California Board of Registered Nursing
2017-2018 Annual School Report

Data Summary and Historical Trend Analysis

A Presentation of Pre-Licensure Nursing Education Programs in California

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Contents

Tables

Figures

PREFACE

Nursing Education Survey Background

The 2017-2018 Board of Registered Nursing (BRN) School Survey was based on prior BRN surveys and modified based on recommendations from the Nursing Education & Workforce Advisory Committee (NEWAC), which consists of nursing education and industry stakeholders from across California. A list of committee members is included in Appendix B. The University of California, San Francisco was commissioned by the BRN to develop the online survey instrument, administer the survey, and report data collected from the survey.

Organization of Report

The survey collects data about nursing programs and their students and faculty. Annual data presented in this report are from the academic year beginning August 1, 2017 and ending July 31, 2018. Census and associated demographic data were requested for October 15, 2018.

Data from pre- and post-licensure nursing education programs are presented in separate reports and will be available on the BRN website. Data are presented in aggregate form to describe overall trends and, therefore, may not be applicable to individual nursing education programs.

Availability of Data

The BRN Annual School Survey was designed to meet the data needs of the BRN as well as other interested organizations and agencies. A database with aggregate data derived from the last ten years of BRN School Surveys will be available for public access on the BRN website.

Value of the Survey

This survey has been developed to support nursing, nursing education, and workforce planning in California. The Board of Registered Nursing believes that the results of this survey provide data-driven evidence to influence policy at the local, state, federal, and institutional levels.

The BRN extends appreciation to the Nursing Education & Workforce Advisory Committee (NEWAC) and survey respondents. Their participation has been vital to the success of this project.

Survey Participation

All California nursing schools were invited to participate in the survey. In 2017-2018, 134 nursing schools offering 141 BRN-approved pre-licensure programs responded to the survey.[1] Some schools offer more than one nursing program, which is why the number of programs is greater than the number of schools. A list of the participating nursing schools is provided in Appendix A.[2]

Table 1. RN Program Response Rate

Program Type	# Programs Responding	Total # Programs	Response Rate
ADN	86	86	100%
LVN-to-ADN	6	6	100%
BSN	37	37	100%
ELM	12	12	100%
Number of programs	**141**	**141**	**100%**

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[1] Since last year's report, two new schools that offer ADN programs opened. One school that previously offered an LVN-to-ADN program started to accept generic ADN students. One school that previously offered an ELM degree closed that program.

[2] Mount Saint Mary's University ADN and BSN programs are counted as two different schools.

DATA SUMMARY AND HISTORICAL TREND ANALYSIS

This analysis presents pre-licensure program data from the 2017-2018 BRN School Survey in comparison with data from previous years of the survey. Data items include the number of nursing programs, enrollments, completions, on-time completion rates, National Council Licensure Examination for Registered Nurses (NCLEX-RN) pass rates and review courses, new graduate employment, student and faculty census data, use of clinical simulation, clinical training hours, availability of clinical space, and student clinical practice restrictions.

Trends in Pre-Licensure Nursing Programs

Number of Nursing Programs

In 2017-2018, 134 schools reported information about students enrolled in their 141 prelicensure nursing programs. In the past year, two new schools with ADN programs opened, one LVN-to-ADN only program started accepting generic students, and one ELM program closed.

Most pre-licensure nursing programs in California are public. The percentage of public programs has declined in the last ten years; 72.3% of all nursing programs were in public institutions in 2017-2018 compared to 76.1% in 2008-2009. The number of private programs has increased by 18.2%, from 33 to 39, during this time.

Table 2. Number of Nursing Programs by Academic Year

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016**	2016-2017	2017-2018
Total number of schools*	**125**	**125**	**131**	**132**	**133**	**131**	**132**	**132**	**133**	**134**
Total nursing programs	**138**	**139**	**145**	**142**	**143**	**141**	**142**	**141**	**141**	**141**
ADN**	86	86	89	87	88	89	90	89	91	92
BSN	36	37	39	39	40	36	36	38	37	37
ELM	16	16	17	16	15	16	16	14	13	12
Public	105	105	107	106	106	105	105	103	103	102
Private	33	34	38	36	37	36	37	38	38	39

* Since some nursing schools offer more than one program, the number of nursing programs is greater than the number of nursing schools.
** All items that reference ADN program data include both generic ADN and LVN-to-ADN programs.
Note: From 2012-2013 through 2014-2015, one ADN private program was included as a public program; this was corrected in the 2015-2016 data.

The percentage of ADN and BSN programs reporting a partnership with another RN education program for academic progression has increased over the last ten years, from 21.0% in 2008-2009 to 61.9% in 2017-2018. Most of these partnerships were reported by associate's degree nursing programs. In 2017-2018, 73.3% (n=66) of the 90 ADN nursing programs responding to this question reported participating in these partnerships.

Table 3. Partnerships by Academic Year

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
ADN programs* with partnerships	**19**	**30**	**36**	**42**	**58**	**60**	**62**	**69**	**69**	**66**
	22.4%	35.3%	41.4%	51.2%	65.9%	68.2%	72.1%	82.1%	77.5%	73.3%
ADN programs reporting	*85*	*85*	*87*	*82*	*88*	*88*	*86*	*84*	*89*	*90*
BSN programs with partnerships	**6**	**5**	**8**	**7**	**6**	**7**	**7**	**11**	**10**	**12**
	17.6%	13.9%	22.9%	20.6%	15.8%	20.6%	20.0%	29.7%	28.6%	33.3%
BSN programs reporting	*34*	*36*	*35*	*34*	*38*	*34*	*35*	*37*	*35*	*36*
All programs with partnerships	**25**	**35**	**44**	**49**	**64**	**67**	**69**	**80**	**79**	**78**
	21.0%	28.9%	36.1%	42.2%	50.8%	54.9%	57.0%	66.1%	63.7%	61.9%
Number of programs reporting	*119*	*121*	*122*	*116*	*126*	*122*	*121*	*121*	*124*	*126*

* All items that reference ADN program data include both generic ADN and LVN-to-ADN programs.

Admission Spaces and New Student Enrollments

The number of spaces available for new students in nursing programs has fluctuated over the past ten years. In 2017-2018, 14,132 spaces were reported as available for new students and these spaces were filled with a total of 14,154 students.* This is the highest number of available spaces recorded in the last ten years. As in prior years, some pre-licensure nursing programs enrolled more students in 2017-2018 than the reported number of available admission spaces. This can occur for several reasons, the most common of which are: (1) schools underestimate the share of admitted students who will accept the offer of admission, thus exceeding the targeted number of new enrollees; (2) schools admit LVNs into the second year of a generic ADN program to replace an opening created if a general ADN student leaves the program.

In 2017-2018, the share of nursing programs that reported filling more admission spaces than were available was 39.7% (n=56)—virtually the same as the prior year (40.4%, n=57). This is considerably less than what was reported in the years from 2008-2009 through 2011-2012, when the proportion ranged from 45.3% to 55.8%.

Table 4. Availability and Utilization of Admission Spaces by Academic Year

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
Spaces available	12,812	12,797	12,643	12,391	12,739	12,394	11,976	11,928	13,697	14,132
New student enrollments*	13,988	14,228	13,939	13,677	13,181	13,226	13,318	13,152	13,597	14,154
Share and number of programs that reported filling more admission spaces than were available	55.8% (n=77)	53.2% (n=74)	50.3% (n=73)	45.3% (n=72)	42.7% (n=61)	39.0%; (n=55)	39.4%; (n=56)	44%, (n=62)	40.4% (n=57)	39.7% (n=56)
% Spaces filled with new student enrollments	**109.2%**	**111.2%**	**110.3%**	**110.4%**	**103.5%**	**106.7%**	**111.2%**	**110.3%**	**99.3%**	**100.2%**

* New student enrollments exclude readmitted student numbers.

The number of qualified applications received by California nursing programs has increased by 3.8% (n=1,405) since 2008-2009, from 36,954 in 2008-2009 to 38,359 in 2017-2018.* The number of qualified applications increased by 6.5% (n=2,355) between 2016-2017 and 2017-2018. However, the number of applications in 2017-2018 was smaller than the ten-year high of 41,634 in 2009-2010 (-7.9%, n=3,275).

The number of qualified applications to ADN programs has been slowly climbing after reaching a ten-year low in 2014-2015—reaching 21,619 in 2017-2018. This year's BSN applications (13,705) are a 10.6% decrease from 2016-2017's ten-year high of 15,325. ELM applications in 2017-2018 reached a ten-year high at 3,035.

Even in periods of decline, nursing programs continue to receive more applications requesting entrance into their programs than can be accommodated. Since these data represent applications and an individual can apply to multiple nursing programs, the number of applications is likely greater than the number of individuals applying for admission to nursing programs in California. It is not known how many individual applicants did not receive an offer of admission from at least one nursing program.

Table 5. Student Admission Applications by Academic Year

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
Qualified applications*	**36,954**	**41,634**	**37,847**	**38,665**	**35,041**	**31,575**	**28,335**	**28,041**	**36,004**	**38,359**
ADN**	26,185	28,555	24,722	23,913	19,979	16,682	15,988	16,332	18,190	21,619
BSN	8,585	10,680	11,098	12,387	12,476	12,695	10,196	9,735	15,325	13,705
ELM	2,184	2,399	2,027	2,365	2,586	2,198	2,151	1,974	2,489	3,035
% Qualified applications *not* enrolled	**62.1%**	**65.8%**	**63.2%**	**64.6%**	**62.4%**	**58.1%**	**53.0%**	**53.1%**	**62.2%**	**63.1%**

*These data represent applications, not individuals. A change in the number of applications may not represent an equivalent change in the number of individuals applying to nursing school.
** All items that reference ADN program data include both generic ADN and LVN-to-ADN programs.

New student enrollments have changed over the past ten years. In 2017-2018, 14,154 new students enrolled in registered nursing programs. This is a 4.1% (n=557) increase from the previous year's enrollment of 13,597 students. Over the last ten years, BSN and ELM enrollments have increased while ADN enrollments have decreased. During the same period, private program enrollments increased 64.4% from 3,774 in 2008-2009 to 6,203 in 2017-2018, while public program enrollments decreased 22.2% from 10,214 in 2008-2009 to 7,951 in 2017-2018. In 2017-2018, while 43.8% of new student enrollments are to private programs, 56.2% of new student enrollments are to public programs.

Table 6. New Student Enrollment by Program Type by Academic Year

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
New student enrollments	**13,988**	**14,228**	**13,939**	**13,677**	**13,181**	**13,226**	**13,318**	**13,152**	**13,597**	**14,154**
ADN*	9,412	8,594	7,688	7,411	7,146	7,135	6,914	6,794	7,004	7,017
BSN	3,821	4,842	5,342	5,445	5,185	5,284	5,510	5,594	5,790	6,310
ELM	755	792	909	821	850	807	894	764	803	827
Private	3,774	4,607	4,773	4,795	4,642	4,920	5,249	5,164	5,767	6,203
Public	10,214	9,621	9,166	8,882	8,539	8,306	8,069	7,988	7,830	7,951

* All items that reference ADN program data include both generic ADN and LVN-to-ADN programs.

In 2017-2018, 22.9% of programs (n=32) reported enrolling fewer students than the previous year. The most common reasons programs gave for enrolling fewer students were "accepted students did not enroll", "unable to secure clinical placement for all students", and "other". "

In 2017-2018, "other" included accepting a large class the prior year to clear a waitlist, higher than usual retention rate, and over-projection of offers of admission.

Table 7. Percent of Programs that Enrolled Fewer Students by Academic Year

Type of Program	2014-2015		2015-2016		2016-2017		2017-2018	
	Enrolled fewer	#of programs reporting*	Enrolled fewer	#of programs reporting*	Enrolled fewer	#of programs reporting*	Enrolled fewer	#of programs reporting*
ADN**	23.0%	87	21.9%	89	18.7%	91	22.0%	91
BSN	13.9%	36	18.4%	38	16.7%	36	24.3%	37
ELM	37.5%	16	28.6%	14	15.4%	13	25.0%	12
Total	**22.3%**	139	**20.6%**	141	17.9%	140	22.9%	140

* Not all programs responded to this question; thus, the number reporting is lower than the total number of programs.
** All items that reference ADN program data include both generic ADN and LVN-to-ADN programs.

Table 8. Reasons for Enrolling Fewer Students by Academic Year

	Percent of Programs & Number of Responses			
	2014-2015	2015-2016	2016-2017	2017-2018
Accepted students did not enroll	45.2%	41.4%	56.0%	53.1%
	14	12	14	17
Unable to secure clinical placements for all students	16.1%	10.3%	28.0%	25.0%
	5	3	7	8
Other	12.9%	17.2%	24.0%	21.9%
	4	5	6	7
College/university requirement to reduce enrollment*	16.1%	27.6%	12.0%	9.4%
	5	8	3	3
Lost funding	19.4%	17.2%	8.0%	3.1%
	6	5	2	1
Insufficient faculty	16.1%	13.8%	8.0%	3.1%
	5	4	2	1
To reduce costs	16.1%	3.4%	0.0%	3.1%
	5	1	0	1
Lack of qualified applicants	9.7%	0.0%	8.0%	0.0%
	3	0	2	0
Program discontinued	9.7%	3.4%	0.0%	0.0%
	3	1	0	0
Number of programs reporting	**31**	**29**	**25**	**32**

Student Census Data

On October 15th, 2018, the total number of students enrolled in California pre-licensure nursing programs was 27,162. This was a 4.1% increase from the total enrollment of 26,081 in the previous year. Between 2017 and 2018, the BSN census increased by 8.7% (n=1,108) while the ADN census remained virtually the same (n= -6, 0%) and the ELM census decreased slightly (n= -21, -1.5 %,).

In the past ten years, the proportion of students in each type of program has shifted. ADN students made up 58.4% (n=14,987) of all students in 2009, but that share slipped below 50% (49.2%, n=13,041) in 2011 and continued to decline to 44% in 2018. Over the past decade, BSN enrollments increased from 36.2% of the total in 2009 to 50.8% in 2018. The share of enrollments in ELM programs peaked at 6.9% in 2013 and was 5.2% in 2018.

Table 9. Student Census Data by Program Type, by Year

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
ADN*	14,987	14,011	13,041	11,860	12,070	11,502	12,027	11,508	11,965	11,959
	58.4%	*54.5%*	*49.2%*	*46.0%*	*45.8%*	*46.0%*	*46.6%*	*44.8%*	*45.9%*	*44.0%*
BSN	9,288	10,242	11,712	12,248	12,453	12,008	12,332	12,846	12,680	13,788
	36.2%	*39.8%*	*44.1%*	*47.5%*	*47.3%*	*48.1%*	*47.8%*	*50.0%*	*48.6%*	*50.8%*
ELM	1,405	1,466	1,778	1,682	1,808	1,473	1,455	1,317	1,436	1,415
	5.5%	*5.7%*	*6.7%*	*6.5%*	*6.9%*	*5.9%*	*5.6%*	*5.1%*	*5.5%*	*5.2%*
Total nursing students	**25,680**	**25,719**	**26,531**	**25,790**	**26,331**	**24,983**	**25,814**	**25,671**	**26,081**	**27,162**

Note: Census data represent the number of students on October 15th of the given year.
** All items that reference ADN program data include both generic ADN and LVN-to-ADN programs.

Student Completions

The number of students completing California nursing programs increased by 13.0% (n=1,364) over the last ten years, rising from 10,526 in 2008-2009 to a ten-year high of 11,890 in 2017-2018. Over the past decade, BSN completions increased from 2,788 to 5,224 (87.4%), ELM completions increased from 663 to 822 (24.0%), and ADN completions declined from 7,075 to 5,844 (-17.4%).

In 2017-2018, ADN graduates represented less than half of all students completing a pre-licensure nursing program in California (49.2%, n=5,844). BSN graduates represented 43.9% (n=5,224) and ELM graduates represented 6.9% (n=822) of all completions.

Table 10. Student Completions by Program Type by Academic Year

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
ADN*	7,075	7,690	6,606	6,162	6,164	5,916	5,542	5,671	5,981	5,844
BSN	2,788	3,157	3,330	3,896	4,364	4,606	4,860	4,868	4,666	5,224
ELM	663	665	717	756	764	769	717	652	655	822
Total student completions	**10,526**	**11,512**	**10,653**	**10,814**	**11,292**	**11,291**	**11,119**	**11,191**	**11,302**	**11,890**

* All items that reference ADN program data include both generic ADN and LVN-to-ADN programs.

Completion and Attrition Rates

The on-time completion rate among nursing programs has fluctuated over the past ten years. Nursing programs report the number of students scheduled to complete the program each academic year, the number that completed on time, the number still enrolled, and the number that had left the program. Of the 13,395 students scheduled to complete a nursing program in the 2017-2018 academic year, 80.1% (n=10,724) completed the program on time, 10.4% (n=1,388) were still enrolled in the program, and 9.6% (n=1,284) left the program. Of those who left program, 55.3% (n=711) had been dismissed and 44.7% (n=573) had dropped out.

In 2008-2009, the on-time completion rate was 75.9%. The on-time completion rate increased to a ten-year high of 82.6% in 2013-2014, and then declined to 80.1% in 2017-2018. Over the past decade, the attrition rate has varied between 9.6% and 15.6%, while the percentage of students still enrolled (not completing on time) has varied between 4.8% and 10.4%.

Table 11. Student Completion and Attrition by Academic Year

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
Students scheduled to complete the program	**11,414**	**11,340**	**11,123**	**10,800**	**12,493**	**11,791**	**11,692**	**11,338**	**12,653**	**13,396**
Completed on time	8,664	8,904	8,776	8,752	10,280	9,743	9,587	9,026	10,387	10,724
Still enrolled	1,105	957	721	590	758	651	563	885	898	1,388
Total attrition	**1,645**	**1,479**	**1,626**	**1,458**	**1,455**	**1,397**	**1,542**	**1,427**	**1,369**	**1,284**
Attrition-dropped out	-	-	-	-	-	-	*820*	*612*	*658*	*573*
Attrition-dismissed	-	-	-	-	-	-	*689*	*815*	*710*	*711*
Completed late‡	-	684	509	432	578	1,003	820	409	961	1,003
On-time completion rate*	**75.9%**	**78.5%**	**78.9%**	**81.0%**	**82.3%**	**82.6%**	**82.0%**	**79.6%**	**82.1%**	**80.1%**
Attrition rate**	**14.4%**	**13.0%**	**14.6%**	**13.5%**	**11.6%**	**11.8%**	**13.2%**	**12.6%**	**10.8%**	**9.6%**
% Still enrolled	**9.7%**	**8.4%**	**6.5%**	**5.5%**	**6.1%**	**5.5%**	**4.8%**	**7.8%**	**7.1%**	**10.4%**

‡ These completions are not included in the calculation of either on-time completion or attrition rates.
*On-time completion rate = (students completing the program on-time) / (students scheduled to complete)
**Attrition rate = (students dropped or dismissed who were scheduled to complete) / (students scheduled to complete the program)
Note: Blank cells indicate that the applicable information was not requested in that year.
In 2015-2016, data for traditional and accelerated programs were combined beginning with 2010-2011. Since historical data was used for data prior to 2015-2016, there may be some slight discrepancies between reporting sources in data reported in years 2010-2011 to 2014-2015. Starting in 2016-2017, data on LVN-to-ADN students within generic programs have been added to the totals for ADN students.
Note: Data for 2016-17 was revised in 2017-2018 to reflect updates provided by schools.

Attrition rates differ across program types. In each of the past 10 years, attrition rates have been lowest among ELM programs, ranging between 3.0% and 7.7%. Over the last ten years, ADN programs have seen overall improvement in their average attrition rates, declining from a ten-year high of 18.0% in 2010-2011 to a ten-year low of 11.3% in 2017-2018. Attrition rates for BSN programs have varied between 7.6% and 11.4% in most years over the past decade. Attrition rates in public programs have been higher than those in private programs over the last ten years. However, this gap has narrowed in the past several years due to increases in private program attrition rates and decreases in public program attrition rates. In 2017-2018, the private school program attrition rate was 8.5% compared to a 10.2% attrition rate for public school programs.

Table 12. Attrition Rates by Program Type by Academic Year

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017*	2017-2018
ADN*	17.6%	16.1%	18.0%	17.6%	14.4%	15.5%	16.2%	14.3%	12.4%	11.3%
BSN	8.6%	7.6%	9.7%	8.1%	8.3%	8.7%	10.5%	11.4%	8.9%	8.3%
ELM	5.2%	5.6%	7.9%	6.7%	4.1%	3.4%	7.7%	4.4%	7.3%	3.0%
Private	9.6%	8.3%	11.4%	8.9%	9.3%	9.4%	12.3%	13.5%	10.9%	8.5%
Public	15.9%	14.5%	15.7%	15.2%	12.6%	13.2%	13.7%	12.1%	11.3%	10.2%

Note: Data for traditional and accelerated program tracks is combined in this table. Starting in 2016-2017, data for LVN-to-ADN students *within* generic programs have been added to the totals for ADN students.
*2016-2017 attrition rates were revised in 2017-2018 based on new data provided by some schools.

Starting in 2016-17, programs were asked to calculate attrition and on-time completion data by race and ethnicity. In 2017-2018, Native American students had the lowest attrition rate but also the lowest on-time completion rate (49.1%). However, the total number of Native American students is small and thus the rates should be interpreted with caution. African American students had the highest attrition rate (17.1%) and the second lowest on-time completion rate (69.7%). Some schools did not have complete race/ethnicity data for their on-time completion and attrition reporting; these are included in "unknown".

Table 13. Completion and Attrition Data by Race and Ethnicity, 2017-2018

	Native American	Asian	African American	Filipino	Hispanic	White	Other	Unknown
Students scheduled to complete the program¥	114	2,500	614	1,020	3,084	4,171	700	1,193
Completed on-time	56	1,962	428	781	2,404	3,491	581	1,021
Still enrolled	51	283	81	123	381	360	45	64
Total attrition	**7**	**255**	**105**	**116**	**299**	**320**	**74**	**108**
Dropped out	*3*	*94*	*35*	*29*	*174*	*155*	*30*	*53*
Dismissed	*4*	*161*	*70*	*87*	*125*	*165*	*44*	*55*
Completed late*	4	204	48	101	212	249	79	106
On-time completion rate**	**49.1%**	**78.5%**	**69.7%**	**76.6%**	**78.0%**	**83.7%**	**83.0%**	**85.6%**
Attrition rate**	**6.1%**	**10.2%**	**17.1%**	**11.4%**	**9.7%**	**7.7%**	**10.6%**	**9.1%**

*These completions are not included in the calculations for either on-time completion or attrition rates.
**On-time completion rate = (students who completed the program on-time) / (students scheduled to complete the program)
***Attrition rate = (students who dropped or were dismissed who were scheduled to complete) / (students scheduled to complete the program)
¥Data for traditional and accelerated program tracks are combined.

Figure 1. Completion and Attrition Data by Race and Ethnicity, 2017-2018
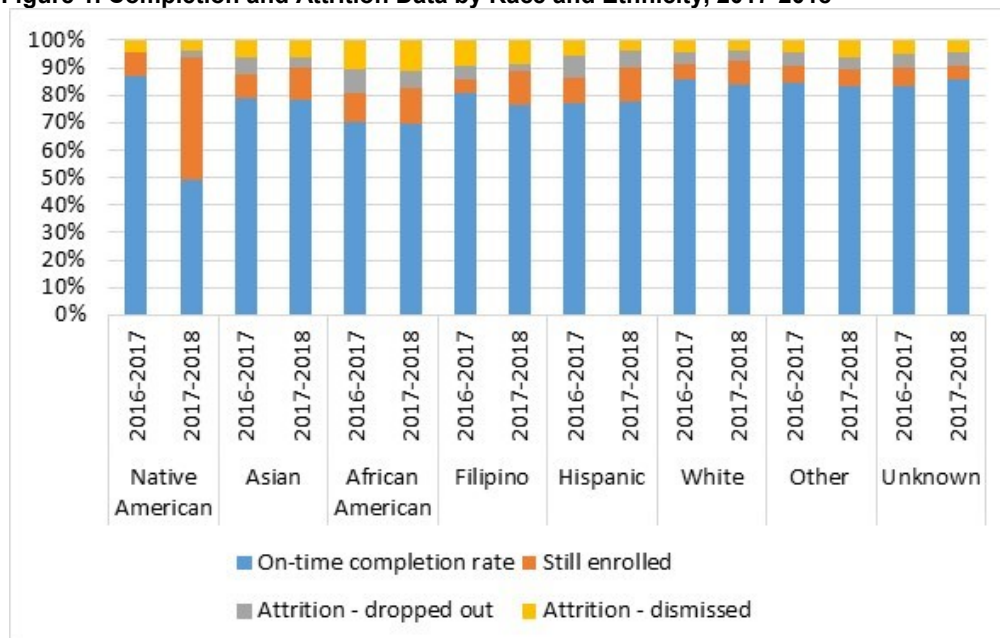
NCLEX Pass Rates

NCLEX (National Council Licensure Examination) pass rates have been relatively stable for all types of RN programs in California. Pass rates for ADN programs have varied from 83.1% to 90.0% between 2008-2009 and 2017-2018. Over that same decade, BSN pass rates have ranged between 82.3% and 91.9%, and ELM pass rates have ranged between 81.9% and 90.6%. Pass rates were lower for all program types in 2013-2014 and 2014-2015 than in the years before or after. The NCLEX passing standard was increased in April 2013, which may explain this short-term decline in pass rates; pass rates have since risen to over 90% for ADN and BSN programs.

Table 14. First Time NCLEX Pass Rates by Program Type, by Academic Year

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
ADN	87.5%	88.6%	87.4%	89.8%	88.8%	83.1%	84.3%	86.0%	87.8%	90.0%
BSN	88.7%	89.2%	87.9%	88.7%	87.1%	82.3%	84.4%	88.2%	91.6%	91.9%
ELM	90.6%	89.6%	88.2%	88.9%	91.8%	81.9%	80.7%	84.1%	89.9%	88.5%
Number of programs reporting	**121**	**131**	**135**	**137**	**137**	**135**	**135**	**135**	**129**	**134**

Note: NCLEX pass rates are for students who took the exam for the first time in the given year.

NCLEX pass rates for students who graduated from accelerated nursing programs are generally comparable to pass rates of students who completed traditional programs, although the pass rates have fluctuated over time. In 2017-2018, students who graduated from accelerated ADN and BSN programs had *lower* average pass rates, and students from accelerated ELM programs had *higher* average pass rates than their traditional counterparts.

Table 15. First Time NCLEX Pass Rates for Accelerated Programs by Program Type, by Academic Year

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
ADN	93.7%	89.0%	83.9%	85.8%	93.5%	68.8%	95.5%	73.0%	68.9%	87.6%
BSN	92.1%	88.5%	90.0%	95.9%	83.9%	81.9%	95.2%	91.4%	90.5%	90.5%
ELM	-	-	-	-	-	-	90.0%	83.6%	95.2%	90.8%
Number of programs reporting	**12**	**9**	**13**	**19**	**16**	**16**	**12**	**14**	**19**	**16**

Note: Blank cells indicate that the applicable information was not requested in that year.
*Note: NCLEX pass rates are for students who took the exam for the first time in the given year.

Employment of Recent Nursing Program Graduates

Each year, program directors are asked to report on the percentage of that year's graduates that is employed in nursing in California. In 2008-2009, 83.4% of graduates were reportedly employed in California. This percentage decreased steadily to a low of 63.7% in 2012-2013 before slowly increasing back up to 83.2% by 2017-2018.

Figure 2. Percent of Recent Nursing Program Graduates Employed in California by Academic Year
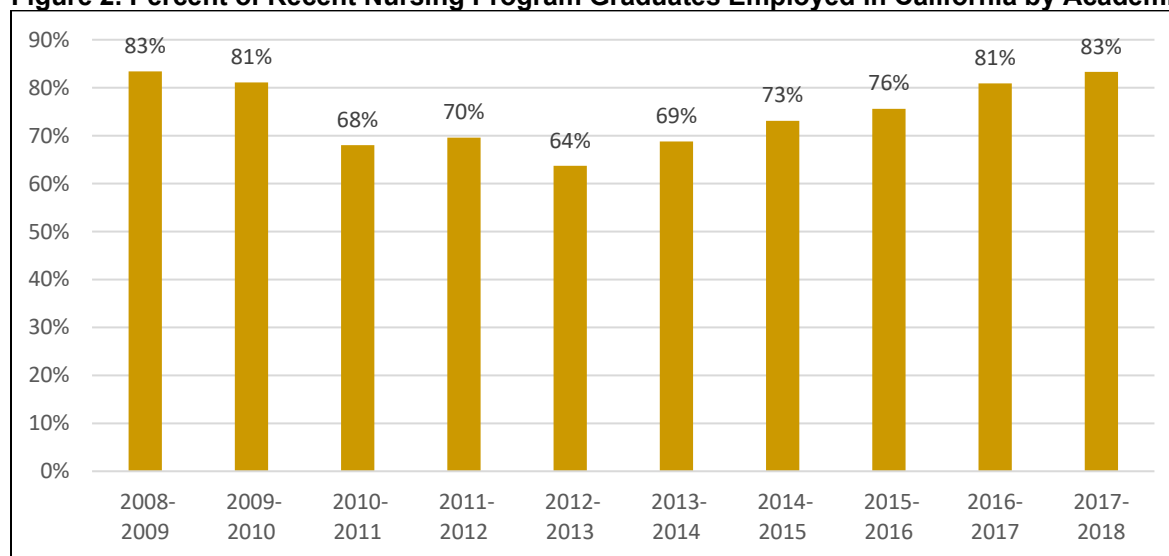
The share of new graduates working in nursing in California declined from a high of 83.4% in 2008-2009 to a low of 63.7% in 2012-2013, and has since then risen back to its 2008-2009 level. The share of graduates working in California was estimated at 83.3% in 2017-2018.

Table 16. Percent of Recent Nursing Program Graduates Employed in California by Academic Year

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
Employed in California	83.4%	81.1%	68.0%	69.6%	63.7%	68.8%	73.1%	75.6%	80.9%	83.2%
Number of programs reporting	**111**	**112**	**112**	**125**	**127**	**128**	**119**	**118**	**119**	**127**

Nursing programs report that the largest share of RN program graduates works in hospitals, even though this share has decreased since 2008-2009, when it was 71.4%. In 2017-2018, 63.0% of graduates were reportedly employed in hospitals. Nursing programs reported that 12.0% of their graduates were pursuing additional education and 7.2% were not yet licensed. Only 2.4% of their graduates were unable to find employment by October 2018, a figure that has steadily declined since 2009-2010.

Respondents who selected the category "other" in 2016-17 and 2017-18 were prompted to describe other employment locations where their graduates work. Write-in answers included jails and prisons (n=3), hospice (n=2), and schools (n=2), and various others such as dialysis, skilled nursing facilities, post-acute care facilities, dental offices, and several mentions of graduates who were unemployed and just starting to look for work.

Table 17. Employment Location of Recent Nursing Program Graduates by Academic Year

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
Hospital	71.4%	59.0%	54.4%	61.1%	56.7%	56.0%	58.3%	59.2%	61.1%	63.0%
Pursuing additional nursing education	-	-	-		7.9%	7.1%	11.4%	11.0%	10.3%	12.0%
Not yet licensed	-	-	-	-	-	-	-	10.6%	10.2%	7.2%
Long-term care facilities	8.4%	9.7%	7.8%	8.3%	3.6%	3.7%	7.9%	4.6%	5.2%	6.3%
Other healthcare facilities	5.6%	6.0%	5.0%	5.2%	7.1%	10.5%	4.4%	3.5%	4.6%	5.3%
Community/public health facilities	5.4%	3.9%	4.5%	3.6%	4.7%	6.0%	4.2%	2.6%	2.6%	3.0%
Unable to find employment	-	27.5%	21.8%	17.6%	18.3%	13.7%	9.5%	5.5%	4.2%	2.4%
Other	15.6%	14.8%	6.5%	4.2%	1.7%	3.4%	4.9%	3.2%	2.0%	0.8%

Note: Blank cells indicate that the applicable information was not requested in that year.
Note: Graduates whose employment setting was reported as "unknown" have been excluded from this table. In 2017-2018, on average, the employment setting was unknown for 16% of recent graduates.

Hospitals were reported as the employment setting of the largest shares of recent graduates from ADN, BSN, and ELM programs. In 2017-2018, BSN programs reported that an average of 76.1% of their recent graduates were employed in hospitals, which is higher than the percentages for ADN (60.4%) and ELM (54.6%). A large share of ELM graduates (28.2%) were reported to be pursuing additional education, which is consistent with the way many ELM programs are designed. Program directors

estimated than an average of 12.8% of ADN graduates were pursuing additional education, and 5.5% of BSN graduates were doing so. Among those employed in non-hospital settings, ADN graduates were more likely to be in long-term care facilities (6.3%) than BSN (3.8%) or ELM graduates (0.1%). For all types of graduates, the percentage that was estimated to be unable to find employment was between 1.9% and 2.5%, which is notably lower than in 2014-2015 when the percentage ranged between 3.8% (for BSNs) and 11.6% (for ADNs).

Table 18. Employment Location for Recent Nursing Program Graduates by Program Type by Academic Year

ADN Programs	2014-2015	2015-2016	2016-2017	2017-2018
Hospital	51.4%	54.7%	58.6%	60.4%
Community/ public health facilities	4.1%	2.4%	3.0%	2.9%
Other healthcare facilities	4.9%	4.2%	5.6%	6.5%
Long-term care facilities	10.3%	5.6%	6.3%	7.9%
Other	5.6%	4.6%	1.2%	0.6%
Pursuing additional nursing education	13.0%	12.6%	11.7%	12.8%
Not yet licensed	-	10.1%	8.6%	6.3%
Unable to find employment	11.6%	6.0%	5.2%	2.5%
BSN Programs	**2014-2015**	**2015-2016**	**2016-2017**	**2017-2018**
Hospital	79.4%	72.2%	72.6%	76.1%
Community/ public health facilities	3.4%	2.9%	1.9%	3.1%
Other healthcare facilities	2.5%	2.1%	3.3%	2.7%
Long-term care facilities	4.4%	2.4%	3.8%	3.8%
Other	4.7%	0.1%	3.7%	0.7%
Pursuing additional nursing education	2.0%	2.4%	2.3%	5.5%
Not yet licensed	-	13.0%	10.4%	5.5%
Unable to find employment	3.8%	4.8%	2.1%	2.5%
ELM Programs	**2014-2015**	**2015-2016**	**2016-2017**	**2017-2018**
Hospital	55.6%	53.3%	45.5%	54.6%
Community/ public health facilities	6.0%	3.8%	1.1%	4.4%
Other healthcare facilities	5.5%	0.9%	0.4%	3.8%
Long-term care facilities	1.5%	1.8%	0.1%	2.1%
Other	1.4%	1.9%	3.1%	2.5%
Pursuing additional nursing education	21.8%	29.7%	23.8%	28.2%
Not yet licensed	-	5.2%	23.9%	2.5%
Unable to find employment	8.2%	3.7%	2.1%	1.9%

Note: Statistics on the percent of graduates employed in California were collected at the school level only.
Note: Blank cells indicate that the applicable information was not requested in that year

Clinical Space & Clinical Practice Restrictions[3]

The number of California nursing programs reporting they were denied access to a clinical placement, unit, or shift decreased from 93 programs in 2010-2011 to 75 programs in 2017-2018. However, since 2014-2015 (when the item was first added to the survey), the number of placements, units, or shifts lost has risen from 272 in 2014-2015 to 367 in 2017-2018. Over that time, the number of students affected by losses of clinical placements increased from 2,145 in 2014-2015 to 2,366 in 2017-2018.

Table 19. RN Programs Denied Clinical Space by Academic Year

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
Number of programs denied a clinical placement, unit or shift	93	85	90	81	70	60	77	75
Programs offered alternative by site*	-	-	-	-	24	26	31	33
Placements, units or shifts lost*	-	-	-	-	272	213	302	367
Number of programs reporting	142	140	143	141	135	138	141	140
Number of students affected	2,190	1,006	2,368	2,195	2,145	1,278	2,147	2,366

*Significant changes to these questions beginning with the 2014-2015 administration prevent comparison of the data to prior years.

In the 2017-2018 survey, 61 programs (43.3%) reported that there were fewer students allowed for a clinical placement, unit, or shift in this year than in the prior year. These numbers were similar to those reported in 2016-2017.

Table 20. RN Programs That Reported Fewer Students Allowed for a Clinical Space by Academic Year

	2014-2015	2015-2016	2016-2017	2017-2018
ADN	31	37	36	36
BSN	18	22	18	18
ELM	9	6	6	7
Number of programs reporting	58	65	60	61

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[3] Some of these data were collected for the first time in 2009-2010. However, changes in these questions for 2010-2011 and later administrations of the survey prevent comparability of some of the data. Therefore, data prior to 2010-2011 may not be shown.

In 2017-2018, "staff nurse overload or insufficient qualified staff" was the most commonly mentioned reason for clinical space being unavailable (63.5%), followed by "competition for clinical space" (52.7%), and "displaced by another program" (50.0%). Only one program (1.4%) reported being denied a space due to another RN program offering to pay a fee for the placement.

Respondents also provided write-in responses to this question. While these varied over the past ten years, the top responses included facility move or construction (n=15) (included in table under its own category); clinical site had expressed a preference for a particular type of student (BSN only, no ELM students, students from public programs only, local students only, or students from particular schools preferred) (n=13); no reason was given for the denial (n=10); site was "no longer accepting students" (n=10); changes in contract (n=5), issues with an assigned faculty member (n=5), or a scheduling mismatch (n=5).

Table 21. Reasons for Clinical Space Being Unavailable by Academic Year, Percentages

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
Staff nurse overload or insufficient qualified staff	54.5%	46.2%	54.1%	41.1%	45.7%	38.2%	33.3%	51.9%	63.5%
Competition for clinical space due to increase in number of nursing students in region	72.7%	64.5%	58.8%	54.4%	46.9%	48.7%	48.3%	49.4%	52.7%
Displaced by another program	62.3%	40.9%	44.7%	42.2%	43.2%	39.5%	35.0%	50.6%	50.0%
Visit from Joint Commission or other accrediting agency	-	-		21.1%	22.2%	26.3%	23.3%	33.8%	29.7%
Decrease in patient census	35.1%	30.1%	31.8%	30.0%	28.4%	25.0%	21.7%	18.2%	24.3%
Nurse residency programs	28.6%	18.3%	29.4%	17.8%	18.5%	18.4%	26.7%	26.0%	24.3%
No longer accepting ADN students*	26.0%	16.1%	21.2%	20.0%	23.5%	21.1%	23.3%	27.3%	23.0%
Closure, or partial closure, of clinical facility	-	24.7%	25.9%	26.7%	25.9%	18.4%	28.3%	18.2%	23.0%
Implementation of Electronic Health Records system	-	-	3.5%	32.2%	23.5%	13.2%	10.0%	13.0%	17.6%
Change in facility ownership/management	-	11.8%	12.9%	21.1%	14.8%	21.1%	18.3%	24.7%	14.9%
Clinical facility seeking magnet status	36.4%	12.9%	18.8%	15.6%	11.1%	17.1%	18.3%	15.6%	13.5%
Other clinical facility business needs/changes in policy	-	-	-	-	-	-	-	20.8%	9.5%
The facility began charging a fee (or other RN program offered to pay a fee) for the placement and the RN program would not pay	-	-	-	-	4.9%	1.3%	1.7%	1.3%	1.4%
Facility moving to a new location/ (or hospital construction)**	1.3%	1.1%	0.0%	1.1%	6.2%	2.6%	3.3%	2.6%	1.4%
Other	19.5%	8.6%	10.6%	10.0%	11.1%	17.1%	6.7%	11.7%	14.9%
Number of programs that reported	**77**	**92**	**85**	**88**	**80**	**76**	**60**	**77**	**74**

Note: Blank cells indicate that the applicable information was not requested in that year.
*Not asked of BSN or ELM programs.
**Category recoded from text comments.

In 2017-2018, twelve respondents provided write-in answers to describe other reasons that clinical space was unavailable. These include the following: No reason given (n=2), scheduling issue (n=2), preference for student type (no private school students, prefer BSNs) (n=2), increase in new grad program (n=1), contract with college not renewed (n=1), issue with assigned faculty member (n=1), construction/remodel (included in table under its own category (n=1), "Facility requesting school bring patient care supplies" (n=1), and "Natural disaster (fire) damaged one out-rotation facility, impacted two placements altogether in PMH" (n=1).

Table 22. Reasons for Clinical Space Being Unavailable by Academic Year

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
Staff nurse overload or insufficient qualified staff	42	43	46	37	37	29	20	40	47
Competition for clinical space due to increase in number of nursing students in region	56	60	50	49	38	37	29	38	39
Displaced by another program	48	38	38	38	35	30	21	39	37
Visit from Joint Commission or other accrediting agency	-	-	-	19	18	20	14	26	22
Decrease in patient census	27	28	27	27	23	19	13	14	18
Nurse residency programs	22	17	25	16	15	14	16	20	18
No longer accepting ADN students*	20	15	18	18	19	16	14	21	17
Closure, or partial closure, of clinical facility	-	23	22	24	21	14	17	14	17
Implementation of Electronic Health Records system	-	-	3	29	19	10	6	10	13
Change in facility ownership/management	-	11	11	19	12	16	11	19	11
Clinical facility seeking magnet status	28	12	16	14	9	13	11	12	10
The facility began charging a fee (or other RN program offered to pay a fee) for the placement and the RN program would not pay	-	-	-	-	4	1	1	1	1
Facility moving to a new location/ (or hospital construction)**	1	1	0	1	5	2	2	2	1
Other	15	8	9	9	9	13	4	9	11
Number of programs that reported	**77**	**92**	**85**	**88**	**80**	**76**	**60**	**77**	**74**

Note: Blank cells indicate that the applicable information was not requested in that year.
*Not asked of BSN or ELM programs.
**Category recoded from text comments

In a separate question, programs were asked to report on whether they provide financial support to secure a clinical placement. Relatively few programs do so and the numbers have fluctuated over the five years that this question has been asked.

Table 23. Programs that Provided Financial Support to Secure a Clinical Placement

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
Number providing financial support to secure a clinical placement	-	-	-	1	9	3	10	7
Percent providing financial support to secure a clinical placement	-	-	-	0.8%	6.6%	2.2%	7.1%	5.0%
Number of programs reporting	**-**	**-**	**-**	**123**	**137**	**139**	**141**	**140**

Programs that lost access to clinical space were asked to report on the strategies used to cover the lost placements, units, or shifts. Most programs reported that the lost site was replaced at another clinical site – either at a different site currently being used by the program (68.9%) or at a new clinical site (60.8%). Some programs replaced the lost space at the same clinical site (43.2%), and others replaced the clinical site with clinical simulation activities (43.2%). Reducing student admission was reported by 8.1% of respondents.

Respondents also provided write-in responses to this question. These answers varied over the years, but included the following: Increased clinical section sizes to absorb the students who did not have a placement (n=6); changed scheduling strategies by reducing the total number of clinical hours in the program, changing to one 12 hour shift rather than two eight hour shifts, or ending weeks early to accommodate another program (n=5); and reducing number of students per clinical group (n=3).

Table 24. Strategies to Address the Loss of Clinical Space by Academic Year

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
Replaced lost space at different site currently used by nursing program	61.2%	64.4%	66.7%	66.2%	76.3%	61.8%	68.9%
Added/replaced lost space with new site	48.2%	53.3%	56.8%	48.6%	44.1%	55.3%	60.8%
Clinical simulation	29.4%	34.4%	32.1%	37.8%	30.5%	40.8%	43.2%
Replaced lost space at same clinical site	47.1%	38.9%	45.7%	32.4%	32.2%	35.5%	43.2%
Reduced student admissions	8.2%	2.2%	7.4%	1.4%	5.1%	9.2%	8.1%
Other	9.4%	4.4%	1.2%	8.1%	3.4%	7.9%	4.1%
Number of programs reporting	**85**	**90**	**81**	**74**	**59**	**76**	**74**

In 2017-2018, forty-eight (34.0%) nursing programs reported an increase from the previous year in out-of-hospital clinical placements. In 2017-2018, the three most frequently reported non-hospital clinical sites were skilled nursing/rehabilitation facility (41.7%), public health or community health agency (39.6%), and school health service (39.6%).

Respondents also provided write-in responses suggesting other clinical sites. Over the years, these included: child-related facilities like childcare, pediatric clinics, Head Start, and summer camps (n=27), senior facilities and long-term care (n=4), and lifesharing/organ donation (n=3).

Table 25. Increase in Use of Alternative Out-of-Hospital Clinical Sites by Nursing Programs

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
Skilled nursing/rehabilitation facility	47.3%	46.4%	45.0%	43.9%	46.2%	32.6%	37.3%	41.7%
Public health or community health agency	43.6%	51.8%	55.0%	53.7%	41.0%	51.2%	35.3%	39.6%
School health service (K-12 or college)	30.9%	30.4%	22.5%	39.0%	38.5%	27.9%	25.5%	39.6%
Medical practice, clinic, physician office	23.6%	33.9%	22.5%	34.1%	30.8%	37.2%	31.4%	37.5%
Outpatient mental health/substance abuse	36.4%	42.9%	20.0%	39.0%	28.2%	34.9%	31.4%	33.3%
Home health agency/home health service	30.9%	32.1%	35.0%	29.3%	20.5%	41.9%	29.4%	29.2%
Surgery center/ambulatory care center	20.0%	23.2%	30.0%	19.5%	28.2%	25.6%	35.3%	29.2%
Hospice	25.5%	25.0%	27.5%	29.3%	23.1%	25.6%	21.6%	20.8%
Other	14.5%	17.9%	17.5%	12.2%	12.8%	16.3%	23.5%	12.5%
Correctional facility, prison or jail	5.5%	7.1%	5.0%	7.3%	10.3%	9.3%	7.8%	10.4%
Case management/disease management	7.3%	12.5%	5.0%	12.2%	7.7%	16.3%	7.8%	8.3%
Urgent care, not hospital-based	9.1%	10.7%	5.0%	7.3%	7.7%	7.0%	9.8%	6.3%
Renal dialysis unit	12.7%	5.4%	5.0%	4.9%	5.1%	7.0%	5.9%	2.1%
Occupational health or employee health service	5.5%	5.4%	0.0%	2.4%	0.0%	2.3%	2.0%	2.1%
Number of programs that reported	**55**	**56**	**40**	**41**	**39**	**43**	**51**	**48**

In 2017-2018, 68.7% (n=92) of nursing schools reported that pre-licensure students in their programs had encountered restrictions to clinical practice imposed on them by clinical facilities.

The most common types of restrictions students faced in 2017-2018 continued to be access to the clinical site itself due to a visit from the Joint Commission or another accrediting agency (81.5%), access to bar coding medication administration (66.3%), and access to electronic medical records (62.0%). Schools reported that the least common types of restrictions students faced were direct communication with health care team members (10.9%) and alternative setting due to liability (18.5%).

Table 26. Common Types of Restricted Access in the Clinical Setting for RN Students by Academic Year

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
Clinical site due to visit from accrediting agency (Joint Commission)	68.1%	71.0%	74.3%	77.9%	73.1%	68.8%	79.3%	75.8%	81.5%
Bar coding medication administration	70.3%	58.0%	68.3%	72.6%	58.1%	59.1%	69.0%	64.8%	66.3%
Electronic Medical Records	70.3%	50.0%	66.3%	72.6%	66.7%	60.2%	61.9%	64.8%	62.0%
Automated medical supply cabinets	53.1%	34.0%	35.6%	48.4%	45.2%	44.1%	55.4%	57.1%	54.3%
Some patients due to staff workload	-	31.0%	37.6%	30.5%	41.9%	30.1%	27.7%	37.4%	38.0%
Student health and safety requirements	-	39.0%	43.6%	45.3%	43.0%	40.9%	43.4%	41.8%	34.8%
IV medication administration	27.7%	31.0%	30.7%	24.2%	23.7%	26.9%	34.9%	29.7%	34.8%
Glucometers	37.2%	33.0%	29.7%	36.8%	34.4%	31.2%	35.4%	36.3%	30.4%
Alternative setting due to liability	20.2%	13.0%	22.8%	18.9%	18.3%	19.4%	19.3%	17.6%	18.5%
Direct communication with health team	11.8%	12.0%	15.8%	17.9%	10.8%	7.5%	8.5%	12.1%	10.9%
Number of schools that reported	**94**	**100**	**101**	**95**	**93**	**93**	**84**	**91**	**92**

Note: Blank cells indicate that the applicable information was not requested in that year.
Numbers indicate the percent of schools reporting these restrictions as "common" or "very common".

In 2017-2018, schools reported that restricted student access to electronic medical records was primarily due to insufficient time for clinical site staff to train students (63.9%) and staff still learning and unable to assure documentation standards are being met (49.4%).

Some respondents who selected "other" reasons for restricted access to electronic medical records provided write-in answers. One main category over the years had to with simple lack of access to the EMR, including responses like "Inability to receive access codes" (n=10). Another answer type had to do with the difficulty of creating access, for example "too much IT time" and "Cost of providing computer codes" (n=6). Another common category was just general policy: "Agencies state this is their policy no other reason given" (n=8).

Schools reported that students were restricted from using medication administration systems due to liability (74.4%) and limited time for clinical staff to train students (42.3%).

Some respondents who selected "other" reasons for restricted access to medication administration systems also provided write-in answers. There was a great deal of crossover with EMR restrictions. For example, general policy was frequently noted with answers like "Supposed limitations of the Pharmacy Board" and "Certain Meds not allowed by Hospital" (n=14). The one difference was in the specification of concern over error (n=4) with answers like "Students may make a mistake".

Table 27. Share of Schools Reporting Reasons for Restricting Student Access to Electronic Medical Records and Medication Administration by Academic Year

	Electronic Medical Records				
	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
Insufficient time to train students	60.7%	64.9%	81.2%	65.8%	63.9%
Staff still learning and unable to assure documentation standards are being met	59.5%	58.4%	56.5%	46.1%	49.4%
Liability	41.7%	36.4%	43.5%	52.6%	48.2%
Staff fatigue/burnout	31.0%	29.9%	34.8%	34.2%	47.0%
Cost for training	28.6%	6.5%	31.9%	26.3%	31.3%
Patient confidentiality	26.2%	22.1%	30.4%	27.6%	19.3%
Other	13.1%	6.5%	10.1%	7.9%	12.0%
Number of schools reporting	**84**	**77**	**69**	**76**	**83**
	Medication Administration				
	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
Liability	50.0%	62.3%	68.3%	77.4%	74.4%
Insufficient time to train students	39.4%	31.9%	39.7%	36.9%	42.3%
Staff fatigue/burnout	33.3%	24.6%	31.7%	29.8%	42.3%
Staff still learning and unable to assure documentation standards are being met	27.3%	21.7%	23.8%	25.0%	21.8%
Cost for training	18.2%	20.3%	19.0%	13.1%	10.3%
Other	16.7%	5.8%	9.5%	13.1%	14.1%
Patient confidentiality	15.2%	7.2%	6.3%	6.0%	5.1%
Number of schools reporting	**66**	**69**	**63**	**84**	**78**

Numbers indicate the percent of schools reporting these restrictions as "uncommon", "common" or "very common" to capture any instances where reasons were reported.

Schools provided information about how they compensate for restricted student access (n=93). The most common approaches were providing training in the simulation lab (87.1%), in the classroom (67.7%), and purchasing practice software (53.8%).

Respondents offered write in answers in the "Other" category, including some that expanded on or repeated defined answer categories. These included training in a skills or computer lab (n=9), utilizing the school's own EMR system and training (n=8), using computer-based software or other simulation practices like mock patients (n=7), various instructor-based workarounds like "Training instructors to access electronic medical records on student's behalf" (n=5), scheduling strategies like "make-up days on breaks" (n=5), intensive clinical sessions or "bootcamps" (n=4), and paper charting (n=3).

Table 28. How Nursing Programs Compensate for Training in Areas of Restricted Access by Academic Year

	2013-2014 % Schools	2014-2015 % Schools	2015-2016 % Schools	2016-2017 % Schools	2017-2018 % Schools
Training students in the simulation lab	80.6%	87.1%	88.0%	87.9%	87.1%
Training students in the classroom	53.8%	57.0%	66.3%	56.0%	67.7%
Purchase practice software, such as SIM Chart	39.8%	40.9%	43.4%	45.1%	53.8%
Ensuring all students have access to sites that train them in this area	61.3%	55.9%	50.6%	54.9%	48.4%
Other	9.7%	11.8%	12.0%	11.0%	12.9%
Number of schools reporting	**93**	**93**	**83**	**91**	**93**

Faculty Data[4]

In 2017-2018, the total number of nursing faculty increased, as did the number of part-time and full-time faculty. On October 15, 2018, there were 4,939 total nursing faculty.[5] Of these faculty, 32% (n=1,561) were full-time and 68% (n=3,378) were part-time. The total number of faculty has increased from 3,471 in 2008 (42.3%). Most of this growth has come from increases in part-time faculty. In 2008, part-time faculty were 59.6% of all faculty, while they were 68.4% in 2018.

Faculty vacancy rates have fluctuated over time. From 2008 through 2011, the rate ranged from 4.7% to 4.9%. In 2012, the faculty vacancy rate rose to 7.9%. The vacancy rate was 8% in 2018.

Table 29. Faculty Data by Year

	2008	2009	2010	2011	2012	2013*	2014*	2015*	2016*	2017	2018
Total Faculty	**3,471**	**3,630**	**3,773**	**4,059**	**4,119**	**4,174**	**4,181**	**4,532**	**4,366**	**4,799**	**4,939**
Full-Time	1,402	1,453	1,444	1,493	1,488	1,522	1,498	1,505	1,513	1,546	1,561
Part-Time	2,069	2,177	2,329	2,566	2,631	2,644	2,614	3,000	2,953	3,253	3,378
Vacancy Rate**	**4.7%**	**4.7%**	**4.7%**	**4.9%**	**7.9%**	**5.9%**	**9.4%**	**8.2%**	**9.1%**	**8.1%**	**8.0%**
Vacancies	172	181	187	210	355	263	432	407	435	424	430

*In these years, the sum of full-time and part-time faculty did not equal the total faculty reported.
**Vacancy rate = number of vacancies/ (total faculty + number of vacancies)

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[4] Data represent the number of faculty on October 15th of the given year.
[5] Since faculty may work at more than one school, the number of faculty reported may be greater than the actual number of individuals who serve as faculty in California nursing schools.

Starting in 2015-2016, schools were asked if their program was hiring significantly more part-time than full-time active faculty in the current year as compared with five years prior. In 2017-2018, 43.2% (n=57) of 132 schools responding agreed that their hiring of part-time faculty was greater.

Table 30. Schools that Reported Hiring More Part-Time Faculty than in Prior Years

	2015-2016	2016-2017	2017-2018
Number of schools that hired more part-time faculty	48	61	57
Percent of schools that hired more part-time faculty	37.2%	46.6%	43.2%
Number of schools reporting	**129**	**131**	**132**

Note: This question was added to the survey in 2015-2016.

These schools were asked to rank the reason for this shift. In 2017-2018, the top-ranked reasons were non-competitive salaries for full-time faculty (n=51) and shortage of RNs applying for full time faculty positions (n=50). The top five ranked items have remained consistent over the three years that this question has been included in the survey.

Over the three years this question has been on the survey, "other" reasons for hiring more faculty have been provided as write-in answers, including: the need to decrease the student/faculty ratio--often due to reduction in the number of students allowed at clinical sites OR to enhance student success (n=7), campus hiring process (too slow, difficulty in getting new positions approved) (n=5), retirement of full-time faculty (n=4). Various other reasons were also cited, such as hiring freeze, elimination of the "67% rule", and location "not attractive" to outside applicants.

Table 31. Reasons for Hiring More Part-Time Faculty, 2017-18

	2015-2016	2016-2017	2017-2018
Non-competitive salaries for full time faculty	2.5	2.5	2.8
Shortage of RNs applying for full time faculty positions	3.0	3.0	3.2
Insufficient number of full time faculty applicants with required credential	3.4	3.6	3.5
Insufficient budget to afford benefits and other costs of FT faculty	4.0	4.7	4.2
Need for part-time faculty to teach specialty content	4.4	4.8	4.5
Private, state university or community college laws, rules or policies	5.7	5.4	5.7
Need for faculty to have time for clinical practice	5.6	6.0	6.4
Other	5.9	5.1	6.6
To allow for flexibility with respect to enrollment changes	6.2	6.7	7
Need for full-time faculty to have teaching release time for scholarship, clinical practice, sabbaticals, etc.	7.0	6.8	7.7

*The lower the ranking, the greater the importance of the reason (1 has the highest importance and 10 has the lowest importance.)

In 2017-2018, 92 of 134 schools (68.7%) reported that faculty in their programs work an overloaded schedule, and 95.6% (n=88) of these schools paid the faculty extra for the overloaded schedule.

Over the last ten years, the share of schools that have overloaded faculty has stayed consistent, ranging from 64.4% to 69.7%, except for 2013-2014 and 2014-2015, when it peaked above 70%. The share of schools with overloaded faculty that pays those faculty extra for the overload has remained between 90.5% and 96.7% over this ten-year period.

Table 32. Faculty with Overloaded Schedules by Academic Year

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
Number of schools with overloaded faculty	81	84	85	87	94	99	85	85	92	92
Share of schools with overloaded faculty	64.8%	67.2%	64.9%	65.9%	70.7%	75.6%	64.4%	66.4%	69.7%	68.7%
Share of schools with overloaded faculty that pay faculty extra for the overload	92.6%	90.5%	92.9%	94.3%	93.6%	95.%	96.5%	96.5%	96.7%	95.6%
Number of schools reporting	**125**	**125**	**131**	**132**	**133**	**131**	**132**	**132**	**132**	**134**

Summary

Academic Progression Partnerships by Academic Year

Over the past decade, the number of California pre-licensure nursing programs has grown from 138 programs in 2008-2009 to 141 programs in 2017-2018 (Table 2).

The share of programs reporting a partnership with another program for academic progression has grown over the last ten years, from 19% in 2008-2009 to 57% in 2017-2018. Most of these partnerships were reported by associate's degree nursing programs. In 2017-2018, 73% (n=66) of 90 ADN nursing programs responding to this question reported participating in these partnerships (Table 3).

Available Admission Spaces and New Student Enrollments by Academic Year

The number of available admission spaces reported by California RN programs has fluctuated over the past ten years, rising to a ten-year high of 14,132 in 2017-2018 (Table 4). New student enrollments have also fluctuated over the past ten years, reaching a peak of 14,228 in 2009-2010 before declining for several years, and then climbing back up to 14,154 in 2017-2018. Over the last decade, there have been fewer enrollments in ADN programs, which have been largely offset by increasing enrollments in BSN programs (Table 6).

Student Completions by Academic Year

Pre-licensure RN programs reported 11,890 completions in 2017-2018—a 13% increase in student completions since 2008-2009. The number of graduates has grown slightly after fluctuating around 11,000 completions for the last five years (Table 10).

Completion, Attrition, and Employment Rates

Average on-time completion rates reached a ten-year high of 83% in 2013-2014, after which the on-time completion rate declined steadily to 80% in 2017-2018 (Table 11). At the time of the survey, 3% of nursing program graduates were unable to find employment, which is a significant decline from the high of 28% in 2009-2010. The number of graduates employed in California has increased for the fourth year and was reported at 83% in 2017-2018 (Table 16).

Clinical Space and Clinical Practice Restrictions

The number of California nursing programs reporting they were denied access to a clinical placement or shift decreased slightly to 75 programs in 2017-2018 as compared to 77 in 2016-2017 (Table 19). Staff nurse overload or insufficient qualified staff was the most commonly mentioned reason for clinical space being unavailable (64%) followed by competition for clinical space (53%) and displacement by another program (50%) followed by visit from Joint Commission or other accrediting agency (30%), decreased patient census (24%), and nurse residency programs (24%) (Table 21). The lack of access to clinical space resulted in a loss of 367 clinical placements, units, or shifts, which represents about 9% (n=2,366) of currently enrolled students (Table 19).

In 2017-2018, programs (n=74) addressed loss of clinical spaces by placement at a different site currently used by the program (69%), and or adding or replacing lost space with a new site (61%), or using clinical simulation (43%), or replacing lost space at the same clinical site (43%) (Table 24).

In 2017-2018, common or very common types of restricted access in the clinical setting reported by nursing programs (n=92) included clinical site visits from accrediting agency (82%), bar coding medication administration (66%), electronic medical records (62%), automated medical supply cabinets (54%), followed by some patients due to staff workload (38%), student health and safety requirements (35%), IV medication administration (35%), and glucometers (30%) (Table 26).

Faculty, Vacancy Rates, Overload

Expansion in RN education has required nursing programs to hire more faculty to teach the growing number of students. The number of nursing faculty overall has increased by 36% in the past ten years, from 3,630 in 2009 to 4,939 in 2018. Of these, 32% (n=1,561) were full time and 68% (n=3378) were part time. In 2018, 430 faculty vacancies were reported, representing an overall faculty vacancy rate of 8.0% (11% for full-time faculty and 7% for part-time faculty). Vacancy rates have stayed relatively high over the last five years compared to the period between 2008 and 2013 (Table 29). In 2017-2018, 92 of the 134 schools (69%) reported that faculty in their programs work an overloaded schedule (Table 32).

APPENDIX A – List of Survey Respondents by Degree Program

ADN Programs (86) [6]

American Career College
American River College
Antelope Valley College
Bakersfield College
Brightwood College
Butte Community College
Cabrillo Community College
California Career College
Career Care Institute of LA*
Cerritos College
Chabot College
Chaffey College
Citrus College
City College of San Francisco
CNI College (Career Networks Institute)
College of Marin
College of San Mateo
College of the Canyons
College of the Desert
College of the Redwoods
College of the Sequoias
Contra Costa College
Copper Mountain College
Cuesta College
Cypress College
De Anza College
East Los Angeles College
El Camino College
El Camino College - Compton Education Center
Evergreen Valley College
Fresno City College
Glendale Career College
Glendale Community College
Golden West College
Grossmont College
Gurnick Academy of Medical Arts*
Hartnell College
Imperial Valley College
Long Beach City College
Los Angeles City College
Los Angeles County College of Nursing and Allied Health
Los Angeles Harbor College
Los Angeles Pierce College

Los Angeles Southwest College
Los Angeles Trade-Tech College
Los Angeles Valley College
Los Medanos College
Mendocino College
Merced College
Merritt College
Mira Costa College
Modesto Junior College
Monterey Peninsula College
Moorpark College
Mount San Antonio College
Mount San Jacinto College
Mount Saint Mary's University
Napa Valley College
Ohlone College
Pacific Union College
Palomar College
Pasadena City College
Porterville College
Rio Hondo College
Riverside City College
Sacramento City College
Saddleback College
San Bernardino Valley College
San Diego City College
San Joaquin Delta College
San Joaquin Valley College
Santa Ana College
Santa Barbara City College
Santa Monica College
Santa Rosa Junior College
Shasta College
Sierra College
Solano Community College
Southwestern College
Stanbridge University
Unitek College
Ventura College
Victor Valley College
Weimar Institute
West Hills College Lemoore
Yuba College

*New programs in 2017-2018

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[6] There are two new schools in the ADN category: Career Care Institute of LA and Gurnick Academy of Medical Arts.

LVN-to-ADN Programs Only (6)

Allan Hancock College
Carrington College
College of the Siskiyous
Gavilan College

Mission College
Reedley College at Madera Community
  College Center

BSN Programs (37)

American University of Health Sciences
Azusa Pacific University
Biola University
California Baptist University
Chamberlain College
Concordia University Irvine
CSU Bakersfield
CSU Channel Islands
CSU Chico
CSU East Bay
CSU Fresno
CSU Fullerton
CSU Long Beach
CSU Los Angeles
CSU Northridge
CSU Sacramento
CSU San Bernardino
CSU San Marcos
CSU Stanislaus

Dominican University of California
Holy Names University
Loma Linda University
Mount Saint Mary's University
National University
Point Loma Nazarene University
Samuel Merritt University
San Diego State University
San Francisco State University
Simpson University
Sonoma State University
The Valley Foundation School of Nursing at
  San Jose State
University of California Irvine
University of California Los Angeles
University of Phoenix
University of San Francisco
West Coast University
Western Governors University

ELM Programs (12)[7]

Azusa Pacific University
California Baptist University
Charles R. Drew University of Medicine and
  Science
Samuel Merritt University
San Francisco State University
University of California Irvine
University of California Davis
University of California Los Angeles

University of California San Francisco
University of San Diego - Hahn School of
  Nursing
Western University of Health Science
University of San Francisco

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[7] CSU Long Beach closed its ELM program since 2016-17.

APPENDIX B – BRN Nursing Education and Workforce Advisory Committee (NEWAC)

Members	Organization
Tanya Altmann, PhD, RN	California State University, Sacramento
BJ Bartleson, MS, RN, NEA-BC	California Hospital Association/North (CHA)
Garrett K. Chan, PhD, RN, CNS-BC, ACNPC, CEN, FAEN, FPCN, FNAP, FAAN	HealthImpact
Audrey Berman, PhD, RN	Samuel Merritt University
Stephanie L. Decker	Kaiser Permanente National Patient Care
Denise Duncan, BSN, RN	The United Nurses Associations of California/Union of Health Care Professionals (UNAC/UHCP)
Jose Escobar, MSN, RN, PHN	Los Angeles County Department of Public Health
Brenda Fong	Community Colleges Chancellor's Office
Sabrina Friedman, EdD, DNP, FNP-C, PMHCSN-BC, FAPA	University of California, Los Angeles School of Nursing Health Center at the Union Rescue Mission
Jeannine Graves, MPA, BSN, RN, OCN, CNOR	Sutter Cancer Center
Marketa Houskova, BA, RN, MAIA	American Nurses Association\California (ANA/C)
Loucine Huckabay, PhD, RN, PNP, FAAN	California State University, Long Beach
Kathy Hughes, RN and Carol Jones, MSN, RN, PHN	Service Employees International Union (SEIU)
Saskia Kim, JD and Victoria Bermudez, RN	California Nurses Association/ National Nurses United (CAN/NNU)
Judy Martin-Holland, PhD, MPA, RN, FNP	University of California, San Francisco
Kim Tomasi, MSN, RN and Susan Odegaard Turner, PhD, RN	Association of California Nurse Leaders (ACNL)
Sandra Miller, MBA	Assessment Technologies Institute (ATI)
Robyn Nelson, PhD, RN	West Coast University
Linda Onstad-Adkins/ Fiona Castleton	Health Professions Education Foundation, Office of Statewide Health Planning and Development (OSHPD)
Stephanie R. Robinson, PhD, MHA, RN	Fresno City College
Joanne Spetz, PhD	Phillip R. Lee Institute for Health Policy Studies University of California, San Francisco
Stacie Walker	Health Workforce Development Division, Office of Statewide Health Planning and Development (OSHPD)
Peter Zografos, PhD, RN	Mount San Jacinto College

Ex-Officio Members

Dr. Joseph Morris, PhD, MSN, RN	California Board of Registered Nursing
Janette Wackerly, MBA, RN	Supervising Nursing Education Consultant, California Board of Registered Nursing