
California Board of Registered Nursing 2021-2022 Annual School Report

Data Summary and Historical Trend Analysis

A Presentation of Pre-Licensure Nursing Education Programs in California

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Contents

PREFACE	1
NURSING EDUCATION SURVEY BACKGROUND.....	1
ORGANIZATION OF REPORT.....	1
AVAILABILITY OF DATA	1
VALUE OF THE SURVEY	1
SURVEY PARTICIPATION.....	2
DATA SUMMARY AND HISTORICAL TREND ANALYSIS.....	3
TRENDS IN PRE-LICENSURE NURSING PROGRAMS	3
NUMBER OF NURSING PROGRAMS.....	3
ADMISSION SPACES AND NEW STUDENT ENROLLMENTS	5
STUDENT COMPLETIONS	11
<i>Completion and Attrition Rates.....</i>	<i>12</i>
<i>Employment of Recent Nursing Program Graduates.....</i>	<i>19</i>
CLINICAL SPACE & CLINICAL PRACTICE RESTRICTIONS	22
FACULTY DATA.....	33
SUMMARY.....	36
NUMBER OF PROGRAMS.....	36
ACADEMIC PROGRESSION PARTNERSHIPS BY ACADEMIC YEAR.....	36
AVAILABLE ADMISSION SPACES, APPLICATIONS, AND NEW STUDENT ENROLLMENTS BY ACADEMIC YEAR	36
STUDENT COMPLETIONS BY ACADEMIC YEAR	37
COMPLETION, ATTRITION, AND EMPLOYMENT RATES	37
CLINICAL SPACE AND CLINICAL PRACTICE RESTRICTIONS.....	37
FACULTY, VACANCY RATES, AND OVERLOAD	38
CONCLUSION	38
APPENDIX A – LIST OF SURVEY RESPONDENTS BY DEGREE PROGRAM.....	39
APPENDIX B – BRN NURSING EDUCATION AND WORKFORCE ADVISORY COMMITTEE (NEWAC) ..	41

Tables

Table 1. RN Program Response Rate	2
Table 2. Number of Nursing Programs by Academic Year	3
Table 3. Partnerships by Academic Year	4
Table 4. Availability and Utilization of Admission Spaces by Academic Year.....	5
Table 5. Student Admission Applications by Academic Year.....	6
Table 6. New Student Enrollment by Program Type by Academic Year	7
Table 7. Percent ADN Programs that Enrolled Fewer Students by Academic Year	8
Table 8. Percent BSN Programs that Enrolled Fewer Students by Academic Year	8
Table 9. Percent ELM Programs that Enrolled Fewer Students by Academic Year	8
Table 10. Percent of all Programs that Enrolled Fewer Students by Academic Year.....	8
Table 11. Reasons for Enrolling Fewer Students by Academic Year (Percents).....	9
Table 12. Reasons for Enrolling Fewer Students by Academic Year (Raw Numbers)	10
Table 13. Student Completions by Program Type by Academic Year.....	11
Table 14. Student Completion and Attrition by Academic Year.....	12
Table 15. Attrition Rates by Program Type by Academic Year	13
Table 16. Completion and Attrition Data by Race and Ethnicity, 2021-22.....	14
Table 17. First Time NCLEX Pass Rates by Program Type, by Academic Year (Percents).....	16
Table 18. First Time NCLEX Pass Rates by Program Type, by Academic Year (Raw Numbers)	16
Table 19. First Time NCLEX Pass Rates for Accelerated Programs by Program Type, by Academic Year (Percents).....	18
Table 20. First Time NCLEX Pass Rates for Accelerated Programs by Program Type, by Academic Year (Raw Numbers)	18
Table 21. Percent of Recent Nursing Program Graduates Employed in California by Academic Year	19
Table 22. Employment Location of Recent Nursing Program Graduates by Academic Year	20
Table 23. Employment Location for Recent Nursing Program Graduates by Program Type by Academic Year.....	21
Table 24. RN Programs Denied Clinical Space by Academic Year	22
Table 25. RN Programs That Reported Fewer Students Allowed for a Clinical Space by Academic Year	23
Table 26. Reasons for Clinical Space Being Unavailable by Academic Year, Percentages.....	24
Table 27. Reasons for Clinical Space Being Unavailable by Academic Year, Counts	25
Table 28. Programs that Provided Financial Support to Secure a Clinical Placement	26
Table 29. Strategies to Address the Loss of Clinical Space by Academic Year	27
Table 30. Increase in Use of Alternative Out-of-Hospital Clinical Sites by Nursing Programs.....	28
Table 31. Common Types of Restricted Access in the Clinical Setting for RN Students by Academic Year	29
Table 32. Share of Schools Reporting Reasons for Restricting Student Access to Electronic Medical Records by Academic Year	30
Table 33. Share of Schools Reporting Reasons for Restricting Student Access to Medication Administration by Academic Year.....	31
Table 34. How Nursing Programs Compensate for Training in Areas of Restricted Access by Academic Year.....	32
Table 35. Faculty Data by Year	33
Table 36. Schools that Reported Hiring More Part-Time Faculty than in Prior Years.....	33
Table 37. Reasons for Hiring More Part-Time Faculty	34
Table 38. Faculty with Overloaded Schedules by Academic Year	35

Figures

Figure 1. Student Completions by Program Type and Academic Year 11

Figure 2. Attrition and Completion by Program Type and Academic Year 13

Figure 3. Attrition and Completion by Public/Private Status and Academic Year 14

Figure 4. Completion and Attrition Data by Race and Ethnicity, 2019-20 to 2021-22..... 15

Figure 5. First Time NCLEX Pass Rates by Program Type, by Academic Year..... 17

Figure 6. Percent of Recent Nursing Program Graduates Employed in California by Academic Year
..... 19

PREFACE

Nursing Education Survey Background

The 2021-22 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, 2021 and ending July 31, 2022. Census and associated demographic data were requested for October 15, 2022.

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 144 California nursing schools were invited to participate in the survey, and all 144 nursing schools offering 152 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

Type of Program	# Programs Reporting	Total # Programs	Response Rate
ADN	86	86	100%
LVN-to-ADN	5	5	100%
BSN	48	48	100%
ELM	13	13	100%
Number of programs	152	152	100%

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

¹ Since last year's report, two ADN programs closed, one LVN-to-ADN program is on pause, and there are three new ADN programs, five new BSN programs and one new ELM program.

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 starting in 2020-21.

DATA SUMMARY AND HISTORICAL TREND ANALYSIS

This analysis presents pre-licensure program data from the 2021-22 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 2021-22, 144 schools reported information about students enrolled in their 152 prelicensure nursing programs. In the past year, two ADN programs closed, one LVN-to-ADN program went on pause, and three new ADN programs and two new BSN programs opened.

There has been a 6.3% growth in the number of programs overall, with the biggest increase taking place in the number of BSN programs, which grew by 20%. All of this latter increase is the result of the creation of new private 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 2012-13 to 101 in 2021-22 (-10.6%). The number of private programs has increased from 37 to 51 (+37.8%) over this period.

Table 2. Number of Nursing Programs by Academic Year

Type of Program	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Total number of schools*	133	131	132	132	133	134	134	137	139	144
Total nursing programs	143	141	142	141	141	141	142	147	147	152
ADN**	88	89	90	89	91	92	91	93	92	91
BSN	40	36	36	38	37	37	39	42	43	48
ELM	15	16	16	14	13	12	12	12	12	13
Public	106	105	105	104	103	102	102	102	102	101
Private	37	36	37	37	38	39	40	45	45	51

* 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 50.8% (n=64) in 2012-13 to 59.7% (n=83) in 2021-22. The percentage of schools reporting partnerships peaked in 2015-16 at 66.1%.

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 2021-22, 91.2% (n=83) of the 91 ADN nursing programs responding to this question reported participating in these partnerships.

Table 3. Partnerships by Academic Year

Type of Program	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020**	2020-2021	2021-2022
ADN programs* with partnerships	58	60	62	69	69	66	63	71	69	73
	65.9%	68.2%	72.1%	82.1%	77.5%	73.3%	69.2%	77.2%	75.0%	80.2%
<i>ADN programs reporting</i>	88	88	86	84	89	90	91	92	92	91
BSN programs with partnerships	6	7	7	11	10	12	10	9	7	10
	15.8%	20.6%	20.0%	29.7%	28.6%	33.3%	25.6%	22.0%	16.3%	20.8%
<i>BSN programs reporting</i>	38	34	35	37	35	36	39	41	43	48
All programs with partnerships	64	67	69	80	79	78	73	80	76	83
	50.8%	54.9%	57.0%	66.1%	63.7%	61.9%	56.2%	60.2%	56.3%	59.7%
Number of programs reporting	126	122	121	121	124	126	130	133	135	139

* 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 program has overall risen over the past ten years, with slight fluctuations. In 2021-22, 20,388 spaces were reported as available for new students and these spaces were filled with 16,612 students. More than a third of these admission spaces were in one BSN program.

As in prior years, some pre-licensure nursing programs enrolled more students in 2021-22 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 2021-22, the share of nursing programs that reported filling more admission spaces than were available was 29.0% (n=44). The share of programs that filled more admission spaces than available dipped during the years of the pandemic lockdown. The share of spaces filled with new student enrollments has continued to decline.

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

Spaces and Enrollments	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019[‡]	2019-2020	2020-2021	2021-2021
Spaces available	12,776	12,394	11,976	11,928	13,697	14,132	14,897	15,204	14,368	20,388
New student enrollments*	13,124	13,237	13,318	13,190	13,599	14,139	15,150	15,002	14,004	16,612
Share and number of programs that reported filling more admission spaces than were available	41.3% (n=59)	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)	29.0% (n=44)
% Spaces filled with new student enrollments	102.7%	106.8%	111.2%	110.6%	99.3%	100.0%	101.7%	98.7%	97.5%	81.5%

* New student enrollments exclude readmitted student numbers.

Notes on totals:

- 1) Totals for 2012-13 were revised in 2023 for one ADN 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.
- 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.

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 83.3% (n=29,229) over the last ten years, from 35,070 in 2012-13 to 64,299 in 2021-22. The number of 2021-22 applications (64,299) is higher than last year's total of 55,551, which was a ten-year high. Almost three-quarters (74.2%) of qualified applications were not enrolled in 2021-22.

The number of qualified applications for every program type has been trending upward since 2015-16. This year's BSN number of qualified applications (35,474) was a ten-year high and considerably higher than last year's number (26,773). The number of BSN qualified applications first surpassed the number of ADN applications in 2019-20. This year, 11% percent of all qualified applications, or 19.9% of all qualified BSN applications, were from one school.

While the number of ELM applications dipped this year to 3,742, this is still the second highest number of applications in the last decade.

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

Type of Program	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2021
Qualified applications*	35,070	31,598	28,335	28,041	36,004	38,425	47,634	54,823	55,551	64,299
ADN	20,008	16,705	15,988	16,332	18,190	21,685	22,852	25,330	24,601	25,083
BSN**	12,476	12,695	10,196	9,735	15,325	13,705	21,338	26,492	26,773	35,474
ELM	2,586	2,198	2,151	1,974	2,489	3,035	3,444	3,001	4,177	3,742
% Qualified applications not enrolled	62.6%	58.1%	53.0%	53.0%	62.2%	63.2%	68.2%	72.6%	74.8%	74.2%

*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.

The number of qualified applicants for 2012-2013 was updated in 2023 to reflect changes from one ADN program.

In 2021-22, 16,612 new students enrolled in registered nursing programs. Student enrollments in ADN and ELM programs have stayed relatively flat up until 2018-19. BSN applications were rising up until 2018-19, after which all program types experienced a drop, likely due to the COVID-19 pandemic's impact on nursing schools. During 2019-20 and 2020-21, many programs reported skipping cohorts or decreasing cohorts (see Table 11.)

Last year was the first year that private program enrollments exceeded public school enrollments. The trend continued and intensified in 2021-22. This appears to be the result of several trends:

- 1) An overall increase in the number of private nursing programs in the last ten years (+70%, n=21),
- 2) An overall decrease in the number of public nursing programs over the last ten years (-10.6%, n=12),
- 3) A decrease in the number of *enrollments* in ADN programs (-7.8%, n=556), most of which are in public programs, despite a slight increase in the number of ADN programs (+3.4%, n=3).
- 4) An increase in the number of *enrollments* in BSN programs (+77.1%, n=3,998), most of which are in private programs, and a concurrent +20% (n=8) increase in the number of BSN programs, over the last ten years.

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

Type of Program	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
New student enrollments	13,181	13,237	13,318	13,190	13,599	14,139	15,150	15,007	14,004	16,612
ADN*	7,146	7,146	6,914	6,794	7,004	7,017	7,014	6,852	5,941	6,533
BSN	5,185	5,284	5,510	5,632	5,792	6,295	7,266	7,242	7,133	9,179
ELM	850	807	894	764	803	827	870	913	930	900
Private	4,642	4,982	5,309	5,202	5,769	6,188	7,047	7,063	7,138	9,101
Public	8,482	8,255	8,009	7,988	7,830	7,951	8,103	7,944	6,866	7,511

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.
- 5) 2012-2013 values were updated in 2023 to reflect changes submitted by one ADN program.

Programs were asked to report if they had enrolled fewer students in this academic year than in the prior year. In 2021-22, 25.7% of 152 programs (n=39) reported enrolling fewer students than in 2020-21. The proportion of programs reporting enrolling fewer students rose during the prior two years, largely due to the COVID-19 pandemic, when many schools decreased a cohort or paused altogether.

The percent reporting enrolling fewer students seems to have decreased a great deal for ADN programs, but it has risen substantially for BSN and ELM programs.

Table 7. Percent ADN 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	2021-2022
<i>Percent of ADN programs enrolling fewer students</i>	23.0%	20.2%	18.7%	22.0%	15.4%	26.9%	53.8%	20.9%
Number of ADN programs enrolling fewer students	20	18	17	20	14	25	50	19
Number of ADN programs reporting	87	89	91	91	91	93	93	91

Table 8. Percent BSN 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	2021-2022
<i>Percent of BSN programs enrolling fewer students</i>	13.9%	18.4%	16.7%	24.3%	7.7%	24.4%	18.6%	31.3%
Number of BSN programs enrolling fewer students	5	7	6	9	3	10	8	15
Number of BSN programs reporting	36	38	36	37	39	41	43	48

Table 9. Percent ELM 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	2021-2022
<i>Percent of ELM programs enrolling fewer students</i>	37.5%	28.6%	15.4%	25.0%	8.3%	16.7%	8.3%	38.5%
Number of ELM programs enrolling fewer students	6	4	2	3	1	2	1	5
Number of ELM programs reporting	16	14	13	12	12	12	12	13

Table 10. Percent of all 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	2021-2022
<i>Percent of all programs enrolling fewer students</i>	22.3%	20.7%	17.9%	22.9%	12.7%	25.3%	40.1%	25.7%
Number of programs enrolling fewer students	31	29	25	32	18	37	59	39
Number of programs reporting	139	140	140	140	142	146	147	152

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

The most common reason given for enrolling fewer students in 2021-22 was “accepted students did not enroll”. This was historically the most common reason for enrolling fewer students, except for the two years during the COVID-19 pandemic shutdown, when “unable to secure clinical placements” was the top reason. In 2020-21, this reason was given by more than half of all respondents who had enrolled fewer students (55.9%). In 2021-2022, while this reason was still high on the list (35.9%), it was second after “accepted students did not enroll” (38.5%).

In 2019-20, 2020-21, and 2021-22, programs were also provided a number of answer categories related to COVID-19. While the second and third most common reasons for enrolling fewer students in 2020-21 were “decreased an admission cohort” (45.8%) and skipped a cohort (32.2%), by 2021-22 these reasons (15.4% and 10.3%, respectively) were far down the list in. In 2021-22, five respondents provided the percent of the decrease, which averaged 22.8%.

Only four of eleven comments from those responding “other” directly addressed challenges related to the pandemic (students not vaccinated in time, general pandemic-related decreases), possibly indicating the decreasing impact of pandemic precautions. Other reasons for enrolling fewer students included BRN action paused enrollment for Fall '21, students not passing prerequisite science courses, low enrollment university-wide, not able to accommodate as many (or any) LVN students, etc. (See continuation of table on the next page.)

Table 11. Reasons for Enrolling Fewer Students by Academic Year (Percents)

Reasons	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Accepted students did not enroll	45.2%	41.4%	56.0%	53.1%	50.0%	32.4%	25.4%	38.5%
Unable to secure clinical placements for all students	16.1%	10.3%	28.0%	25.0%	37.5%	43.2%	55.9%	35.9%
Other	12.9%	17.2%	24.0%	21.9%	25.0%	18.9%	20.3%	28.2%
College/university requirement to reduce enrollment*	16.1%	27.6%	12.0%	9.4%	0.0%	2.7%	6.8%	0.0%
Lost funding	19.4%	17.2%	8.0%	3.1%	0.0%	0.0%	0.0%	0.0%
Insufficient faculty	16.1%	13.8%	8.0%	3.1%	0.0%	10.8%	10.2%	15.4%
To reduce costs	16.1%	3.4%	0.0%	3.1%	0.0%	0.0%	1.7%	0.0%
Lack of qualified applicants*	9.7%	0.0%	8.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Program discontinued*	9.7%	3.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Skipped a cohort	-	-	-	-	-	13.5%	32.2%	10.3%
Decreased an admission cohort	-	-	-	-	-	10.8%	45.8%	15.4%
Concerns about safety of students in clinical rotations	-	-	-	-	-	5.4%	18.6%	7.7%
Concerns about safety of faculty in clinical rotations	-	-	-	-	-	5.4%	18.6%	5.1%
Challenges converting courses from in-person to online modalities	-	-	-	-	-	2.7%	15.3%	5.1%
Challenges converting clinicals to virtual simulation	-	-	-	-	-	0.0%	16.9%	7.7%
Challenges converting clinicals to in-person simulation	-	-	-	-	-	2.7%	15.3%	5.1%
Need to reduce in-person class sizes to accommodate social distancing	-	-	-	-	-	-	5.1%	2.6%
Number of programs reporting	31	29	25	32	16	37	59	39

Table 12. Reasons for Enrolling Fewer Students by Academic Year (Raw Numbers)

Reasons	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Accepted students did not enroll	14	12	14	17	8	12	15	15
Unable to secure clinical placements for all students	5	3	7	8	6	16	33	14
Other	4	5	6	7	4	7	12	11
College/university requirement to reduce enrollment*	5	8	3	3	0	1	4	0
Lost funding	6	5	2	1	0	0	0	0
Insufficient faculty	5	4	2	1	0	4	6	6
To reduce costs	5	1	0	1	0	0	1	0
Lack of qualified applicants*	3	0	2	0	0	0	0	0
Program discontinued*	3	1	0	0	0	0	0	0
Skipped a cohort	-	-	-	-	-	5	19	4
Decreased an admission cohort	-	-	-	-	-	4	27	6
Concerns about safety of students in clinical rotations	-	-	-	-	-	2	11	3
Concerns about safety of faculty in clinical rotations	-	-	-	-	-	2	11	2
Challenges converting courses from in-person to online modalities	-	-	-	-	-	1	9	2
Challenges converting clinicals to virtual simulation	-	-	-	-	-	0	10	3
Challenges converting clinicals to in-person simulation	-	-	-	-	-	1	9	2
Need to reduce in-person class sizes to accommodate social distancing	-	-	-	-	-	-	3	1
Number of programs reporting	31	29	25	32	16	37	59	39

*Categories derived from text comments.

Student Completions

The number of students completing California nursing programs increased by 18.4% (n=2,080) over the last ten years, rising from 11,292 in 2012-13 to 13,372 in 2021-22. ELM completions increased very slightly, from 764 to 795 (+4.1%) over this period, while BSN completions increased from 4,364 to 7,197 (+64.9%). ADN completions *decreased* 12.7%, from 6,164 in 2012-13 to 5,380 in 2021-22.

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 2021-22. In **2021-22**, 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.

In 2021-22, ADN students represent 40.2 % of completions, BSN students represent 53.8%, and ELM students represent 5.9% of completions.

Table 13. Student Completions by Program Type by Academic Year

Type of Program	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
ADN*	6,164	5,916	5,542	5,671	5,981	5,785	5,888	5,851	5,661	5,380
BSN	4,364	4,606	4,860	4,868	4,666	5,224	5,354	6,094	5,871	7,197
ELM	764	769	717	652	655	822	615	769	772	795
Total student completions	11,292	11,291	11,119	11,191	11,302	11,831	11,857	12,714	12,304	13,372

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

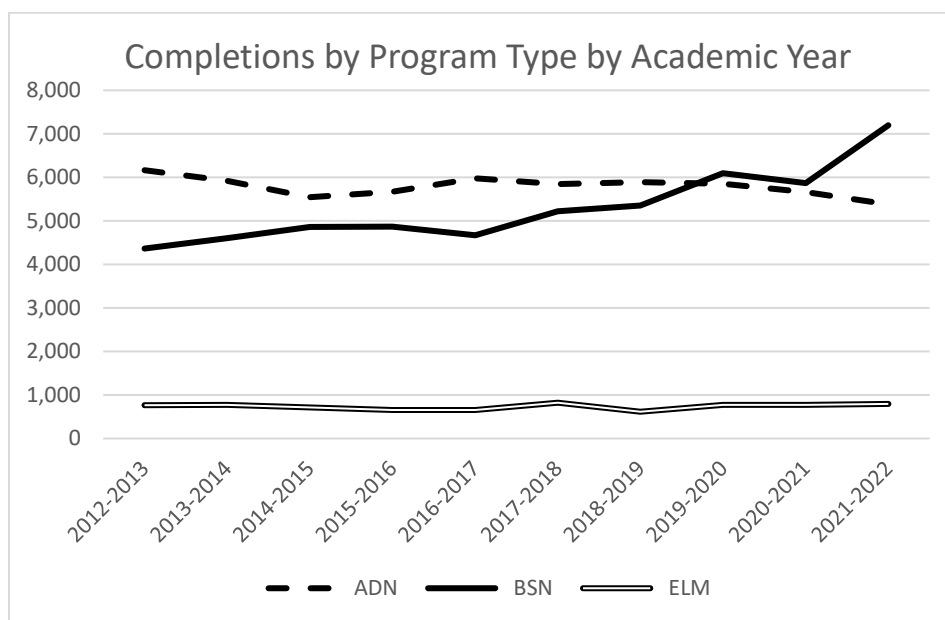


Figure 1. Student Completions by Program Type and Academic Year

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 15,378 reported students scheduled to complete a nursing program in the 2021-22 academic year, 81.9% (n=12,598) completed the program on time, 9.4% (n=1,449) were still enrolled in the program, and 8.7% (n=1,331) left the program. Of those who left program, 53.2% (n=708) had been dismissed and 46.8% (n=623) 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, hitting a ten-year low in 2020-21 at 7.0%. During the pandemic, many students were reportedly delayed as programs struggled to provide instruction and clinical experiences during the lockdown. However, attrition rates remained low.

Table 14. Student Completion and Attrition by Academic Year

Status	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Students scheduled to complete the program	12,480	11,791	11,692	11,335	12,658	13,403	14,807	13,984	13,585	15,378
Completed on time	10,269	9,743	9,587	9,002	10,378	10,719	12,441	11,869	11,554	12,598
Still enrolled	756	651	563	893	901	1,395	790	948	1,072	1,449
Total attrition	1,455	1,397	1,542	1,440	1,379	1,289	1,576	1,167	959	1,331
<i>Attrition-dropped out</i>	<i>1,455</i>	<i>1,397</i>	<i>802</i>	<i>615</i>	<i>662</i>	<i>578</i>	<i>804</i>	<i>623</i>	<i>445</i>	<i>623</i>
<i>Attrition-dismissed</i>			<i>740</i>	<i>825</i>	<i>717</i>	<i>711</i>	<i>772</i>	<i>544</i>	<i>514</i>	<i>708</i>
Completed late [‡]	605	1,079	851	416	969	1,103	801	752	901	763
On-time completion rate*	82.3%	82.6%	82.0%	79.4%	82.0%	80.0%	84.0%	84.9%	85.1%	81.9%
Attrition rate**	11.7%	11.8%	13.2%	12.7%	10.9%	9.6%	10.6%	8.3%	7.0%	8.7%
% Still enrolled	6.1%	5.5%	4.8%	7.9%	7.1%	10.4%	5.3%	6.8%	7.9%	9.4%

[‡] These completions are not included in the calculation of either on-time completion or attrition rates.

*On-time completion rate = (students completing the program on-time) / (students scheduled to complete)

**Attrition rate = (students dropped or dismissed who were scheduled to complete) / (students scheduled to complete the program)

- 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.
- Data for 2016-17 was revised 2020 to reflect updates provided by schools.
- 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. 2019-20 data were used as proxy data for one BSN program that provided no attrition and completion in 2020-21.
- In 2021-22, 11 programs provided no data for this table. Nine programs were new and had no graduates, one program had skipped or delayed a cohort due to the pandemic, and one was on teach-out.
- Data for 2012-13, 2017-18, 2018-19, and 2020-21 were updated based on information provided by one ADN program.

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 14.4% in 2012-13 to a ten-year low of 7.7% in 2020-21. This year's rate was a little higher than recent years' rates, but still relatively low.

Attrition rates for BSN programs have varied over the last decade, reaching a high of 11.7% in 2015-16 and a low of 8.3% in 2012-13, 2019-20, and 2020-21.

In each of the past 10 years, attrition rates have been lowest among ELM programs, ranging from 7.7% in 2014-15 to a low of 1.9% in 2020-21. The attrition rate in ELM programs has declined over the decade, but not as sharply as it has for ADN programs.

For the last four years, private programs' attrition rates have been higher than public program's attrition rates.

Table 15. Attrition Rates by Program Type by Academic Year

Type of Program	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
ADN*	14.4%	15.5%	16.2%	14.3%	12.4%	11.3%	10.8%	8.9%	7.7%	9.3%
BSN	8.3%	8.7%	10.5%	11.7%	9.2%	8.4%	11.2%	8.3%	7.1%	8.7%
ELM	4.1%	3.4%	7.7%	4.4%	7.3%	3.0%	3.0%	3.8%	1.9%	2.8%
Private	9.3%	9.4%	12.3%	14.0%	10.5%	8.7%	12.1%	8.9%	7.5%	9.3%
Public	12.6%	13.2%	13.7%	12.0%	11.2%	10.2%	9.5%	7.9%	6.7%	8.0%

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.

2019-20's data were used as proxy data for one BSN program that provided no attrition and completion data in 2020-21.

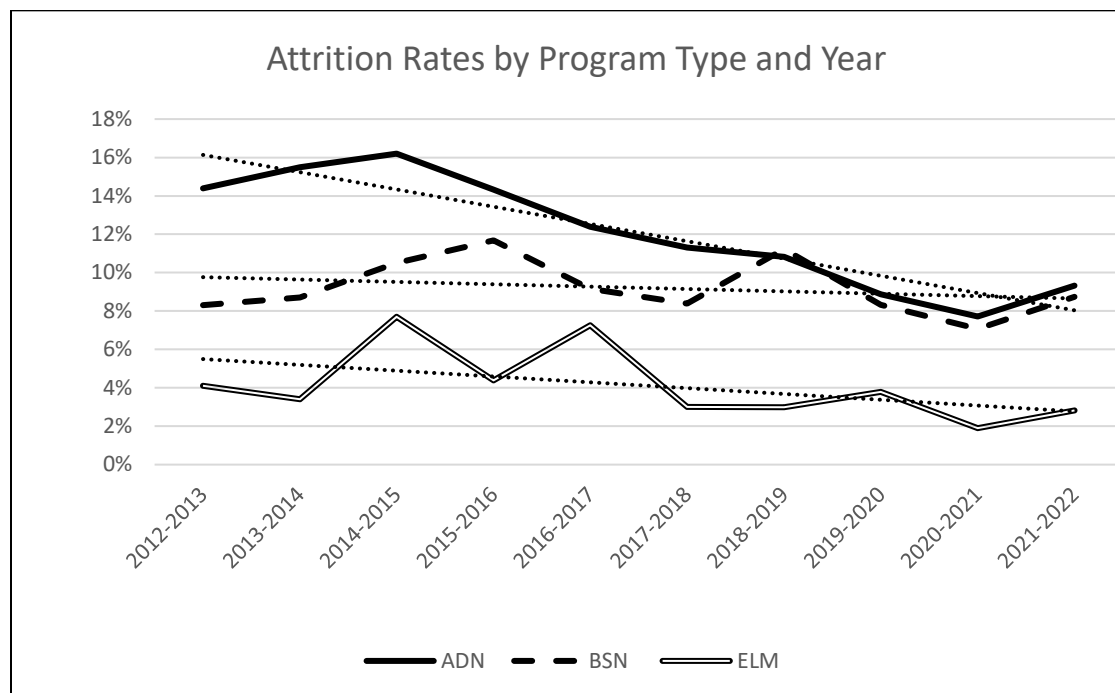


Figure 2. Attrition and Completion by Program Type and Academic Year

Attrition rates in both public and private programs have decreased over the decade, although they have done so more steadily for public programs. *Both* program types experienced higher attrition rates in 2021-22 than they did in the prior year.

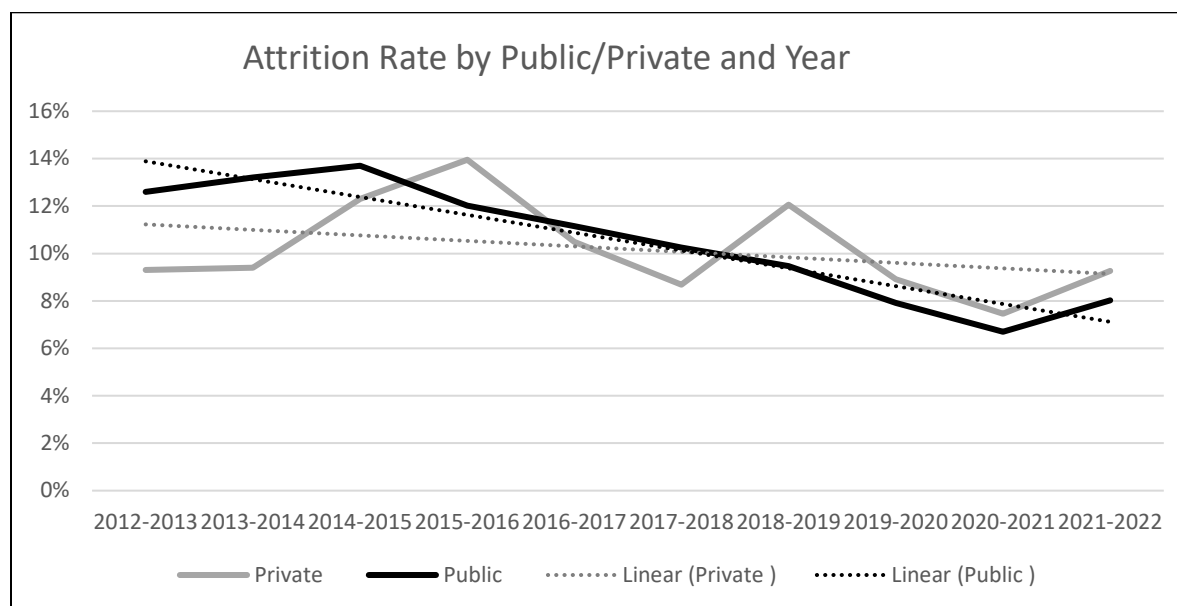


Figure 3. Attrition and Completion by Public/Private Status and Academic Year

Starting in 2016-17, programs were asked to calculate attrition and on-time completion data by race and ethnicity. In 2021-22, White students had the lowest attrition rate (7.2%) followed by Native American and Asian students (each 8.2%). Students of unknown race had the highest on-time completion rate (84.9%), followed by Asian students (83.7%).

Table 16. Completion and Attrition Data by Race and Ethnicity, 2021-22

Status	Native American	Asian	African American	Filipino	Hispanic	White	Other	Unknown
Students scheduled to complete the program	85	3,184	702	843	3,997	4,070	1,071	1,426
Completed On-time	71	2,666	495	673	3,207	3,387	888	1,211
Still enrolled	7	256	108	91	433	390	95	69
Total attrition	7	262	99	79	357	293	88	146
Dropped Out	4	103	47	31	151	170	37	80
Dismissed	3	159	52	48	206	123	51	66
Completed late*	3	144	43	43	230	154	33	113
On-time Completion Rate**	83.5%	83.7%	70.5%	79.8%	80.2%	83.2%	82.9%	84.9%
Attrition rate***	8.2%	8.2%	14.1%	9.4%	8.9%	7.2%	8.2%	10.2%

*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)

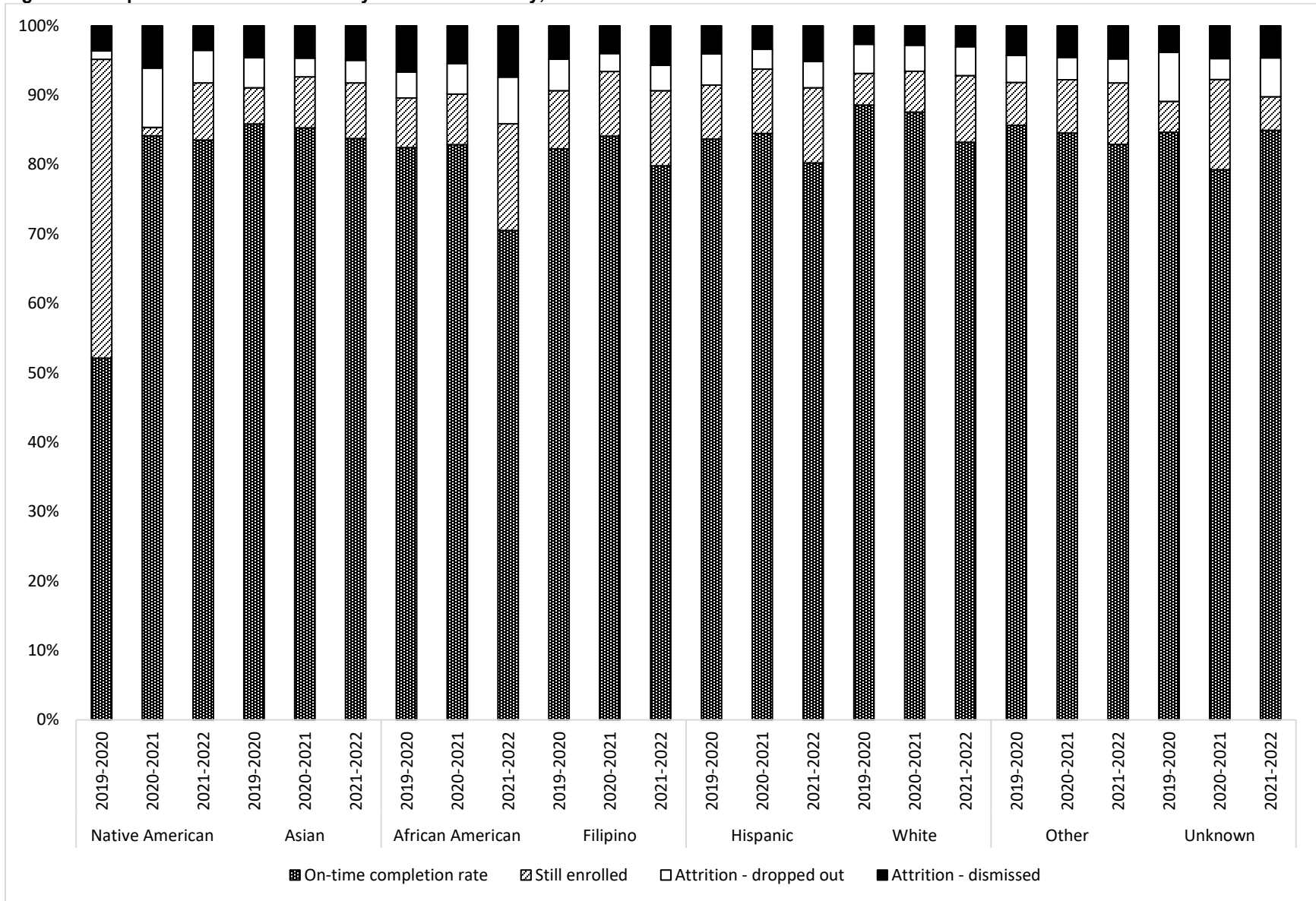
***Attrition rate = (students who dropped or were dismissed who were scheduled to complete) / (students scheduled to complete the program)

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.

2019-20's data were used as proxy data for one BSN program that provided no attrition and completion data in 2020-21.

Figure 4. Completion and Attrition Data by Race and Ethnicity, 2019-20 to 2021-22



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 2021-22, pass rates dipped a for a second year after rising for the prior 3-4 years.

Table 17. First Time NCLEX Pass Rates by Program Type, by Academic Year (Percents)

Type of Program	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
ADN (# passed)	88.8%	83.1%	84.3%	86.0%	87.8%	90.0%	91.3%	91.6%	89.7%	87.6%
BSN (# passed)	87.1%	82.3%	84.4%	88.2%	91.6%	91.9%	91.6%	91.6%	88.8%	84.8%
ELM (# passed)	91.8%	81.9%	80.7%	84.1%	89.9%	88.5%	89.5%	93.4%	88.7%	85.6%
Number of programs reporting	137	135	135	135	129	134	137	137	140	132

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

Table 18. First Time NCLEX Pass Rates by Program Type, by Academic Year (Raw Numbers)

Type of Program	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
ADN (# passed)	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)	87.6% (5,265)
BSN (# passed)	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)	84.8% (5,546)
ELM (# passed)	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)	85.6% (560)
Number of programs reporting	137	135	135	135	129	134	137	137	140	132

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>

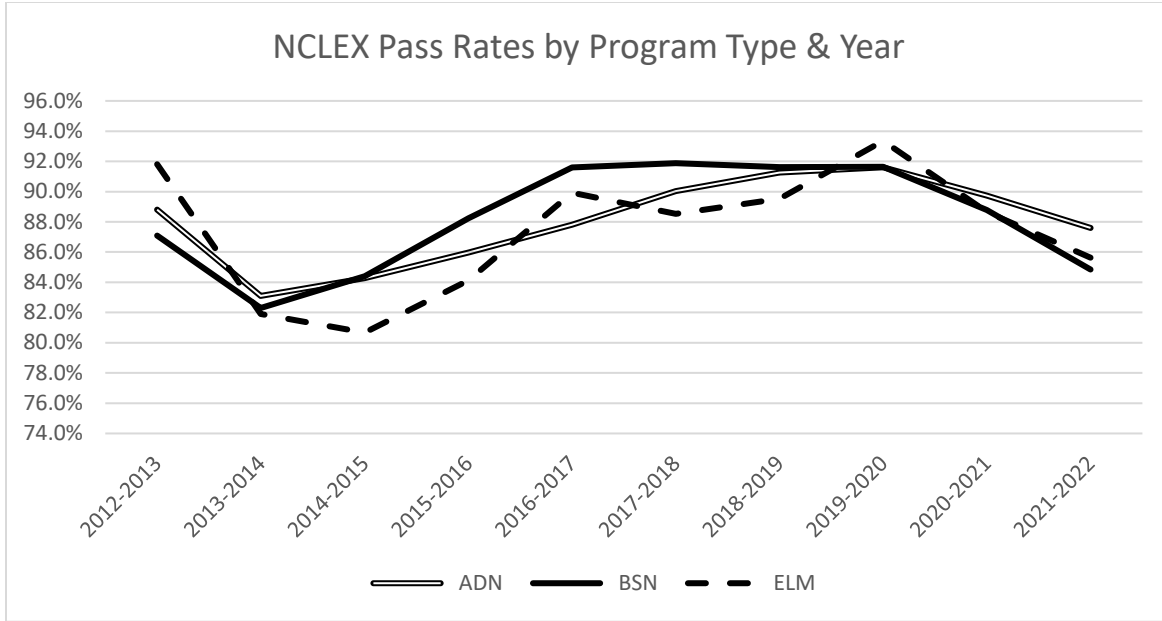


Figure 5. First Time NCLEX Pass Rates by Program Type, by Academic Year

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 2021-22, 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 19. First Time NCLEX Pass Rates for Accelerated Programs by Program Type, by Academic Year (Percents)

Type of Program	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
ADN (# passed)	93.5%	68.8%	95.5%	73.0%	68.9%	87.6%	82.3%	89.9%	93.8%	96.2%
BSN (# passed)	83.9%	81.9%	95.2%	91.4%	90.5%	90.5%	92.7%	94.3%	91.4%	96.5%
ELM (# passed)	-	-	90.0%	83.6%	95.2%	90.8%	92.3%	93.9%	87.3%	83.7%
Number of programs reporting	16	16	12	14	19	16	18	27	23	22

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.

Table 20. First Time NCLEX Pass Rates for Accelerated Programs by Program Type, by Academic Year (Raw Numbers)

Type of Program	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
ADN (# passed)	43	77	42	108	93	296	261	222	105	76
BSN (# passed)	917	1,078	565	427	2,032	573	2,040	3,535	962	2,122
ELM (# passed)	-	-	199	240	60	118	241	226	213	560
Number of programs reporting	16	16	12	14	19	16	18	27	23	22

Note: Blank cells indicate that the applicable information was not requested in that year.

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

Employment of Recent Nursing Program Graduates

Each year, program directors are asked to report on the percentage of that year's graduates that is employed in nursing in California. 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 85% in 2021-22.

Figure 6. Percent of Recent Nursing Program Graduates Employed in California by Academic Year

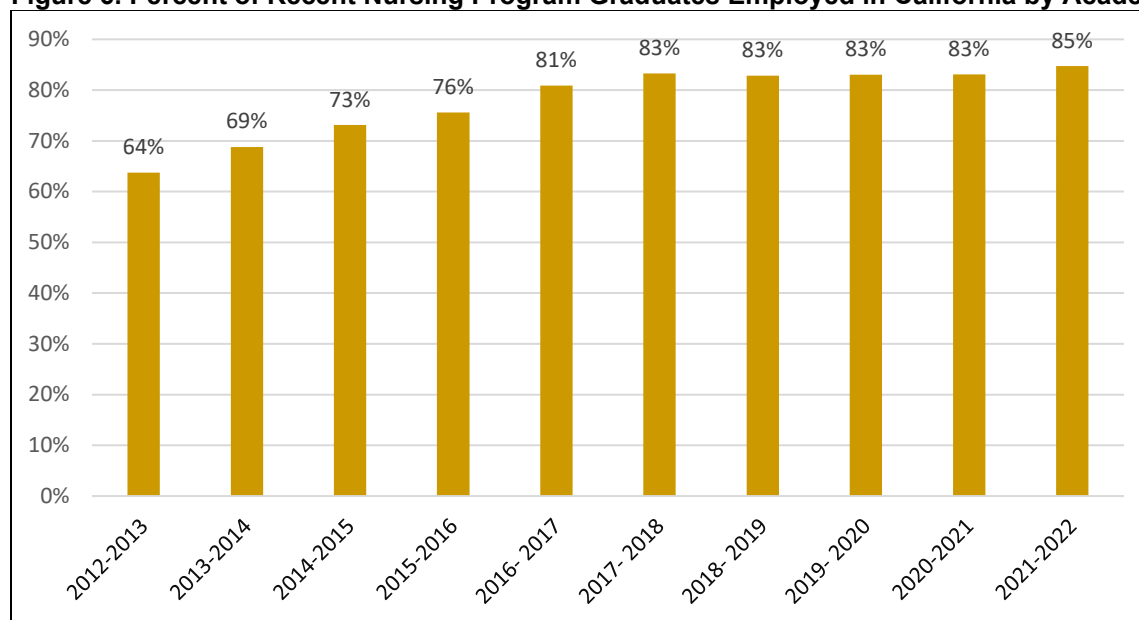


Table 21. Percent of Recent Nursing Program Graduates Employed in California by Academic Year

	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Employed in California*	63.7%	68.8%	73.1%	75.6%	80.9%	83.3%	82.9%	83.0%	83.1%	84.7%
Number of programs reporting	127	128	119	118	119	127	125	126	128	134

*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 2021-22, 63.1% of graduates were reportedly employed in hospitals. Nursing programs reported that 8.9% (total) were participating in a paid or unpaid new graduate residency, 7.5% of their graduates were not yet licensed, and 5.0% were working at other health care facilities. Only 1.6% of new graduates were unable to find employment by October 2022, a figure that has declined since 2012-13, when 18.3% 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 2021-22, other sites provided included an aesthetic clinic or spa, home health, insurance company, acute care hospital, dialysis clinic, ambulatory surgery center, schools, and corrections.

Table 22. Employment Location of Recent Nursing Program Graduates by Academic Year

<i>Employment Setting</i>	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Hospital	56.7%	56.0%	58.3%	59.2%	61.1%	63.0%	59.1%	59.4%	60.4%	63.1%
Participating in a new graduate residency (paid)	.	.	.	.	.	.	7.6%	5.7%	6.6%	8.7%
Not yet licensed	.	.	.	10.6%	10.2%	7.2%	4.7%	9.9%	7.9%	7.5%
Other healthcare facilities	4.7%	6.0%	4.4%	3.5%	4.6%	5.3%	5.3%	3.5%	4.3%	5.0%
Pursuing additional nursing education ^T	7.1%	10.5%	11.4%	11.0%	10.3%	12.0%	9.1%	7.5%	6.0%	4.3%
Long-term care facilities	7.9%	7.1%	7.9%	4.6%	5.2%	6.3%	6.8%	5.9%	4.9%	3.4%
Community/public health facilities	3.6%	3.7%	4.2%	2.6%	2.6%	3.0%	3.0%	3.4%	3.5%	3.4%
Other	1.7%	3.4%	4.9%	3.2%	2.0%	0.8%	0.9%	1.1%	2.7%	2.9%
Unable to find employment [*]	18.3%	13.7%	9.5%	5.5%	4.2%	2.4%	3.9%	3.3%	3.1%	1.6%
Participating in a new graduate residency (unpaid)	.	.	.	.	.	.	0.1%	0.2%	0.5%	0.2%
Employed in California	63.7%	68.8%	73.1%	75.6%	80.9%	83.3%	82.9%	83.0%	83.1%	84.7%

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 2021-22, on average, the employment setting was unknown for 14.7% 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 2021-22, ADN programs reported the largest average share of recent graduates employed in hospitals (65.7%), followed by BSN programs (61.3%), and ELM programs (45.9%). BSN programs have seen a decrease in the percentage of graduates working in hospitals, from nearly 80% in 2014-15 to 61.3% in 2021-22. ADN programs have seen an increase, from 51.3% in 2014-15 to 65.7% in 2021-22.

In 2021-22, after hospital employment, the largest proportion (6.7%) of ADN graduates were “not yet licensed” (7.0%), followed by “participating in a new graduate residency” (paid or unpaid) (6.5%). The largest proportion of BSN graduates (after hospital employment) were “participating in a new graduate residency” (paid or unpaid) (11.4%), followed by “not yet licensed” (9.4%). The largest proportion of ELM graduates (after hospital employment) were “participating in a new graduate residency” (paid or unpaid) (21.4%), followed by “other” (9.2%).

Table 23. Employment Location for Recent Nursing Program Graduates by Program Type by Academic Year

<i>ADN Programs</i>	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019*	2019-2020	2020-2021	2021-2022
Hospital	51.3%	54.7%	58.6%	59.1%	57.3%	57.0%	58.7%	65.7%
Long-term care facilities	10.3%	5.6%	6.3%	7.7%	9.0%	7.6%	6.4%	4.5%
Community/ public health facilities	4.1%	2.4%	3.0%	2.9%	3.0%	3.2%	3.9%	3.1%
Other healthcare facilities	4.8%	4.2%	5.6%	6.4%	6.3%	3.5%	4.4%	4.4%
Pursuing additional nursing education	12.9%	12.6%	11.7%	12.5%	11.8%	10.2%	8.6%	5.4%
Participating in a new graduate residency (paid)	-	-	-	-	4.7%	5.3%	5.3%	6.4%
Participating in a new graduate residency (unpaid)	-	-	-	-	0.1%	0.3%	0.7%	0.1%
Unable to find employment	11.9%	6.0%	5.2%	2.5%	3.8%	2.6%	2.5%	1.6%
Not yet licensed	-	10.1%	8.6%	8.4%	3.9%	9.5%	7.0%	6.7%
Other	5.6%	4.6%	1.2%	0.6%	0.8%	1.0%	2.5%	2.1%
<i>BSN Programs</i>	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019*	2019-2020	2020-2021	2021-2022
Hospital	79.4%	72.2%	72.6%	76.1%	64.1%	65.2%	65.5%	61.3%
Long-term care facilities	4.4%	2.4%	3.8%	3.8%	2.7%	3.2%	2.5%	1.6%
Community/ public health facilities	3.4%	2.9%	1.9%	3.1%	2.9%	4.3%	2.9%	3.6%
Other healthcare facilities	2.5%	2.1%	3.3%	2.7%	3.4%	4.5%	5.0%	5.9%
Pursuing additional nursing education	2.0%	2.4%	2.3%	5.5%	0.9%	1.5%	1.2%	1.9%
Participating in a new graduate residency (paid)	.	.	.	.	15.6%	7.5%	8.5%	11.0%
Participating in a new graduate residency (unpaid)	.	.	.	.	0.1%	0.0%	0.3%	0.4%
Unable to find employment	3.8%	4.8%	2.1%	2.5%	4.9%	5.3%	5.0%	1.9%
Not yet licensed	.	13.0%	10.4%	5.5%	4.2%	7.8%	8.5%	9.4%
Other	4.7%	0.1%	3.7%	0.7%	1.1%	0.8%	0.6%	3.0%

Table 23. Employment Location for Recent Nursing Program Graduates by Program Type by Academic Year (continued)

<i>ELM Programs</i>	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Hospital	55.6%	53.3%	45.5%	54.6%	58.3%	61.4%	57.6%	45.9%
Long-term care facilities	1.5%	1.8%	0.1%	2.1%	0.9%	0.2%	0.3%	0.7%
Community/ public health facilities	6.0%	3.8%	1.1%	4.4%	3.4%	1.2%	1.7%	5.6%
Other healthcare facilities	5.5%	0.9%	0.4%	3.8%	2.3%	0.7%	1.6%	6.3%
Pursuing additional nursing education	21.8%	29.7%	23.8%	28.2%	12.7%	5.2%	0.7%	3.0%
Participating in a new graduate residency (paid)	-	-	-	-	6.5%	3.1%	11.2%	20.6%
Participating in a new graduate residency (unpaid)	-	-	-	-	0.0%	0.0%	0.0%	0.8%
Unable to find employment	8.2%	3.7%	2.1%	1.9%	2.1%	2.4%	2.2%	1.0%
Not yet licensed	-	5.2%	23.9%	2.5%	12.7%	22.0%	13.0%	6.8%
Other	1.4%	1.9%	3.1%	2.5%	1.1%	3.8%	11.6%	9.2%

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

After the start of the pandemic in March 2020, a very large number of placements, units, and shifts were lost and a large number of students were displaced from those shifts—impacting 2019-20 and 2020-21 in particular. 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 over 120 programs in 2019-20 and 2020-21, and then dipped back down to 92 in 2021-22. While the number of placements, units, or shifts lost and the number of students affected in 2021-22 is much lower than that reported in 2019-20 or 2020-21, it is higher than in any year prior to 2019-20.

Table 24. RN Programs Denied Clinical Space by Academic Year

Numbers & Outcomes	2012-2013	2013-2014	2014-2015*	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020**	2020-2021	2021-2022
# of programs denied a clinical placement, unit or shift	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)	60.5% (92)
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)	25.0% (23)
Programs reporting	143	141	135	138	141	140	141	146	145	152
# of placements, units or shifts lost*	-	-	273	213	302	367	287	226 3,655	3,425	971
# of students affected	2,368	2,195	2,145	1,278	2,147	2,366	2,271	1,080 22,415	15,043	5,163

*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 2021-22 survey, 89 of 152 programs (58.6%) reported that there were fewer students allowed for a clinical placement, unit, or shift in this year than in the prior year. This is high, but still an improvement compared to the prior two years. In the prior two years, many clinical sites could no longer take students or reduced the number of students that could be accommodated due to the COVID-19 pandemic.

Table 25. RN Programs That Reported Fewer Students Allowed for a Clinical Space by Academic Year

Type of Program	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
ADN programs reporting fewer students	34.4%	41.6%	39.6%	39.1%	39.6%	74.2%	85.9%	57.1%
Number of ADN programs reporting fewer students	31	37	36	36	36	69	79	52
Total number of ADN programs	90	89	91	92	91	93	92	91
BSN programs reporting fewer students	50.0%	57.9%	48.6%	48.6%	48.7%	73.8%	74.4%	60.4%
Number of BSN programs reporting fewer students	18	22	18	18	19	31	32	29
Total number of BSN programs	36	38	37	37	39	42	43	48
ELM programs reporting fewer students	56.3%	42.9%	46.2%	58.3%	50.0%	83.3%	83.3%	61.5%
Number of ELM programs reporting fewer students	9	6	6	7	6	10	10	8
Total number of ELM programs	16	14	13	12	12	12	12	13
All nursing programs reporting fewer students	40.8%	46.1%	42.6%	43.3%	43.0%	74.8%	82.3%	58.6%
Number of nursing programs reporting fewer students	58	65	60	61	61	110	121	89
Total nursing programs	142	141	141	141	142	147	147	152

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 2019-20 and 2020-21, COVID-19 related reasons topped the list of reasons that clinical space was denied. In 2021-2022, “staff nurse overload or insufficient qualified staff due to COVID-19” (53.3%, n=49), staff nurse overload or insufficient qualified staff for other reasons (41.3%, n=38) were the top two reasons for clinical space being unavailable. Most pandemic-related reasons were further down the list in 2021-22 than in 2020-21, but still common reasons for clinical space being unavailable (See **Error! Reference source not found.** and Table 27, next pages.)

Respondents also provided write-in responses to this question. Over the years, the top responses included reasons such as move, remodel or “new facility” (n=16); 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=19); or no reason was given for the denial (n=13). These reasons were all exceeded by problems caused by the COVID-19 pandemic, garnering at least 26 mentions from 2019-2022. These data should be interpreted with care as the same schools often repeat the same reason across programs and years.

Many “other” reasons provided in 2021-22 included the fact that hospitals were not still accepting students at all or requiring fewer students in clinicals due to COVID-19 (n=5). Other issues included, “New graduate training programs, lack of nurses available,” strike, new program, and “contract on review due to faith-based reasons”.

Table 26. Reasons for Clinical Space Being Unavailable by Academic Year, Percentages

Reasons	2012-2013	2013-2014	2014-2015*	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020**	2020-2021	2021-2022
Staff nurse overload or insufficient qualified staff due to COVID-19	-	-	-	-	-	-	-	71.0%	72.4%	53.3%
Staff nurse overload or insufficient qualified staff	42.0%	45.7%	38.2%	33.3%	51.9%	63.5%	50.7%	16.9%	25.2%	41.3%
Competition for clinical space due to increase in number of nursing students in region	55.7%	46.9%	48.7%	48.3%	49.4%	52.7%	43.5%	29.0%	22.0%	37.0%
Site closure or decreased services due to COVID-19	-	-	-	-	-	-	-	63.7%	64.6%	28.3%
Decrease in patient census due to COVID-19	-	-	-	-	-	-	-	41.9%	41.7%	27.2%
Change in site infection control protocols due to COVID-19	-	-	-	-	-	-	-	66.9%	59.8%	26.1%
Displaced by another program	43.2%	43.2%	39.5%	35.0%	50.6%	50.0%	43.5%	21.0%	25.2%	25.0%
Visit from Joint Commission or other accrediting agency	21.6%	22.2%	26.3%	23.3%	33.8%	29.7%	23.2%	12.1%	15.7%	22.8%
Decrease in patient census	30.7%	28.4%	25.0%	21.7%	18.2%	24.3%	17.4%	8.9%	9.4%	22.8%
Nurse residency programs	18.2%	18.5%	18.4%	26.7%	26.0%	24.3%	26.1%	6.5%	12.6%	20.7%
Other	10.2%	11.1%	17.1%	6.7%	11.7%	14.9%	14.5%	16.9%	2.4%	19.6%
Closure, or partial closure, of clinical facility	27.3%	25.9%	18.4%	28.3%	18.2%	23.0%	18.8%	21.8%	19.7%	15.2%
Other clinical facility business needs/changes in policy	-	-	-	-	20.8%	9.5%	24.6%	4.2%	8.7%	10.9%
No longer accepting ADN students*	20.5%	23.5%	21.1%	23.3%	27.3%	23.0%	21.7%	12.1%	11.8%	9.8%
Clinical facility seeking magnet status	15.9%	11.1%	17.1%	18.3%	15.6%	13.5%	14.5%	8.9%	7.1%	9.8%
Change in facility ownership/management	21.6%	14.8%	21.1%	18.3%	24.7%	14.9%	18.8%	8.1%	9.4%	8.7%
Lack of PPE due to COVID-19	-	-	-	-	-	-	-	76.6%	48.8%	4.3%
Implementation of Electronic Health Records system	33.0%	23.5%	13.2%	10.0%	13.0%	17.6%	20.3%	8.1%	7.1%	3.3%
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	-	4.9%	1.3%	1.7%	1.3%	1.4%	1.4%	3.2%	1.6%	2.2%
Facility moving to a new location/ (or hospital construction) **	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Number of programs that reported	88	81	76	60	77	74	69	124	127	92

Note: Blank cells indicate that the applicable information was not requested in that year.

*Not asked of BSN or ELM programs.

Table 27. Reasons for Clinical Space Being Unavailable by Academic Year, Counts

Reasons	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Staff nurse overload or insufficient qualified staff due to COVID-19	-	-	-	-	-	-	-	88	92	49
Staff nurse overload or insufficient qualified staff NOT due to COVID-19	37	37	29	20	40	47	35	21	32	38
Competition for clinical space due to increase in number of nursing students in region	49	38	37	29	38	39	30	36	28	34
Site closure or decreased services due to COVID-19	-	-	-	-	-	-	-	79	82	26
Decrease in patient census due to COVID-19	-	-	-	-	-	-	-	52	53	25
Change in site infection control protocols due to COVID-19	-	-	-	-	-	-	-	83	76	24
Displaced by another program	38	35	30	21	39	37	30	26	32	23
Visit from Joint Commission or other accrediting agency	19	18	20	14	26	22	16	15	20	21
Decrease in patient census	27	23	19	13	14	18	12	11	12	21
Nurse residency programs	16	15	14	16	20	18	18	8	16	19
Other	9	9	13	4	9	11	10	21	3	18
Closure, or partial closure, of clinical facility	24	21	14	17	14	17	13	27	25	14
Other clinical facility business needs/changes in policy	-	-	-	-	-	-	17	5	11	10
No longer accepting ADN students*	18	19	16	14	21	17	15	15	15	9
Clinical facility seeking magnet status	14	9	13	11	12	10	10	11	9	9
Change in facility ownership/management	19	12	16	11	19	11	13	10	12	8
Lack of PPE due to COVID-19	-	-	-	-	-	-	-	95	62	4
Implementation of Electronic Health Records system	29	19	10	6	10	13	14	10	9	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	2
Facility moving to a new location/ (or hospital construction)	-	-	-	-	-	-	-	-	-	-
Number of programs that reported	88	81	76	60	77	74	69	124	127	92

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. In 2021-22, the number and percentage of schools that provided financial support to secure placements decreased to its lowest share since 2017-18.

Table 28. Programs that Provided Financial Support to Secure a Clinical Placement

Numbers and Percents	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Number providing financial support to secure a clinical placement	-	1	9	3	10	7	12	11	15	9
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%	6.0%
Number of programs reporting	-	123	137	139	141	140	142	144	144	151

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 a large number of clinical placements. The most common strategy to replace them in 2019-20 and 2020-21 was clinical simulation (87.8% and 78.8%, respectively). By 2021-22, clinical simulation was in second place at 57.6% after “replaced lost space at a different site currently used by nursing program” (68.5%).

In 2019-20 and 2020-21, many programs reported reducing student admissions (29.3% and 27.6%, respectively). By 2021-22, this percentage was down to 19.6%, which is still much higher than pre-pandemic years.

Respondents also provided write-in responses to this question. Over the years, some of the most common strategies have included: using alternative (non-hospital) sites (n=17), increasing clinical section size to absorb the students who did not have a placement; reducing the number of students per clinical group, 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. During 2019-20, 2020-21, and 2021-22, some programs reported using telehealth (n=15), simulation (n=9), delaying cohorts (n=5) or canceling classes (n=5).

Other strategies described by 2021-22 respondents in write-in answers included use of telehealth/telemedicine (n=2), utilizing alternative community sites, stacking and splitting student cohorts on units, changed faculty/student ratios, and “BRN approved alternative activities under waiver”.

Table 29. Strategies to Address the Loss of Clinical Space by Academic Year

Strategies	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	After COVID-19 2019-2020	2020-2021	2021-2022
	Replaced lost space at different site currently used by nursing program	64.4%	66.7%	66.2%	76.3%	61.8%	68.9%	79.4%	65.0%	49.6%	68.5%
Clinical simulation	34.4%	32.1%	37.8%	30.5%	40.8%	43.2%	45.6%	87.8%	78.7%	57.6%
Added/replaced lost space with new site	53.3%	56.8%	48.6%	44.1%	55.3%	60.8%	55.9%	60.2%	55.1%	53.3%
Replaced lost space at same clinical site	38.9%	45.7%	32.4%	32.2%	35.5%	43.2%	33.8%	32.5%	32.3%	26.1%
Reduced student admissions	2.2%	7.4%	1.4%	5.1%	9.2%	8.1%	11.8%	29.3%	27.6%	19.6%
Other	4.4%	1.2%	8.1%	3.4%	7.9%	4.1%	5.9%	15.4%	18.9%	10.9%
Number of programs reporting	90	81	74	59	76	74	68	123	127	92

*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 2021-22, 69 programs reported using alternative out-of-hospital clinical sites. This is many fewer than in the two prior years during the COVID-19 pandemic lockdowns, but still higher than pre-pandemic years.

In 2021-22, the two most frequently reported non-hospital clinical sites were public health or community health agency (58.0%, n=40), skilled nursing/rehabilitation facility, and school health service (K-12 or college). The use of skilled nursing /rehabilitation facilities went down sharply during the pandemic years, likely due to the increased concern about the safety of patients in these facilities. As of 2021-22, the number of programs using these alternative sites has rebounded.

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=33), senior facilities and long-term care (n=14), outpatient clinics (n=8). In 2019-20 through 2021-22, telehealth (n=19) and COVID support activities such as vaccine clinics and testing facilities (n=12) gained prominence due to the pandemic. These numbers should be viewed with caution as they sometimes represent the same school giving the same answer over a number of years.

Other placements described by respondents in 2021-22 included: COVID vaccination and testing sites (n=4), telehealth (n=2), pediatrics/ after school programs/summer camps (n=43), residential care, women's shelter, VAMC clinic and other clinics.

Table 30. Increase in Use of Alternative Out-of-Hospital Clinical Sites by Nursing Programs

Alternative Site Types	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Public health or community health agency	55.0%	53.7%	41.0%	51.2%	35.3%	39.6%	44.7%	60.7%	61.5%	58.0%
Skilled nursing/rehabilitation facility	45.0%	43.9%	46.2%	32.6%	37.3%	41.7%	42.6%	24.7%	33.3%	47.8%
School health service (K-12 or college)	22.5%	39.0%	38.5%	27.9%	25.5%	39.6%	36.2%	29.2%	33.3%	46.4%
Outpatient mental health/substance abuse	20.0%	39.0%	28.2%	34.9%	31.4%	33.3%	21.3%	32.6%	31.3%	33.3%
Medical practice, clinic, physician office	22.5%	34.1%	30.8%	37.2%	31.4%	37.5%	34.0%	30.3%	34.4%	30.4%
Other	17.5%	12.2%	12.8%	16.3%	23.5%	12.5%	12.8%	24.7%	30.2%	21.7%
Surgery center/ambulatory care center	30.0%	19.5%	28.2%	25.6%	35.3%	29.2%	25.5%	19.1%	17.7%	20.3%
Home health agency/home health service	35.0%	29.3%	20.5%	41.9%	29.4%	29.2%	25.5%	24.7%	25.0%	15.9%
Hospice	27.5%	29.3%	23.1%	25.6%	21.6%	20.8%	23.4%	23.6%	16.7%	13.0%
Urgent care, not hospital-based	5.0%	7.3%	7.7%	7.0%	9.8%	6.3%	14.9%	14.6%	15.6%	13.0%
Correctional facility, prison or jail	5.0%	7.3%	10.3%	9.3%	7.8%	10.4%	6.4%	4.5%	2.1%	8.7%
Case management/disease management	5.0%	12.2%	7.7%	16.3%	7.8%	8.3%	17.0%	18.0%	15.6%	7.2%
Renal dialysis unit	5.0%	4.9%	5.1%	7.0%	5.9%	2.1%	4.3%	7.9%	5.2%	7.2%
Occupational health or employee health service	0.0%	2.4%	0.0%	2.3%	2.0%	2.1%	4.3%	3.4%	7.3%	7.2%
Number of programs that reported	40	41	39	43	51	48	47	89	96	69

In 2021-22, 72.9% (n=105) of 144 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 2021-22 were 1) sites overall due to COVID-19 (67.6%, n=71), 2) clinical site due to visit from the Joint Commission or other accrediting agency (61.9%, n=65), and 3) “automated medical supply cabinet (51.4%, n=54).

While restrictions to sites overall due to COVID-19 was still the top reason for restrictions to clinical practice in 2021-22, its prevalence has decreased compared to the prior two years. Other COVID-related restrictions such as “Lack of access to specific units due to lack of PPE” and “Inability to onboard or complete orientation of new cohort due to COVID-19” have declined considerably in importance since 2019-20 and 2020-21.

Restrictions on access to electronic medical records has declined steadily over the last ten years, from 73.6% in 2012-13 to 43.8% in 2021-22. Restrictions on access to bar coding medication administration has also declined from 72.6% in 2012-13 to 46.7% in 2021-22.

Other types of restricted access mentioned in text comments over the last ten years include: restrictions on clinical group size for various reasons (n=22), competition or displacement from other programs (n=15), and access to medication administration (n=10).

In 2021-22, common “other” reasons included restrictions on clinical group size due to COVID-19 (n=6) and vaccine mandates (n=2).

Table 31. Common Types of Restricted Access in the Clinical Setting for RN Students by Academic Year

Common types of Restricted Access	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Sites overall due to COVID-19	-	-	-	-	-	-	-	89.8%	84.7%	67.6%
Clinical site due to visit from accrediting agency (Joint Commission)	77.9%	73.1%	68.8%	76.5%	75.8%	81.5%	91.3%	65.6%	58.9%	61.9%
Automated medical supply cabinets	48.4%	45.2%	44.1%	54.1%	57.1%	54.3%	75.0%	53.9%	44.4%	51.4%
Bar coding medication administration	72.6%	58.1%	59.1%	68.2%	64.8%	66.3%	71.7%	51.6%	46.0%	46.7%
Electronic Medical Records	72.6%	66.7%	60.2%	61.2%	64.8%	62.0%	59.8%	43.0%	45.2%	43.8%
Some patients due to staff workload	30.5%	41.9%	30.1%	27.1%	37.4%	38.0%	43.5%	31.3%	36.3%	40.0%
Student health and safety requirements	45.3%	43.0%	40.9%	42.4%	41.8%	34.8%	46.7%	33.6%	28.2%	33.3%
Inability to onboard or complete orientation of new cohort due to COVID-19	-	-	-	-	-	-	-	63.3%	49.2%	31.4%
IV medication administration	24.2%	23.7%	26.9%	34.1%	29.7%	34.8%	39.1%	28.1%	33.1%	25.7%
Alternative setting due to liability	18.9%	18.3%	19.4%	18.8%	17.6%	18.5%	40.2%	28.9%	26.6%	22.9%
Lack of access to specific units due to lack of PPE	-	-	-	-	-	-	-	76.6%	52.4%	21.9%
Glucometers	36.8%	34.4%	31.2%	34.1%	36.3%	30.4%	34.8%	25.0%	25.8%	16.2%
Direct communication with health team	17.9%	10.8%	7.5%	8.2%	12.1%	10.9%	23.9%	17.2%	12.9%	14.3%
Other	-	-	-	-	-	-	-	10.9%	10.5%	10.5%
Number of schools that reported	95	93	93	85	91	92	92	128	124	105

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 2021-22, schools reported that restricted student access to **electronic medical records** was primarily due to insufficient time for clinical site staff to train students (57.8%, n=48) and “staff still learning and unable to assure documentation standards are being met” (45.8%, n=38).

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 do with lack of access to the EMR, including responses like “inability to receive access codes” (n=25). Another common category was just “general policy” (n=10).

In 2021-22, schools reported that students were restricted from using **medication administration systems** due primarily to liability (61.5%, n=48) and staff fatigue/burnout (51.3%, n=40).

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=19). Lack of access was also frequently cited (n=18) with comments like “Pyxis access not allowed”, or “delayed access”.

In 2019-20, 2020-21, and 2021-22, many respondents just mentioned “COVID” (n=19) for both.

Table 32. Share of Schools Reporting Reasons for Restricting Student Access to Electronic Medical Records by Academic Year

Reasons	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Liability	41.7%	35.8%	40.5%	52.6%	48.2%	48.1%	45.9%	49.4%	36.1%
Insufficient time to train students	60.7%	70.4%	75.7%	65.8%	63.9%	69.1%	56.1%	59.6%	57.8%
Staff fatigue/burnout	31.0%	29.6%	32.4%	34.2%	47.0%	44.4%	36.7%	42.7%	38.6%
Staff still learning and unable to assure documentation standards are being met	59.5%	59.3%	52.7%	46.1%	49.4%	51.9%	35.7%	38.2%	45.8%
Cost for training	28.6%	29.6%	29.7%	26.3%	31.3%	27.2%	29.6%	22.5%	20.5%
Other	13.1%	7.4%	9.5%	7.9%	12.0%	8.6%	14.3%	16.9%	9.6%
Patient confidentiality	26.2%	22.2%	28.4%	27.6%	19.3%	24.7%	25.5%	25.8%	25.3%
Number of schools reporting	84	81	74	76	83	81	98	89	83

Table 33. Share of Schools Reporting Reasons for Restricting Student Access to Medication Administration by Academic Year

	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Liability	59.7%	62.3%	65.2%	77.4%	74.4%	78.4%	67.0%	65.1%	61.5%
Insufficient time to train students	38.9%	31.9%	37.9%	36.9%	42.3%	39.2%	34.1%	36.0%	34.6%
Staff fatigue/burnout	34.7%	24.6%	30.3%	29.8%	42.3%	36.5%	39.6%	45.3%	51.3%
Staff still learning and unable to assure documentation standards are being met	30.6%	21.7%	22.7%	25.0%	21.8%	17.6%	25.3%	26.7%	25.6%
Cost for training	22.2%	20.3%	18.2%	13.1%	10.3%	13.5%	18.7%	12.8%	7.7%
Other	16.7%	5.8%	9.1%	13.1%	14.1%	9.5%	16.5%	17.4%	10.3%
Patient confidentiality	16.7%	7.2%	6.1%	6.0%	5.1%	4.1%	7.7%	10.5%	6.4%
Number of schools reporting	72	69	66	84	78	74	91	86	78

100 schools provided information about how they compensate for restricted student access. The most common approaches were providing training in the simulation lab (89.0%, n=89), training students in the classroom (69.0%, n=69), and purchasing practice software (63.0%, n=63).

Purchasing practice software rose to the second most common form of compensation during the COVID-19 pandemic lockdown years, sinking back to the third most common in 2021-22, but still high compared to pre-pandemic years.

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=16), 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 like DocuCare (n=29), other simulation strategies such as virtual reality or mock patients (n=27), scheduling strategies like “make-up days on breaks” (n=7), rotating students to other sites that can provide access (n=10), and paper charting (n=6). These numbers should be viewed with caution as they sometimes represent the same school giving the same answer over a number of years.

In 2021-22, “Other” ways that schools compensate include: virtual simulation such as i-Human (n=3), changing or rotating assignments or sites (n=2), using DocuCare (n=2), alternative sites (n=2), “Collaborate with hospital partners re: missed clinical opportunities and make-up”, and phone-based patient assessment.

Table 34. How Nursing Programs Compensate for Training in Areas of Restricted Access by Academic Year

Methods of Compensating	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Training students in the simulation lab	80.6%	87.1%	88.0%	87.9%	87.1%	88.2%	90.4%	92.6%	89.0%
Training students in the classroom	53.8%	57.0%	66.3%	56.0%	67.7%	65.6%	63.2%	61.5%	69.0%
Purchase practice software, such as SIM Chart	39.8%	40.9%	43.4%	45.1%	53.8%	50.5%	71.2%	71.3%	63.0%
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%	47.0%
Other	9.7%	11.8%	12.0%	11.0%	17.2%	10.8%	14.4%	14.8%	16.0%
Number of schools reporting	93	93	83	91	93	93	125	122	100

Faculty Data⁵

In 2021-22, the total number of faculty decreased by 2.8% compared to the prior year, although it has overall increased by 23.5% (n=982) over the last decade, largely due to increases in the number of part-time faculty. On October 15, 2022, there were 5,156 total nursing faculty.⁶ Of these faculty, 30% (n=1,546) were full-time and 70% (n=3,610) were part-time.

Faculty vacancy rates have fluctuated over time. From 2013 through 2022, the rate ranged from 4.9% to 12.1%. In 2022, the vacancy rate was the highest it has been in ten years at 12.1%.

Table 35. Faculty Data by Year

Faculty Type	2013*	2014*	2015*	2016*	2017	2018	2019	2020	2021	2022
Total Faculty	4,174	4,181	4,532	4,366	4,799	4,939	5,359	4,929	5,302	5,156
<i>Full-Time</i>	1,521	1,498	1,505	1,513	1,546	1,561	1,552	1,556	1,637	1,546
<i>Part-Time</i>	2,640	2,614	3,000	2,953	3,253	3,378	3,807	3,373	3,665	3,610
Vacancy Rate**	5.9%	9.4%	8.2%	9.1%	8.1%	8.3%	8.2%	6.7%	10.1%	12.1%
<i>Vacancies</i>	263	432	407	435	424	446	476	354	596	710

*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)

In 2021-2022, three schools did not list faculty numbers. One was on teach-out. It is unknown why the other two did not provide faculty numbers.

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 2021-22, 47.9% (n=69) of 144 schools responding agreed that they had hired more part-time faculty than in the prior five years. In 2021-22, schools with ADN (78.3%) programs were much more likely than schools without ADN programs (21.7%) to report hiring more part-time faculty.

Table 36. Schools that Reported Hiring More Part-Time Faculty than in Prior Years

Numbers and Percents	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Number of schools that hired more part-time faculty	48	61	56	48	57	58	69
Percent of schools that hired more part-time faculty	37.2%	46.6%	42.7%	36.9%	41.9%	41.7%	47.9%
Number of schools reporting	129	131	131	130	136	139	144

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

⁵ Data represents 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 2021-22, 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 seven years that this question has been included in the survey. Over the last three 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 seven 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 or more recently, pandemic issues (n=11), campus hiring process (too slow, difficulty in getting new positions approved) (n=10), retirement of full-time faculty (n=14). Various other reasons were also cited, such as funding issues (n=4), elimination of the “67% rule” (n=2), location “not attractive” to outside applicants (n=4), and more recently, “COVID” (n=5).

In 2021-22, other reasons from text comments included: “Retirements happening more quickly than we can get approval for full-time TT search replacements”, “Resignations, retirement and death”, “More faculty resigning/retiring with slow college process to fill vacancies”, “Two extended Medical Leaves of Absence”, and “health benefits”.

Table 37. Reasons for Hiring More Part-Time Faculty

Reasons	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Non-competitive salaries for full time faculty	2.5	2.5	2.8	2.5	3.0	2.8	2.6
Shortage of RNs applying for full time faculty positions	3.0	3.0	3.2	3.1	3.4	3.1	2.9
Insufficient number of full-time faculty applicants with required credential	3.6	3.4	3.5	4.1	3.9	3.9	3.6
Need for part-time faculty to teach specialty content	4.8	4.4	4.5	4.8	4.1	4.3	4.3
Insufficient budget to afford benefits and other costs of FT faculty	4.7	4.1	4.2	4.8	4.7	4.7	4.7
Private, state university or community college laws, rules or policies	5.4	5.7	5.7	5.8	5.9	6.2	5.7
Need for faculty to have time for clinical practice	6.0	5.6	6.4	6.0	6.1	6.0	6.3
To allow for flexibility with respect to enrollment changes	6.7	6.2	7.0	6.9	6.9	7.2	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	8.1	7.4
Other	5.1	5.9	6.6	5.8	9.1	8.7	8.9

*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 2021-22, 98 of 144 schools (68.1%) reported that faculty in their programs work an overloaded schedule, and 93.98% (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 38. Faculty with Overloaded Schedules by Academic Year

Numbers & Percents	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Number of schools with overloaded faculty that pay faculty extra for the overload	88	94	82	83	89	88	86	92	91	92
Share of schools with overloaded faculty that pay faculty extra for the overload	93.6%	94.9%	96.5%	97.6%	96.7%	95.7%	90.5%	94.8%	95.8%	93.9%
Number of schools with overloaded faculty	94	99	85	85	92	92	95	97	95	98
Share of schools with overloaded faculty*	70.7%	75.6%	64.4%	64.4%	69.2%	68.7%	70.9%	70.8%	68.3%	68.1%
Total number of schools	133	131	132	132	133	134	134	137	139	144

*In 2021-2022, the denominator for the share of schools with overloaded faculty was changed to reflect all schools regardless of whether they answered this question. In most cases, all schools answered the question.

SUMMARY

Number of Programs

Over the past decade, the number of California pre-licensure nursing programs has grown from 143 programs in 2012-13 to 152 programs in 2021-22 (**Error! Reference source not found.**). The number of programs dipped to 141 in 2015-16, rising to 142 in 2018-19 and eventually to 152 in 2021-22, due largely an increase in the number of BSN programs. In addition, the number of private programs has grown considerably (+70%) over this time while the number of public programs has declined (-10.6%).

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 50.8% (n=64) in 2011-12 to 59.7% (n=83) in 2021-22, although the number and percent has fluctuated. Most of these partnerships were reported by public associate's degree nursing programs. In 2021-22, 80% (n=73) of 91 ADN nursing programs responding to this question reported participating in these partnerships (**Error! Reference source not found.**).

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

The number of available admission spaces (n=20,388) reported by California RN programs in 2021-22 is a ten-year high, far exceeding the numbers provided in any other year (**Error! Reference source not found.**). More than a third of these spaces were in one large BSN program.

The number of student applications to RN prelicensure programs (64,299) also hit a ten-year high. The percent of qualified applications not enrolled is similar to last year at 74.2%.

New enrollments (16,612) are at a ten-year high after a large dip during the pandemic lockdown. Over the last decade, there has been a decrease in enrollments in ADN programs (-7.8%), which has been partially offset by increasing enrollments in BSN programs (+77.0%) (**Error! Reference source not found.**). Much of the increase in admission spaces and new enrollments is the result of one BSN program.

For the second year in a row, private program enrollments exceeded public program enrollments, showing 96.1% growth in the number of new enrollments over the last ten years. The number and percent of programs that reported enrolling more students than there were admission spaces available has decreased since 2012-13 (**Error! Reference source not found.**).

A number of programs reported enrolling fewer students in 2019-20 and 2020-21 largely due to lack of clinical spaces, and some indicated that skipping or decreasing a cohort due to the COVID-19 pandemic was a significant reason for enrolling fewer students. The primary reason listed for enrolling fewer students during the pandemic years was the inability to secure clinical placements for all students. In **2021-22**, many fewer programs reported enrolling fewer students, and the primary reason was that accepted students did not enroll, which had been the primary reason prior to the pandemic.

Student Completions by Academic Year

Pre-licensure RN programs reported 13,372 completions in 2021-22—a 18% increase in student completions since 2012-13. While ADN completions *decreased* by 12.7% over the decade, BSN completions increased by 64.9% and ELM completions increased by 4.1% during this period (**Error! Reference source not found.**). For the third year in a row, BSN completions exceeded ADN completions.

Completion, Attrition, and Employment Rates

The average on-time completion rate in 2021-22 was 81.9%, while the attrition rate rose to 8.7% (Table 14). Over the last ten years, attrition rates for ADN and ELM programs have decreased, while BSN attrition rates have varied.

At the time of the survey, 1.6% of nursing program graduates were unable to find employment, which is a significant decline from the high of 18.3% in 2012-13. The percent of graduates employed in California has increased slightly since last year, up to 85% in 2021-22 compared to 83% over the three prior years. Over the last ten years, percent of recent graduates employed in California has improved dramatically, from 64% in 2012-13 to 83% in 2021-22.

Clinical Space and Clinical Practice Restrictions

The number of California nursing programs reporting they were denied access to a clinical placement or shift decreased considerably to 92 programs in 2021-21 as compared to 125 and 128 programs in the prior two years (**Error! Reference source not found.**). After years of decline, the number of programs denied a clinical placement or shift skyrocketed in 2019-20 and 2020-21 due to the impacts of the COVID-19 pandemic. It appears that this impact is starting to decrease, although the number of programs reporting being denied a space is still high compared to pre-pandemic years. The number and percentage of programs reporting that they were allowed *fewer students* for clinical placements, units, or shifts also decreased considerably in 2021-22, down to 89 programs compared to 121 in 2021-22.

Staff nurse overload (53.3%) due to COVID-19 was the most commonly mentioned reason for clinical space being unavailable, followed by staff nurse overload or insufficient qualified staff (for other reasons) (41.3%) (**Error! Reference source not found.**). The lack of access to clinical space in 2021-22 resulted in a loss of 971 clinical placements, units, or shifts--affecting 5,163 students (**Error! Reference source not found.**). Again, while these numbers are still high compared to pre-pandemic years, they are a considerable improvement over 2019-20 and 2020-21.

In 2021-22, programs that reported a loss of clinical space (n=89) addressed that loss by replacing space at a different site currently used by the nursing program (68.5%), followed by using clinical simulation (57.6%), and adding or replacing the lost space with a new site (53.3%), and (Table 29). As clinical spaces become available again, the reported use of clinical simulation as a replacement has decreased.

In 2021-22, common or very common types of restricted access in the clinical setting reported by nursing programs (n=104) included sites overall due to COVID-19 (67.6%), clinical site due to visit

from accrediting agency (Joint Commission) (61.9%), and “automated medical supply cabinet” (51.4%) (Table 31).

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 23.5% in the past ten years, from 4,174 in 2013 to 5,156 in 2022. Of these, 5,156 faculty, 30% were full time and 70% were part time. In 2022, 710 faculty vacancies were reported, representing an overall faculty vacancy rate of 12.1% (20.8% for full-time faculty and 10.7% for part-time faculty), the highest vacancy rate in the last ten years (**Error! Reference source not found.**).

In 2021-22, 98 of the 144 schools reporting (68.1%) indicated that faculty in their programs work an overloaded schedule (Table 38). Nearly all of the schools with overloaded faculty pay faculty extra for the overload.

Conclusion

In 2021, nursing programs appear to be rebounding somewhat from the impacts of the COVID-19 pandemic and lockdown of the prior two years. The number of nursing programs, admission spaces, applications, and enrollments all increased to ten-year highs in 2021-22. Reported employment rates are also at a ten-year high, with very few respondents reporting that students were unable to find employment.

The number of BSN programs continues to grow, and BSN enrollments and completions continue to eclipse ADN enrollments and completions. The number of private programs has also continued to grow, and private program enrollments have exceeded public program enrollments for the last two years.

There are a number of signs of diminishing pandemic impact: many fewer programs reported being denied a clinical placement or shift compared to the prior two years, fewer programs reported that they were allowed fewer students for a clinical placement, unit, or shift, and COVID-related reasons for clinical space being unavailable decreased somewhat. However, all of these phenomena are still more prevalent than in pre-pandemic years. In addition, four programs reported skipping a cohort and six reported decreasing an admission cohort due to the pandemic.

Schools and programs showed remarkable resiliency by adopting virtual simulation and telehealth to address the enormous loss of clinical space during the pandemic years, although many are now reporting a return to in-person clinical experiences and instruction.

However, almost three-quarters of qualified applications did not result in enrollments. Faculty vacancy rates hit a ten year high, which was especially acute for full time faculty (17%). Schools report hiring more part-time faculty in part due to a shortage of RNs applying for full time faculty positions and a lack of full-time applicants with required credentials.

APPENDIX A – List of Survey Respondents by Degree Program

ADN Programs (86)

American Career College	Mendocino College
American River College	Merced College
Antelope Valley College	Merritt College
Bakersfield College	Mira Costa College
Butte Community College	Modesto Junior College
Cabrillo Community College	Monterey Peninsula College
California Career College	Moorpark College
Career Care Institute of LA	Mount San Antonio College
Cerritos College	Mount San Jacinto College
Chabot College	Mount St. Mary's University AD
Chaffey College	Napa Valley College
Citrus College	Ohlone College
City College of San Francisco	Pacific College
College of Marin	Pacific Union College
College of San Mateo	Palomar College
College of the Canyons	Pasadena City College
College of the Desert	Porterville College
College of the Redwoods	Rio Hondo College
College of the Sequoias	Riverside City College
Compton College	Sacramento City College
Contra Costa College	Saddleback College
Copper Mountain College	San Bernardino Valley College
Cuesta College	San Diego City College
Cypress College	San Joaquin Delta College
De Anza College	San Joaquin Valley College
East Los Angeles College	Santa Ana College
El Camino College	Santa Barbara City College
Evergreen Valley College	Santa Monica College
Fresno City College	Santa Rosa Junior College
Glendale Career College	Shasta College
Glendale Community College	Sierra College
Golden West College	Smith Chason School of Nursing*
Grossmont College	Solano Community College*
Gurnick Academy of Medical Arts - ADN	Southwestern College
Hartnell College	Sri Sai Krish Institute*
Imperial Valley College	Ventura College
Long Beach City College	Victor Valley College
Los Angeles City College	Weimar University
Los Angeles County College of Nursing and Allied Health	West Hills College Lemoore
Los Angeles Harbor College	Xavier College
Los Angeles Pierce College	Yuba College
Los Angeles Southwest College	
Los Angeles Trade-Tech College	
Los Angeles Valley College	
Los Medanos College	

*New ADN programs 2021-22

LVN-to-ADN Only Programs (5)

Allan Hancock College
Carrington College
Gavilan College

Mission College
Madera College

BSN Programs (48)

American University of Health Sciences
Angeles College*
Arizona College of Nursing*
Azusa Pacific University
Biola University
California Baptist University
Chamberlain University - Irwindale
Chamberlain University - Rancho Cordova
Charles R. Drew University of Medicine and
Science*
CNI College (Career Networks Institute)
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 - BSN
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
Stanbridge University*
The Valley Foundation School of Nursing at
San Jose State
UMass Global (Brandman)
Unitek College
University of California Irvine
University of California Los Angeles
University of Phoenix - Sacramento Valley
Campus, Sacramento
University of San Francisco
Vanguard University
West Coast University
Western Governors University
Westmont College*

*New BSN programs 2021-22

ELM Programs (13)

Azusa Pacific University
California Baptist University
Charles R. Drew University of Medicine of
Nursing 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
University of San Francisco
University of the Pacific*
Western University of Health Sciences

*New ELM programs 2021-22

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

Members

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The United Nurses Associations of
California/Union of Health Care Professionals
(UNAC/UHCP)

Los Angeles County Department of Public Health
Community Colleges Chancellor's Office

University of California, Los Angeles School of
Nursing Health Center at the Union Rescue
Mission

Sutter Cancer Center

Northern COADN President, College of Marin

American Nurses Association\California (ANA/C)

California State University, Long Beach

Service Employees International Union (SEIU)

California Nurses Association/
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California Association of Nurse Leaders (ACNL)

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