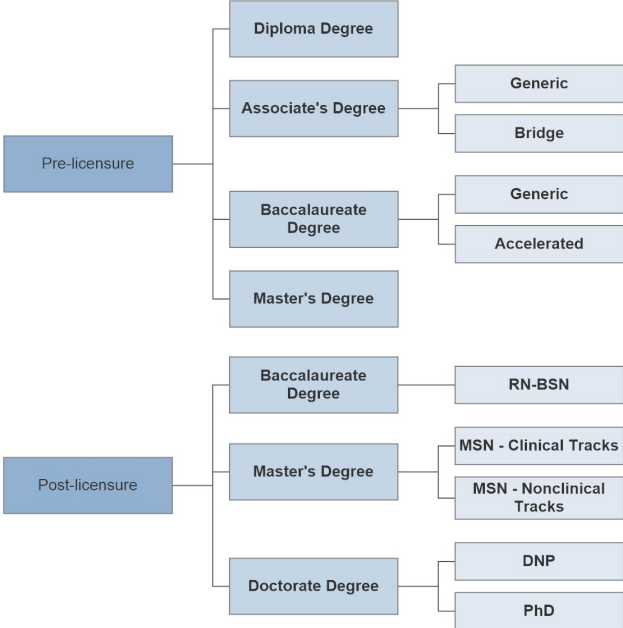
There are 48 schools in New Jersey that provide RN education (pre-licensure and post-licensure). **This year, 46 schools provided data on their educational capacity.** Pre-licensure programs qualify graduates to sit for the National Council Licensure Examination for Registered Nurses (NCLEX-RN). These include Diploma in Nursing (DIP); Associate Degree in Nursing (ADN); Baccalaureate of Science in Nursing (BSN); and Pre-licensure Master's in Nursing (Pre-licensure MSN). Please note that although Associate Degree programs may be Associate Degree in Nursing (ADN), Associate of Science Degree in Nursing (ASN) or Associate of Applied Science in Nursing (AAS), for the purposes of this report, all Associate Degree Programs are abbreviated as ADN.

Post-licensure programs provide additional credentials for graduates who have already attained their RN licensure. These include RN-BSN Programs for Registered Nurses who obtained their degree at the Diploma or Associate level; Post-Licensure Master's Degrees (Post-licensure MSN); Doctorate of Nursing Practice (DNP); and Doctor of Philosophy in Nursing (PhD).

New Jersey schools offer the following pre-licensure and post-licensure programs. Each school may have multiple programs. For example, one school could have both a Generic ADN and an ADN-Bridge program.

NOTE: Data for the rest of this chapter only includes respondent programs/schools. The data in this chapter combines AACN data and NJCCN survey data.

Table 1.1: New Jersey RN Programs

Pre-licensure Nursing Schools
5 Diploma Schools
21 Associate Degree Schools (17 Generic programs; 12 ADN Bridge (LPN-RN) programs)
20 Baccalaureate Degree Schools (17 Generic Programs; 12 Accelerated Programs; and
    1 LPN to BSN Program)
2 Pre-licensure Masters programs
Post-licensure Nursing Programs
18 RN to BSN
18 Post-licensure Master's
11 Doctorate of Nursing Practice (DNP)
3 Doctor of Philosophy (PhD) in Nursing

Table 1.2: Federal tax classification status

	DIP N=5	ADN N=19	BSN and Higher Degree N=20
Public	1 (20%)	16 (84%)	10 (50%)
Private/Secular	2 (40%)	3 (16%)	4 (20%)
Private/Religious	2 (40%)	0 (0%)	6 (30%)

N is the number of respondent schools.

In the Educational Capacity Survey, NJCCN presented possible reasons for why respondents rejected qualified applicants. **Table 1.3** represents the reasons for rejection of qualified applicants. The highest reasons for rejection are at the associate degree level.

Table 1.3: Reason for rejection of qualified applicants

	DIP N=5	ADN N=19	BSN and Higher Degree N=20
No applications rejected	3 (60%)	6 (32%)	2 (10%)
Lack of qualified faculty	0 (0%)	6 (32%)	9 (45%)
Lack of clinical space	2 (40%)	5 (26%)	0 (0%)
Limited classroom space	1 (20%)	5 (26%)	2 (10%)
Lack of clinical sites	2 (40%)	8 (42%)	4 (20%)
Other	0 (0%)	6 (32%)	10 (50%)

N is the number of respondent schools.

Pre-Licensure Programs

Program Characteristics

This section presents information about the format and content of New Jersey's pre-licensure education programs. Pre-licensure programs are those that prepare students for the **initial** National Council Licensure Exam for Registered Nurses (NCLEX-RN) that leads to licensure as a registered nurse. All survey respondents were accredited nursing education programs.

Self-reported data in **Table 1.4** indicates the delivery format during this time period. Based on the previous report, transition from hybrid to face-to-face has increased.

Table 1.4: Delivery format of pre-licensure programs

	DIP	ADN Generic	ADN Bridge	BSN Generic	BSN Accel.	MSN
Face-to-Face	3	11	8	15	10	2
Hybrid	3	6	6	5	6	0

In NJCCN's Educational Capacity Survey, clinical practice time may be hands-on, or in skill labs, simulation labs, or other settings. As shown in **Table 1.5**, a majority of clinical practice time is hands-on across all levels of pre-licensure RN education.

Table 1.5: Format of Clinical Practice Time (%)

	DIP N=5	ADN Generic N=15	ADN Bridge N=12	BSN Generic N=17	BSN Accel. N=12	MSN N=2
Skill Lab	17%	19%	17%	12%	13%	20%
Simulation Lab	9%	13%	13%	12%	16%	10%
Hands-On	74%	68%	70%	75%	67%	70%
Other	0%	0%	0%	1%	4%	0%

N is the number of respondent programs.

Table 1.6 shows graduates are being employed at a faster rate. This is reflective of the current demand for nurses.

Table 1.6: Time to employment after graduation (%)

	DIP N=5	ADN Generic N=15	ADN Bridge N=12	BSN Generic N=17	BSN Accel. N=12	MSN N=2
0-3 Months	23%	16%	24%	32%	37%	45%
4-7 Months	8%	19%	23%	28%	23%	5%
8-11 Months	56%	10%	2%	6%	1%	0%
12+ Months	6%	20%	0%	6%	8%	0%
Unknown/Do not Track	7%	35%	50%	27%	31%	50%

N is the number of schools reporting.

Pre-Licensure Application, Admission, Enrollment, and Graduation

The total number of applicants reported by each school may be greater than the raw number of applicants if an individual applied to more than one school. Our data do not provide unique identifiers for each applicant, and thus a student applying to two programs will be counted twice. **Table 1.7** through **Table 1.10** provide the number of pre-licensure applicants, admitted students, enrollees, and graduates for the 2021 academic year and four-year trended data for 2018-2021.

In **Table 1.7**, the number of Available Seats (Available) is a count of the total number of seats available for newly admitted students. Qualified Applicants (Qualified) are those who submitted complete applications on time and met all institutional requirements for formal admission to the nursing program. Admitted Applicants (Admitted) are those who received official notice from the program that they were invited to begin the nursing program. Enrollees are those who actually enrolled in the program. The data shows a sufficient number of seats for those enrolled. Schools have not used all available seats. The reasons are identified in Table 1.7.

Table 1.7: Pre-licensure student application, admission, and enrollment 2021

	DIP N=5	ADN Generic N=15	ADN Bridge N=12	BSN Generic N=17	BSN Accel. N=12
Available	1,176	1,734	967	3,100	1,123
Qualified	1,008	2,310	1,157	7,857	1,301
Admitted	865 (86%)	1,713 (74%)	865 (75%)	7,181 (91%)	1,246 (96%)
Enrollees	803 (93%)	1,573 (92%)	828 (96%)	2,577 (36%)	612 (49%)

N is the number of respondent schools.

Table 1.8: Pre-licensure student application, admission, and enrollment trend 2018-2021

	2018 N=42	2019 N=45	2020 N=48	2021 N=45
Available	5,878	5,736	6,055	8,100
Qualified	11,478	12,056	13,051	13,633
Admitted	8,279	8,101	9,285	11,870
Enrollees	4,467 (59%)	4,762 (59%)	5,423 (59%)	6,399(54%)

N is the number of respondent schools.
AACN does not collect application data on pre-licensure MSN students despite that two schools in NJ currently have pre-licensure MSN programs. The data in this table has been updated to account for removing the MSN data.

Table 1.9 shows the total number of students enrolled in pre-licensure programs each year, inclusive of all students from new enrollees through those in their final year.

Table 1.9: Pre-licensure total student enrollment trend 2018-2021

	2018 N=42	2019 N=45	2020 N=48	2021 N=45
DIP	1,584 (14%)	1,449 (13%)	1,584 (12%)	1519 (12%)
ADN	4,100 (35%)	3,465 (31%)	4,478 (34%)	3,878 (29%)
BSN	5,861 (51%)	6,179 (56%)	7,190 (54%)	7,751 (59%)
MSN	42 (0%)	27 (0%)	47 (0%)	55 (0%)
Total	**11,587**	**11,120**	**13,299**	**13,203**

N is the number of respondent schools.

Table 1.10: Pre-licensure student graduation trend 2018-2021

	2018 N=42	2019 N=45	2020 N=48	2021 N=45
DIP	384	473	630	521
ADN Generic	1,074	977	1,303	1,313
ADN Bridge	628	490	466	406
BSN Generic	975	1,426	1,495	1,495
BSN Accelerated	291	498	588	547
MSN	22	25	14	12
Total	**3,374**	**3,889**	**4,496**	**4,294**

N is the number of respondent schools.

There was a total of 4,294 pre-licensure graduates from NJ pre-licensure nursing programs in 2021. The data in **Table 1.10** shows an increase in the number of pre-licensure graduates from 2018 to 2021.

NCLEX-RN Pass Rates for Pre-Licensure Students

Nursing students must pass the National Council Licensure Exam (NCLEX-RN) to receive licensure as an RN. **Table 1.11** and **Table 1.12** show the pass rates for first-time, U.S. and NJ educated candidates who took the NCLEX-RN in 2021 (NCSBN, 2022). These data represent all NJ schools. NJ was 2% higher than the U.S. in pass rates for RNs. Compared to 2020, there was a decrease of 4% for the New Jersey NCLEX pass rate for all programs. This trend was similar nationally where the cumulative pass rate was 87% in 2020 and was 82% in 2021.

Table 1.11: First-Time, NJ Educated Candidates Taking the NCLEX-RNⓇ in 2021

	Candidates	Total Passed	Pass Rate (%)
Diploma	532	452	85%
ADN	1,787	1,470	82%
BSN	1,889	1,593	84%
Total	**4,208**	**3,515**	**84%**

Table 1.12: First-Time, U.S. Educated Candidates Taking the NCLEX-RNⓇ in 2021

	Candidates	Total Passed	Pass Rate (%)
Diploma	2,296	1,837	80%
ADN	88,349	69,796	79%
BSN	94,308	81,105	86%
Total	**184,953**	**152,738**	**82%**

Pre-Licensure Student Demographics

Table 1.13 describes pre-licensure student demographics. This is inclusive of all students matriculating in the 2021 academic year, from new enrollees to those who are about to graduate. Any student data that was not known by respondent schools is marked DND for "Did not Disclose".

Table 1.13: Pre-licensure student demographics

	DIP	ADN Generic	ADN Bridge	BSN Generic	BSN Accel.	MSN
	N=1,519	N=2,830	N=1,048	N=6,637	N=1,114	N=55
Gender						
Female	1,321 (87%)	2,386 (84%)	958 (91%)	5,752 (87%)	890 (80%)	48 (87%)
Male	198 (13%)	437 (15%)	90 (9%)	867 (13%)	224 (20%)	7 (13%)
Transgender	0 (0%)	1 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
DND	0 (0%)	6 (0%)	0 (0%)	18 (0%)	0 (0%)	0 (0%)
Race/Ethnicity						
American Indian	4 (0%)	11 (0%)	3 (0%)	14 (0%)	3 (0%)	1 (2%)
Asian	138 (9%)	300 (11%)	66 (6%)	996 (15%)	134 (12%)	4 (7%)
Black/African Am.	442 (29%)	390 (14%)	584 (56%)	1062 (16%)	178 (16%)	14 (25%)
Hawaiian/Pacific Isl.	20 (1%)	29 (1%)	2 (0%)	66 (1%)	7 (1%)	1 (2%)
White	418 (28%)	1,370 (48%)	174 (17%)	2,854 (43%)	514 (46%)	22(40%)
Hispanic/Latino	366 (24%)	512 (18%)	125 (12%)	1,327 (20%)	245 (22%)	0 (0%)
Other	45 (3%)	57 (2%)	4 (0%)	0 (0%)	0 (0%)	2 (4%)
2 or more Races	42 (3%)	67 (2%)	24 (2%)	265 (4%)	33 (3%)	11 (20%)
DND	44 (3%)	94 (3%)	66 (6%)	53 (1%)	0 (0%)	0 (0%)
Age						
17-20	45 (3%)	233 (8%)	4 (0%)	2,956 (45%)	2 (0%)	0 (0%)
21-25	425 (28%)	887 (31%)	94 (9%)	2,119 (32%)	491 (44%)	21 (38%)
26-30	413 (27%)	664 (23%)	211 (20%)	760 (11%)	351 (32%)	18 (33%)
31-40	440 (29%)	730 (26%)	431 (41%)	479 (7%)	221 (20%)	10 (18%)
41-50	145 (10%)	241 (9%)	228 (22%)	146 (2%)	35 (3%)	5 (9%)
51-60	37 (2%)	68 (2%)	60 (6%)	36 (1%)	13 (1%)	0 (0%)
61+	1 (0%)	5 (0%)	6 (1%)	1 (0%)	1 (0%)	1 (2%)
DND	13 (1%)	2 (0%)	14 (1%)	140 (2%)	0 (0%)	0 (0%)
Mean Age	**30.9**	**29.8**	**36.3**	**23.2**	**28.2**	**29.6**

N is the number of students.

Pre-licensure nursing students are primarily female at 86%. Male students account for 14% of the nursing workforce. Most students across all levels of pre-licensure education are White (41%), followed by Black/African American (20%), Hispanic/Latino (20%) and Asian (12%). Most students in the BSN Generic and BSN Accelerated are in the lower age brackets compared to the other programs.

Table 1.14 describes four-year trends in pre-licensure nursing student demographics.

Table 1.14: Pre-licensure student demographic trend 2018-2021

	2018 N=42	2019 N=45	2020 N=48	2021 N=45
Gender				
Female	9,883 (85%)	9,645 (87%)	11,240 (85%)	11,355(86%)
Male	1,578 (14%)	1,448 (13%)	1,954 (15%)	1,823(14%)
Transgender	0 (0%)	0 (0%)	10 (0%)	1(0%)
DND	126 (1%)	28 (0%)	95 (1%)	24(0%)
Race/Ethnicity				
American Indian	40 (0%)	29 (0%)	41 (0%)	36(0%)
Asian	1,365 (12%)	1,362 (12%)	1,543 (12%)	1,638(12%)
Black/African Am.	2,205 (19%)	2,062 (19%)	2,461 (19%)	2,670(20%)
Hawaiian/Pacific Isl.	71 (1%)	60 (1%)	95 (1%)	125(1%)
White	4,989 (43%)	4,813 (43%)	5,575 (42%)	5,352(41%)
Hispanic/Latino	1,909 (16%)	1,904 (17%)	2,444 (18%)	2,575(20%)
Other	59 (1%)	95 (1%)	131 (1%)	108(1%)
2+ Races	385 (3%)	316 (3%)	446 (3%)	442(3%)
DND	564 (5%)	479 (4%)	563 (4%)	257(2%)
Age				
17-20	2,800 (24%)	2,810 (25%)	2,852 (21%)	3,240(25%)
21-25	3,797 (33%)	3,570 (32%)	3,919 (29%)	4,037(31%)
26-30	1,984 (17%)	1,841 (17%)	2,309 (17%)	2,417(18%)
31-40	1,878 (16%)	1,782 (16%)	2,164 (16%)	2,311(18%)
41-50	845 (7%)	761 (7%)	801 (6%)	800(6%)
51-60	164 (1%)	181 (2%)	233 (2%)	214(2%)
61+	11 (0%)	21 (0%)	11 (0%)	15(0%)
DND	108 (1%)	154 (1%)	1,010 (8%)	169(1%)
Total Students	**11,587**	**11,120**	**13,299**	**13,203**

N is the number of respondent schools across all pre-licensure settings.

Post-Licensure Programs

Program Characteristics

Post-licensure programs provide additional credentials for graduates who have already attained their RN licensure. **Table 1.15** describes the delivery format of post-licensure programs. Except for PhD programs, post-licensure programs are delivered in a variety of online, face-to-face, and hybrid formats.

Table 1.15: Delivery format of post-licensure programs

	RN-BSN	MSN Clinical	MSN Non-Clinical	DNP	PhD
	N=18	N=13	N=14	N=11	N=3
Exclusively Online	8	3	4	5	1
Face-to-Face	3	2	1	1	2
Hybrid	8	8	9	7	0

N is the number of respondent programs.

Post-Licensure Application, Admission, Enrollment, and Graduation

The total number of applicants reported by each school may be greater than the raw number of applicants if an individual applied to more than one school. Our data do not provide unique identifiers for each applicant, and thus a student applying to two programs will be counted twice. The following four tables provide post-licensure application, admission, enrollment, and graduation rates for the 2021 academic year and four-year trended data for 2018-2021.

Table 1.16: Post-licensure student application, admission, and enrollment 2021

	RN-BSN N=18	MSN N=18	DNP N=11	PhD N=3
Available	1,123	745	398	10
Qualified	1,301	437	285	11
Admitted(%)	1,246 (96%)	382 (87%)	284 (100%)	11 (100%)
Enrollees(%)	612 (49%)	238 (62%)	206 (73%)	10 (91%)

N is the number of respondent programs.

In **Table 1.16**, the number of Available Seats is a count of the total number of seats available for newly admitted students. Qualified Applicants (Qualified) are those who submitted complete applications on time and who met all institutional requirements for formal admission to the nursing program during the reporting period. Admitted Applicants (Admitted) are those who received official notice from the program that they were invited to begin the nursing program during the reporting period. Enrollees are those who actually enrolled in the program.

Table 1.17: Post-licensure student application, admission, and enrollment trend 2018-2021

	2018 N=20	2019 N=21	2020 N=19	2021 N=20
Available	6,310	7,875	1,567	2,776
Qualified	2,299	2,245	2,361	2,034
Admitted (%)	2,211 (96%)	2,137 (95%)	2,239 (95%)	1,923(95%)
Enrollees (%)	1,447 (65%)	1,427 (67%)	1,584 (71%)	1,066(55%)

N is the number of respondent schools.

Table 1.18: Post-licensure total student enrollment trend 2018-2021

	2018 N=20	2019 N=21	2020 N=19	2021 N=20
RN-BSN	1,947 (49%)	1,600 (38%)	1,544 (41%)	1,602(38%)
MSN	1,235 (31%)	1,709 (41%)	1,333 (35%)	1,667(40%)
DNP	738 (18%)	811 (19%)	868 (23%)	866(21%)
PhD	85 (2%)	70 (2%)	60 (2%)	66(16%)
Total	**4,005**	**4,190**	**3,805**	**4,201**

N is the number of schools.

The trend in **Table 1.19** shows the graduate rate for 2021 compared to prior years are flat.

Table 1.19: Post-licensure graduation trend 2018-2021

	2018 N=20	2019 N=21	2020 N=19	2021 N=20
RN-BSN	745	732	518	646
MSN	377	435	416	378
DNP	137	190	155	204
PhD	10	8	4	6
Total	**1,269**	**1,365**	**1,093**	**1,234**

N is the number of respondent schools.

Post-Licensure Student Demographics

Table 1.20 describes post-licensure student student demographics. This is inclusive of all students matriculating in the 2021 academic year, from new enrollees to those who are about to graduate.

Table 1.20: Post-licensure student demographics

	RN-BSN N=1,602	MSN N=1667	DNP N=866	PhD N=66
Gender				
Female	1,364 (85%)	1,484 (89%)	746 (86%)	60 (91%)
Male	237 (15%)	180 (11%)	120 (14%)	6 (9%)
Transgender	0 (0%)	0 (0%)	0 (0%)	0 (0%)
DND	1 (0%)	3 (0%)	0 (0%)	0 (0%)
Race/Ethnicity				
American Indian/Alaska Native	3 (0%)	2 (0%)	2 (0%)	0 (0%)
Asian	189 (12%)	205 (12%)	132 (15%)	6 (9%)
Black/African Am.	256 (16%)	215 (13%)	199 (23%)	11 (17%)
Hawaiian/Pacific Isl.	7 (0%)	10 (1%)	1 (0%)	5 (8%)
White	702 (44%)	886 (53%)	354 (41%)	35 (53%)
Hispanic/Latino	282 (18%)	228 (14%)	134 (15%)	8 (12%)
Other	0 (0%)	0 (0%)	0 (0%)	0 (0%)
2+ Races	44 (3%)	33 (2%)	11 (1%)	1 (2%)
DND	119 (7%)	88 (5%)	33 (4%)	0 (0%)
Age				
17-20	1 (0%)	1 (0%)	0 (0%)	0 (0%)
21-25	220 (14%)	76 (5%)	68 (8%)	0 (0%)
26-30	259 (16%)	391 (23%)	232 (27%)	1 (2%)
31-40	446 (28%)	384 (23%)	277 (32%)	21 (32%)
41-50	300 (19%)	348 (21%)	132 (15%)	17 (26%)
51-60	144 (9%)	60 (4%)	92 (11%)	7 (11%)
61+	21 (1%)	8 (0%)	12 (1%)	1 (2%)
DND	211 (13%)	399 (24%)	53 (6%)	19 (29%)
Mean Age	**31.9**	**27.6**	**34.3**	**30.3**

N is the number of students.

Post-licensure nursing students are primarily female (87%). The mean age of post-licensure students is 31. The mean age was calculated by weighting the median values of each age range. Table 1.21 shows that in 2021, 47% of post-licensure students were White, 16% Black/African American, 16% Hispanic/Latino, and 13% Asian.

Table 1.21: Post-licensure student demographic trend 2018-2021

	2018 N=20	2019 N=21	2020 N=19	2021 N=20
Gender				
Female	3,434 (86%)	3,629 (87%)	3,255 (86%)	3,654(87%)
Male	533 (13%)	550 (13%)	526 (14%)	543(13%)
Transgender	1 (0%)	0 (0%)	1 (0%)	0(0%)
DND	37 (1%)	11 (0%)	23 (1%)	4(0%)
Race/Ethnicity				
American Indian	5 (0%)	7 (0%)	7 (0%)	7(0%)
Asian	500 (12%)	549 (13%)	477 (13%)	532(13%)
Black/African Am.	593 (15%)	609 (15%)	547 (14%)	681(16%)
Hawaiian/Pacific Isl.	37 (0%)	39 (1%)	26 (1%)	23(1%)
White	1,969 (50%)	2,012 (48%)	1,785 (47%)	1977(47%)
Hispanic/Latino	456 (11%)	514 (12%)	540 (14%)	652(16%)
Other	24 (0%)	8 (0%)	28 (1%)	0(0%)
2+ Races	73 (2%)	58 (1%)	108 (3%)	89(2%)
DND	640 (9%)	394 (9%)	287 (8%)	240(6%)
Age				
17-20	2 (0%)	3 (0%)	8 (0%)	2(0%)
21-25	434 (11%)	303 (7%)	414 (11%)	364(9%)
26-30	790 (20%)	714 (17%)	733 (19%)	883 (21%)
31-40	1,213 (30%)	1,035 (25%)	1,107 (29%)	1,128(27%)
41-50	978 (24%)	804 (19%)	723 (19%)	797(19%)
51-60	484 (12%)	439 (10%)	311 (8%)	303(7%)
61+	61 (2%)	58 (1%)	42 (1%)	42(1%)
DND	43 (1%)	834 (20%)	467 (12%)	682(16%)
Total Students	**4,005**	**4,190**	**3,805**	**4,201**

N is the number of respondent schools.

Table 1.22: New Jersey's RN Education Programs

School Name	County	Diploma	ADN Bridge	ADN Generic	BSN Generic	BSN Accel.	Pre MSN	RN-BSN	Post MSN	DNP	PhD	LPN-BSN
Atlantic Cape Community College	Atlantic		x	x								
Bergen Community College	Bergen			x								
Berkeley College	Passaic											x
Bloomfield College	Essex				x			x				
Brookdale Community College	Monmouth		x	x								
Caldwell University	Essex				x	x		x	x			
Chamberlain University	Middlesex				x							
County College of Morris	Morris		x	x								
Eastern International College*	Essex			x								
Eastern International College*	Hudson			x								
Eastwick College	Bergen		x									
Essex County College	Essex		x	x								
Fairleigh Dickinson	Bergen				x	x		x	x	x		
Felician University	Bergen				x	x		x	x	x		
Georgian Court University	Ocean				x	x		x				
Holy Name Medical Center	Bergen	x										
Hudson County College	Hudson			x								
Jersey College at Ewing	Mercer		x									
Jersey College at Teterboro	Bergen		x									
JFK Muhlenberg Snyder	Middlesex	x										
Kean University	Union							x	x		x	
Mercer County Community College	Mercer			x								
Middlesex County College	Middlesex			x								
Monmouth University	Monmouth				x			x	x	x		
Montclair State University	Essex				x		x	x	x			
New Jersey City University	Hudson					x		x	x			
Ocean County College	Ocean			x								
Our Lady Lourdes	Camden	x										
Passaic County Community College	Passaic		x	x								
Ramapo College	Bergen				x			x	x	x		
Raritan Valley Community College	Somerset		x	x								
Richard Stockton University	Atlantic				x	x			x	x		
Rider University	Mercer							x	x			
Rowan College Burlington	Burlington			x								
Rowan College of South Jersey	Cumberland		x	x								
Rowan College of South Jersey	Gloucester		x	x								
Rutgers School of Nursing, Newark	Essex				x	x		x	x	x	x	
Rutgers School of Nursing, Camden	Camden				x	x		x	x	x		
Saint Elizabeth University	Morris				x			x	x			
Saint Peter's University	Hudson				x	x		x	x	x		
Salem Community College	Salem		x									
Seton Hall University	Essex				x	x	x		x	x	x	
Saint Francis Medical Center	Mercer	x										
The College of New Jersey	Mercer				x			x	x			
Thomas Edison State University	Mercer					x		x	x	x		
Trinitas School of Nursing	Union	x										
Warren County Community College	Warren			x								
William Patterson University	Passaic				x	x		x	x	x		

*Schools did not provide data.

Educational Capacity Report-LPN

Overview

This report includes data for 27 of the 31 schools in New Jersey that provide LPN education. LPN programs prepare students for the National Council Licensure Examination for Practical Nurses (NCLEX-PN), which leads to licensure as a LPN. Of the 27 respondent schools only 70% are currently accredited.

Table 1.23: Federal Tax Classification

	LPN N=27
Public	16 (59%)
Private/For-Profit	10 (37%)
Private/Non-Profit	1 (4%)

N is the number of respondent schools.

Table 1.24: Accreditation Status

	LPN N=27
Accredited	19 (70%)
Not Accredited/In Progress	8 (30%)

N is the number of respondent schools.

In **Table 1.25** reasons for rejection of qualified applicants are presented. Schools can select more than one reason for rejection of qualified applicants.

Table 1.25: Reason for rejection of qualified applicants

	LPN N=27
No applications rejected	19 (70%)
Lack of qualified faculty	4 (15%)
Lack of clinical space	4 (15%)
Limited classroom space	7 (26%)
Lack of clinical sites	3 (11%)
Insufficient number of Preceptors	1 (4%)
Other	1 (4%)

N is the number of respondent schools.

Program Characteristics

This section presents information about the format and content of New Jersey's LPN education programs. Data in **Table 1.26** indicates that programs are primarily face-to-face.

Table 1.26: Delivery format of LPN programs

	LPN N=27
Face-to-Face	23 (85%)
Hybrid	4 (15%)
Online	0 (0%)

N is the number of respondent schools.

The clinical practice time may be hands-on or conducted in skill lab, simulation lab, or other settings. As shown in **Table 1.27**, 59% of clinical practice time is hands-on, which is 6% more than previous years.

Table 1.27: Format of clinical practice time (%)

	LPN N=27
Skill Lab	23%
Simulation Lab	16%
Hands-on	59%
Other	2%

N is the number of respondent schools.

As shown in **Table 1.28**, 50% of graduates secured their first job within 0-7 months of graduation.

Table 1.28: Time to employment after graduation (%)

	LPN N=27
0-3 Months Post Graduation	25%
4-7 Months Post Graduation	25%
8-11 Months Post Graduation	4%
12+ Months Post Graduation	2%
Unknown/ Do not Track	44%

N is the number of respondent schools.

LPN Application, Admission, Enrollment, and Graduation

The total number of applicants reported by each school may be greater than the raw number of applicants if an individual applied to more than one school. Our data do not provide unique identifiers for each applicant, and thus a student applying to two programs will be counted twice. **Table 1.29** provides four-year trended data for LPN student application, enrollment, and graduation rates.

The number of Available Seats (Available) is a count of the total number of seats available for newly admitted students. Qualified Applicants (Qualified) are those who submitted complete applications on time and met all institutional requirements for formal admission to the nursing program. Admitted Applicants (Admitted) are those who received official notice from the program that they were invited to begin the nursing program. Enrollees are those who actually enrolled in the program.

Table 1.29: LPN student application, admission, and enrollment 2021

	2018 N=31	2019 N=25	2020 N=25	2021 N=27
Available	2,612	2,629	2,877	3,134
Qualified	3,170	3,017	3,459	3,132
Admitted	2,352 (74%)	2,219 (74%)	2,436 (70%)	2,829 (90%)
Enrollees	1,897 (81%)	1,996 (90%)	2,188 (90%)	2,342 (83%)
Graduates	1,323	1,340	1,412	1,180

N is the number of respondent schools.

NCLEX-PN Pass Rates for LPN Students

LPN students must pass the National Council Licensure Exam (NCLEX-PN) to apply for licensure as an LPN. **Table 1.30** and **Table 1.31** shows the pass rates for first-time, U.S. and NJ educated candidates who took the NCLEX-PN in 2021 (NCSBN, 2022). NJ pass rate percentages for first-time candidates are 5% lower than the national average.

Table 1.30: First-Time, NJ Educated Candidates Taking the NCLEX-PN in 2021

Candidates	Total Passed	Pass Rate (%)
1,504	1,124	75%

Table 1.31: First-Time, U.S. Educated Candidates Taking the NCLEX-PN in 2021

Candidates	Total Passed	Pass Rate (%)
46,356	37,085	80%

LPN Student Demographics

Table 1.32 shows four years of LPN student demographic data from 2018-2021. This is inclusive of all students matriculating in the 2021 academic year, from new enrollees to those who are about to graduate. Students are primarily female (90%) and Black/African American (51%). The mean age for LPN students in 2021 was 34. The mean age was calculated by weighting the median values of each age range.

Table 1.32: LPN student demographics trend 2018-2021

	2018 N=2,438	2019 N=2,672	2020 N=2,681	2021 N=2,947
Gender				
Female	2,178 (89%)	2,371 (89%)	2,351 (88%)	2,661 (90%)
Male	257 (11%)	300 (11%)	330 (12%)	286 (10%)
Transgender	0 (0%)	0 (0%)	0 (0%)	0 (0%)
DND	3 (0%)	1 (0%)	0 (0%)	0 (0%)
Race/Ethnicity				
American Indian	14 (1%)	6 (0%)	1 (0%)	4 (0%)
Asian	123 (5%)	130 (5%)	142 (5%)	99 (3%)
Black/African American	1,214 (50%)	1,322 (49%)	1,293 (48%)	1,497 (51%)
Hawaiian/Pacific Islander	6 (0%)	4 (0%)	65 (2%)	10 (0%)
White	427 (18%)	404 (15%)	371 (14%)	462 (16%)
Hispanic/Latino	449 (18%)	530 (20%)	530 (20%)	539 (18%)
Other	15 (1%)	28 (1%)	15 (1%)	13 (0%)
2+ Races	41 (2%)	43 (2%)	54 (2%)	80 (3%)
DND	149 (6%)	205 (8%)	210 (8%)	243 (8%)
Age				
17-20	142 (6%)	105 (4%)	108 (4%)	118 (4%)
21-25	536 (22%)	554 (21%)	574 (21%)	478 (16%)
26-30	620 (25%)	635 (24%)	787 (29%)	685 (23%)
31-40	729 (30%)	831 (31%)	790 (29%)	985 (33%)
41-50	316 (13%)	305 (11%)	291 (11%)	481 (16%)
51-60	85 (4%)	151 (6%)	101 (4%)	145 (5%)
61+	2 (0%)	16 (1%)	9 (0%)	21 (1%)
DND	8 (0%)	75 (3%)	21 (1%)	34 (1%)

N is the number of students.

Table 1.33: New Jersey's LPN Education Programs

School Name	County
Atlantic County Institute of Technology	Atlantic
AVTECH Institute of Technology	Middlesex
Berkeley College	Passaic
Best Care Training Institute	Essex
Burlington County Institute of Technology	Burlington
Camden County College	Camden
Cape May County Technical School	Cape May
Eastwick College, Hackensack	Bergen
Eastwick College, Ramsey	Bergen
Essex County College*	Essex
Holy Name Medical Center	Bergen
Hudson County Community College	Hudson
Jersey College, Ewing	Mercer
Jersey College, Teterboro	Bergen
Lincoln Technical Institute, Iselin	Middlesex
Lincoln Technical Institute, Moorestown	Burlington
Lincoln Technical Institute, Paramus	Bergen
Merit Technical Institute*	Hudson
Middlesex County Vocational and Technical School	Middlesex
Monmouth County Vocational Technical School	Monmouth
Morris County School of Technology	Morris
Ocean County Vocational Technical School	Ocean
Passaic County Technical Institute	Passaic
Pinelands School of Practical Nursing	Ocean
Prism Career Institute, Cherry Hill	Camden
Prism Career Institute, Egg Harbor*	Atlantic
Rowan College of South Jersey Cumberland	Cumberland
Salem Community College	Salem
Union County College	Union
Universal Training Institute*	Middlesex
Warren County Technical School	Warren

*Schools did not provide data.

Nursing Faculty Report

Faculty for Pre- and Post-licensure RN Programs

Employment

This section describes the employment of full-time (FT) faculty across pre- and post-licensure nursing programs. In **Table 1.34** and **Table 1.35**, full-time vacancies only include those that are being actively recruited. "BSN & Higher" includes Baccalaureate, Master's, DNP, and PhD programs.

Table 1.34: RN Faculty Positions and Vacancies

	DIP	ADN	BSN & Higher	Total
Full-time positions available	76	169	388	633
Full-time faculty employed	72	156	374	602
Full-time position vacancies	4(5%)	13(8%)	14(4%)	31(5%)

Table 1.35: RN Program Faculty Vacancy Trend 2018-2021

	2018 N=45	2019 N=45	2020 N=48	2021 N=46
DIP	3	1	2	4
ADN	8	15	18	13
BSN & Higher	46	54	29	14
Total	**57**	**70**	**49**	**31**

N is the number of respondent schools.

Table 1.36 shows the trend of full-time faculty employed since 2018.

Table 1.36: RN Program Faculty Employment Trend 2018-2021

	2018 N=45	2019 N=45	2020 N=45	2021 N=46
DIP	71	73	72	72
ADN	159	140	172	156
BSN & Higher	349	380	348	374
Total	**579**	**593**	**592**	**602**

N is the number of respondent schools.

Figure 1.2 shows the percentage of RN classes taught by adjuncts by program level. In 2021, the percentage of classes taught by adjuncts were 21% for RN to BSN, 19% for ADN Generic and 23% for BSN Generic. This may account for how schools are covering their full-time vacancies.

Figure 1.2: Percentage of RN Classes Taught by Adjuncts in 2021
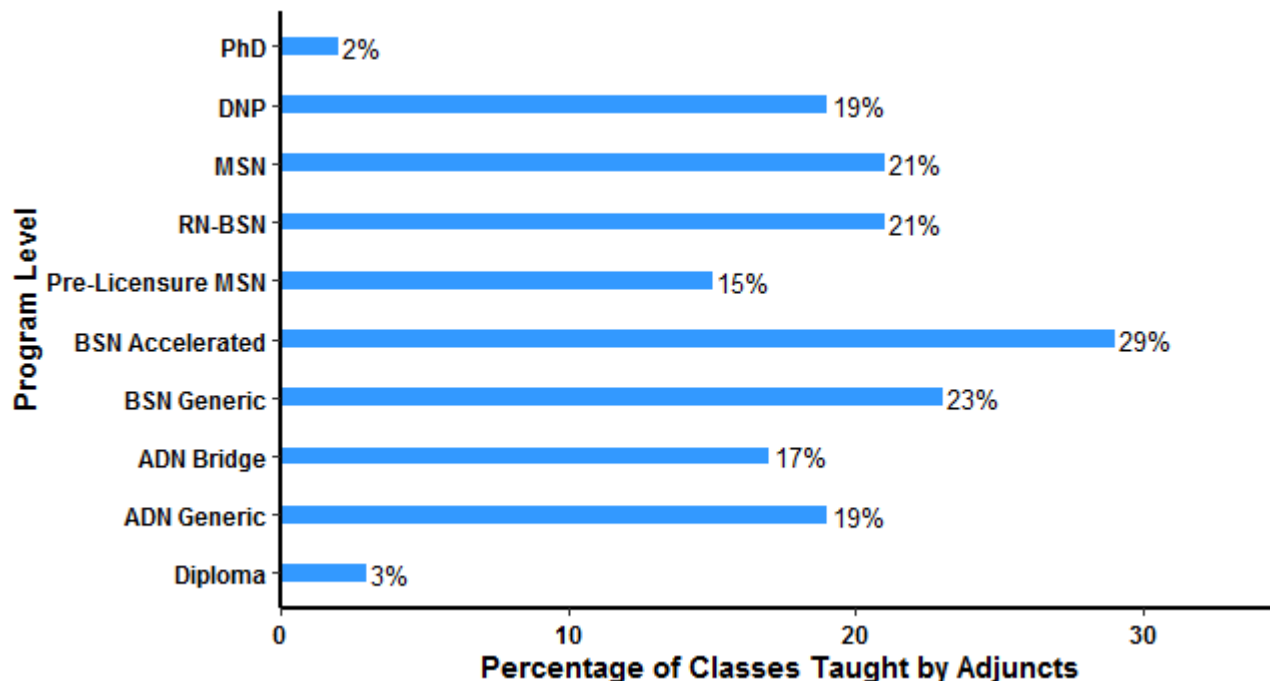
Demographics

Tables in this section show demographic data for full-time faculty at pre-licensure and post-licensure schools. **Table 1.37** shows that Diploma and ADN faculty are primarily prepared at the Master's level, and faculty for Baccalaureate and Higher programs are primarily prepared at the DNP or PhD level.

Table 1.37: Highest level of education of RN program faculty

	DIP N=72	ADN N=156	BSN & Higher N=374
ADN/DIP	0 (0%)	0 (0%)	0 (0%)
BSN	0 (0%)	0 (0%)	0 (0%)
MSN	54 (75%)	126 (81%)	76 (20%)
Non-Nursing BSN	0 (0%)	0 (0%)	0 (0%)
Non-Nursing Masters	0 (0%)	2 (1%)	0 (0%)
DNP	12 (17%)	20 (13%)	125 (33%)
PhD in Nursing	4 (6%)	3 (2%)	127 (34%)
Non-Nursing PhD	2 (3%)	5 (3%)	46 (12%)
Missing/Unknown	0 (0%)	0 (0%)	0 (0%)

N is the number of faculty.

Table 1.38 shows demographics for faculty teaching in pre- and post-licensure RN education programs. **Table 1.39** on the following page shows that faculty continue to be primarily White, female, and in the higher age brackets.

Table 1.38: RN program faculty demographics

	DIP N=72	ADN N=156	BSN & Higher N=374
Gender			
Female	69 (96%)	151 (97%)	345 (92%)
Male	3 (4%)	5 (3%)	29 (8%)
Transgender	0 (0%)	0 (0%)	0 (0%)
DND	0 (0%)	0 (0%)	0 (0%)
Race/Ethnicity			
American Indian	0 (0%)	0 (0%)	0 (0%)
Asian	6 (8%)	14 (8%)	32 (8%)
Black/African Am.	15 (21%)	19 (12%)	38 (10%)
Hawaiian/Pacific Isl.	0 (0%)	0 (0%)	3 (1%)
White	49 (68%)	116 (74%)	265 (71%)
Hispanic/Latino	1 (1%)	5 (3%)	12 (3%)
Other	0 (0%)	1 (1%)	0 (0%)
2+ Races	0 (0%)	1 (1%)	21 (6%)
DND	1 (1%)	0 (0%)	3 (1%)
Age			
30 or younger	0 (0%)	1 (1%)	2 (1%)
31-40	19 (26%)	22 (14%)	38 (10%)
41-50	11 (15%)	40 (26%)	77 (20%)
51-55	17 (24%)	18 (12%)	57 (15%)
56-60	8 (11%)	18 (12%)	68 (18%)
61-65	13 (18%)	40 (26%)	70 (19%)
66-70	4 (6%)	10 (6%)	38 (10%)
71+	0 (0%)	5 (3%)	24 (6%)
DND	0 (0%)	2 (1%)	0 (0%)
Mean Age	**50**	**53**	**55**

N is the number of faculty.

Table 1.39: RN program faculty demographics trend 2018-2021

	2018 N (%)	2019 N (%)	2020 N (%)	2021 N (%)
Gender				
Female	548 (95)	560 (94)	481 (81)	565 (93)
Male	31 (5)	30 (5)	31 (5)	37 (6)
Transgender	0 (0)	0 (0)	0 (0)	0 (0)
DND	0 (0)	3 (1)	80 (14)	0 (0)
Race/ Ethnicity				
American Indian (0)	0 (0)	0 (0)	0 (0)	0 (0)
Asian	37 (6)	39 (7)	60 (10)	52 (9)
Black/African Am.	61 (1)	67 (11)	76 (13)	72 (12)
Hawaiian/Pacific Isl.	3 (1)	6 (1)	3 (1)	3 (0)
White	432 (75)	432 (73)	327 (55)	430 (71)
Hispanic/Latino	19 (3)	21 (4)	51 (9)	18 (3)
Other	2 (0)	1 (0)	3 (1)	1 (0)
2 or more Races	4 (1)	9 (2)	25 (4)	22 (4)
DND	21 (4)	18 (3)	47 (8)	4 (1)
Age				
30 or younger	3 (1)	1 (0)	1 (0)	3 (0)
31-40	35 (6)	57 (10)	44 (7)	79 (13)
41-50	117 (20)	120 (20)	120 (20)	128 (21)
51-55	96 (17)	103 (17)	100 (18)	92 (15)
56-60	114 (20)	101 (17)	109 (18)	94 (16)
61-65	115 (20)	129 (22)	111 (19)	123 (21)
66-70	61 (11)	62 (10)	55 (9)	52 (9)
71+	22 (4)	20 (3)	29 (5)	29 (5)
DND	16 (3)	0 (0)	23 (4)	2 (0)
Total Faculty	**579**	**593**	**592**	**602**

Faculty for LPN Schools

Employment

This section describes the employment of full-time (FT) faculty for LPN programs. **Table 1.40** and **Table 1.41** reflects full-time vacancies only.

Table 1.40: Positions and Vacancies for Faculty in LPN schools

	LPN	(%)
Full-time positions available	114	
Full-time faculty employed	91	
Full-time position vacancies	23	(20%)

The vacancy rate in **Table 1.41** has increased.

Table 1.41: Vacancy Trend for Faculty in LPN schools 2018-2021

2018 N=27	2019 N=25	2020 N=25	2021 N=27
11	12	13	23

N is the number of respondent schools.

Table 1.42 shows the number of full-time faculty employed.

Table 1.42: LPN Program Faculty Employment Trend 2018-2021

2018 N=27	2019 N=25	2020 N=25	2021 N=27
86	95	90	91

N is the number of respondent schools.

Demographics

This section shows demographic data for LPN programs for full-time faculty members. **Table 1.43** shows that faculty are primarily prepared at the Baccalaureate or Master's level in nursing.

Table 1.43: Highest level of education for Faculty in LPN schools

	N=91
ADN	0 (0%)
BSN	43 (47%)
Non-Nursing Baccalaureate	2 (2%)
MSN	44 (48%)
Non-Nursing Masters	1 (1%)
DNP	1 (1%)
PhD	0 (0%)
Non-Nursing Doctorate	0 (0%)
Missing/Unknown	0 (0%)

N is the total number of faculty.

Table 1.44 shows four years of demographic data for faculty teaching in LPN programs. Data for 2021 shows that faculty are primarily female and White. The mean age for full-time faculty is 53.

Table 1.44: LPN Faculty Demographic Trend 2018-2021

	2018 N (%)	2019 N (%)	2020 N (%)	2021 N (%)	
Gender					
Female	86 (89)	89 (91)	78 (87)	84 (92)	
Male	11 (11)	9 (9)	11 (12)	7 (8)	
Transgender	0 (0)	0 (0)	0 (0)	0 (0)	
DND	0 (0)	0 (0)	1 (1)	0 (0)	
Race/ Ethnicity					
American Indian	0 (0)	0 (0)	0 (0)	0 (0)	
Asian	9 (9)	9 (9)	6 (7)	13 (14)	
Black/African Am.	23 (24)	30 (31)	25 (28)	23 (25)	
Hawaiian/Pacific Isl.	3 (3)	3 (3)	1 (1)	0 (0)	
White	55 (57)	49 (50)	53 (59)	47 (52)	
Hispanic/Latino	7 (7)	7 (7)	4 (4)	7 (8)	
Other	0 (0)	0 (0)	0 (0)	0 (0)	
2+ Races	0 (0)	0 (0)	1 (1)	1 (1)	
Missing/Unknown	0 (0)	0 (0)	0 (0)	0 (0)	
Age					
30 or younger	3 (3)	0 (0)	3 (3)	1 (1)	
31-40	9 (9)	12 (9)	9 (10)	16 (18)	
41-50	23 (24)	26 (24)	17 (19)	16 (18)	
51-55	22 (23)	18 (23)	17 (19)	16 (18)	
56-60	9 (9)	15 (9)	16 (18)	13 (14)	
61-65	21 (22)	20 (22)	22 (24)	21 (23)	
66-70	7 (7)	5 (7)	2 (2)	7 (8)	
71+	3 (3)	2 (3)	2 (2)	1 (1)	
DND	0 (0)	0 (0)	2 (2)	0 (0)	
Total Faculty	**135**	**98**	**90**	**91**	

Impact of COVID-19 on Nursing Educational Programs

In 2021, the final question of the NJCCN Nursing Education Survey was: *How has COVID-19 impacted your programs?*

The nursing program leaders indicated they quickly transitioned to virtual learning due to the COVID-19 pandemic. Specific comments included 1) Decreased NCLEX pass rates by at least one program leader from associate degree and baccalaureate programs, 2) Increased life issues for students and challenges with virtual learning in maintaining academic integrity and security reported by at least one program leader from the practical nurse and associate degree programs, and 3) Technology issues in that some students had technology and connectivity challenges and others lacked a personal computer with a camera from at least one program leader from the practical nurse, associate degree and baccalaureate programs.

Below are the aggregated responses to *How has COVID-19 impacted your programs?* The table displays the predominant categories with supporting quotations.

Program	Categories	Quotes
Practical Nurse Programs (n = 26)	Lack of clinical sites, particularly long-term care	"Increased number of sections of clinical placement and decreased availability of clinical sites related to COVID-19 pandemic...We have been able to secure alternate opportunities."
	Challenges with virtual learning	"COVID has impacted our on-campus program due to having to go 100% remote and online in days. We needed new software and technology resources in many areas to meet the needs of online technology. We were utilizing numerous new products such as Zoom, a new Learning Management System, and Assessment software that had remote proctoring capabilities. This was challenging teaching students and faculty how to utilize successfully operate software and use the new technology."
Diploma Programs (n = 5)	Adapting quickly to virtual learning	"Transitioned to remote didactic learning and virtual simulation for clinical."

Associate Degree Programs (n = 19)	Decreased faculty-to-student ratio in clinicals	"We are not permitted to have more than 5 on a clinical floor, and this has impacted placements as well as finances (as we previously could place 8 to 10 with one faculty member)."
	Compensated by increasing simulation experiences	"Used more simulations, more web-ex remote learning, on-line learning."
	Increase in faculty shortage	"I lost several faculty and the nursing director and currently have NO applicants for nursing director after a year of advertising."
	Less faculty willing to teach in clinical setting	"Resilience of students was demonstrated during the pandemic, faculty flexibility and willingness to follow students in clinical is lower/reduced."
Baccalaureate and post-Licensure Programs (n = 19)	Adapting quickly to virtual learning	"Face-to-face classes and on-ground simulation were converted to a virtual format in spring 2020."
	Decrease in enrollment in the post-Licensure programs	"COVID-19 impacted our program by declining enrollment, especially in the graduate program. Students are now showing a preference for online and hybrid learning modality after exposure to online learning during COVID."

	Difficulty obtaining clinical site	"We have had difficulty in placing students in hospital settings. Faculty have been diligent in seeking alternative opportunities to master program outcomes."
	Decreased faculty-to-student ratio in clinicals	"COVID has resulted in smaller clinical groups being sent to onsite clinical agencies. Whereas the usual clinical size was 10 students per group, we have now created rotations to permit students to go to clinical every other week and remain virtual the opposite week, working with a clinical adjunct faculty to complete objectives for remote clinical experiences."
	Accommodating ill/quarantined students	"We provide students with a link to the labs as needed in the event that they are ill/quarantined and unable to attend face-to-face labs. For students who may need to be absent from clinical due to illness or quarantine, we have them join in with the virtual clinical experience, which is taught by an adjunct faculty member."

*n = number of program leaders who responded

Chapter 2

Workforce Supply Data

The data for this chapter were acquired from the 2021 and 2022 New Jersey Board of Nursing (NJBON) Nursys® license renewal surveys. Nurses renew their licenses every two years, so this two-year reporting period is representative of New Jersey's entire nursing workforce. Data are only reported if there were sufficient responses to be representative of the response pool. Percentage calculations are based on the total number of respondents to the specific survey question, not the total number of nurses in the workforce. The data in this chapter are inclusive of **active** and **inactive** licenses (see **Table 2.1**).

Registered Nurse (RN) Profile

In the 2021-2022 survey period, 113,719 RNs responded out of New Jersey's 173,153 licensed RNs. Of those 173,153 licensed RNs, 141,079 were active while 32,074 were inactive. RN respondents account for 66% of the RN workforce in New Jersey. Respondents may have skipped questions, causing data in some tables and figures to add up to less than 113,719.

License Status

According to **Table 2.1**, 95% of 113,719 RN respondents have an active RN license, which renders them eligible to practice as a RN in New Jersey.

Table 2.1: RN License Status

	N=113,719	%
Active	107,786	95
Inactive	5,933	5

Table 2.2 describes the method by which 113,719 RN respondents attained their licensure. Those who attained their licensure via exam (67%) have graduated from an approved school of nursing and taken the NCLEX-RN examination in New Jersey. Those who attained their license via endorsement (32%) have first been licensed in another state.

Table 2.2: Basis for RN Licensure

	N=113,719	%
Exam	76,374	67
Endorsement	36,574	32
Missing/No Data	771	<1

Demographics

Table 2.3 shows the demographic characteristics of 113,719 RN respondents. RN respondents are primarily female (91%), White (60%), and between 46-65 years of age (45%). The mean age of the RN respondents is 49.

Table 2.3: RN Demographic Characteristics

Gender		N=113,719	%
	Female	103,206	91
	Male	10,503	9
	Missing/No Data	10	0
Race/Ethnicity			
	White	68,026	60
	Asian	15,917	14
	Black/African American	10,887	10
	Hispanic/Latino	6,615	6
	Pacific Islander	751	<1
	American Indian	122	<1
	Other	3,639	3
	Missing/No Data	7,762	7
Age			
	19-25	2,581	2
	26-35	22,039	19
	36-45	20,743	18
	46-55	23,525	21
	56-65	27,529	24
	66-75	14,975	13
	76-85	2,174	2
	86+	151	<1
	Missing/No Data	2	<1

Education

Table 2.4 describes the highest degree of nursing education held by 99,259 respondents. The National Academy of Medicine (formerly the Institute of Medicine) recommended that 80% of nurses be prepared at the baccalaureate or higher level by 2020. Of the 99,259 RN respondents, excluding those who did not provide data (missing/invalid), 70% have a Baccalaureate or higher degree in nursing, and 30% have a Diploma or an Associate's Degree in nursing.

Table 2.4: RN Highest Level of Education*

	N=99,259	%
Diploma in Nursing	4,712	5
Associate's Degree in Nursing	25,107	25
Baccalaureate Degree in Nursing	58,762	59
Master's Degree in Nursing	9,577	10
DNP, PhD, or Other Doctoral Degree in Nursing	1,101	1

*The 14,460 missing/invalid data are excluded.

RN respondents were asked to report the country in which they received their entry-level nursing education. Of the 99,835 RN respondents, 88,940 were from the United States. Of the remaining 10,895 respondents, the Philippines (67%) were the most common source of entry-level nursing education outside of the United States. **Figure 2.1** describes the 10,895 RN respondents who received their entry-level nursing education **outside** of the United States.

Figure 2.1: Country of RN Entry-level Nursing Education **Outside of the United States**
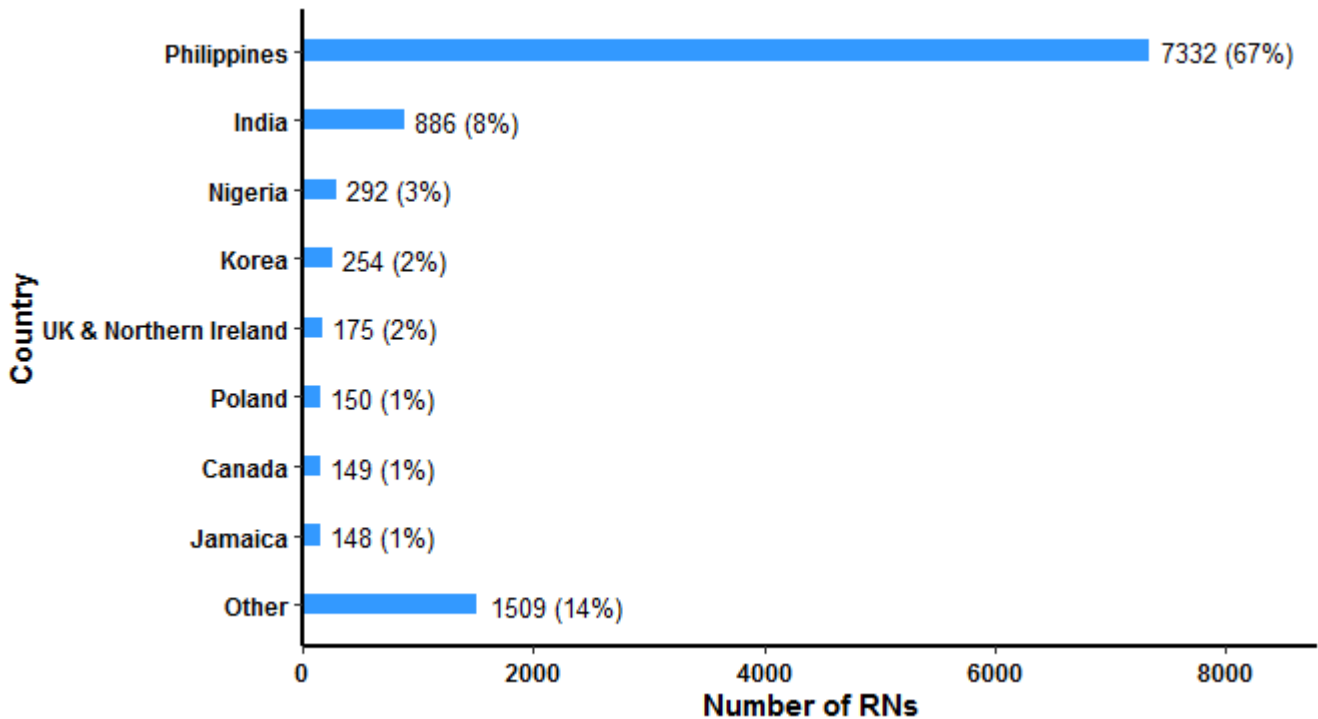
*The 13,884 missing data are excluded.

Employment Characteristics

Table 2.5 describes there were 99,957 RN respondents who reported their employment status. The table shows that 74% respondents were employed in nursing full-time, and 9% were employed in nursing part-time. "Employed in nursing" is defined as being employed in a position that requires an RN license.

Table 2.5: RN Employment Status*

	N=99,957	**%**
Employed in nursing full-time	73,863	74
Employed in nursing part-time	8,989	9
Retired	5,586	6
Employed in nursing per diem	5,320	5
Unemployed, seeking work in nursing	3,082	3
Employed in a field other than nursing	2,435	2
Volunteering (only) in nursing	682	<1

*The 13,762 missing data are excluded.

RN respondents were asked to report the number of positions that they were employed as a nurse during that time period. **Table 2.6** shows that 17% of 91,026 RN respondents held multiple nurse positions.

Table 2.6: Number of Nurse Positions Held by RNs*

	N=91,026	**%**
1 position	76,232	84
2 positions	13,378	15
3 positions	1,416	2

*The 22,693 missing data are excluded.

Figure 2.2 depicts the primary employment setting of 95,959 RN respondents. The figure shows 54% of the respondents reported the hospital as their primary employment setting.

Figure 2.2: RN Primary Employment Setting*
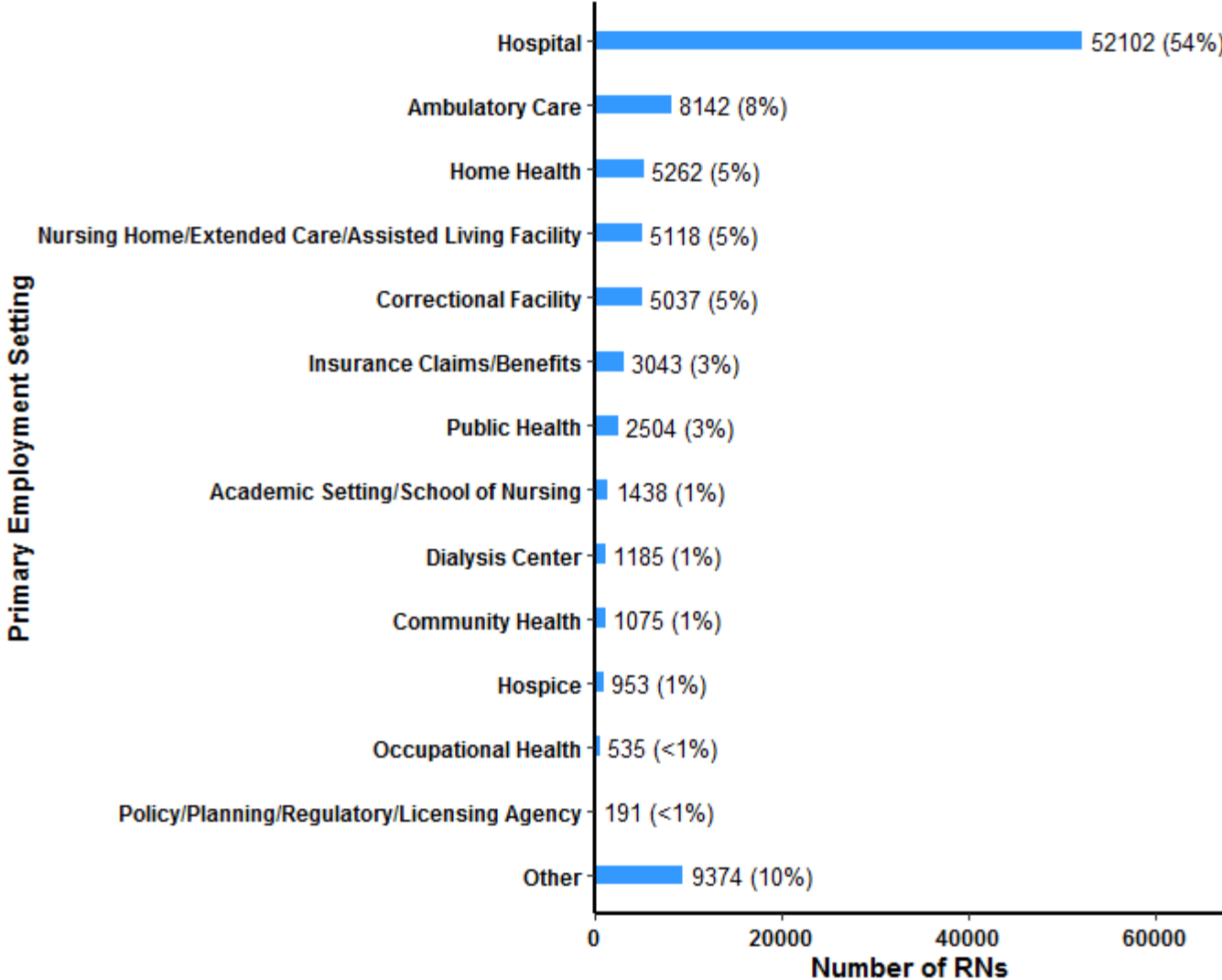
*The 17,760 missing data are excluded.

Figure 2.3 depicts the primary employment position of 96,781 RN respondents. The figure shows 70% of the respondents reported that their primary employment position was as a staff nurse.

Figure 2.3: RN Primary Employment Position*
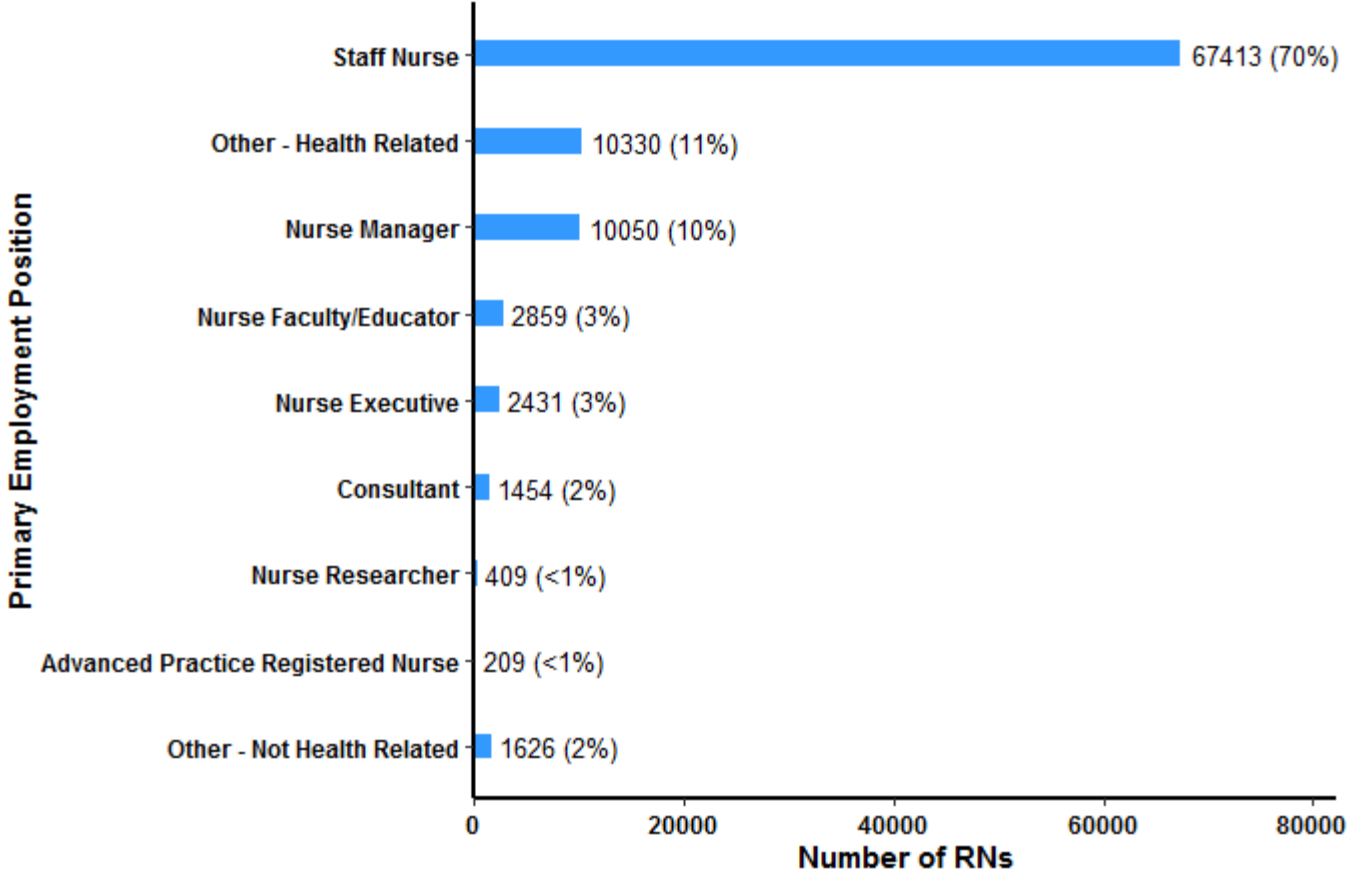
*The 16,938 missing data are excluded.

Figure 2.4 depicts the primary employment position specialty of 93,854 RN respondents. The figure shows 16% of the respondents classified their primary employment specialty as acute care/critical care.

Figure 2.4: RN Primary Employment Position Specialty*
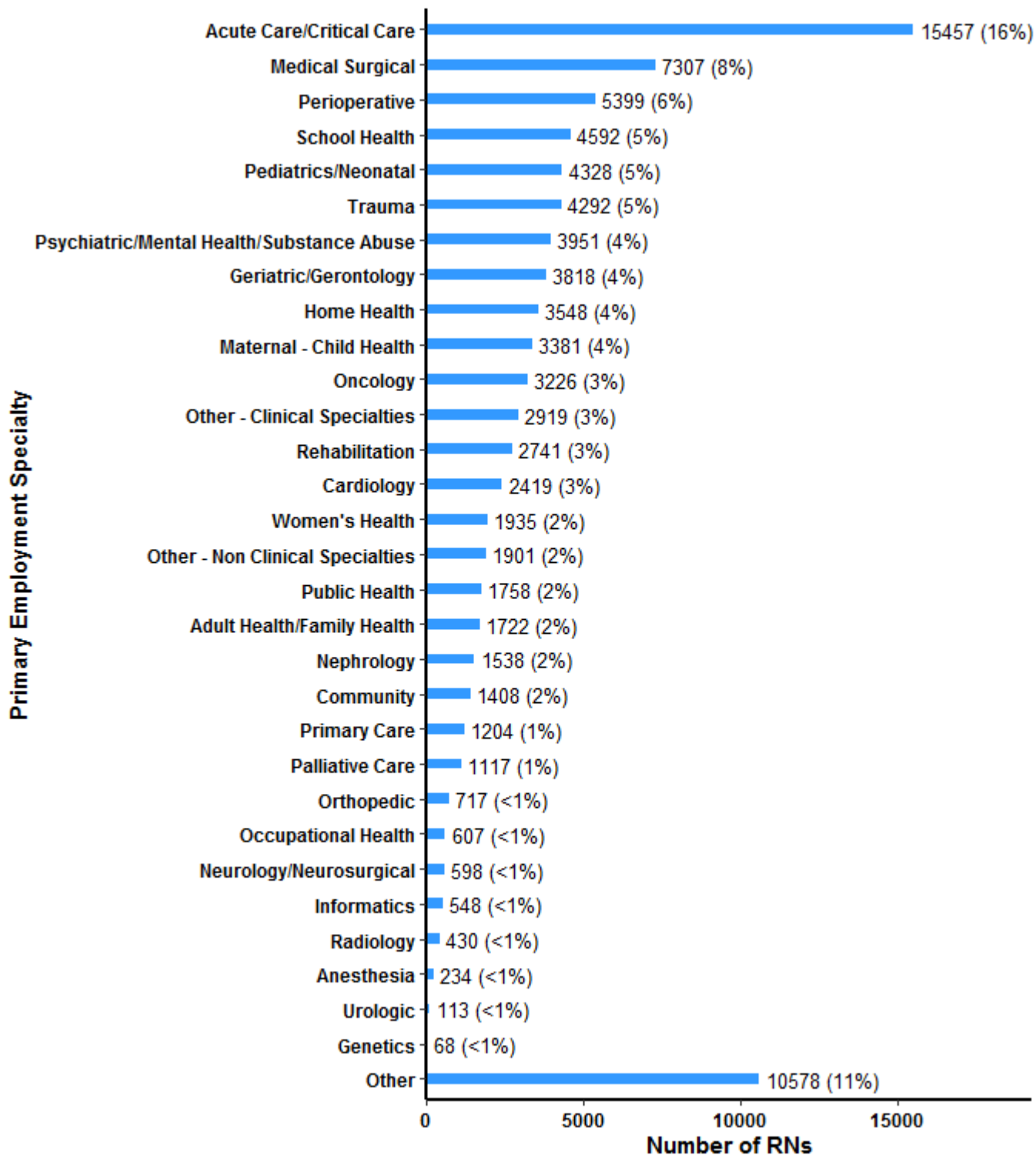
*The 19,865 missing data are excluded.

Unemployment

Figure 2.5 shows that there were 11,703 RNs who reported a reason for not being employed. Of those, 29% identified "taking care of home and family" as their primary reason.

Figure 2.5: RN Reason for Not Being Employed
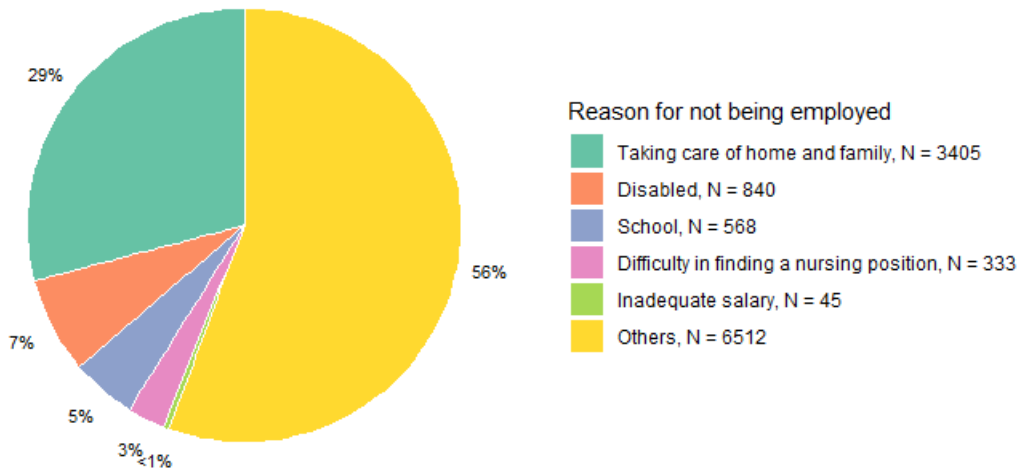
Retirement

NJCCN asked survey participants about their intention to retire within two years, prior to the next license renewal. In response, 6% of RN respondents indicated a plan to retire within this timeframe (not inclusive of missing data).

Table 2.7 identifies RN respondents who declared an intent to retire by age bracket. Of nurses who are 66-75 years old, 27% intend to retire; of nurses who are 76-85 year old, 28% intend to retire. The number of RN respondents in each age bracket is different from the numbers in **Table 2.3** because **Table 2.7** only includes RNs who reported their age (18 or greater) **and** their intent to retire.

Table 2.7: RN Intent to Retire according to Age

Age	RN Respondents N=89,002	Intent to Retire N=4,986	*%
19-25	1,159	32	3
26-35	16,199	171	1
36-45	16,445	95	<1
46-55	19,466	125	<1
56-65	23,060	1,143	5
66-75	11,282	3,019	27
76-85	1,322	376	28
86+	69	25	36

*Percentages are calculated as intent to retire over the number of RN respondents.

Advanced Practice Nurse (APN) Profile

Advanced Practice Nurses are RNs with advanced degrees and specialty certification approved by a national certifying agency. NJCCN added a question to the Nursys® survey that inquired about respondent specialities (CRNA/CNS/CNM/NP). RNs who indicated one of these specialities were identified as APNs.

In the 2021-2022 survey period, 13,119 APNs responded out of New Jersey's 16,598 licensed APNs. Of those 16,598 licensed APNs, 13,581 were active while 3,017 were inactive. APN respondents accounted for 79% of the APN workforce in New Jersey. Respondents may have skipped questions, causing data in some tables and figures to add up to less than 13,119.

License Status

According to **Table 2.8**, 97% of 13,119 APN respondents are active APNs.

Table 2.8: APN License Status

	N=13,119	**%**
Active	12,775	97
Not Active	344	3

APN survey respondents were identified by their indication of one or more certifications. An APN may have multiple certifications; for example, a Nurse Practitioner may also be a Clinical Nurse Specialist. **Table 2.9** shows the specialty of 13,119 APN respondents. Note: since an APN may have more than one specialty, the total number in the table is greater than the number of APN respondents.

Table 2.9: APN Specialty

Nurse Practitioner (NP)	10,829
Certified Registered Nurse Anesthetist (CRNA)	1,367
Clinical Nurse Specialist (CNS)	767
Certified Nurse Midwife (CNM)	368

Demographics

Table 2.10 shows the demographic characteristics of 13,119 APN respondents. APN respondents are primarily female (90%), White (61%), and between 36-55 years of age (50%). The mean age of APN respondents is 48.

Table 2.10: APN Demographic Characteristics

Gender		N=13,119	%
	Female	11,773	90
	Male	1,344	10
	Missing/No Data	2	<1
Race/Ethnicity			
	White	8,062	61
	Asian	1,628	12
	Black/African American	1,527	12
	Hispanic/Latino	646	5
	Pacific Islander	71	<1
	American Indian	18	<1
	Other	500	4
	Missing/No Data	667	5
Age			
	19-25	5	<1
	26-35	2,405	18
	36-45	3,588	27
	46-55	3,059	23
	56-65	2,655	20
	66-75	1,239	9
	76-85	164	1
	86+	4	<1
	Missing/No Data	0	0

Education

Table 2.11 describes the highest degree of nursing education held by 12,118 APN respondents. Of those, 86% have a Master's Degree and 12% have a DNP.

Table 2.11: APN Highest Level of Nursing Education*

	N=12,118	%
Master's Degree in Nursing	10,361	86
Doctor of Nursing Practice	1,502	12
PhD	166	1
Other Doctoral Degree in Nursing	89	<1

*The 1,001 missing/invalid data are excluded.

Employment Characteristics

Table 2.12 shows that there were 12,025 APN respondents who reported their employment status. The table shows that 82% of the respondents were employed in nursing full-time, and 9% were employed in nursing part-time. "Employed in nursing" is defined as being employed as a nurse and in a position that requires an APN credential.

Table 2.12: APN Employment Status*

	N=12,025	%
Employed in nursing full-time	9,845	82
Employed in nursing part-time	1,142	9
Employed in nursing per diem	432	4
Unemployed, seeking work in nursing	216	2
Retired	212	2
Employed in a field other than Nursing	127	1
Volunteering (only) in nursing	51	<1

*The 1,094 missing data are excluded.

APN respondents were asked to report the number of positions that they were employed as a nurse during that time period. **Table 2.13** indicates that 25% of 11,357 APN respondents held multiple nurse positions.

Table 2.13: Number of Nurse Positions Held by APNs*

	N=11,357	%
1 position	8,533	75
2 positions	2,370	21
3 positions	454	4

*The 1,762 missing data are excluded.

Figure 2.6 depicts the primary employment setting of 12,039 APN respondents. The figure shows 44% of the respondents reported the hospital as their primary employment setting.

Figure 2.6: APN Primary Employment Setting*
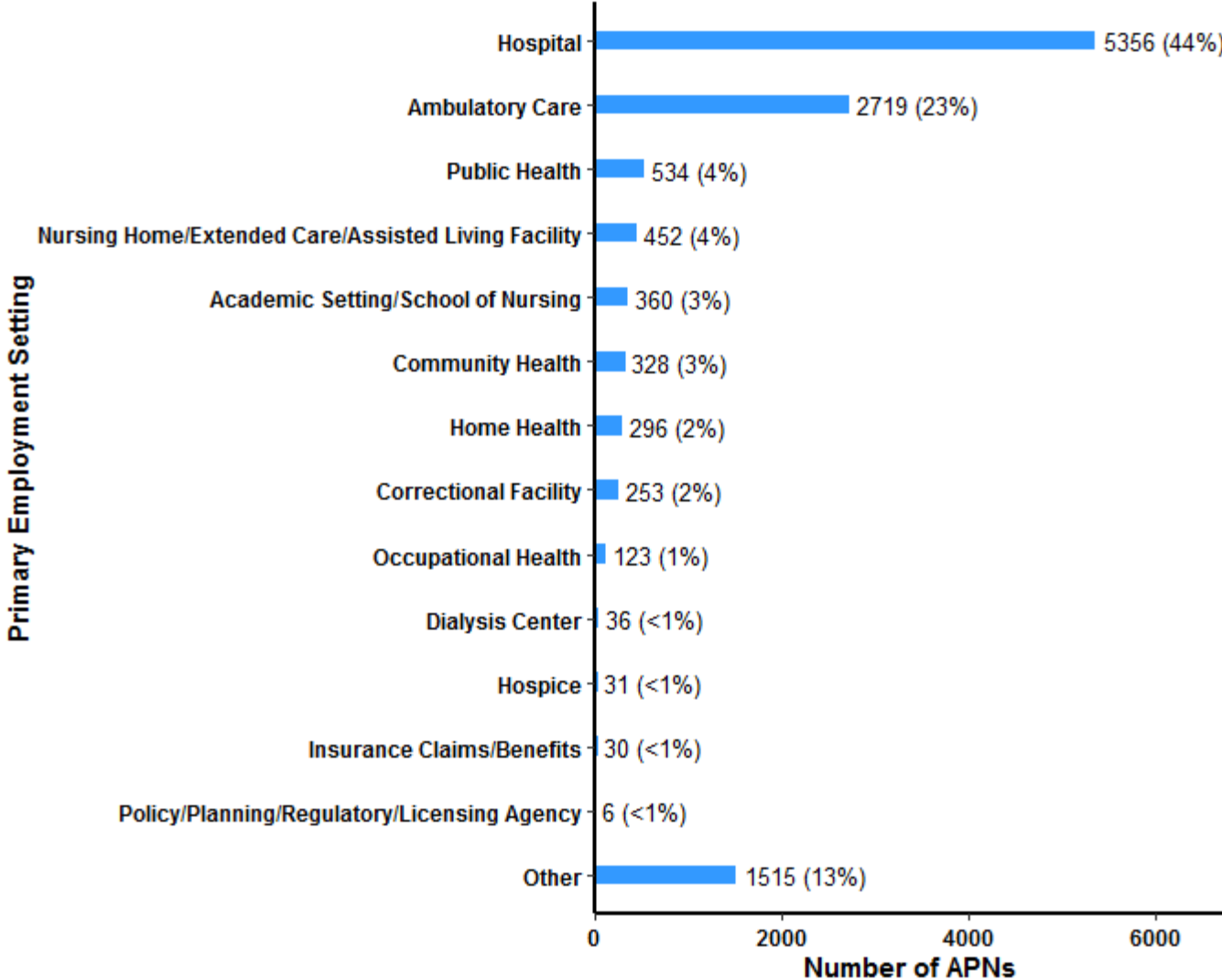
*The 1,080 missing data are excluded.

Figure 2.7 depicts the primary employment position of 12,131 APN respondents. The figure shows 78% of the respondents reported that their primary employment position was as an APN.

Figure 2.7: APN Primary Employment Position*
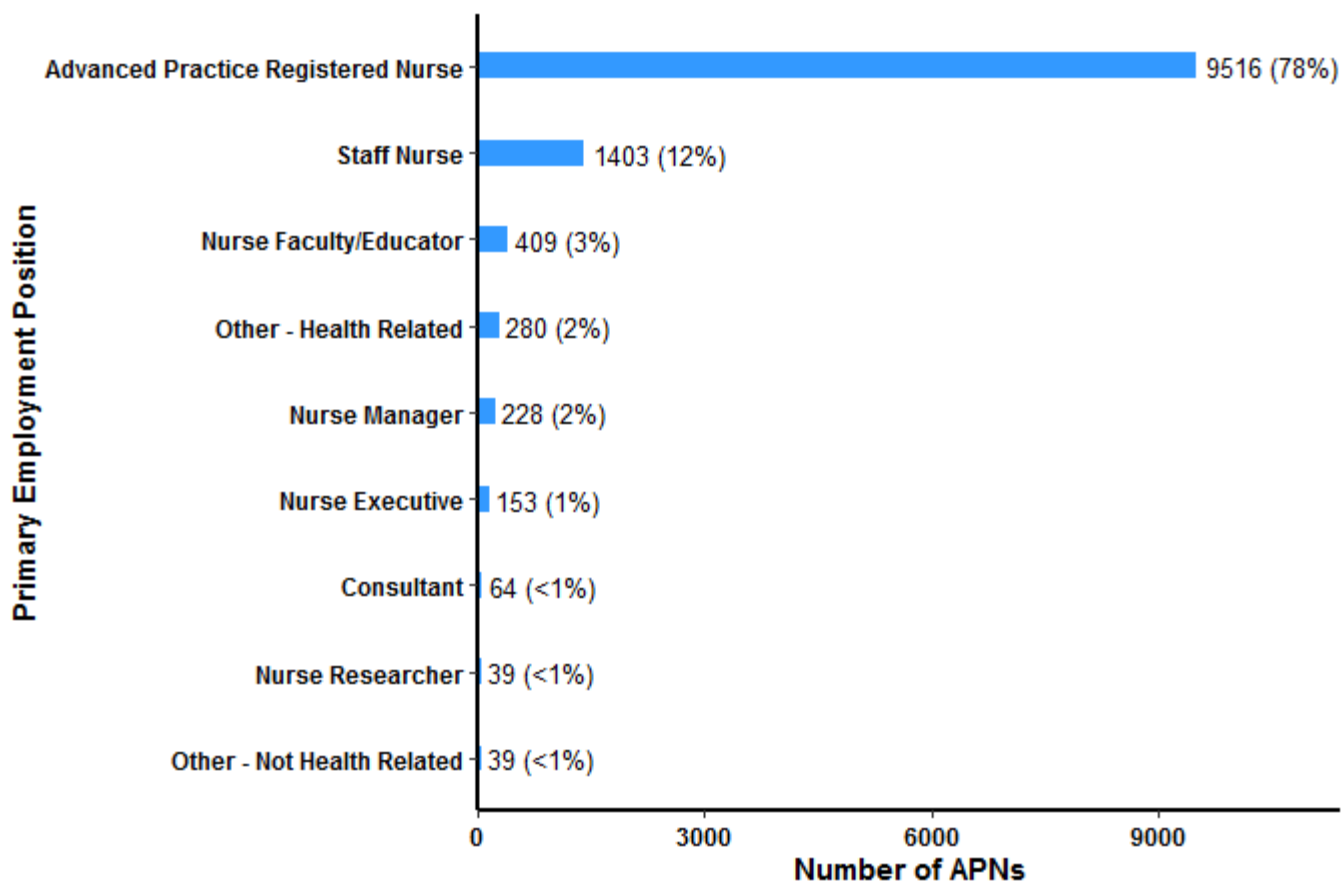
*The 988 missing data are excluded.

Figure 2.8 depicts the primary employment position specialty of 11,438 APN respondents. The figure shows 13% of the respondents classified their primary employment specialty as acute care/critical care.

Figure 2.8: APN Primary Employment Position Specialty*
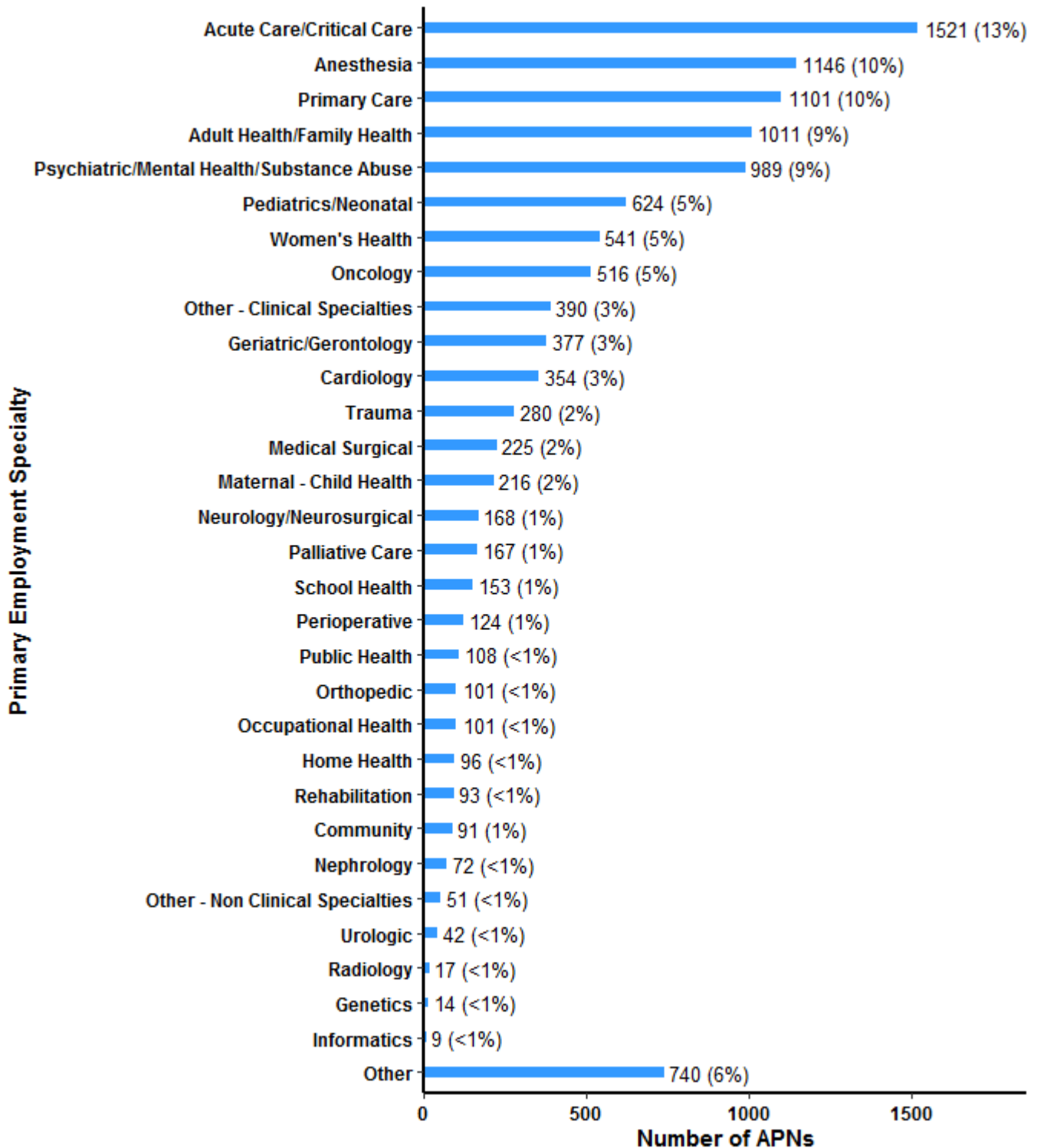
*The 1,681 missing data are excluded.

Nurse Practitioners

The majority of APNs are identified as NPs. In this 2021-2022 survey period, there were 10,829 out of 13,119 APN respondents reported that they have a nurse practitioner certification.

There were 9,369 out of 10,829 NPs reported their NP primary area of focus. **Table 2.14** shows the nurse practitioner specialties of 9,369 NPs.

Table 2.14: Nurse Practitioner specialty*

	N=9,369	%
Family	2,997	32
Adult/Gero Primary	2,457	26
Adult/Gero Acute	1,246	13
Pediatrics	799	9
Psych	782	8
Women's Health	428	5
Other	660	7

*The 1,460 missing data are excluded.

In **Table 2.15**, a total of 2,512 of the 10,829 NPs indicated that they are active in states other than New Jersey.

Table 2.15: NPs active in other states

	N=2,512	%
New York	1,038	41
Pennsylvania	977	39
Delaware	65	3
Connecticut	18	<1
Other	383	15
Missing	31	1

Unemployment

Figure 2.9 shows that there were 769 APNs who reported a reason for not being employed. Of those, 23% identified "taking care of home and family" as their primary reason.

Figure 2.9: APN Reason for Not Being Employed
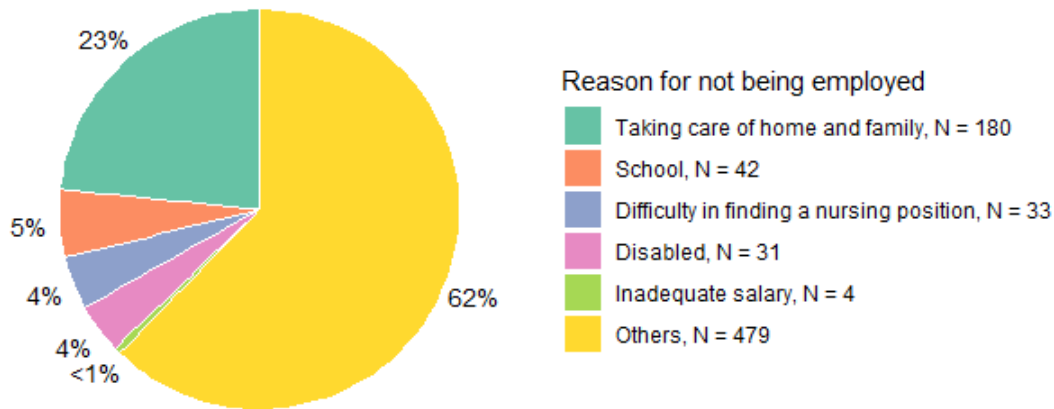
Retirement

NJCCN asked survey participants about their intention to retire within two years, prior to the next license renewal. In response, 3% of APN respondents indicated a plan to retire within this time frame (not inclusive of missing data).

Table 2.16 identifies APN respondents who declared an intent to retire by age bracket. Of nurses who are 66-75 years old, 16% intend to retire; of nurses who are 76-85 year old, 22% intend to retire. The number of APN respondents in each age bracket is different from the numbers in **Table 2.10** because **Table 2.16** only includes APNs who reported their age **and** their intent to retire.

Table 2.16: APN Intent to Retire according to Age

Age	APN Respondents N=11,597	Intent to Retire N=310	%
19-25	2	0	0
26-35	2,062	12	<1
36-45	3,120	14	<1
46-55	2,737	11	<1
56-65	2,427	65	3
66-75	1,112	178	16
76-85	134	30	22
86+	3	0	0

Percentages are calculated as intent to retire over the number of APN respondents.

Licensed Practical Nurse (LPN) Profile

In the 2021-2022 survey period, 21,329 LPNs responded out of New Jersey's 29,328 licensed LPNs. Of those 29,328 licensed LPNs, 23,511 were active while 5,817 were inactive. LPN respondents accounted for 73% of the LPN workforce in New Jersey. Respondents may have skipped questions, causing data in some tables and figures to add up to less than 21,329.

License Status

According to **Table 2.17**, 96% of 21,329 LPN respondents have an active LPN license, which renders them eligible to practice as a LPN in New Jersey.

Table 2.17: LPN License Status

	N=21,329	%
Active	20,539	96
Inactive	790	4

    Table 2.18 describes the method by which LPN respondents attained their licensure. Those who attained their licensure via exam (88%) have graduated from an approved school of practical nursing and taken the NCLEX-PN examination in New Jersey. Those who attained their license via endorsement (12%) have first been licensed in another state.

Table 2.18: Basis for LPN Licensure

	N=21,329	%
Exam	18,809	88
Endorsement	2,463	12
Missing/No Data	57	<1

Demographics

Table 2.19 shows the demographic characteristics of 21,329 LPN respondents. LPN respondents are primarily female (90%), over 48% are from diverse racial/ethnic backgrounds, and between 36-65 years of age (70%). The mean age of the LPN respondents is 50.

Table 2.19: LPN Demographic Characteristics

Gender		**N=21,329**	**%**
	Female	19,122	90
	Male	2,207	10
	Missing/No Data	0	0
Race/Ethnicity			
	White	8,168	38
	Black/African American	6,865	32
	Hispanic/Latino	1,889	9
	Asian	1,387	7
	Pacific Islander	103	<1
	American Indian	42	<1
	Other	1,217	6
	Missing/No Data	1,658	8
Age			
	19-25	318	1
	26-35	3,463	16
	36-45	4,939	23
	46-55	5,063	24
	56-65	4,930	23
	66-75	2,327	11
	76-85	276	1
	86+	13	<1

Employment Characteristics

Table 2.20 shows that there were 17,615 LPN respondents who reported their employment status. The table shows that 73% respondents were employed in nursing full-time, and 9% were employed in nursing part-time. "Employed in nursing" is defined as being employed as a nurse or in a position that requires an LPN license.

Table 2.20: LPN Employment Status*

	N=17,615	%
Employed in nursing full-time	12,922	73
Employed in nursing part-time	1,528	9
Unemployed, seeking work in nursing	938	5
Employed in nursing per diem	891	5
Employed in a field other than Nursing	659	4
Retired	576	3
Volunteering (only) in nursing	101	<1

*The 3,714 missing data are excluded.

LPN respondents were asked to report the number of positions that they were employed as a nurse during that time period. **Table 2.21** indicates that 17% of 15,682 LPN respondents held multiple positions.

Table 2.21: Number of LPN Positions*

	N=15,682	%
1 position	12,977	83
2 positions	2,482	16
3 positions	223	1

*The 5,647 missing data are excluded.

Figure 2.10 depicts the primary employment setting of 16,180 LPN respondents. The figure shows 42% of the respondents reported a nursing home/extended care/assisted living facility as their primary employment setting.

Figure 2.10: LPN Primary Employment Setting*
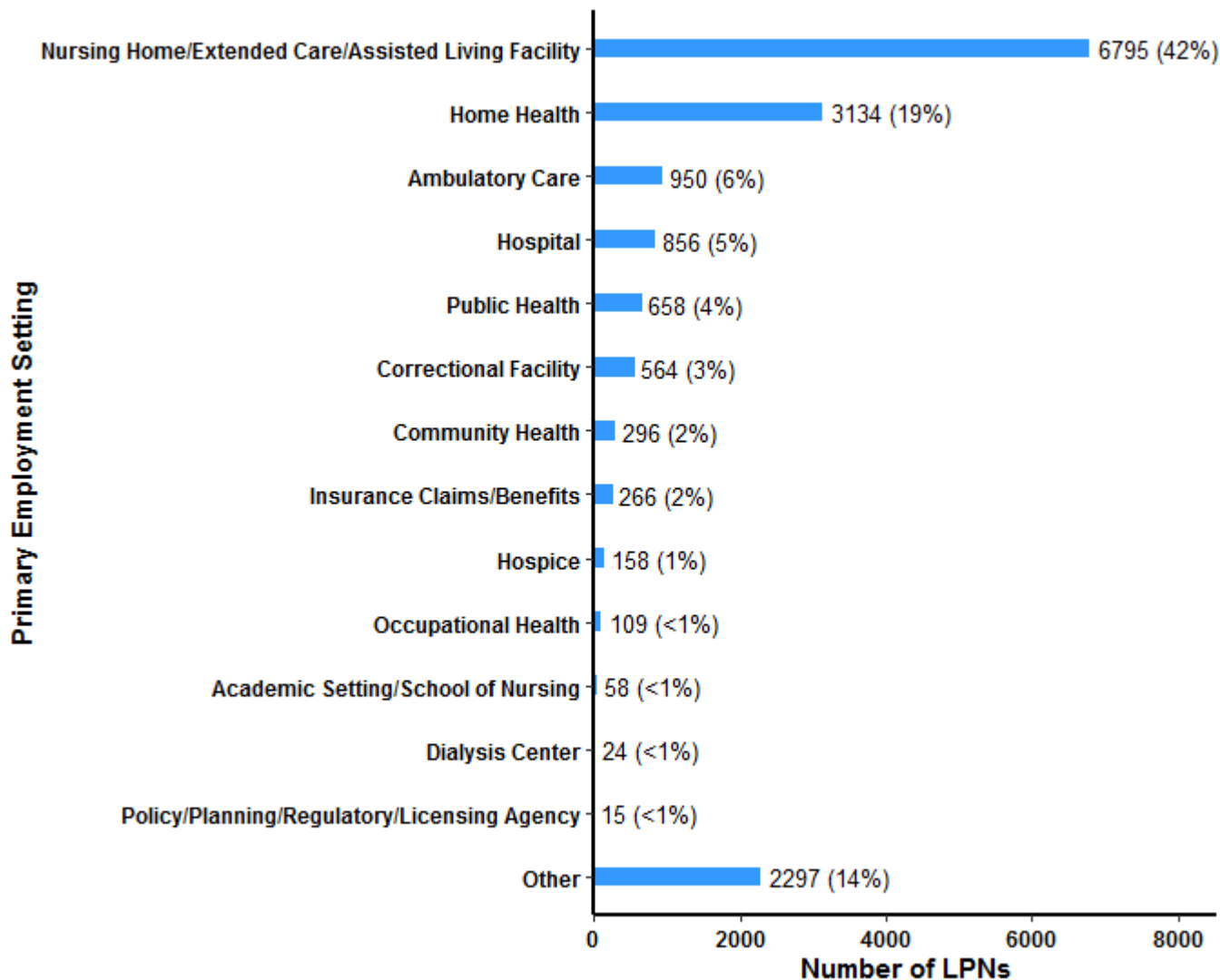
*The 5,149 missing data are excluded.

Figure 2.11 depicts the primary employment position of 16,939 LPN respondents. The figure shows 80% of the respondents reported their primary employment position was a staff nurse.

Figure 2.11: LPN Primary Employment Position Description*
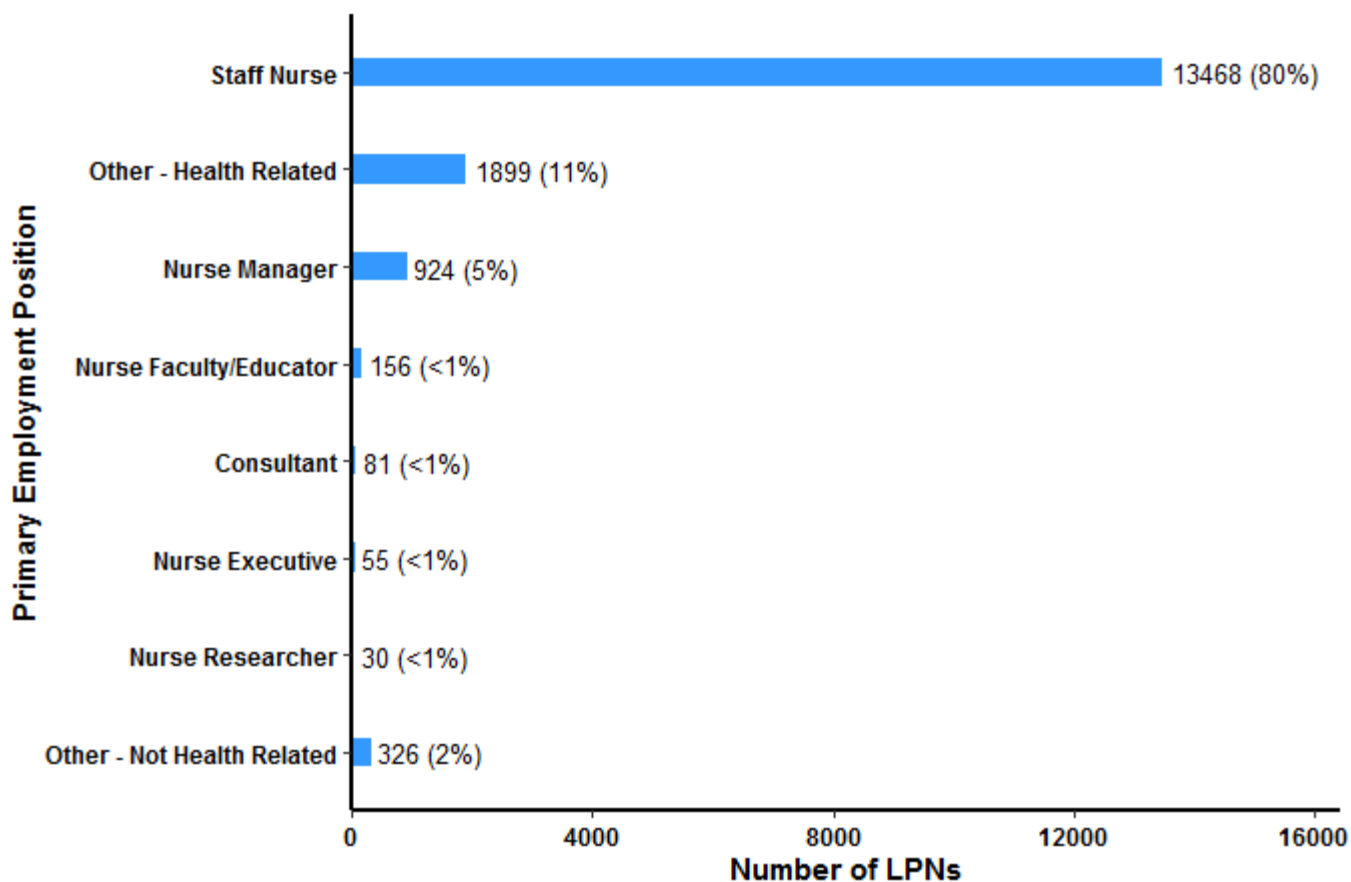
*The 4,390 missing/invalid data are excluded.

Figure 2.12 depicts the primary employment position specialty of 16,061 LPN respondents. The figure shows 26% of the respondents classified their primary employment specialty as geriatric/gerontology.

Figure 2.12: LPN Primary Employment Position Specialty*
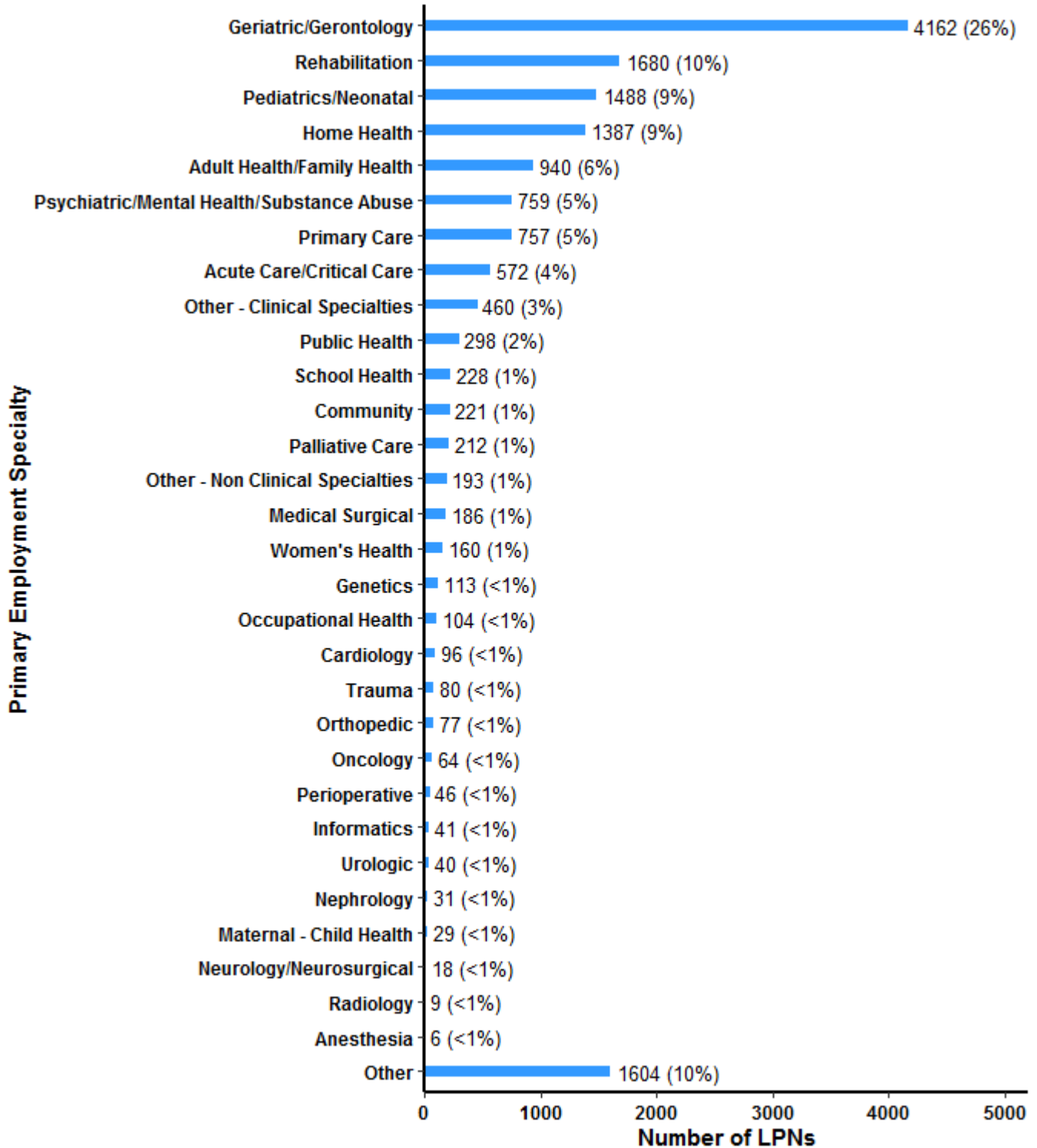
*The 5,268 missing data are excluded.

Unemployment

Figure 2.13 shows that there were 3,083 LPNs who reported a reason for not being employed. Of those, 26% identified "taking care of home and family" as their primary reason.

Figure 2.13: LPN Reason for Not Being Employed
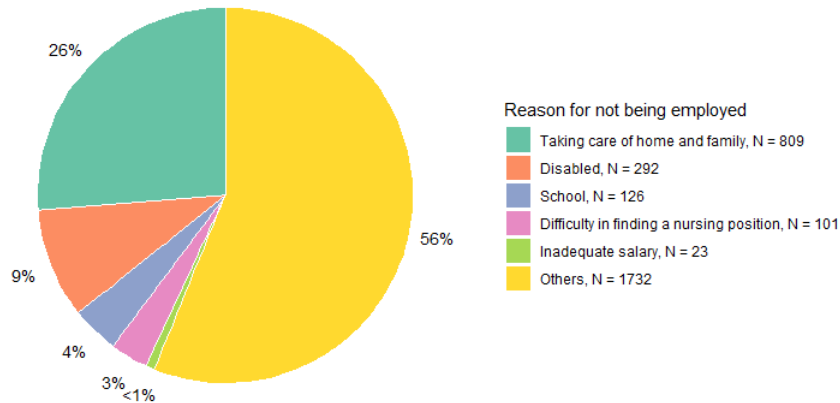
Retirement

NJCCN asked survey participants about their intention to retire within two years, prior to the next license renewal. In response, 4% of LPN respondents indicated a plan to retire within this time frame (not inclusive of missing data).

Table 2.22 identifies LPN respondents who declared an intent to retire by age bracket. Of nurses who are 66-75 years old, 17% intend to retire; of nurses who are 76-85 year old, 21% intend to retire. The number of LPN respondents in each age bracket is different from the numbers in **Table 2.19** because **Table 2.22** only includes LPNs who reported their age **and** their intent to retire.

Table 2.22: LPN Intent to Retire according to Age

Age	LPN Respondents N=15,488	Intent to Retire N=564	%
19-25	139	4	3
26-35	2,269	34	1
36-45	3,631	41	1
46-55	3,853	38	1
56-65	3,767	124	3
66-75	1,655	286	17
76-85	165	34	21
86+	9	3	33

Percentages are calculated as intent to retire over the number of LPN respondents.

Nurse Licensure Compact*

New Jersey is a member of the Nurse Licensure Compact (NLC), which is an agreement among states that allows nurses to have one license but have the right to practice in any other states partaking in the agreement. Nurses who hold active, unencumbered nursing licenses issued by members of the NLC may practice in NJ. New Jersey licensed nurses may apply for a multistate license with the authority to practice in other Compact states by submitting an application for a License by Upgrade. A multistate Compact license will be issued if you meet the requirements. A single state NJ license may be issued if you do not meet the requirements for a Compact license. In short, a multi-state license allows the nurse to practice in the home state (the nurse's primary state of residence) and all compact states with one license issued by the home state.

To be eligible for a New Jersey (New Jersey as the home state) issued multistate license, you must:

- Meet the requirements for licensure in New Jersey (state of residency);

- Have graduated from a board-approved education program; or has graduated from an international education program (approved by the authorized accrediting body in the applicable country and verified by an independent credentials review agency);

- Have passed an English proficiency examination (applies to graduates of an international education program not taught in English or if English is not the individual's native language);

- Have passed an NCLEX-RN® or NCLEX-PN® Examination or predecessor exam;

- Be eligible for or holds an active, unencumbered license (i.e., without active discipline);

- Have submitted to state and federal fingerprint-based criminal background checks;

- Have not been convicted or found guilty, or has entered into an agreed disposition, of a felony offense under applicable state or federal criminal law;

- Have no misdemeanor convictions related to the practice of nursing (determined on a case-by-case basis);

- Not currently a participant in an alternative program;

- Be required to self-disclose current participation in an alternative program; and

- Have a valid United States Social Security number.

*Above information was obtained from NJBON (2022) Nurse Licensure Compact
Please visit: https://www.njconsumeraffairs.gov/nur/Pages/Nurse-Licensure.aspx

Figure 2.14 shows the map of 39 states which have enacted the Nurse Licensure Compact.*

Figure 2.14: NLC Map

*This figure was obtained from National Council of State Boards of Nursing (NCSBN) website. Please visit: https://www.ncsbn.org/compacts/nurse-licensure-compact.page

Table 2.23 shows the state license status and primary state of residency of 10,321 LPN, 56,213 RN, and 6,890 APN respondents. Note: This new question was first added to the 2022 survey, so we only have 2022 data.

Table 2.23: State license status and primary state of residency of LPN, RN, APN respondents

State license status and residency	LPN N=10,321	RN N=56,213	APN N=6,890
(1)Single state, declared residency	9,650 (93%)	47,636 (85%)	5,160 (75%)
(2)Single state, didn't declare residency	615 (6%)	7,810 (14%)	1,693 (25%)
(3)Multi-state compact license	56 (<1%)	767 (1%)	37 (<1%)

See below to find explanation of categories (1), (2), and (3).

Definition of (1), (2), and (3):
(1) Those who hold a single state license and declared NJ as their primary state of residency.
(2) Those who hold a single state license and did not declare NJ as their primary state of residency - they are looking for a primary license in a non-compact state.
(3) Those who hold a multi-state compact license. Note: APNs have to apply as an RN in NJ for multi-state licensure.

Chapter 3

Workforce Demand Data

This year, NJCCN used data mined from Lightcast™ to determine demand for nurses in the State of New Jersey. All tables and figures in this chapter are attributed to Lightcast™. The O*Net-SOC taxonomy was used to standardize the occupation-specific indicators. The job advertisements were reviewed to eliminate any per diem positions, temporary positions, staffing agencies, and postings that had job openings outside of New Jersey. Turnover rate gives context for how often employees in a given occupation are moving to different employers. Turnover rate is calculated by comparing total separations to total jobs (separations divided by jobs). This table shows high turnover in all 3 occupations which then translates to high demand.

Table 3.1: Summary Demand and Requirements Table by Occupation - 2021

Category		Demand and Employment				Salary
SOC Code (ONET-6)	Occupation Title	Number of jobs 2021	Number of jobs 2031	% Change in Employment 2021-2031	Turnover Rate 2021	Mean Salary
29-1141	Registered Nurses	78,633	88,660	13%	24%	81,200
29-2061	Licensed Practical & Licensed Vocational Nurses	17,263	18,883	9%	50%	58,100
29-1171	Nurse Practitioners	6,757	10,348	53%	29%	122,400

Registered Nurse (RN) Demand Profile

Figure 3.1 shows the top 20 employers who produced the greatest number of online job postings for RNs in 2021. Hospital employers were combined under their healthcare system where applicable. Greater numbers of postings may reflect a high rate of turnover or a high demand for employees. The top 20 employers accounted for 6,929 (61%) of the 11,328 qualified total postings.

Figure 3.1: Top 20 Employers of RNs
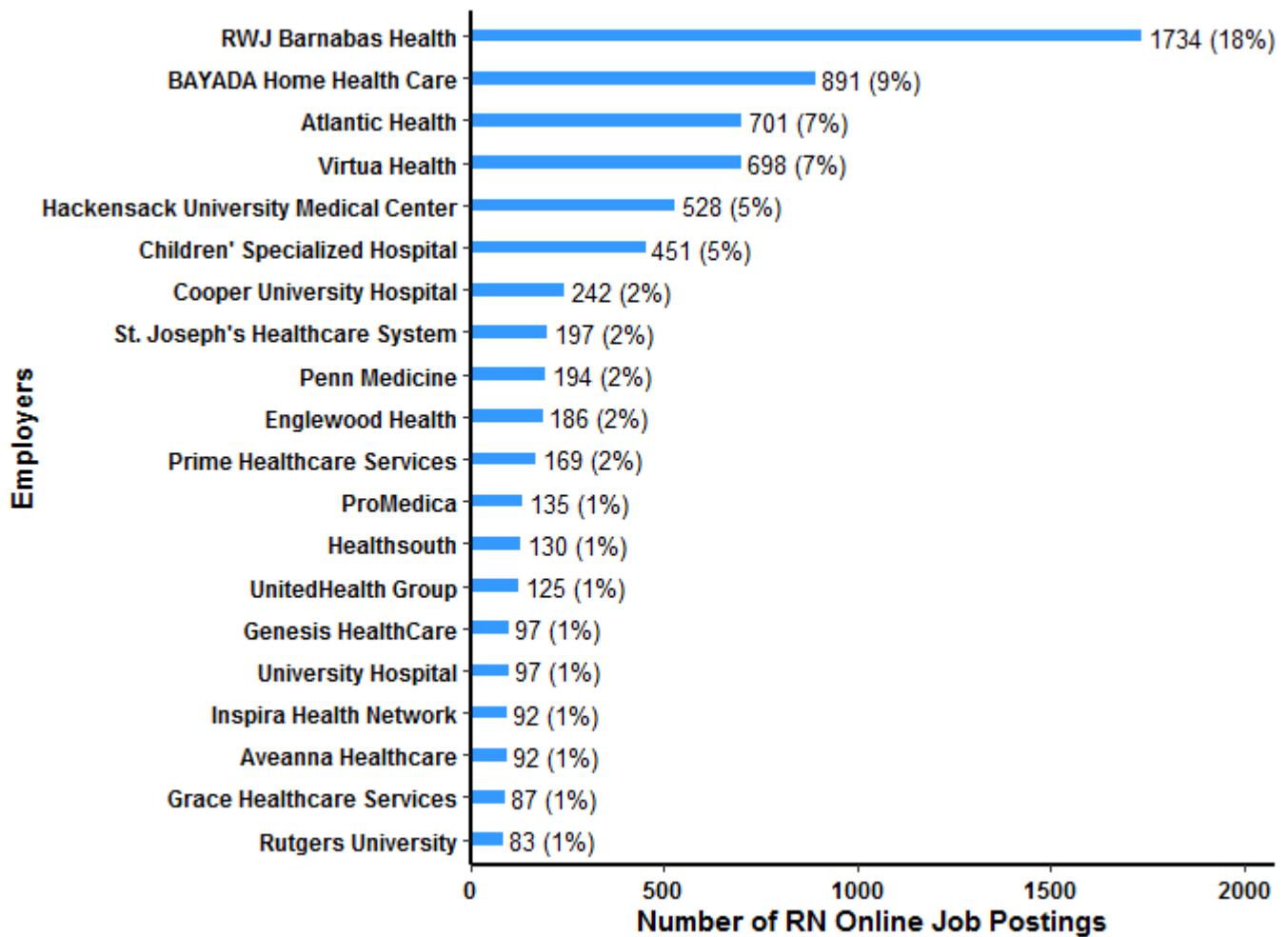
According to **Figure 3.2**, there were 44,105 total postings and 9,511 unique postings. The job posting intensity of 5:1 means that for every 1 unique position, there were 5 postings.

Figure 3.2: RN Posting Overview

9,511	5 : 1	28 days
Unique Postings	**Posting Intensity**	**Median Posting Duration**
44,105 Total Postings	Regional Average: 3 : 1	Regional Average: 34 days
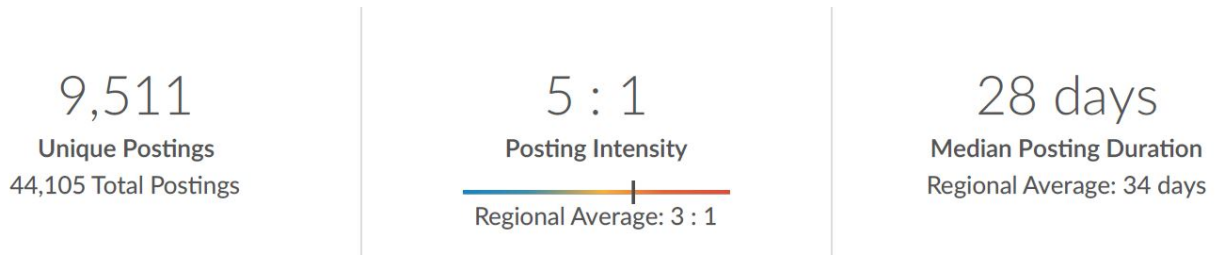
According to **Figure 3.3**, shows the unique postings from 2017-2022. The section of the table in yellow highlights January 2021-December 2021.

Figure 3.3: RN Time Series Analysis 2017-2022
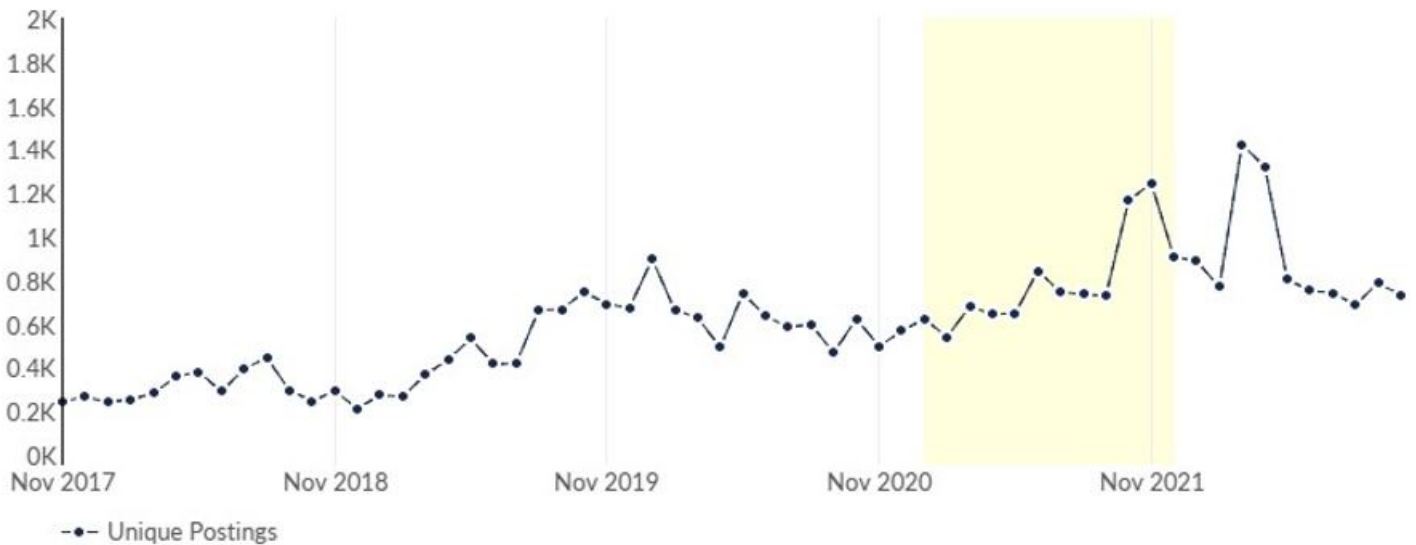
According to **Figure 3.4**, the number of unique postings was highest in March and April of 2022. The 12 month posting trend uses a different time frame to provide the most current posting trend data.

Figure 3.4: 12 Month Posting Trend

Month	Unique Postings	Posting Intensity
Oct 2022	733	2 : 1
Sep 2022	788	4 : 1
Aug 2022	688	4 : 1
Jul 2022	742	4 : 1
Jun 2022	753	5 : 1
May 2022	804	4 : 1
Apr 2022	1,323	3 : 1
Mar 2022	1,421	4 : 1
Feb 2022	769	5 : 1
Jan 2022	890	4 : 1
Dec 2021	907	4 : 1
Nov 2021	1,246	4 : 1

Figure 3.5 and **Figure 3.6**, lists the top RN positions in most demand. In 2021, Intensive Care Unit postings accounted for 12% of the top 20 postings.

Figure 3.5: Top 20 RN Positions in Demand (2020)
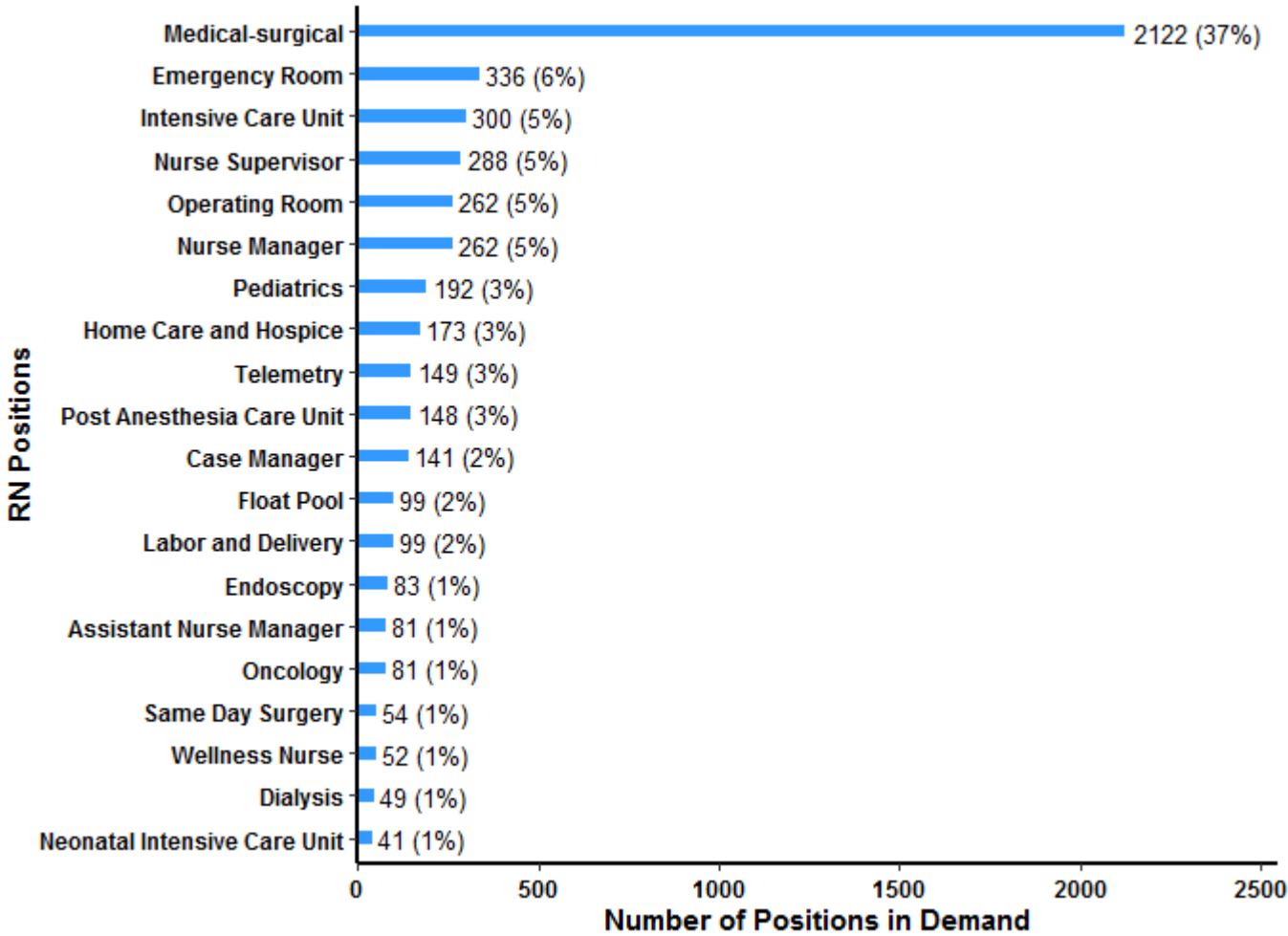
Figure 3.6: Top 20 RN Positions in Demand (2021)
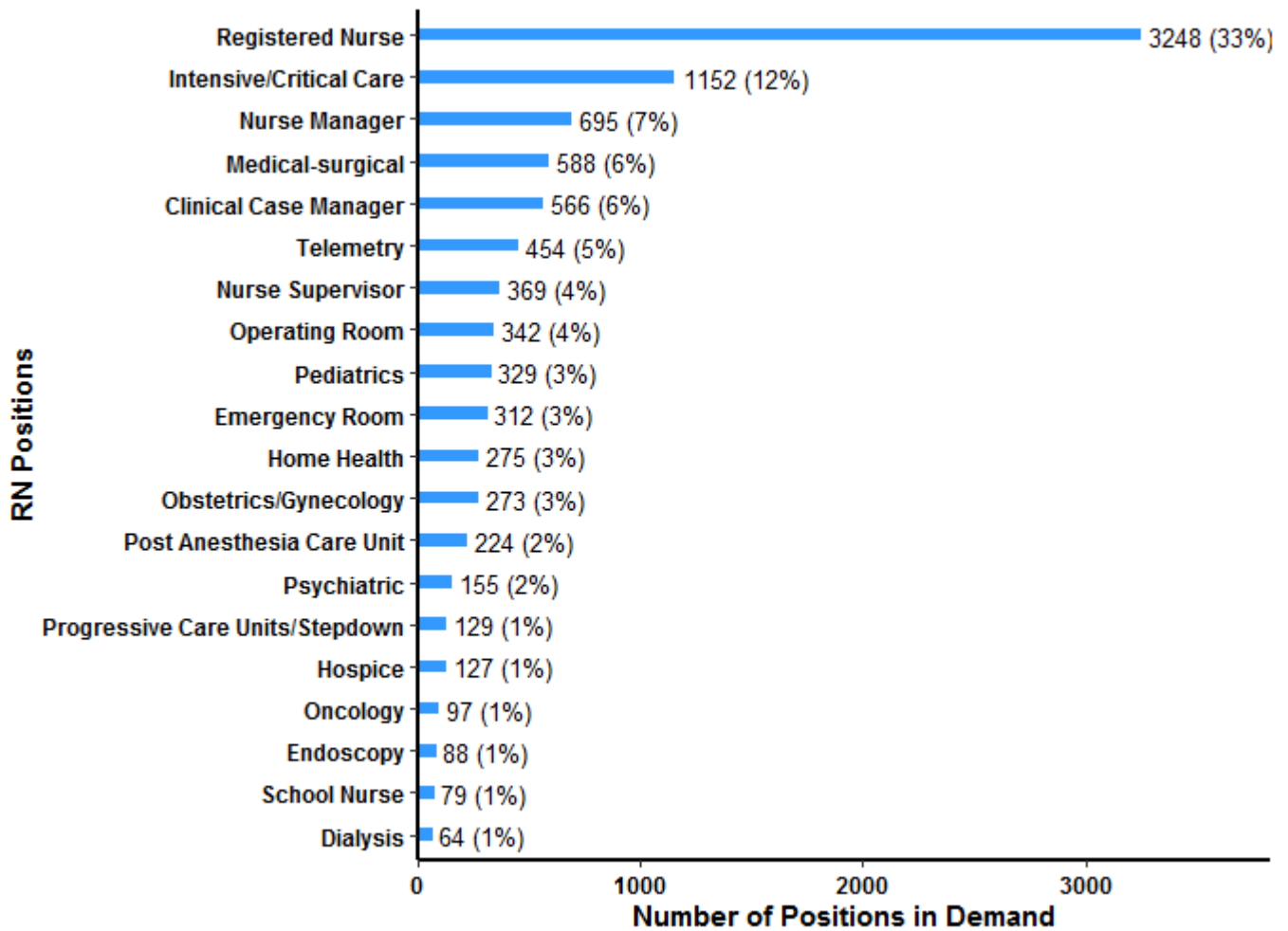
National Demand Comparison

Figure 3.7 shows the level of demand for RNs across the United States from January 1, 2021 through December 31, 2021. Demand Concentration shows the concentration of job postings in a region relative to the national average. This can be used to determine if job posting concentration is high or low in a region compared to the nation. Demand Concentration is calculated by comparing the share of regional job postings for a search with the share of national job postings for that search.

Figure 3.7: National Demand for RNs
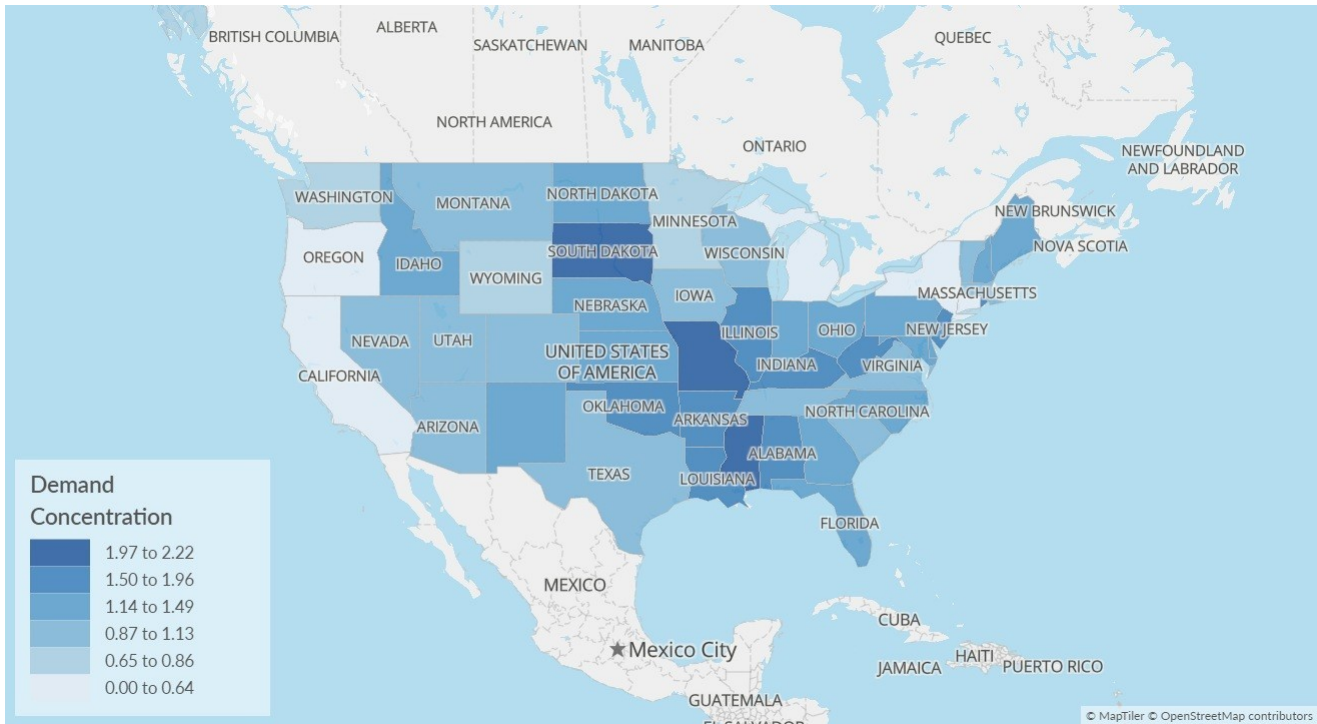
When compared to this rate, **New Jersey has a Demand Concentration of 1.63**. The states with highest demand concentration are Mississippi (2.22), South Dakota (2.21), Missouri (1.97), Louisiana (1.84), and Alabama (1.73). The states with lowest demand concentration are Michigan (0.20), Connecticut (0.27), California (0.29), New York (0.33), and Oregon (0.43).

Job Postings by County*

January 1, 2021 - December 31, 2021

There were 9,504 qualified postings available with the current filters applied.

Table 3.2: Demand for RNs by NJ County

County	Job Postings	Demand Concentration
Atlantic	129	1.42
Bergen	655	0.95
Burlington	621	1.96
Camden	943	2.63
Cape May	38	1.63
Cumberland	82	1.67
Essex	1,119	2.06
Gloucester	182	1.09
Hudson	650	1.13
Hunterdon	68	1.30
Mercer	436	1.24
Middlesex	782	1.18
Monmouth	524	1.73
Morris	690	1.57
Ocean	792	5.41
Passaic	553	2.09
Salem	47	1.94
Somerset	419	1.28
Sussex	116	3.09
Union	562	1.54
Warren	96	2.78

*7 unclassified postings

Table 3.2 shows county-level data for the raw number of job postings and Demand Concentration. The counties with the highest Demand Concentration are Ocean (5.41), Sussex (3.09), and Warren (2.78). The counties with the lowest demand concentration are Bergen (0.95), Gloucester (1.09), and Hudson (1.13). The counties with the most job postings include Essex (1,119), Camden (943), and Ocean (792).

Nurse Practitioner (NP) Demand Profile

Figure 3.8 shows the top 20 employers with the greatest number of online job postings for Nurse Practitioners (NP) in 2021. Hospital employers were combined under their healthcare system where applicable. Greater numbers of postings may reflect a high rate of turnover or a high demand for employees. The top 20 employers accounted for 1,361 (64.7%) of the 2,102 total qualified postings.

Figure 3.8: Top 20 Employers of NPs
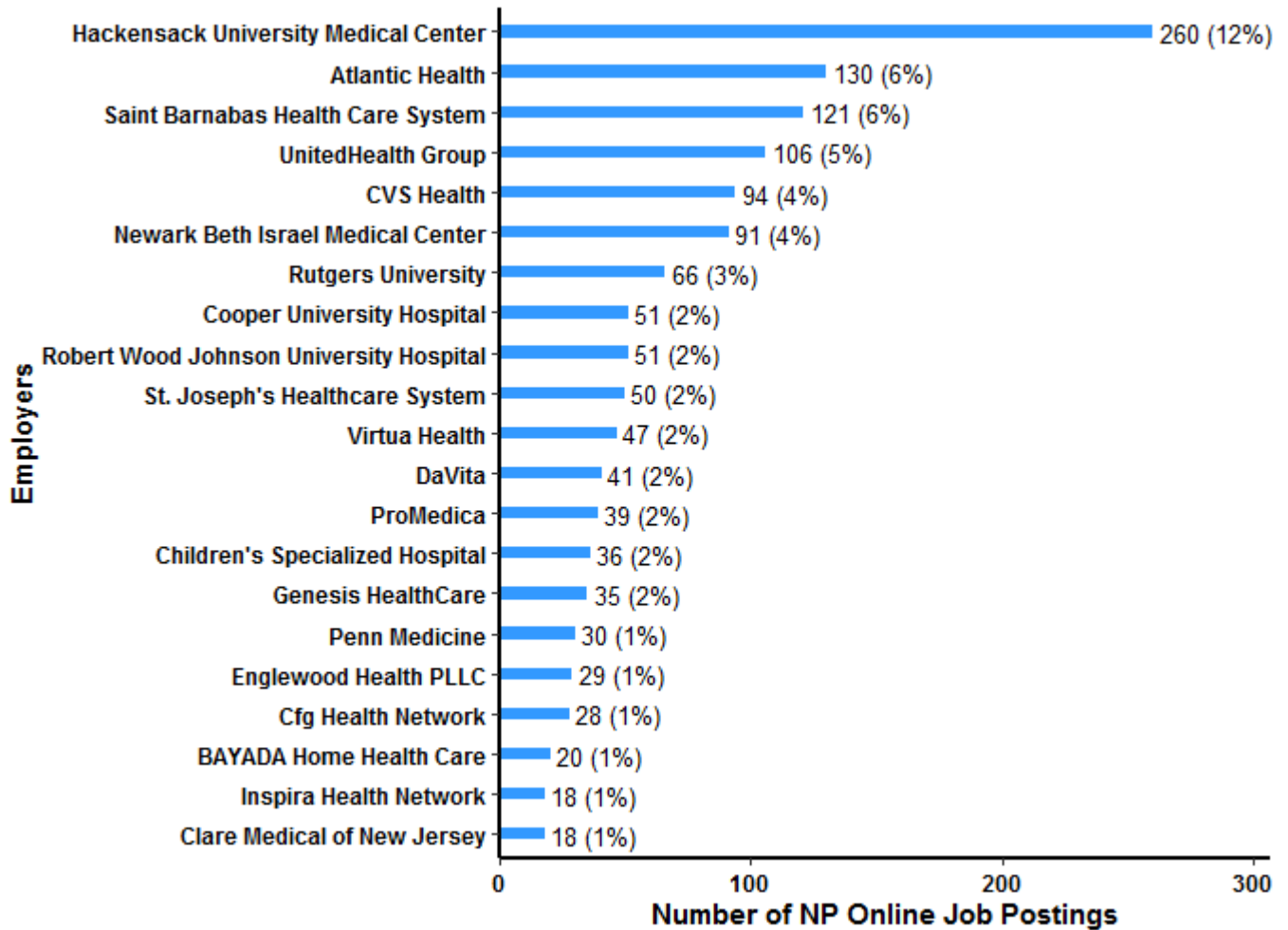
According to **Figure 3.9**, there were 6,002 total postings and 2,027 unique postings. The job posting intensity of 3:1 means that for every 1 unique position, there were 3 postings.

Figure 3.9: NP Posting Overview
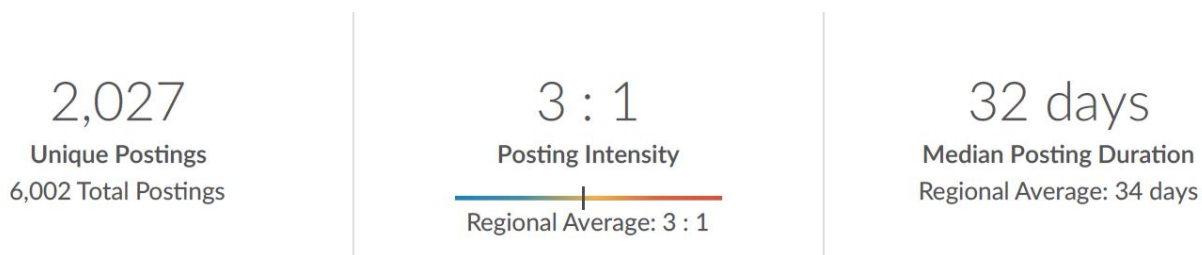
According to **Figure 3.10**, shows postings from 2017-2022. The section of the table in yellow highlights January 2021-December 2021.

Figure 3.10: NP Time Series Analysis 2017-2022
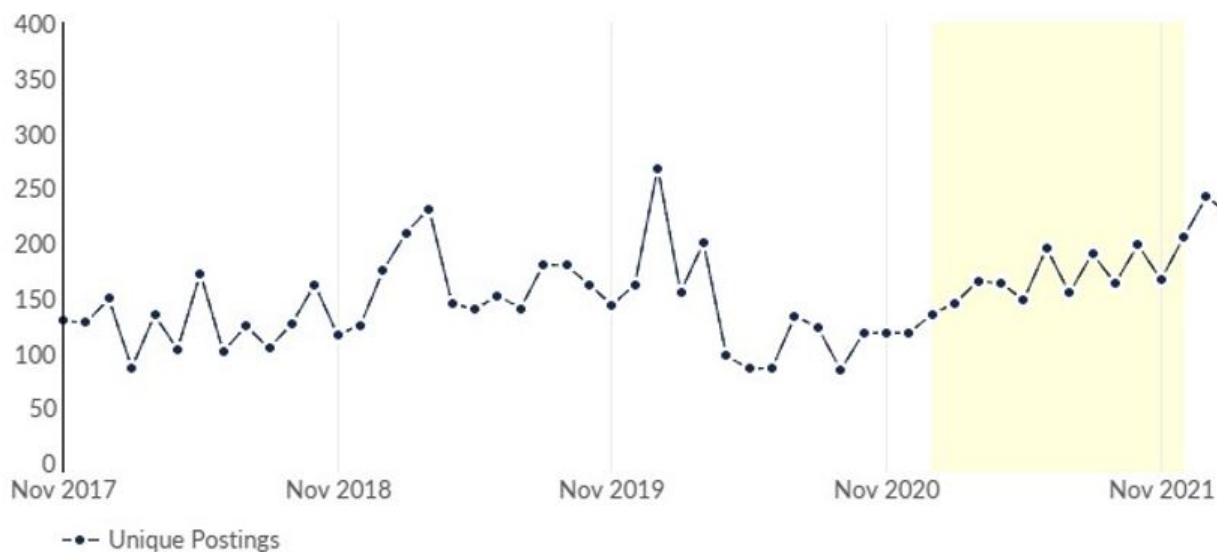
According to **Figure 3.11**, the number of unique postings was highest in October of 2022. The 12 month posting trend uses a different time frame to provide the most current posting trend data.

Figure 3.11: 12 Month Posting Trend

Month	Unique Postings	Posting Intensity
Nov 2022	267	1 : 1
Oct 2022	284	2 : 1
Sep 2022	246	3 : 1
Aug 2022	231	3 : 1
Jul 2022	207	3 : 1
Jun 2022	233	3 : 1
May 2022	210	2 : 1
Apr 2022	203	3 : 1
Mar 2022	279	2 : 1
Feb 2022	225	2 : 1
Jan 2022	242	2 : 1
Dec 2021	205	2 : 1

National Demand Comparison

Figure 3.12 shows the level of demand for NPs across the United States from January 1, 2021 through December 31, 2021. Local area demand is calculated relative to national demand. Demand Concentration shows the concentration of job postings in a region relative to the national average. This can be used to determine if job posting concentration for NPs is high or low in a region compared to the nation. Demand Concentration is calculated by comparing the share of regional job postings for a search with the share of national job postings for that search.

Figure 3.12: National Demand for NPs
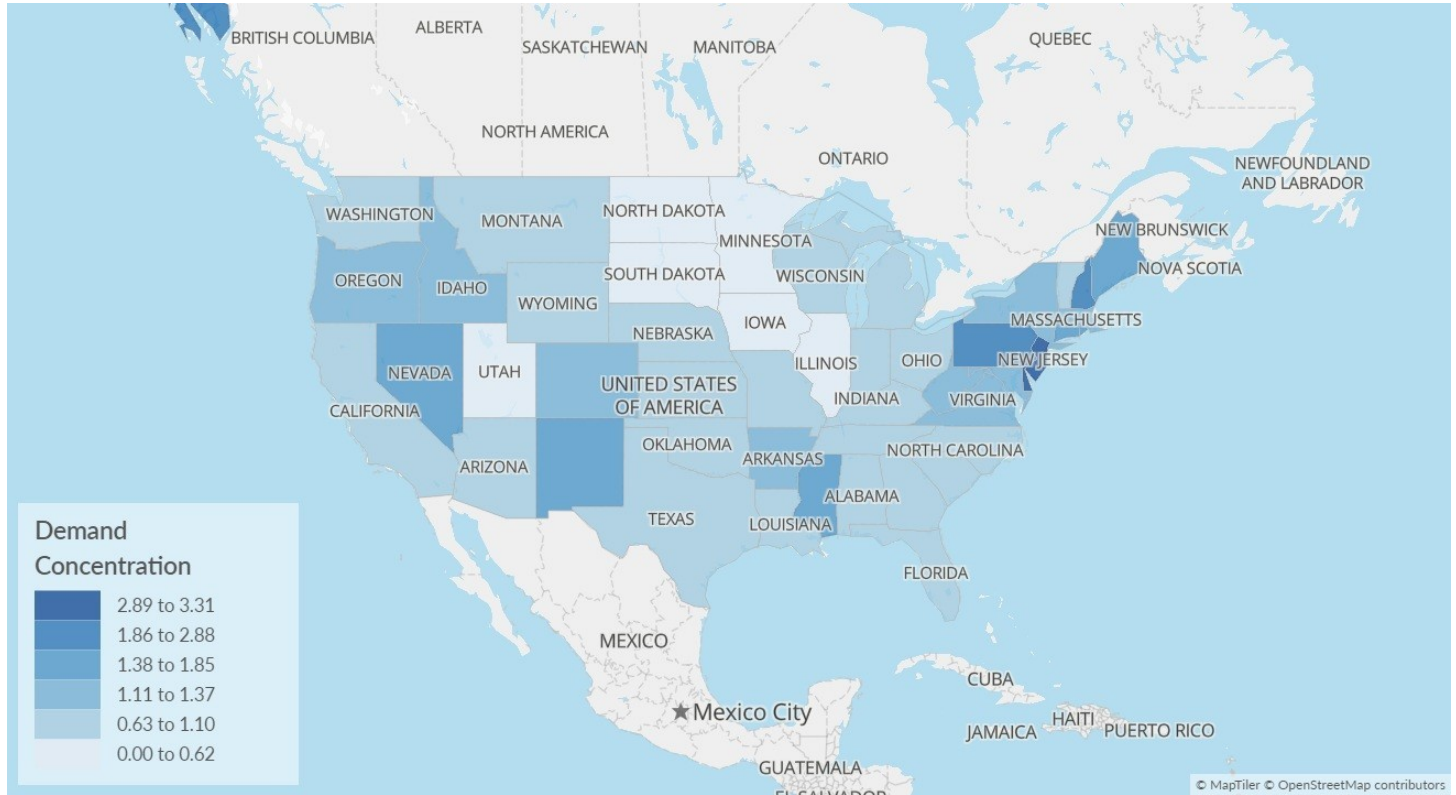
New Jersey has the highest Demand Concentration at 3.31. States that follow with the highest Demand Concentration are Delaware (2.69), Pennsylvania (2.29), and New Hampshire (2.00). The three states with the lowest Demand Concentration are North Dakota (0.25), South Dakota (0.27), and Minnesota (0.39).

Job Postings by County

January 1, 2021 - December 31, 2021

There were 2,021 qualified postings available with the current filters applied.

Table 3.3: Demand for NPs by NJ County

County	Job Postings	Demand Concentration
Atlantic	44	4.60
Bergen	216	2.99
Burlington	103	3.10
Camden	172	4.57
Cape May	5	2.04
Cumberland	25	4.84
Essex	256	4.48
Gloucester	48	2.73
Hudson	91	1.50
Hunterdon	11	2.00
Mercer	77	2.08
Middlesex	183	2.64
Monmouth	246	7.75
Morris	139	3.02
Ocean	89	5.78
Passaic	120	4.32
Salem	2	0.79
Somerset	79	2.29
Sussex	12	3.05
Union	93	2.42
Warren	10	2.76

*6 unclassified postings.

Table 3.3 shows county-level data for the raw number of job postings and Demand Concentration. The counties with the highest Demand Concentration are Monmouth (7.75), Ocean (5.78), and Cumberland (4.84). The counties with the lowest Demand Concentration are Salem (0.79), Hudson (1.50), and Hunterdon (2.00). The counties with the most job postings include Essex (256), Monmouth (246), and Bergen (216).

Licensed Practical Nurse (LPN) Demand Profile

Figure 3.13 shows the top 20 employers with the greatest number of online job postings for LPNs in 2021. Hospital employers were combined under their healthcare system where applicable. Greater numbers of postings may reflect a high rate of turnover or a high demand for employees. The top 20 employers accounted for 811 (55.2%) of the 1,469 total qualified postings. Top employers included nursing homes, home health care providers, and hospital systems.

Figure 3.13: Top 20 Employers of LPNs
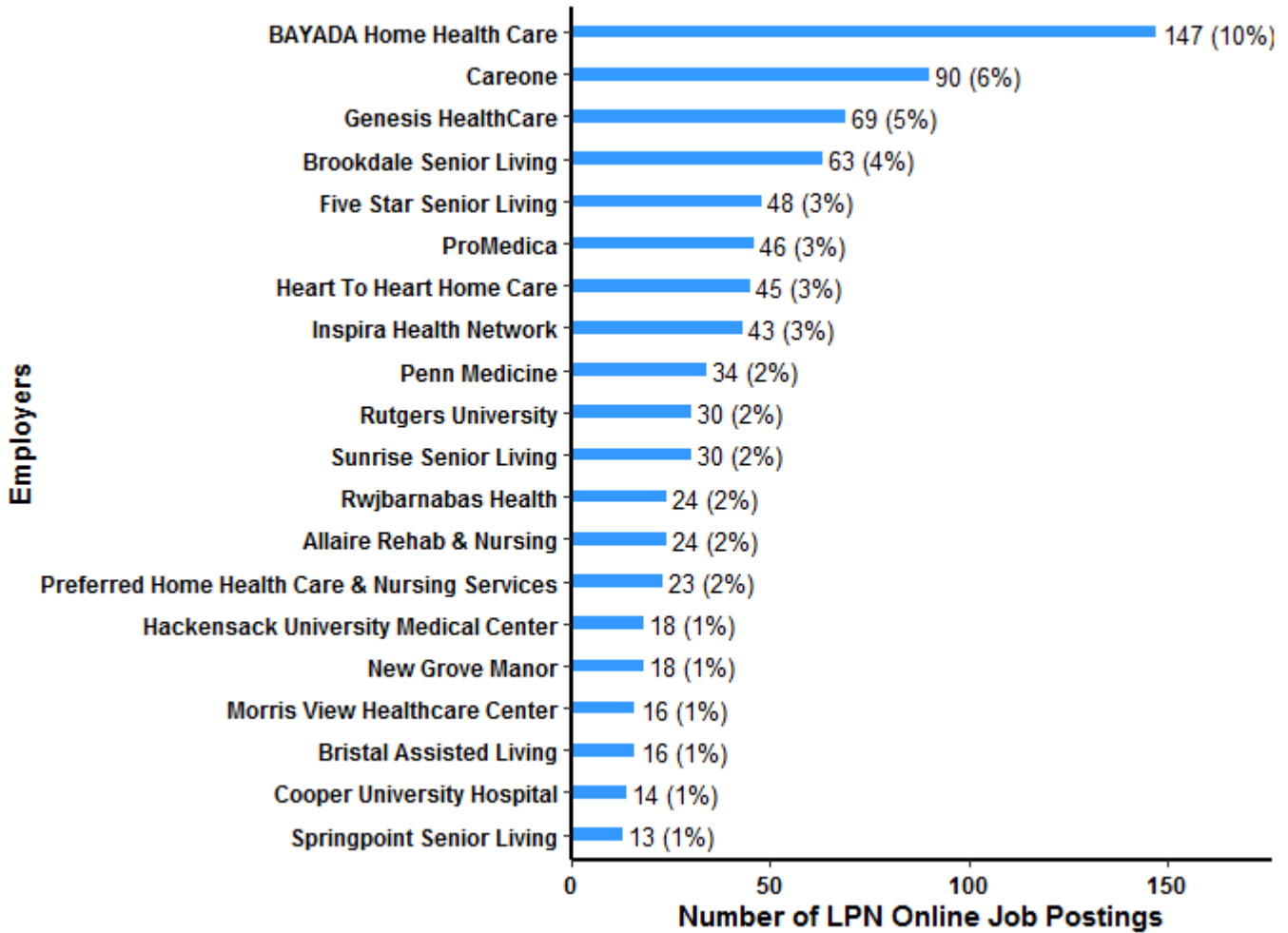
According to **Figure 3.14**, there were 6,319 total postings and 1,469 unique postings. The job posting intensity of 4:1 means that for every 1 unique position, there were 4 postings.

Figure 3.14: LPN Posting Overview

1,469	4 : 1	26 days
Unique Postings	**Posting Intensity**	**Median Posting Duration**
6,319 Total Postings	Regional Average: 3 : 1	Regional Average: 34 days
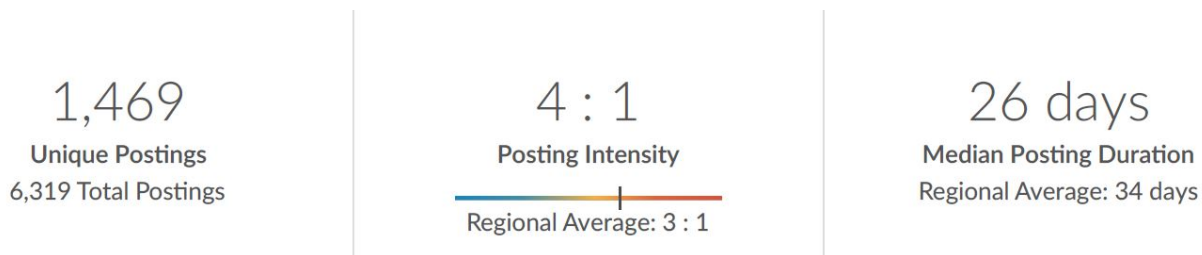
According to **Figure 3.15**, shows postings from 2017-2022. The section of the table in yellow highlights January 2021-December 2021.

Figure 3.15: LPN Time Series Analysis 2017-2022
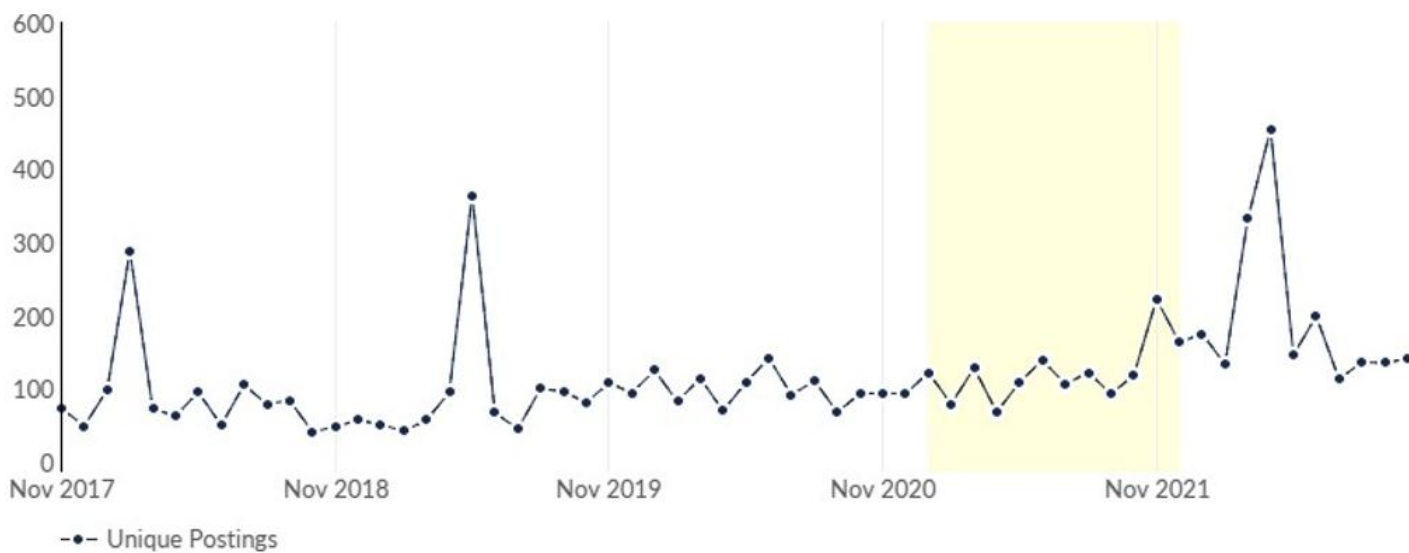
According to **Figure 3.16**, the number of unique postings was highest in March and April of 2022. The 12 month posting trend uses a different time frame to provide the most current posting trend data.

Figure 3.16: 12 Month Posting Trend

Month	Unique Postings	Posting Intensity
Nov 2022	124	1 : 1
Oct 2022	141	2 : 1
Sep 2022	135	4 : 1
Aug 2022	136	3 : 1
Jul 2022	113	3 : 1
Jun 2022	199	2 : 1
May 2022	146	4 : 1
Apr 2022	454	2 : 1
Mar 2022	332	2 : 1
Feb 2022	133	3 : 1
Jan 2022	175	3 : 1
Dec 2021	163	3 : 1

National Demand Comparison

Figure 3.17 shows the level of demand for LPNs across the United States from January 1, 2021 through December 31, 2021. The demand for LPNs is identified here as the ratio of LPN job postings per employed persons. Demand Concentration shows the concentration of job postings in a region relative to the national average. This can be used to determine if job posting concentration for LPNs is high or low in a region compared to the nation. Demand Concentration is calculated by comparing the share of regional job postings for a search with the share of national job postings for that search.

Figure 3.17: National Demand for LPNs
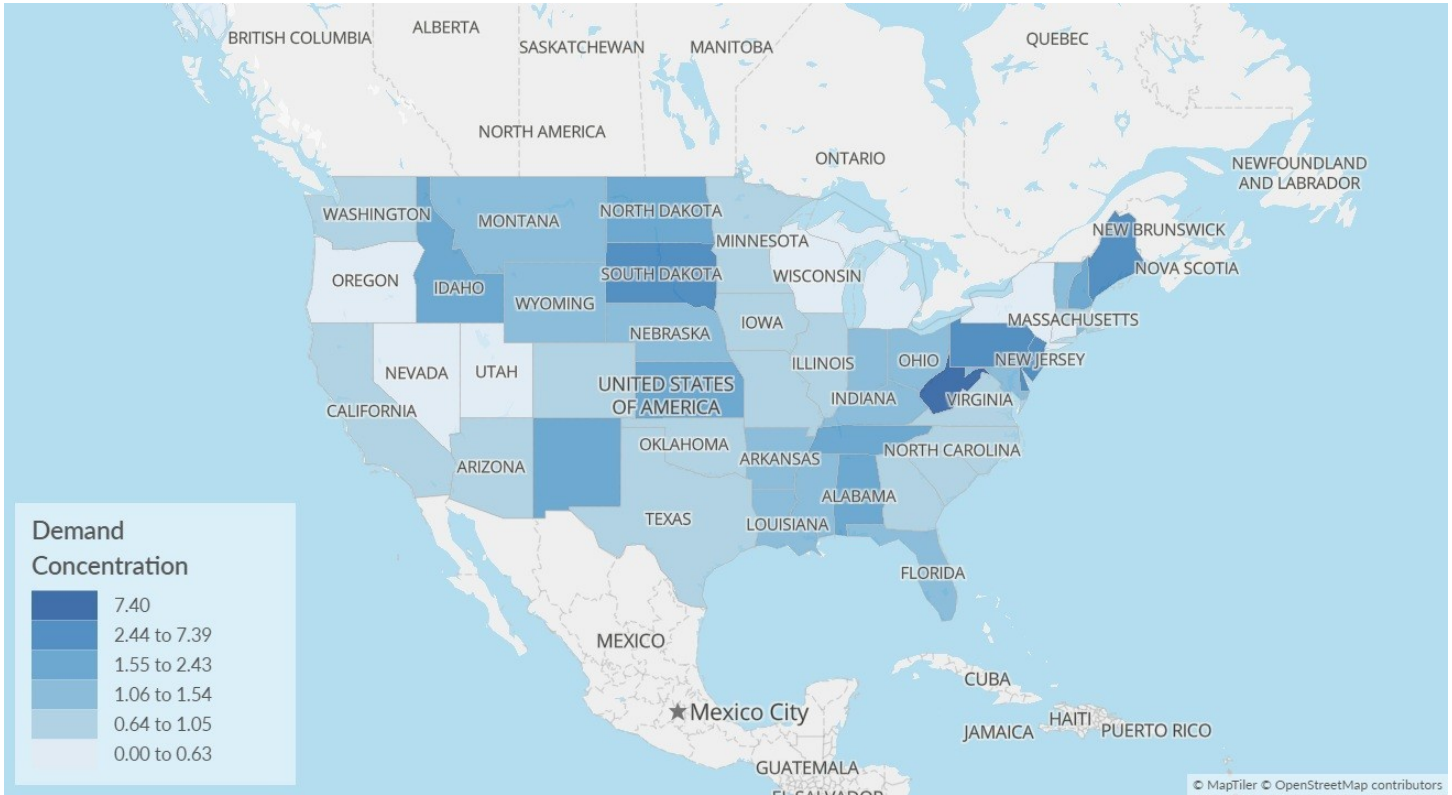
New Jersey has a high Demand Concentration at 3.09. States that have the highest Demand Concentration are West Virginia (7.40), Delaware (2.65), and Pennsylvania (2.64). The three states with the lowest Demand Concentration are Utah (0.28), Hawaii (0.28), and New York (0.30).

Job Postings by County

January 1, 2021 - December 31, 2021

There were 1,466 qualified postings available with the current filters applied.

Table 3.4: Demand for LPNs by NJ County*

County	Job Postings	Demand Concentration
Atlantic	33	4.45
Bergen	134	2.39
Burlington	74	2.87
Camden	129	4.42
Cape May	31	16.31
Cumberland	43	10.75
Essex	144	3.25
Gloucester	84	6.17
Hudson	40	0.85
Hunterdon	20	4.70
Mercer	44	1.54
Middlesex	112	2.08
Monmouth	121	4.92
Morris	103	2.89
Ocean	107	8.97
Passaic	67	3.11
Salem	16	8.12
Somerset	63	2.36
Sussex	11	3.60
Union	65	2.18
Warren	25	8.90

*3 unclassified postings.

Table 3.4 shows county-level data for the raw number of job postings and Demand Concentration. The counties with the highest Demand Concentration are Cape May (16.31), Cumberland (10.75), and Ocean (8.97). The counties with the lowest Demand Concentration are Hudson (0.85), Mercer (1.54), and Middlesex (2.08). The counties with the most job postings include Essex (144), Bergen (134), and Camden (129).

Chapter 4

Nurse Retirement Projections

Overview

This chapter reflects the projection of nurse retirements for New Jersey through 2025. In order to maintain an adequate supply of nurses in the workforce, the number of new graduates must be equal to or greater than the number of retirees each year. If current graduation rates are sustained over the years, the gap in the RN/APN workforce due to expected retirement will be reduced. For LPNs, sustaining current graduation rates will lead to an excess supply of LPNs. The following tables in each section outline how workforce projections of LPNs, RNs, and APNs are calculated.

Note: We cannot account for all of the possibilities in projecting retirement due to the volatility of the work environment.

Nurse Retirement Projections Through 2025 - Summary

Table 4.1 shows the projected trend of the nursing workforce through 2025. Our projection suggests a 9% increase in the LPN workforce, a 5% decrease in the RN workforce, and a 2% decrease in the APN workforce between 2022 and 2025. A detailed explanation is provided in Section 4.

Table 4.1: Projected Trends Through 2025

	LPN	RN	APN
Number of respondents in the survey period	21,329	113,719	13,119
Expected number of retirements by 2025*	1,935	16,899	759
Active workforce after retirements by 2025*	19,394	96,820	12,360
% change w/o including new graduates from 2022*	-9%	-15%	-6%
Expected new graduates entering workforce*	3,885	11,505	480
Active workforce after considering new graduates*	23,279	108,325	12,840
% change in the workforce from 2022*	+9%	-5%	-2%
95% CI for percent change in the workforce	(7.1%, 11.4%)	(-6.9%, -2.7%)	(-3.6%, -0.6%)

(Source: NJBON Survey 2021-2022)

Section 1: Retirement Risk Based on Age

Table 4.2 describes the age distribution of LPN, RN, and APN respondents in the 2021-2022 survey period. We assumed ages 56 and higher are at risk of retirement. The last row in this table is the sum of the percentages in the age group 56-65, 66-75, and 76-85. This table corresponds to **Table 2.19**, **Table 2.3**, and **Table 2.10**.

Table 4.2: Age Distribution of RNs, LPNs, and APNs in 2021-2022 Survey Period

Age	LPN N=21,329 (%)	RN N=113,719 (%)	APN N=13,119 (%)
18-25	1.5	2.3	0.0
26-35	16.2	19.4	18.3
36-45	23.2	18.2	27.3
46-55	23.7	20.7	23.3
56-65	23.1	24.2	20.2
66-75	10.9	13.2	9.4
76-85	1.3	1.9	1.3
86+	0.1	0.1	0.0
Total at risk of retirement (56-85)	35.3	39.3	30.9

Note 1: In this section, we used 56 and above as the projected retirement age.

Note 2: Based on the assumptions, these data are the basis for establishing how many nurses will be at risk of retirement in 2025.

Section 2: Nurse Retirement Rates 2020-2022

Table 4.3 shows the percentages of LPN, RN, and APN respondents who answered 'Retired' to the survey question "What is your employment status?" in NJBON 2020 - 2022 survey period by age brackets.

Table 4.3: Rate of Nurse Retirement by Age Bracket

	LPN			RN			APN		
	2020 N=305 (%)	2021 N=253 (%)	2022 N=323 (%)	2020 N=2,208 (%)	2021 N=2,998 (%)	2022 N=2,588 (%)	2020 N=88 (%)	2021 N=117 (%)	2022 N=95 (%)
Age									
46-50	0.2	0.1	-	0.1	0.1	0.1	-	-	-
51-55	0.5	0.6	0.5	0.2	0.2	0.2	-	-	0.1
56-60	1	0.9	0.9	1	1	1	0.4	0.2	0.2
61-65	4	4	4	6	6	6	3	3	2
66-70	15	15	14	21	21	22	9	10	9
71-75	17	19	20	29	32	33	18	20	19
76-80	16	20	28	29	33	33	21	22	19
81-85	23	24	18	33	35	36	14	8	12
86+	21	31	38	38	42	42	67	40	25

(Source: NJBON Survey 2020-2022)

Note: This table help calculates the projections for potential nurse retirement through 2025.

Section 3: Graduation Rates 2017-2021

Table 4.4 shows the number of new graduates from all schools in New Jersey from 2017 to 2021. Based on the NJCCN Educational Capacity Survey, the average number of graduates in 2017-2021 was LPN 1,295, RN 3,835, and APN 160. We assume this is the number of nurses entering the workforce every year until 2025. Therefore, from 2022 to 2025, there may be a total of 3,885 LPN graduates, 11,505 RN graduates, and 480 APN graduates entering the workforce.

Table 4.4: Number of Graduates 2017-2021

	2017	2018	2019	2020	2021	Average
LPN	1,220	1,323	1,340	1,412	1,180	1,295
RN	3,122	3,374	3,889	4,496	4,294	3,835
APN	116	137	190	155	204	160

(Source: NJCCN Survey 2017-2021)

Note 1: The number of APNs only includes DNP graduates.
Note 2: The maximum and minimum number of graduates across years helped calculate the confidence interval in **Table 4.5**.

Section 4: Projected Percent Change in Nursing Workforce - Results

Table 4.5 shows the projected trend of the nursing workforce through 2025.

Our projection suggests a 9% decrease in the LPN workforce, a 15% decrease in the RN workforce, and a 6% decrease in the APN workforce between now and 2025, after taking into account the retirements (before considering the number of new graduates).

Our projection suggests a 9% increase in the LPN workforce, a 5% decrease in the RN workforce, and a 2% decrease in the APN workforce between 2022 and 2025, after considering the number of new graduates entering the workforce.

Table 4.5: Projected Trends Through 2025

	LPN	RN	APN
① Number of respondents in the survey period	21,329	113,719	13,119
② Expected number of retirements by 2025*	1,935	16,899	759
③ Active workforce after retirements by 2025*	19,394	96,820	12,360
④ % change w/o including new graduates from 2022*	-9%	-15%	-6%
⑤ Expected new graduates entering workforce*	3,885	11,505	480
⑥ Active workforce after considering new graduates*	23,279	108,325	12,840
⑦ Percent change in the workforce from 2022*	+9%	-5%	-2%
⑧ 95% CI for percent change in the workforce	(7.1%, 11.4%)	(-6.9%, -2.7%)	(-3.6%, -0.6%)

Asterisk indicates the data is projected.

(Source: NJBON Survey 2021-2022)

①: The number of respondents from the 2021-2022 survey period. It was used to estimate the total number of nurses in the workforce for purposes of projection. The actual number of nurses in the state is higher than this estimate since not all nurses have completed the surveys.

②: The expected number of retirements by 2025. We estimate the risk of retirement for nurses in each age bracket by calculating their age in subsequent years based on the data in the 2021 - 2022 survey period.

③: The workforce after taking into account the retirements. ③ = ① - ②

④: The percent change in the workforce, before taking into account the number of new graduates entering the workforce (only considering the retirements). ④ = ③ / ① - 1

⑤: The expected number of new graduates entering the workforce from 2022 - 2025. The numbers were calculated by multiplying the average number of graduates from 2017 to 2021 by 3.

⑥: The workforce after considering new graduates getting into the workforce. ⑥ = ③ + ⑤

⑦: The percent change in the workforce, after considering the number of new graduates entering the workforce. The percent change in the nursing workforce represents the compounded increase/decrease over a three-year period. ⑦ = (③ + ⑤)/① - 1

⑧: The approximated 95% confidence intervals demonstrate the best and worst-case scenarios and inform the level of confidence in estimates.

Note: The annual percent change can be approximated by dividing by 3 because we projected from 2022 through 2025. For example, the annual percent change for LPNs in the workforce is 9% divided by 3, which is 3%.

Additional Resources

Risk of Retirement in Nurse Employment Setting 2021-2022

Table 4.6 shows the percentage distribution of employment settings of 16,180 LPNs, 95,959 RNs, and 12,039 APNs who responded to the question "What is your employment setting" in the NJBON 2021 - 2022 survey period. This table corresponds to **Figure 2.10**, **Figure 2.2**, and **Figure 2.6**.

Table 4.6: Percentage Distribution of Employment Setting

Employment Setting	LPN N=16,180 (%)	RN N=95,959 (%)	APN N=12,039 (%)
Hospital	5	54	44
Ambulatory Care Setting	6	8	23
Home Health	19	5	2
Nursing Home/Extended Care/Assisted Living Facility	42	5	4
Correctional Facility	3	5	2
Insurance Claims/Benefits	2	3	0.2
Public Health	4	3	4
Academic Setting/School of Nursing	0.4	1	3
Dialysis Center	0.1	1	0.3
Community Health	2	1	3
Hospice	1	1	0.3
Occupational Health	0.7	0.6	1
Policy/Planning/Regulatory/Licensing Agency	0.1	0.2	0.0
Other	14	10	13

(Source: NJBON Survey 2021-2022)

Table 4.7 shows the percentage distribution of LPNs, RNs, and APNs in each of the employment settings by three age brackets. Since we assume age 56 and above is at risk of retirement, the age is divided into three groups: 18-55, 56-65, and 66+.

Cells shaded in blue indicate a higher risk of workforce shortage because the number of nurses in the two age groups (56-65 & 66+) are high in combination. For example, there is a foreseeable workforce shortage of RNs in the Hospital and APNs in the correctional facility.

Table 4.7: Distribution of Nurses by Age Across Employment Settings in 2021-2022

	LPN			RN			APN		
Employment Setting	**18-55 (%)**	**56-65 (%)**	**66+ (%)**	**18-55 (%)**	**56-65 (%)**	**66+ (%)**	**18-55 (%)**	**56-65 (%)**	**66+ (%)**
Hospital	57	24	19	44	23	33	59	20	20
Ambulatory Care Setting	55	30	15	73	20	7	75	19	6
Public Health	61	27	11	60	28	13	70	21	9
Occupational Health	72	20	8	55	27	18	72	17	10
Insurance Claims/Benefits	67	25	8	43	32	25	59	21	20
Nursing Home/Extended Care	62	27	11	62	29	10	73	17	10
Home Health	72	21	7	58	29	13	72	21	7
Academic Setting	66	23	12	51	30	20	56	30	14
Correctional Facility	64	17	19	37	33	31	39	30	31
Community Health	65	24	11	46	33	21	54	31	15
Policy/Planning/Regulatory	72	20	8	54	26	20	72	14	14
Dialysis Center	73	20	7	51	31	18	17	17	67
Hospice	63	25	13	75	20	6	67	25	8
Other	60	27	13	56	30	14	52	19	29

Appendices

Glossary

- **Accelerated BSN Nursing Program (2nd Degree):** A program of instruction that admits students who have already completed a bachelors or graduate degree in non-nursing discipline, and at completion, awards a baccalaureate degree in nursing and eligibility to apply for licensure as an RN. These fast-track entry-level baccalaureate programs take between 11 and 18 months to complete. (American Association of Colleges of Nursing)

- **Admitted Applicants:** A count of the individuals who received official notice from the program that they were invited to begin the nursing program during the reporting period.

- **ADN Bridge, LPN to RN Program** A program of instruction that is specifically designed to admit individuals licensed as practical nurses and, at completion, awards an associate degree in nursing or baccalaureate degree in nursing and eligibility to apply for licensure as a RN.

- **ADN Program, Generic:** A program of instruction that requires at least two years of full-time college academic work generally within a junior or community college, the completion of which results in an associate degree (e.g., AS, AA, AAS, ADN, etc.) with a major in nursing and eligibility to apply for licensure as a RN.

- **Available Seats:** A count of the total number of seats available for newly admitted students.

- **Diploma Nursing Program:** A program of instruction that requires two to three years of full-time coursework, usually within a hospital-based structural unit, the completion of which results in a diploma or certificate of completion and eligibility to apply for licensure as a RN.

- **DNP Program:** Practice-focused doctoral programs are designed to prepare experts in specialized advanced nursing practice. They focus heavily on practice that is innovative and evidence-based, reflecting the application of credible research findings. (American Association of Colleges of Nursing)

- **Enrollees:** A count of the Admitted Applicants who subsequently enrolled for the first time in the nursing program during the reporting period. This count should include only individuals who were still enrolled in a nursing course after the first two weeks of class.

- **Enrollees (%):** The percentage of Admitted Applicants who subsequently enrolled for the first time in the nursing program during the reporting period, relative to the total number of Admitted Applicants. This count should include only individuals who were still enrolled in a nursing course after the first two weeks of class.

- **Faculty Vacancy:** A vacant position for a faculty member that is being actively recruited as of the fall semester census date.

- **Full-Time Faculty:** Those members of the instructional, administrative, or research staff of the nursing academic unit who are employed full-time as defined by the institution, hold academic rank, carry the full scope of faculty responsibility (e.g., teaching, advisement, committee work), and receive the rights and privileges associated with full time employment. These faculty may be tenured, tenure-track, or non-tenure track (given that there is a tenure system in the institution).

- **Graduates:** A count of the number of students who successfully completed the program requirements and were formally awarded the degree during the reporting period.

- **License by Exam:** A RN or LPN who has graduated from an approved school of nursing and has taken the NCLEX examination (either the NCLEX-RN or the NCLEX-PN respectively).

- **LPN Program:** A program of instruction that requires at least 44 weeks of full-time coursework, generally within a vocational/technical school or community/junior college setting, and the completion of which results in a diploma or certificate of completion and eligibility to apply for licensure as an LPN.

- **MSN Program, Clinical Track:** A post-licensure master's program with emphasis on advanced clinical practice, including Nurse Practitioner, Nurse Anesthetist, Nurse Midwifery, and Clinical Nurse Specialist tracks.

- **MSN Program, Non-Clinical Track:** A post-licensure master's program with non-clinical emphasis, such as Nurse Educator and Management/Leadership tracks.

- **PhD Program:** Doctoral (Research-Focused) Program. A program of instruction that admits RNs and prepares nurse scientists and scholars, these programs focus heavily on scientific content and research methodology; and all require an original research project and the completion and defense of a dissertation or linked research papers. Most research-focused programs grant the Doctor of Philosophy degree (PhD), while a small percentage offers the Doctor of Nursing Science degree (DNS). (American Association of Colleges of Nursing).

- **Post-licensure BSN Program (RN-BSN Program):** A program of instruction that admits RNs with associate degrees or diplomas in nursing and awards a baccalaureate nursing degree.

- **Pre-licensure BSN Program, Generic:** A program of instruction to prepare registered nurses that admits students with no previous nursing education, the completion of which result in a baccalaureate degree (e.g., BA, BS, BSN, etc.) with a major in nursing and eligibility to apply for licensure as a RN. The program requires at least four years but not more than five years of full time college academic work within an educational institution or university.

- **Pre-licensure MSN Program (Entry MSN):** A program of instruction that admits students who have already completed a bachelor's degree in a non-nursing discipline. The program prepares graduates for entry into the profession, eligibility to apply for licensure as a RN, and upon completion awards a master's degree (e.g., MSN, MS, MA, etc.) in nursing.

- **Qualified Applicants:** A count of the individuals who submitted complete applications on time and who met all institutional requirements for formal admission to the nursing program during the reporting period.

- **Total student enrollment:** A count of the number of students enrolled in the fall semester, which include students at all points of the program's curriculum sequence, including newly enrolled, continuing, and students in their final semester or year.

Methodology

Supply

Supply data are derived both from the entrance of new nurses (educational capacity) into the system as well as the data on the current workforce.

Educational Capacity

An email letter describing the purpose of the New Jersey Educational Capacity Survey was sent to the dean of each nursing program in New Jersey with a portable document file (pdf) of the questionnaire and a glossary of terms. The questionnaire included all items from the nurse minimum dataset (N-MDS) as outlined by the National Forum of Nursing Workforce Centers. Additional questions were added to provide additional context. Data were reviewed for completeness and consistency and adjusted as appropriate. When discrepancies in the data were found, the school was contacted for clarification. This is self-reported data which can have errors in how the school interprets or completes the survey. In 2020, data were obtained for BSN and higher degree graduates using AACN as a source, and then merged with NJCCN data surveys. This was process was offered to baccalaureate and higher degrees as an option to reduce survey burden.

Current Workforce Data

Licensure is renewed for all nursing categories every two years. Thus, every year, half of the APN, RN, and LPN licensure data are collected through the New Jersey Board of Nursing (NJBON) licensure renewal using Nursys®. At the end of the two-year period, the data are merged and analyzed collectively. These data are voluntarily self-reported by the nurses in the state. The data are provided to the Center for analysis by the NJBON. Because it is self-reported, these data can have errors.

Demand

Demand data that determines workforce trends in real-time is important for predicting the job market. As such, the Center is using Lightcast™. Lightcast™ draws on a comprehensive database of real-time demand on a national, state, and regional level. This database can track and analyze employer hiring activities by industry, occupation, education, and skills to help provide direction. Lightcast™ obtains data on online job postings, which is mined and coded from each posting to describe skills, education, and experience. O*Net is the nation's primary source of occupational information and is developed under the sponsorship of the US Department of Labor/Employment and Training Administration. The O*Net Standard Occupational Classification (O*Net –SOC) is used to standardize the approach to postings for the data report.

The Lightcast™ Occupation Taxonomy (LOT) is a proprietary taxonomy composed of four different levels (Career Area, Occupation Group, Occupation and Specialized Occupation). The Specialized Occupations within the taxonomy identify roles that are the same, across employers and geographies, regardless of job title. The next level up from Specialized Occupations are Occupations, which are composed of one or more Specialized Occupations that are slightly broader in nature and roughly equivalent to US O*NET-SOC detailed occupations and 4 digit ESCO codings. Occupation Groups combine similar Occupations in a logical group that are roughly equivalent to US SOC broad occupations and ESCO 3 digit codes. Finally Career Areas group occupation groups together into large

sectors with broad categories of labor. This is a great jumping off point to drill down if your aim is to understand broad labor market trends and patterns. Career Areas are roughly equivalent to US SOC major groups and ESCO 2 digit codes. This hierarchy allows you to start broad, but then "drill down" to a level of analysis that is far more granular and precise than most national occupation taxonomies can achieve. This level of granularity means that specific roles can be analyzed without the need to look at potentially confusing and messy job titles.

The Lightcast™ Occupation Taxonomy is updated annually — infrequent enough to make it stable and useful for comparisons over time, but frequent enough to capture new, emerging roles as they formalize in the economy.

The Lightcast Occupation Taxonomy introduces several key benefits. Granular – The Lightcast Occupation Taxonomy provides significantly more granularity than federal taxonomies, while maintaining a level of aggregation that allows robust analysis. Users can create meaningful career ladders using Specialized Occupations, showing the skills and credentials required for each. Specific – The Specialized Occupations identify roles that are the same, across employers and geographies, regardless of job title. Job titles can cross occupations (as employers cast a wide net while advertising positions) so the Lightcast Occupation Taxonomy serves to close this language gap. Responsive – The Lightcast Occupation Taxonomy is updated annually — infrequent enough to make it stable and useful for comparisons over time, but frequent enough to capture new, emerging roles as they formalize in the economy. The O*Net –SOC taxonomy was used to standardize the occupation-specific indicators. The job ads were reviewed to eliminate any per diem positions, out-of-state commuters, temporary positions, and postings that had job openings outside of New Jersey.

Companies are labeled as a staffing company based on name, industry code, and qualitative research. For the purposes of job posting data, companies are labeled as staffing when they are a) true staffing companies, or b) job boards or brands maintained by staffing companies. This allows customers to filter results based on what they would like to see.

There are several limitations of Lightcast™ data. A major limitation is that online job advertisements are only partially representative of the labor market and the demand for labor. Another limitation is that one job posting may advertise the need for multiple nurses, but will only register as a single post in the database. Duplicate postings are common and may be missed even though Lightcast™ uses an algorithm to remove duplications. The use of O*Net-SOC also creates a limitation because it classifies most RNs under a single code (291141.00) and provides special codes only for Acute Care Nurses (291141.01) and Critical Care Nurses (291141.03), which creates challenges for breaking the codes down into more pinpointed specialties and subfields.

Projection of Nurse Retirement

The 2017 report had a complete analysis of projected nurse retirements, which can be found at http://www.njccn.org/wp-content/uploads/2019/08/11-Chapter-4-Projection.pdf. This year's publication builds on that report by providing an update based on 2021-2022 data.

References

American Association of Colleges of Nursing. (2021). Application, Baccalaureate, Masters, Doctoral, Faculty, Type of Nursing Program for the New Jersey Collaborating Center (SPSS v.28) [Data sets].

National Academies of Science, Engineering and Medicine. 2021. The future of nursing 2020-2030:charting a path to achieve health equity. Washington, D.C.: The National Academic Press. https://doi.org/10.17226/25982.

Lightcast™. (2022). https://www.lightcast.io.

NCSBN. (2022). 2021 NCLEX Examination Statistics. https://www.ncsbn.org/public-files/2021_NCLEXExamStats-final.pdf

NJ Administrative Code (N.J.A.C.), Title 13, Law and public safety, Chapter 37-6.4. (2021). Retrieved from https://www.njconsumeraffairs.gov/regulations/Chapter-37-New-Jersey-Board-of-Nursing.pdf

NJ Statutes Annotated, Title 45, Chapter 11, New Jersey Board of Nursing Statutes, 45:11-52 (1947 & amended 2019). https://www.njconsumeraffairs.gov/Statutes/nursinglaw.pdf

NSI nursing solutions (2022). 2022 NSI National Health Care Retention and RN Staffing Report. Retrieved from https://www.nsinursingsolutions.com/Documents/Library/NSI/ $National_H ealth_C are_R etention_R eport.pdf$

Nurses, Nursing Education, and Nursing Workforce: Definitions. (2016). http://www.iconsdata.org/definitions.html

Acknowledgements

NJCCN Advisory Council

Kathleen Burke, PhD, RN
> Representing the Organization of Colleges of Nursing New Jersey

Natalie Jones, DNP, MSN Ed, RN, CCRN, NEA-BC
> Representing the New Jersey Hospital Association

Michele McLaughlin, RN, MSN, CPAN
> Representing Practitioner of Direct Care

Christine Meny, BSN, RN, BC-NE
> Representing the Home Care and Hospice Association of New Jersey

Tyla Minniear
> Representing Consumer of Health- New Jersey Health Care Quality Institute

Mary Clare Smith, MSN, RN, CHSE
> Representing the NJ State Nurses Association

Lauren Van Saders, DNP, GCNS-BC, APN-C
> Representing the NJ State Nurses Association

Tracy Vitale DNP, RNC-OB, C-EFM, NE-BC
> Representing the Organization of Nurse Leaders of New Jersey

Daria L. Waszak, DNP, RN, CNE, COHN-S, CEN
> Representing the NJ State Nurses Association

Special thanks to the **New Jersey Board of Nursing**

124 Halsey Street, 6th Floor, Newark, NJ 07101