California Board of Registered Nursing
2020-2021 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 2020-21 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, 2020 and ending July 31, 2021. Census and associated demographic data were requested for October 15, 2021.

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 139 California nursing schools were invited to participate in the survey, and all 139 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	86	86	100%
LVN-to-ADN	6	6	100%
BSN	43	43	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, one ADN and one BSN program closed, and two schools are offering new BSN programs.

[2] Mount Saint Mary's University ADN and BSN programs are counted as two different schools. Chamberlain University has two separate campuses that are counted as two separate schools as of 2020-21.

DATA SUMMARY AND HISTORICAL TREND ANALYSIS

This analysis presents pre-licensure program data from the 2020-21 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 2020-21, 139 schools reported information about students enrolled in their 147 prelicensure nursing programs. In the past year, one ADN and one BSN program closed, and two schools are 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 106 in 2011-12 to 102 in 2020-21. The number of private programs has increased from 36 to 45 during this period.

Table 2. Number of Nursing Programs by Academic Year

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
Total number of schools*	**132**	**133**	**131**	**132**	**132**	**133**	**134**	**134**	**137**	**139**
Total nursing programs	**142**	**143**	**141**	**142**	**141**	**141**	**141**	**142**	**147**	**147**
ADN**	87	88	89	90	89	91	92	91	93	92
BSN	39	40	36	36	38	37	37	39	42	43
ELM	16	15	16	16	14	13	12	12	12	12
Public	106	106	105	105	104	103	102	102	102	102
Private	36	37	36	37	37	38	39	40	45	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.

Overall, 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 42.2% (n=49) in 2011-12 to 56.3% (n=76) in 2020-21 (excluding ELM programs). The percentage of schools reporting partnerships peaked in 2015-16 at 66.1%, and has declined since that time.

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 2020-21, 75.0% (n=69) of the 92 ADN nursing programs responding to this question reported participating in these partnerships.

Table 3. Partnerships by Academic Year

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020**	2020-2021
ADN programs* with partnerships	42	58	60	62	69	69	66	63	71	69
	51.2%	65.9%	68.2%	72.1%	82.1%	77.5%	73.3%	69.2%	77.2%	75.0%
ADN programs reporting	82	88	88	86	84	89	90	91	92	92
BSN programs with partnerships	7	6	7	7	11	10	12	10	9	7
	20.6%	15.8%	20.6%	20.0%	29.7%	28.6%	33.3%	25.6%	22.0%	16.3%
BSN programs reporting	34	38	34	35	37	35	36	39	41	43
All programs with partnerships	49	64	67	69	80	79	78	73	80	76
	42.2%	50.8%	54.9%	57.0%	66.1%	63.7%	61.9%	56.2%	60.2%	56.3%
Number of programs reporting	116	126	122	121	121	124	126	130	133	135

* 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 2020-21, 14,368 spaces were reported as available for new students and these spaces were filled with 14,004 students.

As in prior years, some pre-licensure nursing programs enrolled more students in 2020-21 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.[3]

In 2020-21, the share of nursing programs that reported filling more admission spaces than were available was 25.9% (n=38). The share of programs that filled more admission spaces than available has gone down considerably since 2018-19, the academic year prior to the start of the pandemic (32.9%, n=46). Likewise, the share of spaces filled with new student enrollments has declined since that time.

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

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019¥	2019-2020	2020-2021
Spaces available	12,391	12,739	12,394	11,976	11,928	13,697	14,132	14,897	15,204	14,368
New student enrollments*	13,677	13,181	13,226	13,318	13,190	13,599	14,139	15,150	15,002	14,004
Share and number of programs that reported filling more admission spaces than were available	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)	25.9% (n=38)
% Spaces filled with new student enrollments	**110.4%**	**103.5%**	**106.7%**	**111.2%**	**110.6%**	**99.3%**	**100.0%**	**101.7%**	**98.7%**	**97.5%**

* New student enrollments exclude readmitted student numbers.
Notes on totals:
1) The public/private breakdown for 2012-13 through 2016-17 has been revised.
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.
4) 2020-21 totals include calendar year 2020 values for one large BSN program that did not report new enrollments or admission spaces this year.

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[3] Dr. Joanne Spetz, Director, Director, Philip R. Lee Institute for Health Policy Studies.

The number of qualified applications received by California nursing programs has increased by an estimated 43.7% (n=16,886) over the last ten years, from 38,665 in 2011-12 to 55,551 in 2020-21. The number of 2020-21 applications is higher than last year's total of 54,823, which was a ten-year high. 2020-21 marked the largest percent of qualified applications *not enrolled* over the past ten years (74.8%).

The number of applications to ADN programs has been showing an increased trend since 2014-15. This year's number of ADN applications (24,601) is lower than last year's 10-year high of 25,330. This year's BSN number of applications (26,773) was a ten-year high, but was only slightly higher than last year's number. The number of ELM applications in 2020-21 *increased* by 39.2% from last year to a ten-year high of 4,177.

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

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
Qualified applications*	38,665	35,041	31,575	28,335	28,041	36,004	38,359	47,634	54,823	55,551
ADN	23,913	19,979	16,682	15,988	16,332	18,190	21,619	22,852	25,330	24,601
BSN**	12,387	12,476	12,695	10,196	9,735	15,325	13,705	21,338	26,492	26,773
ELM	2,365	2,586	2,198	2,151	1,974	2,489	3,035	3,444	3,001	4,177
% Qualified applications *not* enrolled	**64.6%**	**62.4%**	**58.1%**	**53.0%**	**53.0%**	**62.2%**	**63.1%**	**68.2%**	**72.6%**	**74.8%**

*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. 2020-21 totals include calendar year 2020 values for this same as the BSN program.

¥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 2020-21, 14,004 new students enrolled in registered nursing programs. Student enrollments have fluctuated slightly over the last ten years, but have stayed relatively flat compared to applications, which have risen dramatically.

BSN and ELM enrollments have risen slowly during this period, but applications have risen sharply.

ADN enrollments have been declining since over the last decade, with a sharper decline in 2020-21. ADN applications rose between 2015-16 and 2019-20, dropping by 1,274 students in 2020-21.

There were nearly 1,000 fewer enrollments in 2020-21 compared to 2019-20. This is likely due to the COVID-19 epidemic. Many programs reported skipping cohorts or decreasing cohorts (see Table 8.)

This year is the first year that private program enrollments exceeded public school enrollments. This appears to the be result of several trends:

1) An overall increase in the number of private nursing *programs* (25%, n=9),
2) An overall decrease in the number of public nursing *programs* over the last ten years (-4%, n=4),
3) A decrease in the number of *enrollments* in ADN programs (-20%, n=1,470), most of which are in public programs (despite a 6% increase in the number of programs),
4) An increase in the number of *enrollments* in BSN programs (31%, n=1,688), most of which are in private programs (and a concurrent 10% increase in the number of BSN programs).

One major BSN program did not report enrollment numbers this year, so this table uses as a proxy calendar year 2020 enrollments for this program.

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

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
New student enrollments	**13,677**	**13,181**	**13,226**	**13,318**	**13,190**	**13,599**	**14,139**	**15,150**	**15,007**	**14,004**
ADN*	7,411	7,146	7,135	6,914	6,794	7,004	7,017	7,014	6,852	5,941
BSN	5,445	5,185	5,284	5,510	5,632	5,792	6,295	7,266	7,242	7,133
ELM	821	850	807	894	764	803	827	870	913	930
Private	4,795	4,715	4,982	5,309	5,202	5,769	6,188	7,047	7,063	7,138
Public	8,882	8,466	8,244	8,009	7,988	7,830	7,951	8,103	7,944	6,866

Notes: All items that reference ADN program data include both generic ADN and LVN-to-ADN programs.
Notes on totals:
1) The public/private breakdown for 2012-13 through 2016-17 has been revised.
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.
4) 2020-21 totals include calendar year 2020 values for one large BSN program that did not report new enrollments or admission spaces this year.

Programs were asked to report if they had enrolled fewer students in this academic year than in the prior year. In 2020-21, 40.1% of 147 programs (n=59) reported enrolling fewer students than in 2019-20. The proportion of programs reporting enrolling fewer students has risen over the last few years, largely due to the COVID-19 pandemic, when many schools decreased a cohort or paused altogether.

ADN programs were particularly impacted in 2020-21, with 53.8% (n=50) reporting that they had enrolled 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 **							
Percent of ADN programs enrolling fewer students	23.0%	20.2%	18.7%	22.0%	15.4%	26.9%	53.8%
Number of ADN programs enrolling fewer students	20	18	17	20	14	25	50
Number of ADN programs reporting	87	89	91	91	91	93	93
BSN							
Percent of BSN programs enrolling fewer students	13.9%	18.4%	16.7%	24.3%	7.7%	24.4%	18.6%
Number of BSN programs enrolling fewer students	5	7	6	9	3	10	8
Number of BSN programs reporting	36	38	36	37	39	41	43
ELM							
Percent of ELM programs enrolling fewer students	37.5%	28.6%	15.4%	25.0%	8.3%	16.7%	8.3%
Number of ELM programs enrolling fewer students	6	4	2	3	1	2	1
Number of ELM programs reporting	16	14	13	12	12	12	12
All Programs							
Percent of all programs enrolling fewer students	22.3%	20.7%	17.9%	22.9%	12.7%	25.3%	40.1%
Number of programs enrolling fewer students	31	29	25	32	18	37	59
Number of programs reporting	139	140	140	140	142	146	147

** 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 2020-21, and the preceding year, 2019-20, 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. In 2020-21, this reason was given by more than half of all respondents who had enrolled fewer students (55.9%). This increase appears to be largely resulting from the COVID-19 pandemic.

In 2019-20 and 2020-21, programs were also provided a number of answer categories related to COVID-19. The second and third most common reasons for enrolling fewer students this academic year were "decreased an admission cohort" (45.8%) and skipped a cohort (32.2%)

Nineteen respondents provided the percent of the decrease for 2020-2021, which averaged 30.1%.

Ten of twelve comments from those responding "other" had to do with challenges related to the pandemic. (See continuation of table on the next page.)

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%	25.4%
	14	12	14	17	8	12	15
Unable to secure clinical placements for all students	16.1%	10.3%	28.0%	25.0%	37.5%	43.2%	55.9%
	5	3	7	8	6	16	33
Other	12.9%	17.2%	24.0%	21.9%	25.0%	18.9%	20.3%
	4	5	6	7	4	7	12
College/university requirement to reduce enrollment*	16.1%	27.6%	12.0%	9.4%	0.0%	2.7%	6.8%
	5	8	3	3	0	1	4
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%	10.2%
	5	4	2	1	0	4	6
To reduce costs	16.1%	3.4%	0.0%	3.1%	0.0%	0.0%	1.7%
	5	1	0	1	0	0	1
Lack of qualified applicants*	9.7%	0.0%	8.0%	0.0%	0.0%	0.0%	0.0%
	3	0	2	0	0	0	0
Program discontinued*	9.7%	3.4%	0.0%	0.0%	0.0%	0.0%	0.0%
	3	1	0	0	0	0	0
Number of programs reporting	**31**	**29**	**25**	**32**	**16**	**37**	**59**

*Categories derived from text comments.

Table 8. Reasons for Enrolling Fewer Students by Academic Year (continued)

COVID-19 related reasons							
Skipped a cohort	-	-	-	-	-	13.5%	32.2%
	-	-	-	-	-	5	19
Decreased an admission cohort	-	-	-	-	-	10.8%	45.8%
	-	-	-	-	-	4	27
Concerns about safety of students in clinical rotations	-	-	-	-	-	5.4%	18.6%
	-	-	-	-	-	2	11
Concerns about safety of faculty in clinical rotations	-	-	-	-	-	5.4%	18.6%
	-	-	-	-	-	2	11
Challenges converting courses from in-person to online modalities	-	-	-	-	-	2.7%	15.3%
	-	-	-	-	-	1	9
Challenges converting clinicals to virtual simulation	-	-	-	-	-	0.0%	16.9%
	-	-	-	-	-	0	10
Challenges converting clinicals to in-person simulation	-	-	-	-	-	2.7%	15.3%
	-	-	-	-	-	1	9
Need to reduce in-person class sizes to accommodate social distancing	-	-	-	-	-	-	5.1%
	-	-	-	-	-	-	3
Number of programs reporting	**31**	**29**	**25**	**32**	**16**	**37**	**59**

Student Completions

The number of students completing California nursing programs increased by 13.8% (n=1,489) over the last ten years, rising from 10,814 in 2011-12 to 12,303 in 2020-21. ELM completions increased very slightly, from 756 to 769 (2.1%) over this period, while BSN completions increased from 3,896 to 5,871 (50.7%). ADN completions *decreased* 8.1%, from 6,162 in 2011-12 to 5,660 in 2020-21.

In 2020-21, ADN graduates represented 46.0% of all students completing a pre-licensure nursing program in California. BSN graduates represented 47.7% and ELM graduates represented 6.3% of all completions. 2019-20 was the first year that the number and percentage of BSN completions surpassed the number and percentage of ADN completions, and that trend has persisted in 2020-21.

Table 9. Student Completions by Program Type by Academic Year

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
ADN*	6,162	6,164	5,916	5,542	5,671	5,981	5,844	5,888	5,851	5,660
BSN	3,896	4,364	4,606	4,860	4,868	4,666	5,224	5,354	6,094	5,871
ELM	756	764	769	717	652	655	822	615	769	772
Total student completions	**10,814**	**11,292**	**11,291**	**11,119**	**11,191**	**11,302**	**11,890**	**11,857**	**12,714**	**12,303**

* 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 13,3533 reported students scheduled to complete a nursing program in the 2020-21 academic year, 85.1% (n=11,511) completed the program on time, 7.9% (n=1,072) were still enrolled in the program, and 7.0% (n=950) left the program. Of those who left program, 54.1% (n=514) had been dismissed and 45.9% (n=436) had dropped out.

The on-time completion rate has fluctuated over the last decade, reaching a ten-year high of 85.1% in 2020-21. The attrition rate has declined over the last ten years from 13.8% in 2011-12 to 7.0% in 2020-21, which was a ten-year low.

Table 10. Student Completion and Attrition by Academic Year

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
Students scheduled to complete the program	**10,800**	**12,493**	**11,791**	**11,692**	**11,335**	**12,658**	**13,405**	**14,979**	**13,984**	**13,533**
Completed on time	8,752	10,280	9,743	9,587	9,002	10,378	10,718	12,504	11,869	11,511
Still enrolled	590	758	651	563	893	901	1395	891	948	1,072
Total attrition	1,494	1,510	1,431	1,629	1,440	1,379	1,292	1,584	1,167	950
Attrition-dropped out	*1494*	*1510*	*1431*	*885*	*615*	*662*	*577*	*803*	*623*	*436*
Attrition-dismissed				*744*	*825*	*717*	*715*	*781*	*544*	*514*
Completed late‡	481	605	1,079	851	416	969	1,103	801	752	901
On-time completion rate*	**81.0%**	**82.3%**	**82.6%**	**82.0%**	**79.4%**	**82.0%**	**80.1%**	**83.5%**	**84.9%**	**85.1%**
Attrition rate**	**13.8%**	**12.1%**	**12.1%**	**13.9%**	**12.7%**	**10.9%**	**9.6%**	**10.6%**	**8.3%**	**7.0%**
% Still enrolled	**5.5%**	**6.1%**	**5.5%**	**4.8%**	**7.9%**	**7.1%**	**10.4%**	**5.9%**	**6.8%**	**7.9%**

‡ 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.

Note: In 2020-21, six programs did not provide data on attrition and completion. One ADN program was on pause. Four other programs were new and had no completions. One program submitted no data. For one of this BSN program we used last year's numbers as a proxy.

Last year's data were used as proxy data for one BSN program that provided no attrition and completion data this year.

Attrition rates differ across program types.

ADN programs have seen the most dramatic improvement in their average attrition rates, declining from a ten-year high of 17.6% in 2011-12 to a ten-year low of 7.6% in 2020-21.

Attrition rates for BSN programs have varied over the last decade, reaching a high of 11.7% in 2015-16 and a low of 7.1% in 2020-21. The trend, however, remains flat.

In each of the past 10 years, attrition rates have been lowest among ELM programs, ranging from 7.7% to a low of 1.9% in 2020-21.

Table 11. Attrition Rates by Program Type by Academic Year

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
ADN*	17.6%	14.4%	15.5%	16.2%	14.3%	12.4%	11.3%	10.7%	8.9%	7.6%
BSN	8.1%	8.3%	8.7%	10.5%	11.7%	9.2%	8.4%	11.2%	8.3%	7.1%
ELM	6.7%	4.1%	3.4%	7.7%	4.4%	7.3%	3.0%	3.0%	3.8%	1.9%
Private	8.9%	9.3%	9.4%	12.3%	13.9%	10.5%	8.7%	12.1%	8.9%	7.5%
Public	15.2%	12.6%	13.2%	13.7%	12.0%	11.2%	10.2%	9.4%	7.9%	6.7%

Note: Data for traditional and accelerated program tracks is combined in this table. Starting in 2016-17, data for LVN-to-ADN and LVN-to-BSN students *within* generic programs have been added to the totals for ADN and BSN students, respectively.
*2016-17 attrition rates were revised in 2020 based on new data provided by some schools.
Last year's data were used as proxy data for one BSN program that provided no attrition and completion data this year.
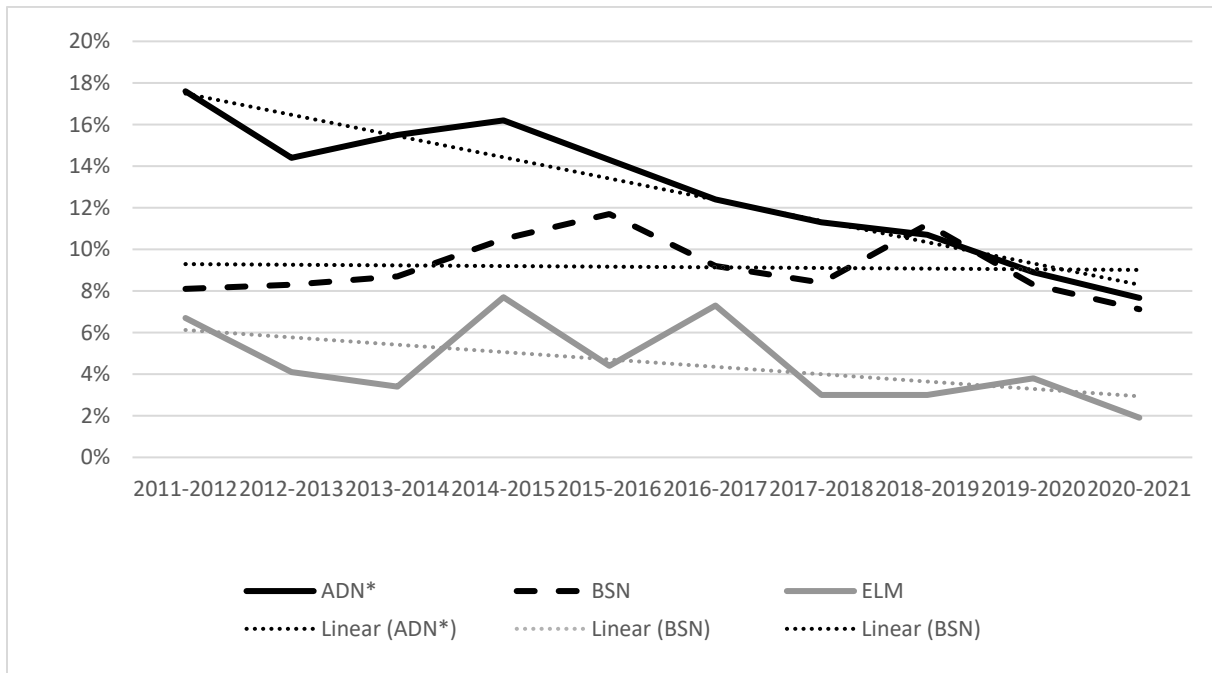
Figure 1. Attrition and Completion by Program Type and Academic Year

Attrition rates in public programs have decreased steadily over the last decade, while attrition rates in private programs have varied. *Both* program types have lower attrition rates in 2020-21 than either has experienced in the last ten years.
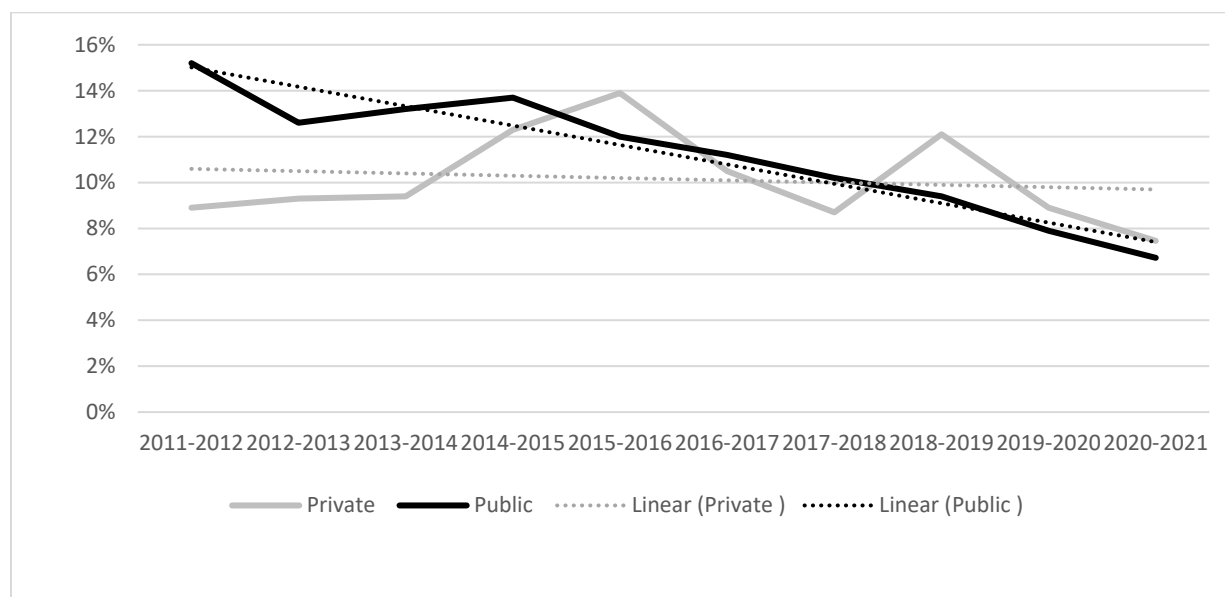
Figure 2. Attrition and Completion by Public/Private Status and Academic Year

Starting in 2016-17, programs were asked to calculate attrition and on-time completion data by race and ethnicity. In 2020-2021, Hispanic students had the lowest attrition rate (6.3%) followed by White students (6.6%). Native American students had the highest attrition rate (12.7%) followed by African American students (10.1%).

Table 12. Completion and Attrition Data by Race and Ethnicity, 2020-21

	Native American	Asian	African American	Filipino¥	Hispanic	White	Other	Unknown
Students scheduled to complete the program	82	2,741	701	849	3,339	3,707	809	1,305
Completed On-time	69	2,338	581	714	2,821	3,246	684	1,058
Still enrolled	1	201	51	79	310	218	62	150
Total attrition	12	202	69	56	208	243	63	97
Dropped Out	7	74	31	22	96	139	26	41
Dismissed	5	128	38	34	112	104	37	56
Completed late*	4	162	69	80	254	216	46	70
On-time Completion Rate**	**85.9%**	**85.2%**	**82.3%**	**83.1%**	**84.0%**	**87.3%**	**84.6%**	**80.3%**
Attrition rate***	**12.7%**	**7.2%**	**10.1%**	**6.8%**	**6.3%**	**6.6%**	**7.8%**	**7.8%**

*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.

Last year's data were used as proxy data for one BSN program that provided no attrition and completion data this year.

**Figure 3. Completion and Attrition Data by Race and Ethnicity, 2018-19 to 2020-21**
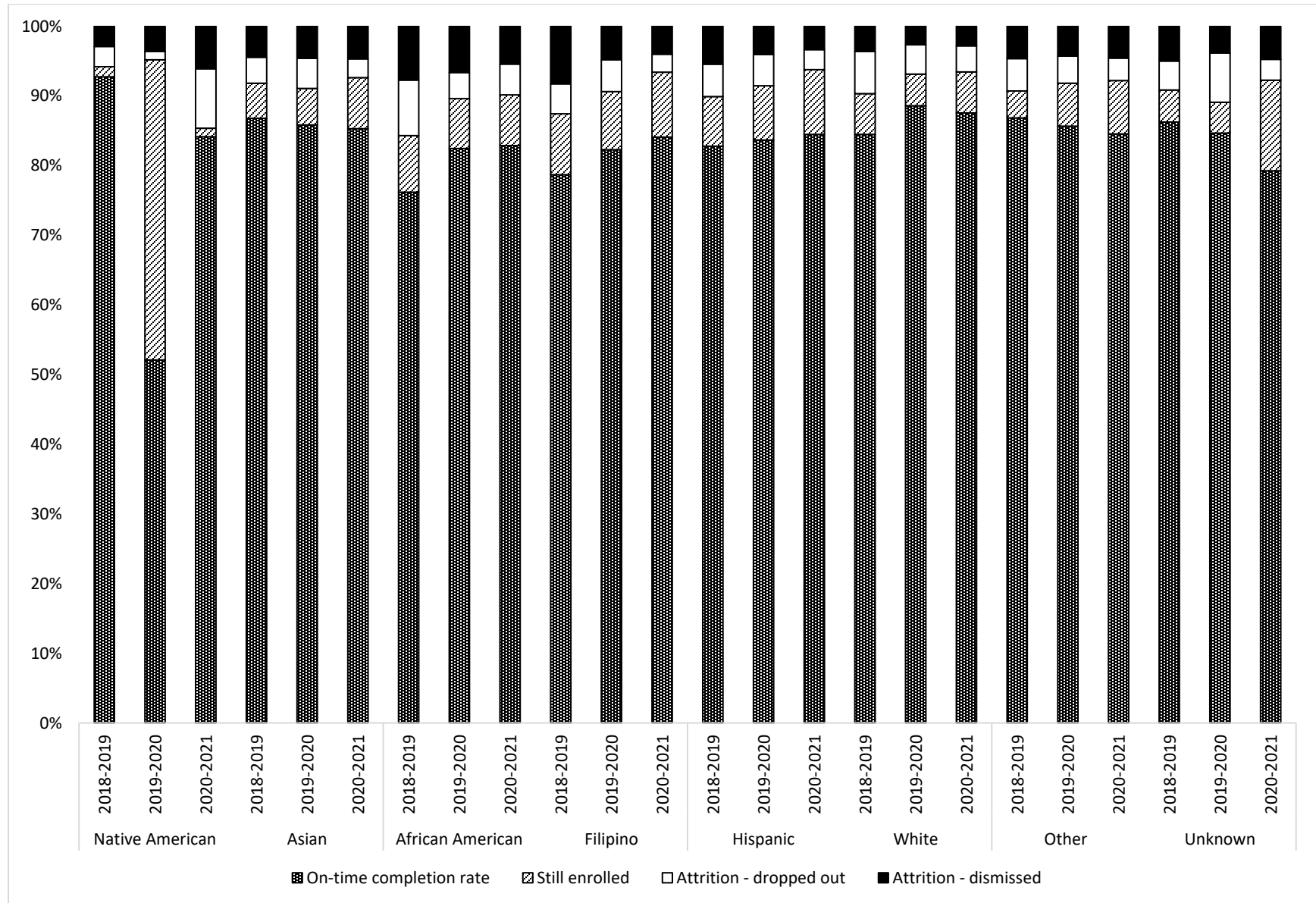
NCLEX Pass Rates

NCLEX (National Council Licensure Examination) pass rates for all types of RN programs in California have risen overall since 2013-14. The NCLEX passing standard was raised in April 2013, which may explain the dip in pass rates in that year and the next.[4] In 2020-21, pass rates dipped a little lower after rising for the last 3-4 years.

Table 13. First Time NCLEX Pass Rates by Program Type, by Academic Year

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
ADN (# passed)	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)	89.7% (5,127)
BSN (# passed)	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)	88.8% (5,596)
ELM (# passed)	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)	88.7% (532)
Number of programs reporting	**137**	**137**	**135**	**135**	**135**	**129**	**134**	**137**	**137**	**140**

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

Figure 4. First Time NCLEX Pass Rates by Program Type, by Academic 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 2020-21, students who graduated from accelerated ADN and BSN programs had slightly *higher* average pass rates, and students from accelerated ELM programs had slightly *lower* average pass rates than their traditional counterparts.

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

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
ADN (# passed)	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)	93.8% (105)
BSN (# passed)	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)	91.4% (962)
ELM (# passed)	-	-	-	90.0% (199)	83.6% (240)	95.2% (60)	90.8% (118)	92.3% (241)	93.9% (226)	87.3% (213)
Number of programs reporting	**19**	**16**	**16**	**12**	**14**	**19**	**16**	**18**	**27**	**23**

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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[4] 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 has risen over the last nine years from 64.0% in 2012-13 to a high of 83%% in 2017-18 and stayed at this level through 2020-21.

Figure 5. Percent of Recent Nursing Program Graduates Employed in California by Academic Year
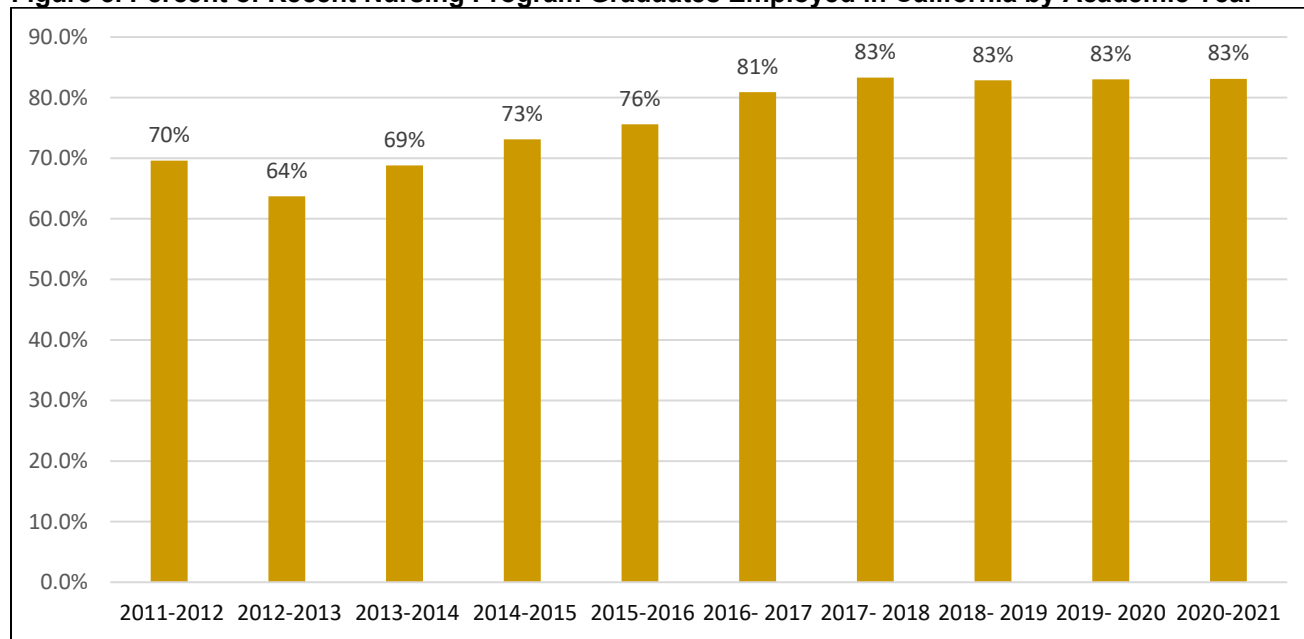
Table 15. Percent of Recent Nursing Program Graduates Employed in California by Academic Year

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
Employed in California*	69.6%	63.7%	68.8%	73.1%	75.6%	80.9%	83.3%	82.9%	83.0%	83.1%
Number of programs reporting	**125**	**127**	**128**	**119**	**118**	**119**	**127**	**125**	**126**	**128**

*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 2020-21, 60.4% of graduates were reportedly employed in hospitals. Nursing programs reported that 7.9% of their graduates were not yet licensed, 7.1% (total) were participating in a paid or unpaid new graduate residency, and 6.0% were pursuing additional nursing education. 3.1% of new graduates were unable to find employment by October 2021, a figure that has declined since 2011-12, when 17.6% of new graduates were reportedly unable to find employment.

The percentage of graduates pursuing additional nursing education has decreased since 2017-2018, possibly because the categories "participating in a new graduate residency (paid)" and "participating in a new graduate residency (unpaid)", were added.

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. In 2020-21, other sites included COVID testing and vaccination sites, flu shot clinic, and plasma donation center.

Table 16. Employment Location of Recent Nursing Program Graduates by Academic Year

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
Hospital	61.1%	56.7%	56.0%	58.3%	59.2%	61.1%	63.0%	59.1%	59.4%	60.4%
Not yet licensed	.	.	.	.	10.6%	10.2%	7.2%	4.7%	9.9%	7.9%
Participating in a new graduate residency (paid)	.	.	.	.	.	.	.	7.6%	5.7%	6.6%
Pursuing additional nursing education[T]	.	7.1%	10.5%	11.4%	11.0%	10.3%	12.0%	9.1%	7.5%	6.0%
Long-term care facilities	8.3%	7.9%	7.1%	7.9%	4.6%	5.2%	6.3%	6.8%	5.9%	4.9%
Other healthcare facilities	5.2%	4.7%	6.0%	4.4%	3.5%	4.6%	5.3%	5.3%	3.5%	4.3%
Community/public health facilities	3.6%	3.6%	3.7%	4.2%	2.6%	2.6%	3.0%	3.0%	3.4%	3.5%
Unable to find employment*	17.6%	18.3%	13.7%	9.5%	5.5%	4.2%	2.4%	3.9%	3.3%	3.1%
Other	4.2%	1.7%	3.4%	4.9%	3.2%	2.0%	0.8%	0.9%	1.1%	2.7%
Participating in a new graduate residency (unpaid)	.	.	.	.	.	.	.	0.1%	0.2%	0.5%
Employed in California	**69.6%**	**63.7%**	**68.8%**	**73.1%**	**75.6%**	**80.9%**	**83.3%**	**82.9%**	**83.0%**	**83.1%**

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 2020-21, on average, the employment setting was unknown for 12.7% 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 2020-21, BSN programs reported the largest average share of recent graduates employed in hospitals (65.5%), followed by ADN programs (58.7%), and by ELM programs (57.6%). However, BSN programs have seen a decrease in the percentage of graduates working in hospitals, from nearly 80% in 2014-15 to 65.5% in 2020-21.

In 2020-21, after hospital employment, the largest proportion (8.6%) of ADN graduates were pursuing additional education, followed by "not yet licensed" (7.0%). The largest proportion of BSN graduates (after hospital employment) were participating in a paid or unpaid new graduate residency (8.8%), followed by "not yet licensed" (8.5%). The largest proportion of ELM graduates (after hospital employment) were "not yet licensed" (13.0%), followed by "other" (11.6%), followed by paid new graduate residency (11.2%).

Table 17. 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	2020-2021
Hospital	51.3%	54.7%	58.6%	59.1%	57.3%	57.0%	58.7%
Long-term care facilities	10.3%	5.6%	6.3%	7.7%	9.0%	7.6%	6.4%
Community/ public health facilities	4.1%	2.4%	3.0%	2.9%	3.0%	3.2%	3.9%
Other healthcare facilities	4.8%	4.2%	5.6%	6.4%	6.3%	3.5%	4.4%
Pursuing additional nursing education	12.9%	12.6%	11.7%	12.5%	11.8%	10.2%	8.6%
Participating in a new graduate residency (paid)	-	-	-	-	4.7%	5.3%	5.3%
Participating in a new graduate residency (unpaid)	-	-	-	-	0.1%	0.3%	0.7%
Unable to find employment	11.9%	6.0%	5.2%	2.5%	3.8%	2.6%	2.5%
Not yet licensed	-	10.1%	8.6%	8.4%	3.9%	9.5%	7.0%
Other	5.6%	4.6%	1.2%	0.6%	0.8%	1.0%	2.5%
BSN Programs	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019*	2019-2020	2020-2021
Hospital	79.4%	72.2%	72.6%	76.1%	64.1%	65.2%	65.5%
Long-term care facilities	4.4%	2.4%	3.8%	3.8%	2.7%	3.2%	2.5%
Community/ public health facilities	3.4%	2.9%	1.9%	3.1%	2.9%	4.3%	2.9%
Other healthcare facilities	2.5%	2.1%	3.3%	2.7%	3.4%	4.5%	5.0%
Pursuing additional nursing education	2.0%	2.4%	2.3%	5.5%	0.9%	1.5%	1.2%
Participating in a new graduate residency (paid)	.	.	.	.	15.6%	7.5%	8.5%
Participating in a new graduate residency (unpaid)	.	.	.	.	0.1%	0.0%	0.3%
Unable to find employment	3.8%	4.8%	2.1%	2.5%	4.9%	5.3%	5.0%
Not yet licensed	.	13.0%	10.4%	5.5%	4.2%	7.8%	8.5%
Other	4.7%	0.1%	3.7%	0.7%	1.1%	0.8%	0.6%

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	2020-2021
Hospital	55.6%	53.3%	45.5%	54.6%	58.3%	61.4%	57.6%
Long-term care facilities	1.5%	1.8%	0.1%	2.1%	0.9%	0.2%	0.3%
Community/ public health facilities	6.0%	3.8%	1.1%	4.4%	3.4%	1.2%	1.7%
Other healthcare facilities	5.5%	0.9%	0.4%	3.8%	2.3%	0.7%	1.6%
Pursuing additional nursing education	21.8%	29.7%	23.8%	28.2%	12.7%	5.2%	0.7%
Participating in a new graduate residency (paid)	-	-	-	-	6.5%	3.1%	11.2%
Participating in a new graduate residency (unpaid)	-	-	-	-	0.0%	0.0%	0.0%
Unable to find employment	8.2%	3.7%	2.1%	1.9%	2.1%	2.4%	2.2%
Not yet licensed	-	5.2%	23.9%	2.5%	12.7%	22.0%	13.0%
Other	1.4%	1.9%	3.1%	2.5%	1.1%	3.8%	11.6%

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

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 128 programs in 2020-21. After the start of the pandemic in March 2020, a very large number of placements, units, and shifts were and a large number of students were displaced from those shifts—impacting 2019-20 and 2020-21. While the number of placements, units, or shifts lost and the number of students affected in 2020-21 is lower than that reported in 2019-20, it is considerably higher than in any year prior to 2019-20.

Table 18. RN Programs Denied Clinical Space by Academic Year

	2011-2012	2012-2013	2013-2014	2014-2015*	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020**	2020-2021
# of programs denied a clinical placement, unit or shift	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)	88.3% (128)
Programs offered alternative by site*	-	-	-	17.8% (24)	18.8% (26)	22.0% (31)	23.6% (33)	19.1% (27)	17.1% (25)	25.8% (33)
Programs reporting	**140**	**143**	**141**	**135**	**138**	**141**	**140**	**141**	**146**	**145**
# of placements, units or shifts lost*	-	-	-	272	213	302	367	287	226 *3,655*	3,425
# of students affected	1,006	2,368	2,195	2,145	1,278	2,147	2,366	2,271	1,080 *22,415*	15,043

*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.

In the 2020-21 survey, 121 of 147 programs (82.3%) reported that there were fewer students allowed for a clinical placement, unit, or shift in this year than in the prior year. Last year (2019-20), 74.8% of programs reported fewer students allowed for a clinical placement, unit, or shift—which is much higher than the 43% of programs that reported fewer students allowed in 2018-19 (prior to the pandemic). Because of the COVID-19 pandemic, many clinical sites can no longer take students or have reduced the number of students that can be accommodated.

Table 19. 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	2020-2021
ADN programs reporting fewer students	34.4%	41.6%	39.6%	39.1%	39.6%	74.2%	85.9%
Number of ADN programs reporting fewer students	31	37	36	36	36	69	79
Total number of ADN programs	90	89	91	92	91	93	92
BSN programs reporting fewer students	50.0%	57.9%	48.6%	48.6%	48.7%	73.8%	74.4%
Number of BSN programs reporting fewer students	18	22	18	18	19	31	32
Total number of BSN programs	36	38	37	37	39	42	43
ELM programs reporting fewer students	56.3%	42.9%	46.2%	58.3%	50.0%	83.3%	83.3%
Number of ELM programs reporting fewer students	9	6	6	7	6	10	10
Total number of ELM programs	16	14	13	12	12	12	12
All nursing programs reporting fewer students	40.8%	46.1%	42.6%	43.3%	43.0%	74.8%	82.3%
Number of nursing programs reporting fewer students	58	65	60	61	61	110	121
Total nursing programs	142	141	141	141	142	147	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. In 2020-21, staff nurse overload or insufficient qualified staff *due to COVID-19* (72.4%, n=92), was the most commonly mentioned reason for clinical space being unavailable, followed by site closure or decreased services due to COVID-19 (63.8%, n=81), and change in site infection protocols due to COVID-19 (59.8%, n=71). Only two programs (1.6%) reported being denied a space due to another RN program offering to pay a fee for the placement. (See Table 20 and Table 21, next pages.)

Respondents also provided write-in responses to this question. While these have 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.

As in 2019-20, many "other" reasons provided in 2020-21included the fact that hospitals were not accepting students at all or requiring fewer students in clinicals due to COVID-19 (n=10), and other reasons related to COVID-19 such as "Unit converted to COVID unit". Other issues included, "Facility gave priority to other local school when they denied other schools".

Table 20. Reasons for Clinical Space Being Unavailable by Academic Year, Percentages

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
Staff nurse overload or insufficient qualified staff due to COVID-19	-	-	-	-	-	-	-	-	73.3%	72.4%
Site closure or decreased services due to COVID-19	-	-	-	-	-	-	-	-	65.8%	64.6%
Change in site infection control protocols due to COVID-19	-	-	-	-	-	-	-	-	69.2%	59.8%
Lack of PPE due to COVID-19	-	-	-	-	-	-	-	-	79.2%	48.8%
Decrease in patient census due to COVID-19	-	-	-	-	-	-	-	-	43.3%	41.7%
Staff nurse overload or insufficient qualified staff	54.1%	41.1%	45.7%	38.2%	33.3%	51.9%	63.5%	50.7%	17.5%	25.2%
Displaced by another program	44.7%	42.2%	43.2%	39.5%	35.0%	50.6%	50.0%	43.5%	21.7%	25.2%
Competition for clinical space due to increase in number of nursing students in region	58.8%	54.4%	46.9%	48.7%	48.3%	49.4%	52.7%	43.5%	30.0%	22.0%
Closure, or partial closure, of clinical facility	25.9%	26.7%	25.9%	18.4%	28.3%	18.2%	23.0%	18.8%	22.5%	19.7%
Visit from Joint Commission or other accrediting agency	-	21.1%	22.2%	26.3%	23.3%	33.8%	29.7%	23.2%	12.5%	15.7%
Nurse residency programs	29.4%	17.8%	18.5%	18.4%	26.7%	26.0%	24.3%	26.1%	6.7%	12.6%
No longer accepting ADN students*	21.2%	20.0%	23.5%	21.1%	23.3%	27.3%	23.0%	21.7%	12.5%	11.8%
Decrease in patient census	31.8%	30.0%	28.4%	25.0%	21.7%	18.2%	24.3%	17.4%	9.2%	9.4%
Change in facility ownership/management	12.9%	21.1%	14.8%	21.1%	18.3%	24.7%	14.9%	18.8%	8.3%	9.4%
Other clinical facility business needs/changes in policy	-	-	-	-	-	20.8%	9.5%	24.6%	4.2%	8.7%
Implementation of Electronic Health Records system	3.5%	32.2%	23.5%	13.2%	10.0%	13.0%	17.6%	20.3%	8.3%	7.1%
Clinical facility seeking magnet status	18.8%	15.6%	11.1%	17.1%	18.3%	15.6%	13.5%	14.5%	9.2%	7.1%
Other	10.6%	10.0%	11.1%	17.1%	6.7%	11.7%	14.9%	14.5%	17.5%	2.4%
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%	1.6%
Facility moving to a new location/ (or hospital construction)**	0.0%	1.1%	6.2%	2.6%	3.3%	2.6%	1.4%	0.0%	0.0%	0.0%
Number of programs that reported	**85**	**90**	**81**	**76**	**60**	**77**	**74**	**69**	**120**	**127**

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

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

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
Staff nurse overload or insufficient qualified staff due to COVID-19	-	-	-	-	-	-	-	-	88	92
Site closure or decreased services due to COVID-19	-	-	-	-	-	-	-	-	79	82
Change in site infection control protocols due to COVID-19	-	-	-	-	-	-	-	-	83	76
Lack of PPE due to COVID-19	-	-	-	-	-	-	-	-	95	62
Decrease in patient census due to COVID-19	-	-	-	-	-	-	-	-	52	53
Displaced by another program	38	38	35	30	21	39	37	30	26	32
Staff nurse overload or insufficient qualified staff NOT due to COVID-19	46	37	37	29	20	40	47	35	21	32
Competition for clinical space due to increase in number of nursing students in region	50	49	38	37	29	38	39	30	36	28
Closure, or partial closure, of clinical facility	22	24	21	14	17	14	17	13	27	25
Visit from Joint Commission or other accrediting agency	-	19	18	20	14	26	22	16	15	20
Nurse residency programs	25	16	15	14	16	20	18	18	8	16
No longer accepting ADN students*	18	18	19	16	14	21	17	15	15	15
Decrease in patient census	27	27	23	19	13	14	18	12	11	12
Change in facility ownership/management	11	19	12	16	11	19	11	13	10	12
Other clinical facility business needs/changes in policy	-	-	-	-	-	-	-	17	5	11
Clinical facility seeking magnet status	16	14	9	13	11	12	10	10	11	9
Implementation of Electronic Health Records system	3	29	19	10	6	10	13	14	10	9
Other	9	9	9	13	4	9	11	10	21	3
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	2
Number of programs that reported	**85**	**88**	**80**	**76**	**60**	**77**	**74**	**69**	**120**	**127**

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. 2020-21 marked the largest number (10.4%, n=15) of programs reporting doing so since this question was first asked in 2013-14.

Table 22. Programs that Provided Financial Support to Secure a Clinical Placement

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
Number providing financial support to secure a clinical placement	-	-	1	9	3	10	7	12	11	15
Percent providing financial support to secure a clinical placement	-	-	0.8%	6.6%	2.2%	7.1%	5.0%	8.5%	7.6%	10.4%
Number of programs reporting	**-**	**-**	**123**	**137**	**139**	**141**	**140**	**142**	**144**	**144**

Programs that lost access to clinical space were asked to report on the strategies used to cover the lost placements, units, or shifts. 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, followed by replacing the lost space with a new site.

After the pandemic started, many schools reported losing clinical placements. The most common strategy to replace them in 2020-21 was clinical simulation (78.7%, n=100). In 2020-21, twenty-eight percent (27.6%, n=35) reported reducing student admissions—which is a marked contrast to pre-pandemic years, although less than the 29.3% (n=36) that reported doing so in 2019-20.

Respondents also provided write-in responses to this question. Over the years, some of the most common have included: increasing 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.

Other strategies described by 2020-21 respondents in write-in answers included use of telehealth/telemedicine (n=10), utilizing alternative community sites (n=5), virtual simulation (n=2), and other strategies such as "Did not offer courses!", "Fewer in-patient shifts per student", and "We did not admit any advanced placement students".

Table 23. 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	After COVID-19 2019-2020	2020-2021
Clinical simulation	29.40%	34.40%	32.10%	37.80%	30.50%	40.80%	43.2%	45.6%	87.8%	78.7%
Added/replaced lost space with new site	48.20%	53.30%	56.80%	48.60%	44.10%	55.30%	60.8%	55.9%	60.2%	55.1%
Replaced lost space at different site currently used by nursing program	61.20%	64.40%	66.70%	66.20%	76.30%	61.80%	68.9%	79.4%	65.0%	49.6%
Replaced lost space at same clinical site	47.10%	38.90%	45.70%	32.40%	32.20%	35.50%	43.2%	33.8%	32.5%	32.3%
Reduced student admissions	8.20%	2.20%	7.40%	1.40%	5.10%	9.20%	8.1%	11.8%	29.3%	27.6%
Other	9.40%	4.40%	1.20%	8.10%	3.40%	7.90%	4.1%	5.9%	15.4%	18.9%
Number of programs reporting	**85**	**90**	**81**	**74**	**59**	**76**	**74**	**68**	**123**	**127**

*In 2019-20, sites were asked to answer this question for the period before the start of the pandemic and the period after. Due to space concerns, only the period after the start of the pandemic is included here.

In 2020-21, 96 programs reported increasing out-of-hospital clinical placements—somewhat more than the 89 programs in 2019-20 and more than twice as many as in 2018-19.

In 2020-21, the two most frequently reported non-hospital clinical sites were public health or community health agency (61.5%, n=59), followed by medical practice, clinic, physician office (34.4%, n=33), and school health service (K-12 or college) (33.3%, n=32), tied with skilled nursing/rehabilitation facility. While still high, the use of skilled nursing /rehabilitation facilities has gone down sharply since the start of the pandemic, likely due to the increased concern about the safety of patients in these facilities.

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 2020-21, alternative placements described by respondents included: COVID vaccination and testing sites (n=9), telehealth (n=7), pediatrics/ after school programs/child development center (n=4), and senior centers (n=2).

Table 24. Increase in Use of Alternative Out-of-Hospital Clinical Sites by Nursing Programs

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
Public health or community health agency	51.8%	55.0%	53.7%	41.0%	51.2%	35.3%	39.6%	44.7%	60.7%	61.5%
Medical practice, clinic, physician office	33.9%	22.5%	34.1%	30.8%	37.2%	31.4%	37.5%	34.0%	30.3%	34.4%
School health service (K-12 or college)	30.4%	22.5%	39.0%	38.5%	27.9%	25.5%	39.6%	36.2%	29.2%	33.3%
Skilled nursing/ rehabilitation facility	46.4%	45.0%	43.9%	46.2%	32.6%	37.3%	41.7%	42.6%	24.7%	33.3%
Outpatient mental health/substance abuse	42.9%	20.0%	39.0%	28.2%	34.9%	31.4%	33.3%	21.3%	32.6%	31.3%
Other	17.9%	17.5%	12.2%	12.8%	16.3%	23.5%	12.5%	12.8%	24.7%	30.2%
Home health agency/ home health service	32.1%	35.0%	29.3%	20.5%	41.9%	29.4%	29.2%	25.5%	24.7%	25.0%
Surgery center/ ambulatory care center	23.2%	30.0%	19.5%	28.2%	25.6%	35.3%	29.2%	25.5%	19.1%	17.7%
Hospice	25.0%	27.5%	29.3%	23.1%	25.6%	21.6%	20.8%	23.4%	23.6%	16.7%
Case management/ disease management	12.5%	5.0%	12.2%	7.7%	16.3%	7.8%	8.3%	17.0%	18.0%	15.6%
Urgent care, not hospital-based	10.7%	5.0%	7.3%	7.7%	7.0%	9.8%	6.3%	14.9%	14.6%	15.6%
Occupational health or employee health service	5.4%	0.0%	2.4%	0.0%	2.3%	2.0%	2.1%	4.3%	3.4%	7.3%
Renal dialysis unit	5.4%	5.0%	4.9%	5.1%	7.0%	5.9%	2.1%	4.3%	7.9%	5.2%
Correctional facility, prison or jail	7.1%	5.0%	7.3%	10.3%	9.3%	7.8%	10.4%	6.4%	4.5%	2.1%
Number of programs reporting	**56**	**40**	**41**	**39**	**43**	**51**	**48**	**47**	**89**	**96**

In 2020-21, 89.9% (n=125) of 135 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 2020-21 were 1) "sites overall due to COVID-19" (84.7%, n=105), 2) clinical site due to visit from the Joint Commission or other accrediting agency (58.9%, n=73), and "lack of access to specific units due to lack of PPE" (52.4%, n=65), and inability to onboard or complete orientation of new cohort due to COVID-19 (46.0%, n=57).

Over the years, 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 2020-21, common "other" reasons included restrictions on clinical group size due to COVID-19 (n=6) and vaccine mandates (n=2).

Table 25. Common Types of Restricted Access in the Clinical Setting for RN Students by Academic Year

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
Sites overall due to COVID-19	-	-	-	-	-	-	-	-	89.8%	84.7%
Clinical site due to visit from accrediting agency (Joint Commission)	74.3%	77.9%	73.1%	68.8%	79.3%	75.8%	81.5%	91.3%	65.6%	58.9%
Lack of access to specific units due to lack of PPE	-	-	-	-	-	-	-	-	76.6%	52.4%
Inability to onboard or complete orientation of new cohort due to COVID-19	-	-	-	-	-	-	-	-	63.3%	49.2%
Bar coding medication administration	68.3%	72.6%	58.1%	59.1%	69.0%	64.8%	66.3%	71.7%	51.6%	46.0%
Electronic Medical Records	66.3%	72.6%	66.7%	60.2%	61.9%	64.8%	62.0%	59.8%	43.0%	45.2%
Automated medical supply cabinets	35.6%	48.4%	45.2%	44.1%	55.4%	57.1%	54.3%	75.0%	53.9%	44.4%
Some patients due to staff workload	37.6%	30.5%	41.9%	30.1%	27.7%	37.4%	38.0%	43.5%	31.3%	36.3%
IV medication administration	30.7%	24.2%	23.7%	26.9%	34.9%	29.7%	34.8%	39.1%	28.1%	33.1%
Student health and safety requirements	43.6%	45.3%	43.0%	40.9%	43.4%	41.8%	34.8%	46.7%	33.6%	28.2%
Alternative setting due to liability	22.8%	18.9%	18.3%	19.4%	19.3%	17.6%	18.5%	40.2%	28.9%	26.6%
Glucometers	29.7%	36.8%	34.4%	31.2%	35.4%	36.3%	30.4%	34.8%	25.0%	25.8%
Direct communication with health team	15.8%	17.9%	10.8%	7.5%	8.5%	12.1%	10.9%	23.9%	17.2%	12.9%
Other	-	-	-	-	-	-	-	-	10.9%	10.5%
Number of programs reporting	**101**	**95**	**93**	**93**	**84**	**91**	**92**	**92**	**128**	**124**

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 2020-21, schools reported that restricted student access to **electronic medical records** was primarily due to insufficient time for clinical site staff to train students (59.6%, n=53) and liability (49.4%, n=44).

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).

Schools reported that students were restricted from using **medication administration systems** due primarily to liability (65.1%, n=56) and staff fatigue/ burnout (45.3%, n=39).

Some respondents who selected "other" reasons for restricted access to **medication administration systems** also provided write-in answers. Over the years, 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".

Table 26. 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	2020-2021
Liability	41.7%	36.4%	43.5%	52.6%	48.2%	48.1%	45.9%	49.4%
Insufficient time to train students	60.7%	64.9%	81.2%	65.8%	63.9%	69.1%	56.1%	59.6%
Staff fatigue/burnout	31.0%	29.9%	34.8%	34.2%	47.0%	44.4%	36.7%	42.7%
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%	38.2%
Cost for training	28.6%	6.5%	31.9%	26.3%	31.3%	27.2%	29.6%	22.5%
Other	13.1%	6.5%	10.1%	7.9%	12.0%	8.6%	14.3%	16.9%
Patient confidentiality	26.2%	22.1%	30.4%	27.6%	19.3%	24.7%	25.5%	25.8%
Number of schools reporting	**84**	**77**	**69**	**76**	**83**	**81**	**98**	**89**
Medication Administration								
	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
Liability	50.0%	62.3%	68.3%	77.4%	74.4%	78.4%	67.0%	65.1%
Insufficient time to train students	39.4%	31.9%	39.7%	36.9%	42.3%	39.2%	34.1%	36.0%
Staff fatigue/burnout	33.3%	24.6%	31.7%	29.8%	42.3%	36.5%	39.6%	45.3%
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%	26.7%
Cost for training	18.20%	20.30%	19.00%	13.10%	10.3%	13.5%	18.7%	12.8%
Other	16.70%	5.80%	9.50%	13.10%	14.1%	9.5%	16.5%	17.4%
Patient confidentiality	15.20%	7.20%	6.30%	6.00%	5.1%	4.1%	7.7%	10.5%
Number of schools reporting	**66**	**69**	**63**	**84**	**78**	**74**	**91**	**86**

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

122 schools provided information about how they compensate for restricted student access. The most common approaches were providing training in the simulation lab (92.6%, n=113), purchasing practice software (71.3%=87), and training students in the classroom (61.5%, n=75).

Over the years, 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 2020-21, "other" ways that schools compensate include: alternative practice sites (n=5), virtual simulation (n=4), using DocuCare, paper charting if students cannot get access to EMRs, SIM chart, purchasing PPE if the clinical site cannot provide it, immersion program at the hospital, and "Interactive sessions with clinical faculty using Standardized Patients and scenarios."

Table 27. 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	2020-2021
Training students in the simulation lab	80.6%	87.1%	88.0%	87.9%	87.1%	88.2%	90.4%	92.6%
Purchase practice software, such as SIM Chart	39.8%	40.9%	43.4%	45.1%	53.8%	50.5%	71.2%	71.3%
Training students in the classroom	53.8%	57.0%	66.3%	56.0%	67.7%	65.6%	63.2%	61.5%
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%	50.0%
Other	9.7%	11.8%	12.0%	11.0%	17.2%	10.8%	14.4%	14.8%
Number of schools reporting	**93**	**93**	**83**	**91**	**93**	**93**	**125**	**122**

Faculty Data[5]

In 2020-21, the number of full-time faculty reported increased slightly (n=81), as did the number of part-time faculty reported (n=292). On October 15, 2021, there were 5,302 total nursing faculty.[6] Of these faculty, 30.9% (n=1,1637) were full-time and 69.1% (n=3,665) were part-time. The total number of faculty has increased by 7.6% since 2020.

Faculty vacancy rates have fluctuated over time. From 2010 through 2019, the rate ranged from 4.9% to 9.4%. In 2021, the vacancy rate was the highest it has been in ten years at 10.1%.

Table 28. Faculty Data by Year

	2012	2013*	2014*	2015*	2016*	2017	2018	2019	2020	2021
Total Faculty	**4,119**	**4,174**	**4,181**	**4,532**	**4,366**	**4,799**	**4,939**	**5,359**	**4,929**	**5,302**
Full-Time	1,488	1,521	1,498	1,505	1,513	1,546	1,561	1,552	1,556	1,637
Part-Time	2,631	2,640	2,614	3,000	2,953	3,253	3,378	3,807	3,373	3,665
Vacancy Rate**	**7.9%**	**5.9%**	**9.4%**	**8.2%**	**9.1%**	**8.1%**	**8.0%**	**8.2%**	**6.7%**	**10.1%**
Vacancies	355	263	432	407	435	424	430	476	354	596

*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 2020-21, 41.7% (n=58) of 139 schools responding agreed that they had hired more part-time faculty than in the prior five years. In 2020-21, schools with ADN (81.0%) programs were more likely than schools without ADN programs (19.0%) to report hiring more part-time faculty.

Table 29. Schools that Reported Hiring More Part-Time Faculty than in Prior Years

	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
Number of schools that hired more part-time faculty	48	61	56	48	57	58
Percent of schools that hired more part-time faculty	37.2%	46.6%	42.7%	36.9%	41.9%	41.7%
Number of schools reporting	**129**	**131**	**131**	**130**	**136**	**139**

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 2020-21, the top-ranked reasons were "Non-competitive salaries for full-time faculty" and "Shortage of RNs applying for full time faculty positions", followed by "Insufficient number of full-time faculty applicants with required credential". These three items have remained the top three, in this order, over the four years that this question has been included in the survey. Over the last two years, "Need for part-time faculty to teach specialty content" has moved up to the fourth most common reason, displacing "Insufficient budget to afford benefits and other costs of FT faculty" to fifth place.

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 2020-21, "Other" reasons included: "Some faculty did not want to return to face to face teaching after COVID restrictions were reduced", "Smaller clinical groups forcing an increase in number of clinical faculty", "COVID restrictions on clinical group size (5-6 students)", "COVID impact on the desire of faculty to do clinical", "hospitals requiring smaller clinical groups", and "ADN teach-out".

Table 30. Reasons for Hiring More Part-Time Faculty

	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
Non-competitive salaries for full time faculty	2.5	2.5	2.8	2.5	3.0	2.8
Shortage of RNs applying for full time faculty positions	3.0	3.0	3.2	3.1	3.4	3.1
Insufficient number of full-time faculty applicants with required credential	3.4	3.6	3.5	4.1	3.9	3.9
Need for part-time faculty to teach specialty content	4.4	4.8	4.5	4.8	4.1	4.3
Insufficient budget to afford benefits and other costs of FT faculty	4.1	4.7	4.2	4.8	4.7	4.7
Need for faculty to have time for clinical practice	5.6	6.0	6.4	6.0	6.1	6.0
Private, state university or community college laws, rules or policies	5.7	5.4	5.7	5.8	5.9	6.2
To allow for flexibility with respect to enrollment changes	6.2	6.7	7.0	6.9	6.9	7.2
Need for full-time faculty to have teaching release time for scholarship, clinical practice, sabbaticals, etc.	7.0	6.8	7.7	7.5	7.9	8.1
Other	5.9	5.1	6.6	5.8	9.1	8.7

*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 2020-21, 95 of 139 schools (68.3%) reported that faculty in their programs work an overloaded schedule, and 95.8% (n=91) 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 31. Faculty with Overloaded Schedules by Academic Year

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
Number of schools with overloaded faculty that pay faculty extra for the overload	82	88	94	82	83	89	88	86	92	91
Share of schools with overloaded faculty that pay faculty extra for the overload	94.3%	93.6%	94.9%	96.5%	97.6%	96.7%	95.7%	90.5%	94.8%	95.8%
Number of schools with overloaded faculty	87	94	99	85	85	92	92	95	97	95
Share of schools with overloaded faculty	65.9%	70.7%	75.6%	64.4%	66.4%	69.7%	68.7%	72.0%	71.3%	68.3%
Number of schools reporting	132	133	131	132	128	132	134	132	136	139

SUMMARY

Number of Programs

Over the past decade, the number of California pre-licensure nursing programs has grown slightly from 142 programs in 2011-12 to 147 programs in 2020-21 (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 and 2020-21 due to the slight changes in the number of ADN programs and BSN programs.

Academic Progression Partnerships by Academic Year

The share of programs reporting a partnership with another program for academic progression has grown over the last ten years, from 42% in 2011-12 to 56% in 2020-21. Most of these partnerships were reported by associate's degree nursing programs. In 2020-21,75% (n=69) of 92 ADN nursing programs responding to this question reported participating in these partnerships (Table 3).

Available Admission Spaces, Applications, and New Student Enrollments by Academic Year

The number of available admission spaces (n=14,368) reported by California RN programs in 2020-21 was a decline from the ten-year high of 15,204 in 2019-20 (Table 4).

The number of student applications to RN prelicensure programs has grown steadily over the last ten years, and the percent of qualified applications not enrolled has also increased, hitting a ten-year high of 74.8% in 2020-21.

Enrollments (14,004) were also much lower than they have been since 2016-17. However, these numbers are based on estimates because one large BSN program did not report admission spaces or enrollments this year or last. Proxies were used to reach these numbers—in 2019-20, the prior year's enrollment numbers were used; in 2020-21, 2020 calendar year enrollments reported to the state were used. Over the last decade, there has been a decrease in enrollments in ADN programs, which have been partially offset by increasing enrollments in BSN programs (Table 6). For the first time in a decade, private program enrollments exceeded public program enrollments. The number and percent of programs that reported enrolling more students than there were admission spaces available has decreased since 2011-12 (Table 4).

A number of programs reported enrolling fewer students in 2019-20 and 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 12,303 completions in 2020-21—a 14% increase in student completions since 2011-12. While ADN completions decreased by 8% over the decade, BSN completions increased by 51% and ELM completions increased by 2% during this period (Table 9).

Completion, Attrition, and Employment Rates

Average on-time completion rates reached 85% in 2020-21, while the attrition rate fell to 7% (Table 10). 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 18% in 2011-12. The percent of graduates employed in California has stayed steady since 2017-18 at 83% (Table 15).

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 128 programs in 2020-21 as compared to 70 in 2018-19 (Table 18). 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* for clinical placements, units, or shifts (82%).

Staff nurse overload or insufficient qualified staff due to COVID-19 (72%), was the most commonly mentioned reason for clinical space being unavailable, followed by site closure or decreased services due to COVID-19 (64%), and change in site infection protocols due to COVID-19 (56%) (Table 20). The lack of access to clinical space in 2020-21, after the advent of the pandemic, resulted in a loss of 3,447 clinical placements, units, or shifts--affecting 14,788 students (Table 18).

In 2020-21, programs that reported a loss of clinical space (n=128) addressed that loss by using clinical simulation (79%), adding or replacing the lost space with a new site (55%), and replacing lost space at a different site currently used by the nursing program (50%) (Table 23).

In 2020-21, common or very common types of restricted access in the clinical setting reported by nursing programs (n=128) sites overall due to COVID-19 (85%), clinical site due to visit from accrediting agency (Joint Commission) (59%), and lack of access to specific units due to lack of PPE (52%), and. (Table 25).

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 29% in the past ten years, from 4,119 in 2011 to 5,302 in 2021. Of these, 31% (n=1,637) were full time and 69% (n=3,665) were part time. In 2021, 596 faculty vacancies were reported, representing an overall faculty vacancy rate of 10% (15% for full-time faculty and 9% for part-time faculty), the highest in the last ten years (Table 28).

In 2020-21, 95 of the 139 schools reporting (68%) indicated that faculty in their programs work an overloaded schedule (Table 31). Nearly all of the schools with overloaded faculty pay faculty extra for the overload.

APPENDIX A – List of Survey Respondents by Degree Program

ADN Programs (86)

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 - ADN
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
Ventura College
Victor Valley College
Weimar University
West Hills College Lemoore
Xavier College
Yuba College

LVN-to-ADN Only Programs (6)

Allan Hancock College	Mission College
Carrington College	Madera College
College of the Siskiyous	
Gavilan College	

BSN Programs (43)

American University of Health Sciences	Holy Names University
Azusa Pacific University	Loma Linda University
Biola University	Mount St. Mary's University BSN
California Baptist University	National University
Chamberlain University – Irwindale*	Point Loma Nazarene University
Chamberlain University - Rancho Cordova	Samuel Merritt University
CNI College (Career Networks Institute) *	San Diego State University
Concordia University Irvine	San Francisco State University
CSU Bakersfield	Simpson University
CSU Channel Islands	Sonoma State University
CSU Chico	The Valley Foundation School of Nursing
CSU East Bay	at San Jose State
CSU Fresno	UMass Global (Brandman)
CSU Fullerton	Unitek College
CSU Long Beach	University of California Irvine
CSU Los Angeles	University of California Los Angeles
CSU Northridge	University of Phoenix - Sacramento Valley
CSU Sacramento	Campus, Sacramento
CSU San Bernardino	University of San Francisco
CSU San Marcos	Vanguard University
CSU Stanislaus	West Coast University
Dominican University of California	Western Governors University
Gurnick Academy of Medical Arts - BSN	

*New BSN programs 2020-21

ELM Programs (12)

Azusa Pacific University	University of California San Francisco
California Baptist University	University of San Diego, Hahn School
Charles R. Drew University of Medicine	of Nursing
and Science	University of San Francisco
Samuel Merritt University	Western University of Health Sciences
San Francisco State University	
University of California Davis	
University of California Irvine	
University of California Los Angeles	

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

Members	Organization
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Barbara Barney-Knox, RN, MSN	Nursing/Health Care Services, California Department of Corrections and Rehabilitation
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Stephanie L. Decker	Kaiser Permanente National Patient Care
Denise Duncan, BSN, RN and Carol Jones, MSN, RN, PHN	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
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Sharon A. Goldfarb, DNP, FNP-BC, RN	Northern COADN President, College of Marin
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	Service Employees International Union (SEIU)
Saskia Kim, JD and Victoria Bermudez, RN	California Nurses Association/ National Nurses United (CAN/NNU)
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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
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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,
                                                 University of San Francisco

Peter Zografos, PhD, RN   Mount San Jacinto College

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