2019-2020 Annual School Report

Data Summary and Historical Trend Analysis

A Presentation of Pre-Licensure Nursing Education Programs in California

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Prepared by:
Lisel Blash, MPA
Joanne Spetz, PhD
University of California, San Francisco
3333 California Street, Suite 265
San Francisco, CA 94118

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PREFACE

Nursing Education Survey Background

The 2019-20 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 C. 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. Data presented in this report are from the academic year beginning August 1, 2019 and ending July 31, 2020. Census and associated demographic data were requested for October 15, 2020.

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.

Statistics for enrollments and completions represent two separate student populations. Therefore, it is not possible to compare directly enrollment and completion data.

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 137 California nursing schools were invited to participate in the survey, and all 137 nursing schools offering 147 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 Reporting	Total # Programs	Response Rate
ADN	87	87	100%
LVN-to-ADN*	6	6	100%
BSN	42	42	100%
ELM	12	12	100%
Number of programs	**147**	**147**	**100%**

* After this table, all items that reference ADN program data include both generic ADN and LVN-to-ADN programs.

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[1] Since last year's report, two schools are offering new ADN programs, and three schools have started offering new BSN programs.

[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 2019-20 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 2019-20, 137 schools reported information about students enrolled in their 147 prelicensure nursing programs. In the past year, two schools have started offering new ADN programs and three schools have started offering new BSN programs.

Most pre-licensure nursing programs in California are public. The number of public programs has declined over the last ten years from 105 in 2010-11 to 102 in 2019-20. The number of private programs has increased from 38 to 45 during this period.

Table 2. Number of Nursing Programs by Academic Year

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Total number of schools*	**131**	**132**	**133**	**131**	**132**	**132**	**133**	**134**	**134**	**137**
Total nursing programs	**145**	**142**	**143**	**141**	**142**	**141**	**141**	**141**	**142**	**147**
ADN**	89	87	88	89	90	89	91	92	91	93
BSN	39	39	40	36	36	38	37	37	39	42
ELM	17	16	15	16	16	14	13	12	12	12
Public	107	106	106	105	105	104	103	102	102	102
Private	38	36	37	36	37	37	38	39	40	45

* 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 2012-13 through 2014-15, one ADN private program was included as a public program; this was corrected in the 2015-16 data.

The percentage and number of ADN and BSN programs reporting a partnership with another RN education program for academic progression has increased over the last ten years, from 36.1% (n=44) in 2010-11 to 60.2% (n=80) in 2019-20 (excluding ELM programs).

Associate's degree nursing programs reported the most partnerships (it is common for a number of two-year schools to collaborate with a single institution offering four-year degrees). In 2019-20, 77.2% (n=71) of the 92 ADN nursing programs responding to this question reported participating in these partnerships.

Table 3. Partnerships by Academic Year

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020**
ADN programs* with partnerships	**36**	**42**	**58**	**60**	**62**	**69**	**69**	**66**	**63**	**71**
	41.4%	51.2%	65.9%	68.2%	72.1%	82.1%	77.5%	73.3%	69.2%	77.2%
ADN programs reporting	*87*	*82*	*88*	*88*	*86*	*84*	*89*	*90*	*91*	*92*
BSN programs with partnerships	**8**	**7**	**6**	**7**	**7**	**11**	**10**	**12**	**10**	**9**
	22.9%	20.6%	15.8%	20.6%	20.0%	29.7%	28.6%	33.3%	25.6%	22.0%
BSN programs reporting	*35*	*34*	*38*	*34*	*35*	*37*	*35*	*36*	*39*	*41*
All programs with partnerships	**44**	**49**	**64**	**67**	**69**	**80**	**79**	**78**	**73**	**80**
	36.1%	42.2%	50.8%	54.9%	57.0%	66.1%	63.7%	61.9%	56.2%	60.2%
Number of programs reporting	***122***	***116***	***126***	***122***	***121***	***121***	***124***	***126***	***130***	***133***

* All items that reference ADN program data include both generic ADN and LVN-to-ADN programs.
** One ELM program also reported having a partnership program in 2019-20. That program is not reflected in this table.

Admission Spaces and New Student Enrollments

The number of spaces available for new students in nursing programs has remained relatively even over the past ten years, with slight fluctuations. In 2019-20, 15,204 spaces were reported as available for new students and these spaces were filled with 15,002 students.

As in prior years, some pre-licensure nursing programs enrolled more students in 2019-20 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 2019-20, the share of nursing programs that reported filling more admission spaces than were available was 24.5% (n=36), which is lower than the 32.9% (n=46) that reported this in 2018-19.

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

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019¥	2019-2020**
Spaces available	12,643	12,391	12,739	12,394	11,976	11,928	13,697	14,132	14,897	15,204
New student enrollments*	13,939	13,677	13,181	13,226	13,318	13,190	13,599	14,139	15,150	15,002
Share and number of programs that reported filling more admission spaces than were available	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)	32.9% (n=46)	24.5% (n=36)
% Spaces filled with new student enrollments	**110.3%**	**110.4%**	**103.5%**	**106.7%**	**111.2%**	**110.6%**	**99.3%**	**100.0%**	**101.7%**	**98.7%**

* New student enrollments exclude readmitted student numbers.
Notes: All items that reference ADN program data include both generic ADN and LVN-to-ADN programs.
In 2019-2020,
  1) 2018-19 enrollment numbers were updated to reflect a correction by one public BSN program.
  2) 2015-16 through 2019-20 values were corrected to reflect changes from one private BSN program.
  3) 2019-20 totals include last year's values for one large BSN program that did not report new enrollments or admission spaces this year.

The number of qualified applications received by California nursing programs has increased by and estimated 44.9% (n=16,976) over the last ten years, from 37,847 in 2010-11 to 54,823 in 2019-20. The number of qualified applications increased by an estimated 15.1% (n=7,189) between 2018-19 and 2019-20. The number of applications in 2019-20 was the highest number of applications in the last ten years, and 2019-20 marked the largest percent of qualified applications *not enrolled* over the past ten years (72.6%).

The number of qualified applications to ADN programs has been slowly climbing after hitting a ten-year low in 2014-15—reaching 25,330 in 2019-20. This is a ten-year high for qualified applications to ADN programs. This year's BSN applications also reached a ten-year high of 26,492 in 2019-20. This is a 24.2% increase from 2018-19, and an increase of 138.7% from 2010-11. The number of ELM applications in 2019-20 *decreased* by 12.9% from last year's ten-year high of 3,444.

Even in periods of decline, as in 2014-15 and 2015-16, nursing programs continue to receive more applications requesting entrance into their programs than can be accommodated. Since that time, the number of applications has grown and the percent of qualified applications not enrolled has grown. Because 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

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019¥	2019-2020**
Qualified applications*	**37,847**	**38,665**	**35,041**	**31,575**	**28,335**	**28,041**	**36,004**	**38,359**	**47,634**	**54,823**
ADN	24,722	23,913	19,979	16,682	15,988	16,332	18,190	21,619	22,852	25,330
BSN**	11,098	12,387	12,476	12,695	10,196	9,735	15,325	13,705	21,338	26,492
ELM	2,027	2,365	2,586	2,198	2,151	1,974	2,489	3,035	3,444	3,001
% Qualified applications *not* enrolled	**63.2%**	**64.6%**	**62.4%**	**58.1%**	**53.0%**	**53.0%**	**62.2%**	**63.1%**	**68.2%**	**72.6%**

*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.
**2019-20 totals include last year's values for one large BSN program that did not report new enrollments, application breakdowns, or new enrollments this year.
¥ 2018-19 % of qualified applications not enrolled was updated in 2019-20 to reflect a correction by one BSN program.
Note: All items that reference ADN program data include both generic ADN and LVN-to-ADN programs.

In 2019-20, at least 15,002 new students enrolled in registered nursing programs. One major BSN program did not report enrollment numbers this year, so this table uses as a proxy last year's enrollment numbers for that college.

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

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
New student enrollments	**13,939**	**13,677**	**13,181**	**13,226**	**13,318**	**13,152**	**13,597**	**14,154**	**15,148**	**15,002**
ADN*	7,688	7,411	7,146	7,135	6,914	6,794	7,004	7,017	7,014	6,852
BSN	5,342	5,445	5,185	5,284	5,510	5,594	5,790	6,310	7,264	7,237
ELM	909	821	850	807	894	764	803	827	870	913
Private	4,773	4,795	4,715	4,982	5,309	5,164	5,767	6,203	7,045	7,450
Public	9,166	8,882	8,466	8,244	8,009	7,988	7,830	7,951	8,103	7,754

Notes: All items that reference ADN program data include both generic ADN and LVN-to-ADN programs.
In 2019-2020,

4) the public/private breakdown for 2012-13 through 2016-17 was revised.
5) 2018-19 enrollment numbers were updated to reflect a correction by one public BSN program.
6) 2015-16 through 2019-20 values were corrected to reflect changes from one private BSN program.
7) 2019-20 totals include last year's values for one large BSN program that did not report new enrollments or admission spaces this year.

Programs were asked to report if they have enrolled fewer students in this academic year than in the prior year. In 2019-20, 25.3% of programs (n=37) reported enrolling fewer students than in 2018-19. The proportion of programs reporting enrolling fewer students was more than twice that reported in 2018-19 (11.3%).

This year, because of the COVID-19 pandemic, programs were also asked if they had enrolled, and/or projected enrolling, fewer students in the current academic year (2020-21) than in 2019-20. 32.2% of programs (n=47) reported having enrolled, or expecting to enroll, fewer students in 2020-21.

ADN programs were particularly impacted in 2019-20, with 40.9% reporting that they had enrolled, or expected to enroll, fewer students in this academic year.

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

Type of Program	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
ADN programs enrolling fewer students	20	18	17	20	14	25	38
Number of ADN programs reporting	87	89	91	91	91	93	93
ADN**	**23.0%**	**20.2%**	**18.7%**	**22.0%**	**15.4%**	**26.9%**	**40.9%**
BSN programs enrolling fewer students	5	7	6	9	3	10	9
Number of BSN programs reporting	36	38	36	37	39	41	42
BSN	**13.9%**	**18.4%**	**16.7%**	**24.3%**	**7.7%**	**24.4%**	**21.4%**
ELM programs enrolling fewer students	6	4	2	3	1	2	0
Number of ELM programs reporting	16	14	13	12	12	12	12
ELM	**37.5%**	**28.6%**	**15.4%**	**25.0%**	**8.3%**	**16.7%**	**0.0%**
Programs enrolling fewer students	31	29	25	32	18	37	47
Number of programs reporting	139	140	140	140	142	146	146
Total	**22.3%**	**20.7%**	**17.9%**	**22.9%**	**12.7%**	**25.3%**	**32.2%**

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

The most common reason programs gave for enrolling fewer students in 2019-20 and 2020-21 was "unable to secure clinical placements". This is a distinct change from prior years when "accepted students did not enroll" was the most common reason. This answer is likely related to the COVID-19 pandemic.

This year, programs were also provided a number of answer categories related to COVID-19. A number of programs reported skipping or decreasing a cohort, and many recorded concerns about the safety of students and faculty in clinical rotations, due to the pandemic.

Table 8. Reasons for Enrolling Fewer Students by Academic Year

	Percent of Programs & Number of Responses						
	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
Accepted students did not enroll	45.2%	41.4%	56.0%	53.1%	50.0%	32.4%	9.6%
	14	12	14	17	8	12	5
Unable to secure clinical placements for all students	16.1%	10.3%	28.0%	25.0%	37.5%	43.2%	75.5%
	5	3	7	8	6	16	40
Other	12.9%	17.2%	24.0%	21.9%	25.0%	18.9%	20.8%
	4	5	6	7	4	7	11
College/university requirement to reduce enrollment*	16.1%	27.6%	12.0%	9.4%	0.0%	2.7%	3.8%
	5	8	3	3	0	1	2
Lost funding	19.4%	17.2%	8.0%	3.1%	0.0%	0.0%	0.0%
	6	5	2	1	0	0	0
Insufficient faculty	16.1%	13.8%	8.0%	3.1%	0.0%	10.8%	15.4%
	5	4	2	1	0	4	8
To reduce costs	16.1%	3.4%	0.0%	3.1%	0.0%	0.0%	3.8%
	5	1	0	1	0	0	2
Lack of qualified applicants	9.7%	0.0%	8.0%	0.0%	0.0%	0.0%	1.9%
	3	0	2	0	0	0	1
Program discontinued	9.7%	3.4%	0.0%	0.0%	0.0%	0.0%	0.0%
	3	1	0	0	0	0	0
COVID-19 related reasons							
Skipped a cohort	-	-	-	-	-	13.5%	32.7%
	-	-	-	-	-	5	17
Decreased an admission cohort	-	-	-	-	-	10.8%	50.9%
	-	-	-	-	-	4	27
Concerns about safety of students in clinical rotations	-	-	-	-	-	5.4%	32.1%
	-	-	-	-	-	2	17
Concerns about safety of faculty in clinical rotations	-	-	-	-	-	5.4%	30.8%
	-	-	-	-	-	2	16
Challenges converting courses from in-person to online modalities	-	-	-	-	-	2.7%	19.2%
	-	-	-	-	-	1	10
Challenges converting clinicals to virtual simulation	-	-	-	-	-	0.0%	19.2%
	-	-	-	-	-	0	10
Challenges converting clinicals to in-person simulation	-	-	-	-	-	2.7%	17.3%
	-	-	-	-	-	1	9
Number of programs reporting	**31**	**29**	**25**	**32**	**16**	**37**	**53**

Student Census Data

On October 15th, 2020, the total number of students enrolled in California pre-licensure nursing programs was approximately 28,265. This appears to be a 1.3% increase from the enrollment of 27,903 in the previous year. One major BSN program did not report student census data this year and we have used last year's census numbers for that program in this table. Between 2019 and 2020, the ADN census decreased by 3.1% (n= -355) and the ELM census increased by 10.8% (n= 145). The BSN census increased by an estimated 3.8% (n=572), but this increase may be more or less depending on the true census of the missing BSN program.

In the past ten years, the proportion of students in each type of program has shifted. The proportion of BSN students has steadily increased and the proportion of ADN students has decreased. However, it is difficult to make comparisons this year due to the missing data for the one BSN program. If that program had the same census as it had in 2019, we would see an increase in the percent of students that were pursuing a BSN degree.

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

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
ADN*	13,041	11,860	12,070	11,502	12,027	11,508	11,965	11,959	11,593	11,238
	49.2%	*46.0%*	*45.8%*	*46.0%*	*46.6%*	*44.8%*	*45.9%*	*44.0%*	*41.5%*	*39.8%*
BSN**	11,712	12,248	12,453	12,008	12,332	12,846	12,680	13,788	14,968	15,540
	44.1%	*47.5%*	*47.3%*	*48.1%*	*47.8%*	*50.0%*	*48.6%*	*50.8%*	*53.6%*	*55.0%*
ELM	1,778	1,682	1,808	1,473	1,455	1,317	1,436	1,415	1,342	1,487
	6.7%	*6.5%*	*6.9%*	*5.9%*	*5.6%*	*5.1%*	*5.5%*	*5.2%*	*4.8%*	*5.3%*
Total nursing students	**26,531**	**25,790**	**26,331**	**24,983**	**25,814**	**25,671**	**26,081**	**27,162**	**27,903**	**28,265**

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.
**2019-20 totals include last year's values for one large BSN program that did not report new enrollments or admission spaces this year.

Student Completions

The number of students completing California nursing programs increased by 19.3% (n=2,061) over the last ten years, rising from 10,653 in 2010-11 to 12,714 in 2019-20. ELM completions increased from 717 to 769 (7.3%) over this period, and BSN completions increased from 3,330 to 6,094 (83.0%). ADN completions *decreased* 11.4% from 6,606 in 2010-11 to 5,851 in 2019-20.

In 2019-20, ADN graduates represented less than half of all students completing a pre-licensure nursing program in California (46.0%, n=5,851). BSN graduates represented 47.9% (n=6,094) and ELM graduates represented 6.0% (n=769) of all completions.

Table 10. Student Completions by Program Type by Academic Year

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
ADN*	6,606	6,162	6,164	5,916	5,542	5,671	5,981	5,844	5,888	5,851
BSN	3,330	3,896	4,364	4,606	4,860	4,868	4,666	5,224	5,354	6,094
ELM	717	756	764	769	717	652	655	822	615	769
Total student completions	**10,653**	**10,814**	**11,292**	**11,291**	**11,119**	**11,191**	**11,302**	**11,890**	**11,857**	**12,714**

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

Completion and Attrition Rates

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 13,984 reported students scheduled to complete a nursing program in the 2019-20 academic year, 84.9% (n=11,869) completed the program on time, 6.8% (n=948) were still enrolled in the program, and 8.3% (n=1,167) left the program. Of those who left program, 46.6% (n=543) had been dismissed and 53.4% (n=618) had dropped out.

The on-time completion rate has fluctuated over the last decade, reaching a ten-year high of 84.9% in 2019-20. The attrition rate has declined over the last ten years from 14.6% in 2010-11 to 8.3% in 2019-20, which was a ten-year low.

Table 11. Student Completion and Attrition by Academic Year

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Students scheduled to complete the program	**11,123**	**10,800**	**12,493**	**11,791**	**11,692**	**11,335**	**12,658**	**13,405**	**14,979**	**13,984**
Completed on time	8,776	8,752	10,280	9,743	9,587	9,002	10,378	10,718	12,504	11,869
Still enrolled	721	590	758	651	563	893	901	1,395	891	948
Total attrition	**1,626**	**1,458**	**1,455**	**1,397**	**1,542**	**1,440**	**1,379**	**1,292**	**1,584**	**1,167**
Attrition-dropped out	-	-	-	-	*820*	*612*	*658*	*573*	*799*	*623*
Attrition-dismissed	-	-	-	-	*689*	*815*	*710*	*711*	*779*	*543*
Completed late‡	509	432	578	1,003	820	409	961	1,003	*794*	848
On-time completion rate*	**78.9%**	**81.0%**	**82.3%**	**82.6%**	**82.0%**	**79.4%**	**82.0%**	**80.0%**	**83.5%**	**84.9%**
Attrition rate**	**14.6%**	**13.5%**	**11.6%**	**11.8%**	**13.2%**	**12.7%**	**10.9%**	**9.6%**	**10.6%**	**8.3%**
% Still enrolled	**6.5%**	**5.5%**	**6.1%**	**5.5%**	**4.8%**	**79.4%**	**82.0%**	**80.0%**	**83.5%**	**84.9%**

‡ 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 2015-16, data for traditional and accelerated programs were combined beginning with 2010-11. 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 2010-11 to 2014-15. Starting in 2016-17, 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 2020 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 7.9%. ADN programs have seen steady improvement in their average attrition rates, declining from a ten-year high of 18.0% in 2010-11 to a ten-year low of 8.9% in 2019-20. Attrition rates for BSN programs have varied over the last decade from a low of 8.1% in 2011-12 to a high of 11.4% in 2015-16. Attrition rates in public programs have been higher than attrition rates in private programs over most of the last ten years. However, this gap has narrowed recently due to decreases in public program attrition rates. In 2019-20, the private school program attrition rate was *higher* than the public school program attrition rate—8.8% compared to an 7.9% attrition rate for public school programs.

Table 12. Attrition Rates by Program Type by Academic Year

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017*	2017-2018	2018-2019	2019-2020
ADN*	18.0%	17.6%	14.4%	15.5%	16.2%	14.3%	12.4%	11.3%	10.7%	8.9%
BSN	9.7%	8.1%	8.3%	8.7%	10.5%	11.7%	9.2%	8.4%	11.2%	8.3%
ELM	7.9%	6.7%	4.1%	3.4%	7.7%	4.4%	7.3%	3.0%	3.0%	3.8%
Private	11.4%	8.9%	9.3%	9.4%	12.3%	13.9%	10.5%	8.7%	12.1%	8.9%
Public	15.7%	15.2%	12.6%	13.2%	13.7%	12.0%	11.2%	10.2%	9.4%	7.9%

Note: Data for traditional and accelerated program tracks is combined in this table. Starting in 2016-17, data for LVN-to-ADN students *within* generic programs have been added to the totals for ADN students.
*2016-17 attrition rates were revised in 2020 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 2019-20, Native American students had the lowest attrition rate (4.8%) and also the lowest on-time completion rate (52.1%) due to the number of students still enrolled. African American students had the highest attrition rate (10.4%). White students had the highest on-time completion rate (88.6%). Over the last three years, on-time completion rates appear to have improved for African American, Asian, and Hispanic students.

Table 13. Completion and Attrition Data by Race and Ethnicity, 2019-20

	Native American	Asian	African American	Filipino¥	Hispanic	White	Other	Unknown
Students scheduled to complete the program	332	2,915	587	790	3,315	4,076	795	1,174
Completed On-time	173	2,502	484	650	2,774	3,611	681	994
Still enrolled	143	153	42	66	258	185	49	52
Total attrition	**16**	**260**	**61**	**74**	**283**	**280**	**65**	**128**
Dropped Out	*4*	*126*	*22*	*36*	*149*	*172*	*31*	*83*
Dismissed	*12*	*134*	*39*	*38*	*134*	*108*	*34*	*45*
Completed late*	9	129	71	91	201	181	27	43
On-time Completion Rate**	52.1%	85.8%	82.5%	82.3%	83.7%	88.6%	85.7%	84.7%
Attrition rate***	4.8%	8.9%	10.4%	9.4%	8.5%	6.9%	8.2%	10.9%

*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
¥Filipino is broken out from Asian/Pacific Islander due to the large number of RN candidates in that category.

Figure 1. Completion and Attrition Data by Race and Ethnicity, 2017-18 to 2019-20
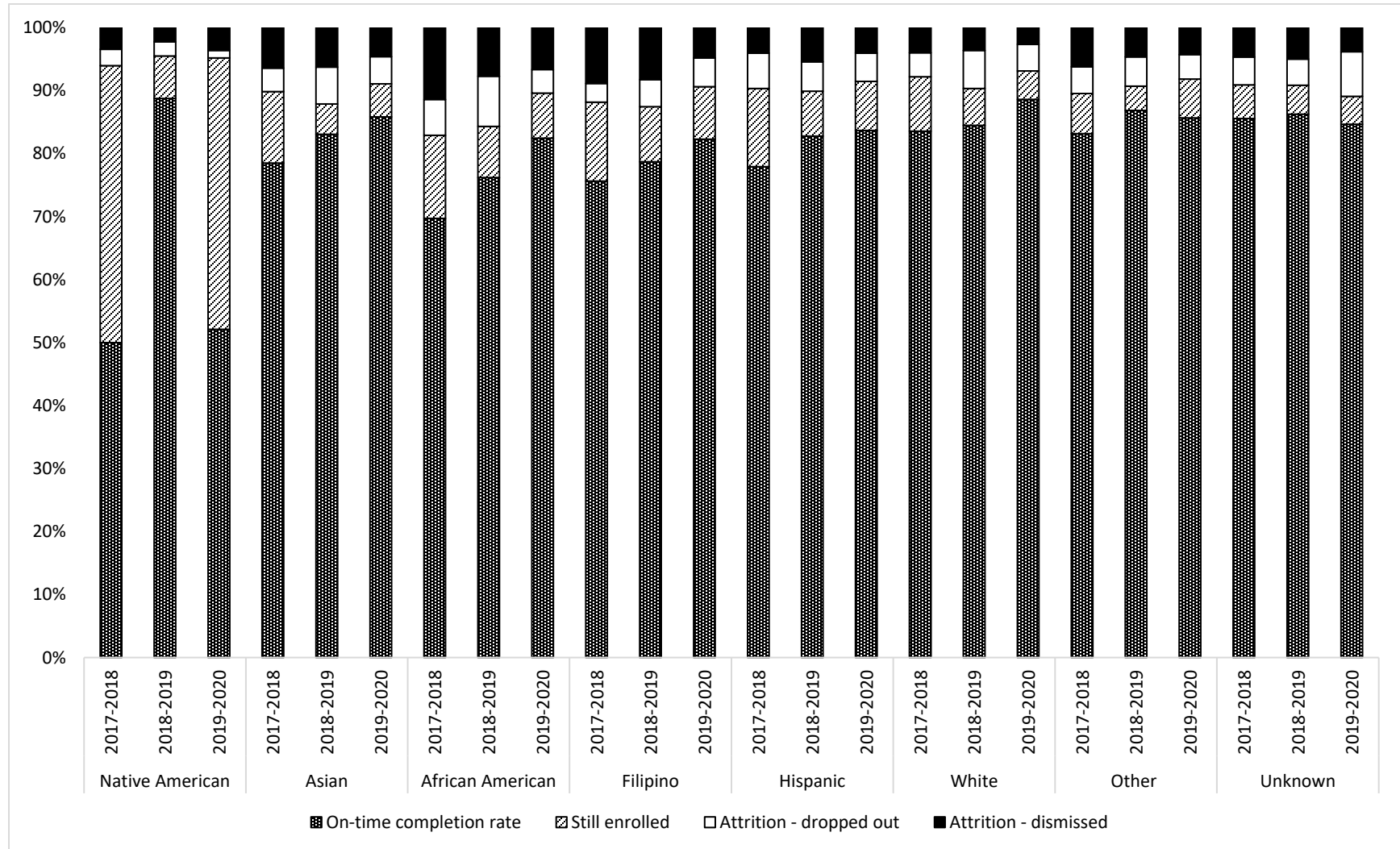
NCLEX Pass Rates

NCLEX (National Council Licensure Examination) pass rates for all types of RN programs in California have risen steadily since hitting a ten-year low in 2013-14. The NCLEX passing standard was raised in April 2013, which may explain the dip in pass rates in that year.[3] In 2019-20, pass rates have since risen to over 90% for all program types.

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

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
ADN	87.4% (6,248)	89.8% (5,493)	88.8% (5,310)	83.1% (4,568)	84.3% (4,687)	86.0% (4,938)	87.8% (5,210)	90.0% (5,162)	91.3% (5,878)	91.6% (5,370)
BSN	87.9% (2,984)	88.7% (3,298)	87.1% (3,660)	82.3% (3,076)	84.4% (3,499)	88.2% (4,268)	91.6% (4,544)	91.9% (4,719)	91.6% (5,539)	91.6% (5,059)
ELM	88.2% (516)	88.9% (505)	91.8% (473)	81.9% (466)	80.7% (551)	84.1% (403)	89.9% (250)	88.5% (896)	89.5% (582)	93.4% (590)
Number of programs reporting	135	137	137	135	135	135	129	134	137	137

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 2019-20, students who graduated from accelerated BSN and ELM programs had slightly *higher* average pass rates, and students from accelerated ADN programs had slightly *lower* average pass rates than their traditional counterparts.

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

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
ADN	83.9% (182)	85.8% (230)	93.5% (43)	68.8% (77)	95.5% (42)	73.0% (108)	68.9% (93)	87.6% (296)	82.3% (261)	89.9% (222)
BSN	90.0% (499)	95.9% (835)	83.9% (917)	81.9% (1,078)	95.2% (565)	91.4% (427)	90.5% (2,032)	90.5% (573)	92.7% (2,040)	94.3% (3,535)
ELM	-	-	-	-	90.0% (199)	83.6% (240)	95.2% (60)	90.8% (118)	92.3% (241)	93.9% (226)
Number of programs reporting	13	19	16	16	12	14	19	16	18	27

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.

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[3] For more information on this change, see: Talking Points Pertaining to the 2013 NCLEX-RN® Passing Standard (New Mexico Board of Nursing), https://nmbon.sks.com/uploads/files/2013%20NCLEX-RN%20passing%20standard%20talking%20points.pdf. For more description on how passing standards are set, see National Council of State Boards of Nursing (NCSBN) website: https://www.ncsbn.org/2630.htm

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. The share of new graduates working in nursing in California risen from over the last ten years from 70.0%% in 2010-11 to a high of 83%% in 2017-18 and stayed at this level through 2019-20.

Figure 2. Percent of Recent Nursing Program Graduates Employed in California by Academic Year
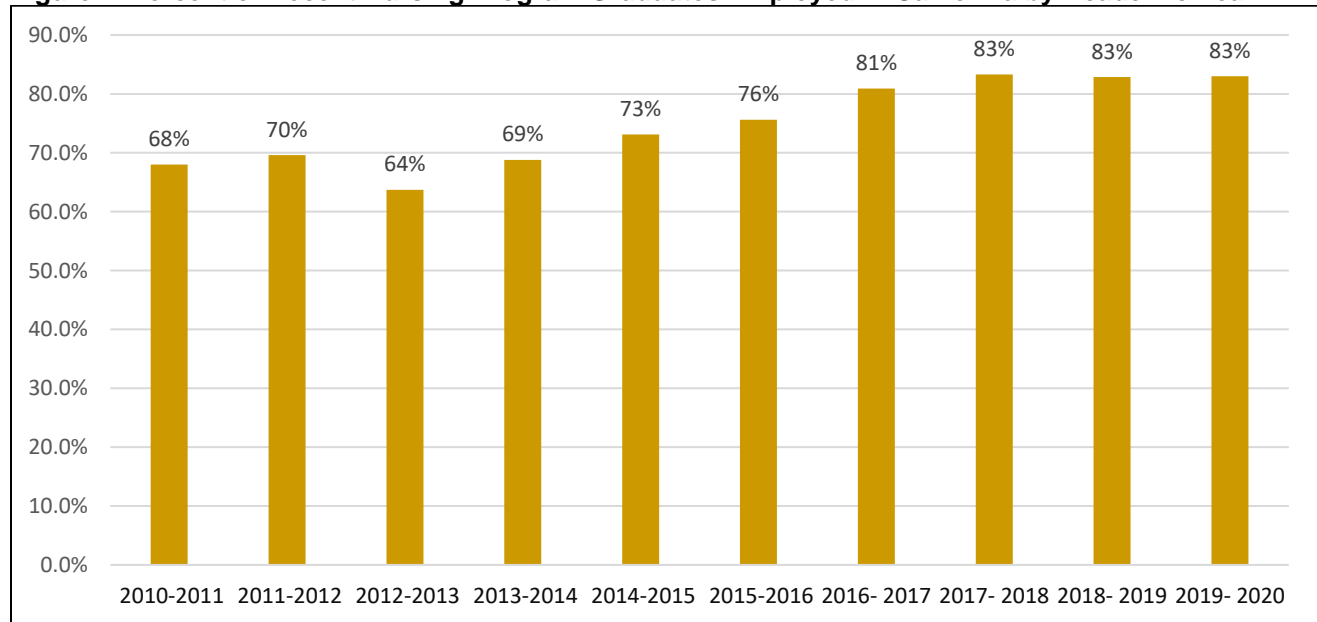
Table 16. Percent of Recent Nursing Program Graduates Employed in California by Academic Year

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Employed in California*	68.0%	69.6%	63.7%	68.8%	73.1%	75.6%	80.9%	83.2%	82.9%	83.0%
Number of programs reporting	**112**	**125**	**127**	**128**	**119**	**118**	**119**	**127**	**125**	**126**

*Percentages are derived from an average of percentages provided by respondents.

Nursing programs report that the largest share of RN program graduates works in hospitals. While this share has fluctuated over the last ten years, hospitals remain the primary reported employer of new graduates. In 2019-20, 59.4% of graduates were reportedly employed in hospitals. Nursing programs reported that 9.9% of their graduates were not yet licensed, 7.7% (total) were participating in a paid or unpaid new graduate residency, and 5.9% were working in long-term care facilities. 3.3% of new graduates were unable to find employment by October 2020, a figure that has declined since 2010-11, when 23.8% of new graduates were reportedly unable to find employment.

Respondents who selected the category "other" from 2016-17 on were prompted to describe other employment locations where their graduates work. Other employment locations written in by respondents over the years have included corrections, community clinics, laser therapy, deployed, cosmetic surgery center, consulting services, laboratory, and staying at home with children.

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

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Hospital	62.9%	61.1%	56.7%	56.0%	58.3%	59.2%	61.1%	63.0%	58.6%	59.4%
Not yet licensed	-	-	-	-	-	10.6%	10.2%	7.2%	4.6%	9.9%
Pursuing additional nursing education^T	-	-	7.1%	10.5%	11.4%	11.0%	10.3%	12.0%	9.1%	7.5%
Long-term care facilities	9.6%	8.3%	7.9%	7.1%	7.9%	4.6%	5.2%	6.3%	6.7%	5.9%
Participating in a new graduate residency (paid)	-	-	-	-	-	-	-	-	7.5%	5.7%
Other healthcare facilities	6.0%	5.2%	4.7%	6.0%	4.4%	3.5%	4.6%	5.3%	5.2%	3.5%
Community/public health facilities	5.4%	3.6%	3.6%	3.7%	4.2%	2.6%	2.6%	3.0%	3.0%	3.4%
Unable to find employment*	23.8%	17.6%	18.3%	13.7%	9.5%	5.5%	4.2%	2.4%	3.9%	3.3%
Other	7.3%	4.2%	1.7%	3.4%	4.9%	3.2%	2.0%	0.8%	0.9%	1.1%
Participating in a new graduate residency (unpaid)	-	-	-	-	-	-	-	-	0.1%	0.2%
Employed in California	**68.0%**	**69.6%**	**63.7%**	**68.8%**	**73.1%**	**75.6%**	**80.8%**	**83.2%**	**82.9%**	**83.0%**

Notes:
Blank cells indicate that the applicable information was not requested in that year.
Graduates whose employment setting was reported as "unknown" have been excluded from this table. In 2019-20, on average, the employment setting was unknown for 12% of recent graduates.
Percentages are derived from an average of percentages provided by respondents.

Hospitals were reported as the employment setting of the largest shares of recent graduates from all prelicensure programs. In 2019-20, BSN programs reported the largest average share of recent graduates employed in hospitals (65.2%), followed by ELM programs (61.4%), and by ADN programs (57.0%).

In 2019-20, after hospital employment, the largest proportion (10.2%) of ADN graduates were pursuing additional education, followed by "not yet licensed" (9.5%). The largest proportion of BSN graduates (after hospital employment) were "not yet licensed" (7.8%), followed by participating in a graduate residency (7.5%). The largest proportion of ELM graduates (after hospital employment) were "not yet licensed" (22.0%), followed by pursuing additional nursing education (5.2%).

The proportion of BSN and ELM students pursuing additional nursing education was much lower in 2018-19 and 2019-20, possibly because the categories "participating in a new graduate residency (paid)" and "participating in a new graduate residency (unpaid)", were added.

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	2018-2019	2019-2020
Hospital	51.3%	54.7%	58.6%	59.1%	57.3%	57.0%
Long-term care facilities	10.3%	5.6%	6.3%	7.7%	9.0%	7.6%
Community/ public health facilities	4.1%	2.4%	3.0%	2.9%	3.0%	3.2%
Other healthcare facilities	4.8%	4.2%	5.6%	6.4%	6.3%	3.5%
Pursuing additional nursing education	12.9%	12.6%	11.7%	12.5%	11.8%	10.2%
Participating in a new graduate residency (paid)	-	-	-	-	4.7%	5.3%
Participating in a new graduate residency (unpaid)	-	-	-	-	0.1%	0.3%
Unable to find employment	11.9%	6.0%	5.2%	2.5%	3.8%	2.6%
Not yet licensed	-	10.1%	8.6%	8.4%	3.9%	9.5%
Other	5.6%	4.6%	1.2%	0.6%	0.8%	1.0%
BSN Programs	**2014-2015**	**2015-2016**	**2016-2017**	**2017-2018**	**2018-2019**	**2019-2020**
Hospital	79.4%	72.2%	72.6%	76.1%	64.1%	65.2%
Long-term care facilities	4.4%	2.4%	3.8%	3.8%	2.7%	3.2%
Community/ public health facilities	3.4%	2.9%	1.9%	3.1%	2.9%	4.3%
Other healthcare facilities	2.5%	2.1%	3.3%	2.7%	3.4%	4.5%
Pursuing additional nursing education	2.0%	2.4%	2.3%	5.5%	0.9%	1.5%
Participating in a new graduate residency (paid)	.	.	.	.	15.6%	7.5%
Participating in a new graduate residency (unpaid)	.	.	.	.	0.1%	0.0%
Unable to find employment	3.8%	4.8%	2.1%	2.5%	4.9%	5.3%
Not yet licensed	.	13.0%	10.4%	5.5%	4.2%	7.8%
Other	4.7%	0.1%	3.7%	0.7%	1.1%	0.8%

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

ELM Programs	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Hospital	55.6%	53.3%	45.5%	54.6%	58.3%	61.4%
Long-term care facilities	1.5%	1.8%	0.1%	2.1%	0.9%	0.2%
Community/ public health facilities	6.0%	3.8%	1.1%	4.4%	3.4%	1.2%
Other healthcare facilities	5.5%	0.9%	0.4%	3.8%	2.3%	0.7%
Pursuing additional nursing education	21.8%	29.7%	23.8%	28.2%	12.7%	5.2%
Participating in a new graduate residency (paid)	-	-	-	-	6.5%	3.1%
Participating in a new graduate residency (unpaid)	-	-	-	-	0.0%	0.0%
Unable to find employment	8.2%	3.7%	2.1%	1.9%	2.1%	2.4%
Not yet licensed	-	5.2%	23.9%	2.5%	12.7%	22.0%
Other	1.4%	1.9%	3.1%	2.5%	1.1%	3.8%

Statistics on the percent of graduates employed in California were collected at the school level only.
Blank cells indicate that the applicable information was not requested in that year.
Percentages are derived from an average of percentages provided by respondents. *The percentages for ADN paid and unpaid residencies were transposed in 2018-19 and have been corrected.

Clinical Space & Clinical Practice Restrictions[4]

The number of California nursing programs reporting they were denied access to a clinical placement, unit, or shift increased from 70 programs in 2018-19 to 125 programs in 2019-20. Due to the advent of the COVID-19 pandemic in February 2020, the number of placements, units and shifts lost and number of students affected are reported for both the period *before* the pandemic started, and *after* it started. After the start of the pandemic, a very large number of placements, units, and shifts were lost (3,655), and a large number of students were displaced from those shifts (22,415).

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	2018-2019	2019-2020
# of programs denied a clinical placement, unit or shift	65.5% (93)	60.7% (85)	62.9% (90)	57.4% (81)	51.9% (70)	43.5% (60)	54.6% (77)	53.6% (75)	49.6% (70)	85.6% (125)
Programs offered alternative by site*	-	-	-	-	17.8% (24)	18.8% (26)	22.0% (31)	23.6% (33)	19.1% (27)	17.1% (25)
Programs reporting	**142**	**140**	**143**	**141**	**135**	**138**	**141**	**140**	**141**	**146**
# of placements, units or shifts lost*	-	-	-	-	272	213	302	367	287	226 *3,655*
# of students affected	2,190	1,006	2,368	2,195	2,145	1,278	2,147	2,366	2,271	1,080 *22,415*

*Significant changes to these questions beginning in 2014-15 prevent comparison of the data to prior years.
Note: italicized numbers in 2019-20 indicate post-pandemic numbers of placements lost and students affected.

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[4] Some of these data were collected for the first time in 2009-10. However, changes in these questions for 2010-11 and later administrations of the survey prevent comparability of some of the data. Therefore, data prior to 2010-11 may not be shown.

In the 2019-20 survey, 110 of 147 programs (74.8%) reported that there were fewer students allowed for a clinical placement, unit, or shift in this year than in the prior year. This is much higher than last year, when 43.0% of programs reported fewer students allowed for a clinical placement, unit, or shift. Because of the COVID-19 pandemic, many clinical sites could no longer take students or they reduced the number of students that could be accommodated.

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

	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
ADN programs reporting fewer students	**34.4%**	**41.6%**	**39.6%**	**39.1%**	**39.6%**	**74.2%**
Number of ADN programs reporting fewer students	31	37	36	36	36	69
Total number of ADN programs	90	89	91	92	91	93
BSN programs reporting fewer students	**50.0%**	**57.9%**	**48.6%**	**48.6%**	**48.7%**	**73.8%**
Number of BSN programs reporting fewer students	18	22	18	18	19	31
Total number of BSN programs	36	38	37	37	39	42
ELM programs reporting fewer students	**56.3%**	**42.9%**	**46.2%**	**58.3%**	**50.0%**	**83.3%**
Number of ELM programs reporting fewer students	9	6	6	7	6	10
Total number of ELM programs	16	14	13	12	12	12
All nursing programs reporting fewer students	**40.8%**	**46.1%**	**42.6%**	**43.3%**	**43.0%**	**74.8%**
Number of nursing programs reporting fewer students	58	65	60	61	61	110
Total nursing programs	142	141	141	141	142	147

Every year, programs are asked about the reasons for clinical space being denied. In 2019-20, several answer categories were added to capture the impact of the COVID-19 pandemic on nursing programs. This year, "lack of PPE due to COVID-19" was the most commonly mentioned reason for clinical space being unavailable (79.2%, n=95), followed by staff nurse overload or insufficient qualified staff due to COVID-19 (73.3%, n=88), followed by change in site infection protocols due to COVID-19 (69.2%, n=83).Only four programs (3.3%) reported being denied a space due to another RN program offering to pay a fee for the placement. (See Table 21 and Table 22, next page.)

Respondents also provided write-in responses to this question. While these varied over the past ten years, the top responses included reasons such as move, remodel or "new facility" (n=11) ; clinical site expressing a preference for a particular type of student (BSN only, no ELM or ADN students, students from public programs only, local students only, or students from particular schools preferred) (n=16); no reason was given for the denial (n=13); or that another program was given priority because it was paying a fee (n=10). These data should be interpreted with care as the same schools often repeat the same reason across programs and years.

In 2019-20, "other" reasons included mention that hospitals were not accepting students at all or requiring fewer students in clinicals due to COVID-19 (8 mentions), and other reasons related to COVID-19 such as "facilities requesting smaller group size", "stay at home policies". Other issues included, "contract not renewed due to legal issues", "only wanted most senior nursing students", and "unaffordable for students and program to pay for MyCE clinical platform."

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

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Lack of PPE due to COVID-19	-	-	-	-	-	-	-	-	-	79.2%
Staff nurse overload or insufficient qualified staff due to COVID-19	-	-	-	-	-	-	-	-	-	73.3%
Change in site infection control protocols due to COVID-19	-	-	-	-	-	-	-	-	-	69.2%
Site closure or decreased services due to COVID-19	-	-	-	-	-	-	-	-	-	65.8%
Decrease in patient census due to COVID-19	-	-	-	-	-	-	-	-	-	43.3%
Competition for clinical space due to increase in number of nursing students in region	64.5%	58.8%	54.4%	46.9%	48.7%	48.3%	49.4%	52.7%	43.5%	30.0%
Closure, or partial closure, of clinical facility	24.7%	25.9%	26.7%	25.9%	18.4%	28.3%	18.2%	23.0%	18.8%	22.5%
Displaced by another program	40.9%	44.7%	42.2%	43.2%	39.5%	35.0%	50.6%	50.0%	43.5%	21.7%
Staff nurse overload or insufficient qualified staff NOT due to COVID-19	46.2%	54.1%	41.1%	45.7%	38.2%	33.3%	51.9%	63.5%	50.7%	17.5%
Other	8.6%	10.6%	10.0%	11.1%	17.1%	6.7%	11.7%	14.9%	14.5%	17.5%
Visit from Joint Commission or other accrediting agency	-	-	21.1%	22.2%	26.3%	23.3%	33.8%	29.7%	23.2%	12.5%
No longer accepting ADN students*	16.1%	21.2%	20.0%	23.5%	21.1%	23.3%	27.3%	23.0%	21.7%	12.5%
Decrease in patient census	30.1%	31.8%	30.0%	28.4%	25.0%	21.7%	18.2%	24.3%	17.4%	9.2%
Clinical facility seeking magnet status	12.9%	18.8%	15.6%	11.1%	17.1%	18.3%	15.6%	13.5%	14.5%	9.2%
Implementation of Electronic Health Records system	-	3.5%	32.2%	23.5%	13.2%	10.0%	13.0%	17.6%	20.3%	8.3%
Change in facility ownership/management	11.8%	12.9%	21.1%	14.8%	21.1%	18.3%	24.7%	14.9%	18.8%	8.3%
Nurse residency programs	18.3%	29.4%	17.8%	18.5%	18.4%	26.7%	26.0%	24.3%	26.1%	6.7%
Other clinical facility business needs/changes in policy	-	-	-	-	-	-	20.8%	9.5%	24.6%	4.2%
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%	1.4%	3.3%
Number of programs that reported	**93**	**85**	**90**	**81**	**76**	**60**	**77**	**74**	**69**	**120**

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

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

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Lack of PPE due to COVID-19	-	-	-	-	-	-	-	-	-	95
Staff nurse overload or insufficient qualified staff due to COVID-19	-	-	-	-	-	-	-	-	-	88
Change in site infection control protocols due to COVID-19	-	-	-	-	-	-	-	-	-	83
Site closure or decreased services due to COVID-19	-	-	-	-	-	-	-	-	-	79
Decrease in patient census due to COVID-19	-	-	-	-	-	-	-	-	-	52
Competition for clinical space due to increase in number of nursing students in region	60	50	49	38	37	29	38	39	30	36
Closure, or partial closure, of clinical facility	23	22	24	21	14	17	14	17	13	27
Displaced by another program	38	38	38	35	30	21	39	37	30	26
Staff nurse overload or insufficient qualified staff NOT due to COVID-19	43	46	37	37	29	20	40	47	35	21
Other	8	9	9	9	13	4	9	11	10	21
Visit from Joint Commission or other accrediting agency	-	-	19	18	20	14	26	22	16	15
No longer accepting ADN students*	15	18	18	19	16	14	21	17	15	15
Decrease in patient census	28	27	27	23	19	13	14	18	12	11
Clinical facility seeking magnet status	12	16	14	9	13	11	12	10	10	11
Implementation of Electronic Health Records system	-	3	29	19	10	6	10	13	14	10
Change in facility ownership/management	11	11	19	12	16	11	19	11	13	10
Nurse residency programs	17	25	16	15	14	16	20	18	18	8
Other clinical facility business needs/changes in policy	-	-	-	-	-	-	-	-	17	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	1	1	1	1	1	4
Number of programs that reported	**92**	**85**	**88**	**80**	**76**	**60**	**77**	**74**	**69**	**120**

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

In a separate question, programs were asked to report on whether they provide financial support to secure a clinical placement. 2019-20 marked the second largest number (7.6%, n=11) of programs reporting doing so since this question was first asked in 2013-14.

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	2018-2019	2019-2020
Number providing financial support to secure a clinical placement	-	-	-	1	9	3	10	7	12	11
Percent providing financial support to secure a clinical placement	-	-	-	0.8%	6.6%	2.2%	7.1%	5.0%	8.5%	7.6%
Number of programs reporting	**-**	**-**	**-**	**123**	**137**	**139**	**141**	**140**	**142**	**144**

Programs that lost access to clinical space were asked to report on the strategies used to cover the lost placements, units, or shifts. In 2019-20, prior to the start of the pandemic, most programs reported that the lost space was replaced at a different site currently being used by the program (61.1%, n=33), followed by replacing the lost space at the same clinical site (46.3%, n=25).

After the pandemic started, many schools reported losing clinical placements and the most common strategy to replace them was clinical simulation (87.8%, n=108). Twenty-nine percent (29.3%, n=36) reported reducing student admissions—which is a marked contrast to prior years.

Respondents also provided write-in responses to this question. Some of the most common have included: increased clinical section sizes to absorb the students who did not have a placement; 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; reducing number of students per clinical group, and moving to another site.

In 2019-20, other strategies included use of telehealth/telenursing (7 mentions), delaying the start of a cohort or discontinuing classes (10 mentions), virtual simulation (3 mentions), and "reduced curriculum units via BRN approval to complete hours and extended first year students to summer to complete clinical".

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	2018-2019	Before COVID-19 2019-2020	After COVID-19 2019-2020*
Clinical simulation	29.4%	34.4%	32.1%	37.8%	30.5%	40.8%	43.2%	45.6%	33.3%	87.8%
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%	79.4%	61.1%	65.0%
Added/replaced lost space with new site	48.2%	53.3%	56.8%	48.6%	44.1%	55.3%	60.8%	55.9%	40.7%	60.2%
Replaced lost space at same clinical site	47.1%	38.9%	45.7%	32.4%	32.2%	35.5%	43.2%	33.8%	46.3%	32.5%
Reduced student admissions	8.2%	2.2%	7.4%	1.4%	5.1%	9.2%	8.1%	11.8%	1.9%	29.3%
Other	9.4%	4.4%	1.2%	8.1%	3.4%	7.9%	4.1%	5.9%	1.9%	15.4%
Number of programs reporting	**85**	**90**	**81**	**74**	**59**	**76**	**74**	**68**	**54**	**123**

In 2019-20, eighty-nine (60.5%) nursing programs reported an increase from the previous year in out-of-hospital clinical placements. In 2019-20, the three most frequently reported non-hospital clinical sites were public health or community health agency (60.7%, n=54), outpatient mental health/ substance abuse (32.6%, n=29), and medical practice, clinic, physician office (30.3%, n=27).

Respondents also provided write-in responses suggesting other clinical sites. Over the years, these have included child-related facilities like childcare, pediatric clinics, Head Start, and summer camps (n=31), senior facilities and long-term care (n=8), outpatient clinics (n=4). These numbers should be viewed with caution as they sometimes represent the same school giving the same answer over a number of years.

In 2019-20, alternative placements described by respondents included: telehealth (10 mentions), assisted living and senior centers (4 mentions), birthing center/classes (2 mentions), asthma van, pediatrics/after school programs/child development center (3 mentions), mental health, and "All fundamentals, per BRN NEC review of topical outlines, moved to Skills Lab".

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	2018-2019	2019-2020
Public health or community health agency	43.6%	51.8%	55.0%	53.7%	41.0%	51.2%	35.3%	39.6%	44.7%	60.7%
Outpatient mental health/substance abuse	36.4%	42.9%	20.0%	39.0%	28.2%	34.9%	31.4%	33.3%	21.3%	32.6%
Medical practice, clinic, physician office	23.6%	33.9%	22.5%	34.1%	30.8%	37.2%	31.4%	37.5%	34.0%	30.3%
School health service (K-12 or college)	30.9%	30.4%	22.5%	39.0%	38.5%	27.9%	25.5%	39.6%	36.2%	29.2%
Skilled nursing/rehabilitation facility	47.3%	46.4%	45.0%	43.9%	46.2%	32.6%	37.3%	41.7%	42.6%	24.7%
Home health agency/home health service	30.9%	32.1%	35.0%	29.3%	20.5%	41.9%	29.4%	29.2%	25.5%	24.7%
Other	14.5%	17.9%	17.5%	12.2%	12.8%	16.3%	23.5%	12.5%	12.8%	24.7%
Hospice	25.5%	25.0%	27.5%	29.3%	23.1%	25.6%	21.6%	20.8%	23.4%	23.6%
Surgery center/ambulatory care center	20.0%	23.2%	30.0%	19.5%	28.2%	25.6%	35.3%	29.2%	25.5%	19.1%
Case management/disease management	7.3%	12.5%	5.0%	12.2%	7.7%	16.3%	7.8%	8.3%	17.0%	18.0%
Urgent care, not hospital-based	9.1%	10.7%	5.0%	7.3%	7.7%	7.0%	9.8%	6.3%	14.9%	14.6%
Renal dialysis unit	12.7%	5.4%	5.0%	4.9%	5.1%	7.0%	5.9%	2.1%	4.3%	7.9%
Correctional facility, prison or jail	5.5%	7.1%	5.0%	7.3%	10.3%	9.3%	7.8%	10.4%	6.4%	4.5%
Occupational health or employee health service	5.5%	5.4%	0.0%	2.4%	0.0%	2.3%	2.0%	2.1%	4.3%	3.4%
Number of programs that reported	**55**	**56**	**40**	**41**	**39**	**43**	**51**	**48**	**47**	**89**

In 2019-20, 93.4% (n=128) 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 2019-20 were 1) "sites overall due to COVID-19" (89.8%, n=115), followed by "lack of access to specific units due to lack of PPE" (76.6%, n=98), "to the clinical site itself due to a visit from the Joint Commission or another accrediting agency" (65.6%, n=84), and inability to onboard or complete orientation of new cohort due to COVID-19 (63.3%, n=81). Schools reported that the least common types of restrictions students faced were direct communication with health care team members (17.2%, n=22) and other (10.9%, n=14).

Other types of restricted access mentioned in text comments over the years included: using an alternative site (n=7) such as "child development center", distribute hours or students differently (n=6) such as "remaining facilities absorbed the students", and alternative scheduling/curriculum (n=5) such as "12 hour shifts", and "seeking to reduce total number of clinical hours in program".

In 2019-20, due to COVID-19, many respondents noted delaying or canceling a cohort (n=10), using telehealth (n=9), and utilizing an alternative mode such as virtual simulation (n=2).

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

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Sites overall due to COVID-19	-	-	-	-	-	-	-	-	-	89.8%
Lack of access to specific units due to lack of PPE	-	-	-	-	-	-	-	-	-	76.6%
Clinical site due to visit from accrediting agency (Joint Commission)	71.0%	74.3%	77.9%	73.1%	68.8%	79.3%	75.8%	81.5%	91.3%	65.6%
Inability to onboard or complete orientation of new cohort due to COVID-19	-	-	-	-	-	-	-	-	-	63.3%
Automated medical supply cabinets	34.0%	35.6%	48.4%	45.2%	44.1%	55.4%	57.1%	54.3%	75.0%	53.9%
Bar coding medication administration	58.0%	68.3%	72.6%	58.1%	59.1%	69.0%	64.8%	66.3%	71.7%	51.6%
Electronic Medical Records	50.0%	66.3%	72.6%	66.7%	60.2%	61.9%	64.8%	62.0%	59.8%	43.0%
Student health and safety requirements	39.0%	43.6%	45.3%	43.0%	40.9%	43.4%	41.8%	34.8%	46.7%	33.6%
Some patients due to staff workload	31.0%	37.6%	30.5%	41.9%	30.1%	27.7%	37.4%	38.0%	43.5%	31.3%
Alternative setting due to liability	13.0%	22.8%	18.9%	18.3%	19.4%	19.3%	17.6%	18.5%	40.2%	28.9%
IV medication administration	31.0%	30.7%	24.2%	23.7%	26.9%	34.9%	29.7%	34.8%	39.1%	28.1%
Glucometers	33.0%	29.7%	36.8%	34.4%	31.2%	35.4%	36.3%	30.4%	34.8%	25.0%
Direct communication with health team	12.0%	15.8%	17.9%	10.8%	7.5%	8.5%	12.1%	10.9%	23.9%	17.2%
Other	-	-	-	-	-	-	-	-	-	10.9%
Number of schools reporting	**100**	**101**	**95**	**93**	**93**	**84**	**91**	**92**	**92**	**128**

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". Percentages are derived by dividing the total number of schools that rated each restriction "common" or "very common" by the total number of schools that answered any of these questions.

In 2019-20, schools reported that restricted student access to **electronic medical records** was primarily due to insufficient time for clinical site staff to train students (56.1%, n=55) and staff still learning and liability (51.9%, n=45).

Over the years, 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=25). Another common category was just general policy (n=9). In 2019-20, four respondents just noted "COVID-19" as a reason for restricted access.

Schools reported that students were restricted from using **medication administration systems** due primarily to liability (67.0%, n=61) and staff fatigue/ burnout (39.6%, n=36).

Some respondents who selected "other" reasons for restricted access to **medication administration systems** also provided write-in answers. For example, general policy was frequently noted with answers like "Certain Meds not allowed by Hospital" (n=20). Lack of access was also frequently cited (n=16) with comments like "Pyxis access not allowed", or "delayed access". The one difference was in the concern over error (n=4) with answers like "Students may make a mistake". In 2019-20, five respondents just wrote in "COVID-19".

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	2018-2019	2019-2020
Insufficient time to train students	60.7%	64.9%	81.2%	65.8%	63.9%	69.1%	56.1%
Liability	41.7%	36.4%	43.5%	52.6%	48.2%	48.1%	45.9%
Staff fatigue/burnout	31.0%	29.9%	34.8%	34.2%	47.0%	44.4%	36.7%
Staff still learning and unable to assure documentation standards are being met	59.5%	58.4%	56.5%	46.1%	49.4%	51.9%	35.7%
Cost for training	28.6%	6.5%	31.9%	26.3%	31.3%	27.2%	29.6%
Patient confidentiality	26.2%	22.1%	30.4%	27.6%	19.3%	24.7%	25.5%
Other	13.1%	6.5%	10.1%	7.9%	12.0%	8.6%	14.3%
Number of schools reporting	**84**	**77**	**69**	**76**	**83**	**81**	**98**
	Medication Administration						
	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Liability	50.0%	62.3%	68.3%	77.4%	74.4%	78.4%	67.0%
Staff fatigue/burnout	33.3%	24.6%	31.7%	29.8%	42.3%	36.5%	39.6%
Insufficient time to train students	39.4%	31.9%	39.7%	36.9%	42.3%	39.2%	34.1%
Staff still learning and unable to assure documentation standards are being met	27.3%	21.7%	23.8%	25.0%	21.8%	17.6%	25.3%
Cost for training	18.2%	20.3%	19.0%	13.1%	10.3%	13.5%	18.7%
Other	16.7%	5.8%	9.5%	13.1%	14.1%	9.5%	16.5%
Patient confidentiality	15.2%	7.2%	6.3%	6.0%	5.1%	4.1%	7.7%
Number of schools reporting	**66**	**69**	**63**	**84**	**78**	**74**	**91**

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=125). The most common approaches were providing training in the simulation lab (90.4%, n=113), purchasing practice software (71.2%=89), and training students in the classroom (63.2%, n=79).

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=14), various instructor-based workarounds like "Training instructors to access electronic medical records on student's behalf" and instructors training students in advance on campus in "boot camps" and other modes (n=11), utilizing the school's own EMR system and software (n=8), using computer-based software or other simulation practices like mock patients (n=16), scheduling strategies like "make-up days on breaks" (n=7), and paper charting (n=4). These numbers should be viewed with caution as they sometimes represent the same school giving the same answer over a number of years.

In 2019-20, "other" ways that schools compensate include: alternative practice sites (3 mentions), virtual simulation (4 mentions), telehealth (3 mentions), "students volunteering and shadowing RNs at the hospital to cover clinical hours, finding non-bedside nursing hours for students that have finished a majority of their bedside nursing hours", faculty teaching the EMR training or developing EMR simulation, using DocuCare, and training in skills lab.

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

	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Training students in the simulation lab	80.6%	87.1%	88.0%	87.9%	87.1%	88.2%	90.4%
Purchase practice software, such as SIM Chart	39.8%	40.9%	43.4%	45.1%	53.8%	50.5%	71.2%
Training students in the classroom	53.8%	57.0%	66.3%	56.0%	67.7%	65.6%	63.2%
Ensuring all students have access to sites that train them in this area	61.3%	55.9%	50.6%	54.9%	48.4%	48.4%	50.4%
Other	9.7%	11.8%	12.0%	11.0%	17.2%	10.8%	14.4%
Number of schools reporting	**93**	**93**	**83**	**91**	**93**	**93**	**125**

Faculty Data[5]

In 2019-20, the number of full-time faculty reported increased slightly, and the number of part-time faculty reported decreased by 434. On October 15, 2020, there were 4,929 total nursing faculty.[6] Of these faculty, 31.6% (n=1,556) were full-time and 68.4% (n=3,373) were part-time. The total number of faculty has decreased by 8.0% since 2019.

Faculty vacancy rates have fluctuated over time. From 2010 through 2019, the rate ranged from 4.9% to 9.4%. In 2020, the vacancy rate was 6.7%.

Table 29. Faculty Data by Year

	2011	2012	2013*	2014*	2015*	2016*	2017	2018	2019	2020
Total Faculty	**4,059**	**4,119**	**4,174**	**4,181**	**4,532**	**4,366**	**4,799**	**4939**	**5,359**	**4,929**
Full-Time	1,493	1,488	1,522	1,498	1,505	1,513	1,546	1,561	1,552	1,556
Part-Time	2,566	2,631	2,644	2,614	3,000	2,953	3,253	3,378	3,807	3,373
Vacancy Rate**	**4.9%**	**7.9%**	**5.9%**	**9.4%**	**8.2%**	**9.1%**	**8.1%**	**8.3%**	**8.2%**	**6.7%**
Vacancies	210	355	263	432	407	435	424	446	476	354

*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)

Starting in 2015-16, 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 2019-20, 41.9% (n=57) of 136 schools responding agreed that they had hired more part-time faculty than in the prior five years. In 2019-20, schools with ADN programs were more likely than schools without ADN programs to report hiring more part-time faculty, and schools with no post-licensure programs were more likely than schools with post-licensure programs to report hiring significantly part-time faculty in the last year compared to the prior five years.

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

	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Number of schools that hired more part-time faculty	48	61	56	48	57
Percent of schools that hired more part-time faculty	37.2%	46.6%	42.7%	36.9%	41.9%
Number of schools reporting	**129**	**131**	**131**	**130**	**136**

Note: This question was added to the survey in 2015-16.

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[5] Data represent the number of faculty on October 15th of the given year.
[6] 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.

These schools were asked to rank the reason for this shift. In 2019-20, the top-ranked reasons were non-competitive salaries for full-time faculty and shortage of RNs applying for full time faculty positions (n=56). The top five ranked items have remained consistent over the four years that this question has been included in the survey.

Over the five years that this question has been on the survey, "other" reasons for hiring more faculty have been provided as write-in answers. These reasons included 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=8), campus hiring process (too slow, difficulty in getting new positions approved) (n=8), retirement of full-time faculty (n=8). Various other reasons were also cited, such as funding issues (n=4), elimination of the "67% rule" (n=2), and location "not attractive" to outside applicants (n=3).

In 2019-20, "Other" reasons included "COVID impact on applicants," "Full-time faculty leaving clinical," "Grant support for remediation," "In addition to AB 1051, because of COVID-19, less students per a group are allowed by the clinical sites," and "flexibility of time based on clinical facility availability for clinical rotations."

Table 31. Reasons for Hiring More Part-Time Faculty, 2019-20

	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Non-competitive salaries for full time faculty	2.5	2.5	2.8	2.5	3.0
Shortage of RNs applying for full time faculty positions	3.0	3.0	3.2	3.1	3.4
Insufficient number of full-time faculty applicants with required credential	3.6	3.4	3.5	4.1	3.9
Need for part-time faculty to teach specialty content	4.8	4.4	4.5	4.8	4.1
Insufficient budget to afford benefits and other costs of FT faculty	4.1	4.1	4.2	4.8	4.7
Private, state university or community college laws, rules or policies	5.4	5.7	5.7	5.8	5.9
Need for faculty to have time for clinical practice	6.0	5.6	6.4	6.0	6.1
To allow for flexibility with respect to enrollment changes	6.7	6.2	7.0	6.9	6.9
Need for full-time faculty to have teaching release time for scholarship, clinical practice, sabbaticals, etc.	6.8	7.0	7.7	7.5	7.9
Other	5.1	5.9	6.6	5.8	9.1

*The lower the ranking, the greater the importance of the reason (one has the highest importance and 10 has the lowest importance.) These numbers are averages of rankings across respondents

In 2019-20, 97 of 136 schools (71.3%) reported that faculty in their programs work an overloaded schedule, and 95.8% (n=92) 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 fluctuated between 64.4% and 75.6%. The share of schools with overloaded faculty that pays 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

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Number of schools with overloaded faculty that pay faculty extra for the overload	**79**	**82**	**88**	**94**	**82**	**83**	**89**	**88**	**86**	**92**
Share of schools with overloaded faculty that pay faculty extra for the overload	92.9%	94.3%	93.6%	94.9%	96.5%	97.6%	96.7%	95.7%	90.5%	94.8%
Number of schools with overloaded faculty	**85**	**87**	**94**	**99**	**85**	**85**	**92**	**92**	**95**	**97**
Share of schools with overloaded faculty	64.9%	65.9%	70.7%	75.6%	64.4%	66.4%	69.7%	68.7%	72.0%	71.3%
Number of schools reporting	**131**	**132**	**133**	**131**	**132**	**128**	**132**	**134**	**132**	**136**

Summary

Academic Progression Partnerships by Academic Year

Over the past decade, the number of California pre-licensure nursing programs has grown slightly from 145 programs in 2010-11 to 147 programs in 2019-20 (Table 2). The number of programs dipped to 141 in 2015-16, rising to 142 in 2018-19 and then to 147 in 2019-20 due to the addition of two new ADN programs, and three new BSN programs.

The share of programs reporting a partnership with another program for academic progression has grown over the last ten years, from 36% in 2010-11 to 59% in 2019-20. Most of these partnerships were reported by associate's degree nursing programs. In 2019-20, 76% (n=71) of 93 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 (n=15,204) reported by California RN programs hit a ten-year high in 2019-20 after fluctuating over the last decade (Table 4). Enrollments (15,002) reached the second highest number in the last decade. However, these numbers are based on estimates because one large BSN program did not report admission spaces this year. Last year's numbers were used as proxies. Over the last decade, there have been decreasing enrollments in ADN programs, which have been largely offset by increasing enrollments in BSN programs (Table 6). The number and percent of programs that reported enrolling more students than there were admission spaces available has decreased since 2009-10 (Table 4).

A number of programs reported enrolling fewer students in 2019-20, and potentially in 2020-21 largely due to lack of clinical spaces, and indicated that skipping or decreasing a cohort due to the COVID-19 pandemic were significant reasons for enrolling fewer students.

Student Completions by Academic Year

Pre-licensure RN programs reported 12,714 completions in 2019-20—a 19% increase in student completions since 2010-11. The number of completions has grown after fluctuating around 12,000 completions for the last three years (Table 10). While ADN completions decreased, BSN completions increased by 83% and ELM completions increased by 7% during this period.

Completion, Attrition, and Employment Rates

Average on-time completion rates reached 85% in 2019-20, while the attrition rate fell to 8% (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 22% in 2010-11. The number of graduates employed in California has stayed steady since 2017-18 at 83% (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 increased considerably to 125 programs in 2018-19 as compared to 70 in 2019-20 (Table 19). After years of decline, the number of programs denied a clinical placement or shift has skyrocketed due to the impacts of the COVID-19 pandemic. In addition, there was an increase in programs

reporting that they were allowed fewer students allowed for clinical placements, units, or shifts (75%, n=69).

Lack of PPE due to COVID-19 (79%) staff nurse overload or insufficient qualified staff due to COVID-19 (73%), change in site infection control protocols due to COVID-19 (69%), site closure or decreased services due to COVID-19 (66%), and decrease in patient census due to COVID-19 (43%) were the most commonly mentioned reasons for clinical space being unavailable (Table 21). The lack of access to clinical space after the start of the pandemic resulted in a loss of 3,655 clinical placements, units, or shifts--affecting 22,415 students, which represents about 79% of currently enrolled students (Table 19).

In 2019-20, programs that reported a loss of clinical space (n=125) addressed that loss by using clinical simulation (88%), replacing lost space at a different site currently used by the nursing program (65%), and adding or replacing the lost space with a new site (Table 24).

In 2019-20, common or very common types of restricted access in the clinical setting reported by nursing programs (n=128) sites overall due to COVID-19 (90%), lack of access to specific units due to lack of PPE (77%), and clinical site due to visit from accrediting agency (Joint Commission) (66%). (Table 26).

Faculty, Vacancy Rates, and 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 21% in the past ten years, from 4,059 in 2011 to 4,929 in 2020. Of these, 32% (n=1,556) were full time and 68% (n=3,373) were part time. In 2020, 354 faculty vacancies were reported, representing an overall faculty vacancy rate of 7% (10% for full-time faculty and 5% for part-time faculty). Vacancy rates were relatively high over the prior six years compared to the period between 2011 and 2013 (Table 29). In 2019-20, 97 of the 136 schools reporting (71%) indicated that faculty in their programs work an overloaded schedule (Table 32).

APPENDIX A – List of Survey Respondents by Degree Program

ADN Programs (87)

American Career College
American River College
Antelope Valley College
Bakersfield 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
Compton College
Contra Costa College
Copper Mountain College
Cuesta College
Cypress College
De Anza College
East Los Angeles College
El Camino College
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 St. Mary's University AD
Napa Valley College
Ohlone College
Pacific 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
Xavier College*
Yuba College

*New ADN programs 2019-20

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 (42)

American University of Health Sciences
Azusa Pacific University
Biola University
Brandman University Musco School of Nursing*
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
Gurnick Academy of Medical Arts*

Holy Names University
Loma Linda University
Mount St. Mary's University BSN
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
Unitek College
University of California Irvine
University of California Los Angeles
University of Phoenix
University of San Francisco
Vanguard University
Weimar Institute*
West Coast University
Western Governors University

*New BSN programs 2019-20

ELM Programs (12)

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

University of California San Francisco
University of San Diego, Hahn School
    of Nursing
University of San Francisco
Western University of Health Sciences

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

Members	**Organization**
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Loucine Huckabay, PhD, RN, PNP, FAAN	California State University, Long Beach
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Saskia Kim, JD and Victoria Bermudez, RN	California Nurses Association/ National Nurses United (CAN/NNU)
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Kim Tomasi, MSN, RN and Susan Odegaard Turner, PhD, RN	Association of California Nurse Leaders (ACNL)
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Joanne Spetz, PhD	Phillip R. Lee Institute for Health Policy Studies University of California, San Francisco

Hazel Torres, MN, RN   Kaiser Permanente Southern CA, Ambulatory
                                              Care Services, Regional Professional
                                              Development

KT Waxman, DNP, MBA, RN, FSSH, FAAN   California Simulation Alliance,
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Peter Zografos, PhD, RN   Mount San Jacinto College

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