
California Board of Registered Nursing 2022-2023 Annual School Report

Data Summary and Historical Trend Analysis

A Presentation of Pre-Licensure Nursing Education Programs in California

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PREFACE

Nursing Education Survey Background

The 2022-23 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, 2022 and ending July 31, 2023. Census and associated demographic data were requested for October 15, 2023.

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 143 California nursing schools were invited to participate in the survey, and all 143 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

Program Type	# Programs Responded	Total # Programs	Response Rate
ADN	87	87	100%
LVN-to-ADN	5	5	100%
BSN	47	47	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, one new ADN program opened, two new BSN programs opened and three BSN programs closed.

² Mount Saint Mary's University ADN and BSN programs are usually counted as two different schools, but submitted as one school this year. Chamberlain University has two separate campuses that are counted as two separate schools as of 2020-21.

DATA SUMMARY AND HISTORICAL TREND ANALYSIS

This analysis presents pre-licensure program data from the 2022-23 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 2022-23, 143 schools reported information about students enrolled in their 153 prelicensure nursing programs. Since last year's report, one new ADN program opened, two new BSN programs opened and three BSN programs closed. Mount Saint Mary's University ADN and BSN programs are usually counted as two different schools, but submitted as one school this year. Chamberlain University has two separate campuses that are counted as two separate schools as of 2020-21.

There has been a 7.8% growth in the number of programs overall, with the biggest increase taking place in the number of BSN programs, which grew by 30.6% (n=11). This latter increase is the largely the result of the creation of new private BSN programs.

This year, the majority of BSN programs were private (59.6%, n=28), as were the majority of ELM programs (61.5%, n=8). However, the majority of ADN programs remain public (85.7%, n=78).

Most pre-licensure nursing programs in California are public. The number of public programs has declined over the last ten years from 105 in 2013-14 to 102 in 2022-23 (-2.9%). The number of private programs has increased from 36 to 50 (+38.9%) over this period.

Table 2. Number of Nursing Programs by Academic Year

Type of Program	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Total number of schools*	131	132	132	133	134	134	137	139	144	143
Total nursing programs	141	142	141	141	141	142	147	147	152	152
ADN**	89	90	89	91	92	91	93	92	91	92
BSN	36	36	38	37	37	39	42	43	48	47
ELM	16	16	14	13	12	12	12	12	13	13
Public	105	105	104	103	102	102	102	102	101	102
Private	36	37	37	38	39	40	45	45	51	50

* 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 somewhat over the last ten years, from 54.9% (n=67) in 2013-14 to 60.1% (n=83) in 2022-23. 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 2022-23, 78.0% (n=71) of the 91 ADN nursing programs responding to this question reported participating in these partnerships.

Table 3. Partnerships by Academic Year

	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023
AD programs with partnerships	60	62	69	69	66	63	71	69	73	71
<i>Percent of AD programs with partnerships</i>	68.2%	72.1%	82.1%	77.5%	73.3%	69.2%	77.2%	75.0%	80.2%	78.0%
<i>Number of AD programs responding</i>	88	86	84	89	90	91	92	92	91	91
BSN programs with partnerships	7	7	11	10	12	10	9	7	10	12
<i>Percent of BSN programs with partnerships</i>	20.6%	20.0%	29.7%	28.6%	33.3%	25.6%	22.0%	16.3%	20.8%	25.5%
<i>Number of BSN programs responding</i>	34	35	37	35	36	39	41	43	48	47
All programs with partnerships	67	69	80	79	78	73	80	76	83	83
<i>Percent of all programs with partnerships</i>	54.9%	57.0%	66.1%	63.7%	61.9%	56.2%	60.2%	56.3%	59.7%	60.1%
Number of programs responding	122	121	121	124	126	130	133	135	139	138

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 2022-23, 17,912 spaces were reported as available for new students and these spaces were filled with 17,651 students. Eighteen percent of these admission spaces were in one BSN program.

As in prior years, some pre-licensure nursing programs enrolled more students in 2022-23 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 2022-23, the share of nursing programs that reported filling more admission spaces than were available was 27.6% (n=42). 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 declined somewhat since pre-pandemic years.

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

	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023
Spaces Available	12,394	11,976	11,928	13,697	14,132	14,897	15,204	14,368	20,388	17,912
New Student Enrollments	13,237	13,318	13,190	13,599	14,139	15,150	15,002	14,004	16,612	17,651
% Spaces Filled with New Student Enrollments	106.8%	111.2%	110.6%	99.3%	100.0%	101.7%	98.7%	97.5%	81.5%	98.5%

* 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, 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=26,389) over the last ten years, from 31,598 in 2013-14 to 57,987 in 2022-23. The number of 2022-23 applications (57,987) is lower than last year's total of 64,299, which was a ten-year high. More than two-thirds (69.6%) of qualified applications were not enrolled in 2022-23.

The number of qualified applications for every program type has been trending upward since 2015-16 although these numbers dipped slightly this year.

This year's BSN number of qualified applications (32,769) was lower than last year's total of 35,474, which was a ten-year high. This year, 14% of all qualified BSN applications were reported by just four schools. The number of BSN qualified applications first surpassed the number of ADN applications in 2019-20.

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

	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023
Qualified Applications*	31,598	28,335	28,041	36,004	38,425	47,634	54,823	55,551	64,299	57,987
ADN	16,705	15,988	16,332	18,190	21,685	22,852	25,330	24,601	25,083	21,849
BSN	12,695	10,196	9,735	15,325	13,705	21,338	26,492	26,773	35,474	32,769
ELM	2,198	2,151	1,974	2,489	3,035	3,444	3,001	4,177	3,742	3,369
% Qualified applications not enrolled	58.1%	53.0%	53.0%	62.2%	63.2%	68.2%	72.6%	74.8%	74.2%	69.6%

*These data represent applications, not individuals. A change in the number of applications may not represent an equivalent change in the number of individuals applying to nursing school.

**2019-20 totals include last year's values for one large BSN program that did not report new enrollments, application breakdowns, or new enrollments this year. 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 2022-23, 17,651 new students enrolled in registered nursing programs. Student enrollments in ADN and ELM programs 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 12.)

2020-21 was the first year that private program enrollments exceeded public school enrollments. The trend continued and intensified in 2022-23. 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 (+38.9%, n=14),
- 2) An overall decrease in the number of public nursing programs over the last ten years (-2.9%, n=3),
- 3) A decrease in the number of ADN programs (-1.0%, n=-3) over the last ten years,
- 4) An increase in the number of *enrollments* in BSN programs (+82.8%, n=4,375), most of which are in private programs, and a concurrent +30.6% (n=11) increase in the number of BSN programs, over the last ten years.

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

	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023
New Student Enrollment	13,237	13,318	13,190	13,599	14,139	15,150	15,002	14,004	16,612	17,651
ADN	7,146	6,914	6,794	7,004	7,017	7,014	6,852	5,941	6,533	7,093
BSN	5,284	5,510	5,632	5,792	6,295	7,266	7,237	7,133	9,179	9,659
ELM	807	894	764	803	827	870	913	930	900	899
Private	4,982	5,309	5,202	5,769	6,188	7,047	7,450	7,138	9,101	9,690
Public	8,255	8,009	7,988	7,830	7,951	8,103	7,754	6,866	7,511	7,963

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.

After remaining relatively flat or even declining during the pandemic years, enrollments and projected enrollments have increased in 2021-22 and 2022-23. Overall, enrollments have risen 33.3% since 2013-14, and next year and two-year projections have risen by 53.3% and 61.7%, respectively, over the last ten years.

Table 7. Current and Projected Student Enrollment by Academic Year

	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023
Enrollment	13,237	13,318	13,190	13,599	14,139	15,150	15,002	14,004	16,612	17,651
Next Year	12,162	13,110	13,862	14,668	13,005	15,046	14,941	15,221	17,240	18,640
In Two Years	12,177	13,236	14,219	14,950	13,283	15,329	15,625	15,750	18,517	19,692

Programs were asked to report if they had enrolled fewer students in this academic year than in the prior year. In 2022-23, 16.4% of 152 programs (n=25) reported enrolling fewer students than in 2021-22. The proportion of programs reporting enrolling fewer students over the prior three years, largely due to the COVID-19 pandemic, when many programs decreased a cohort or paused altogether.

In 2022-23, the percent reporting enrolling fewer students seems to have decreased a great deal for ADN and BSN programs back to pre-pandemic levels. While the percent for ELM programs reporting enrolling fewer students had decreased this year, it remains relatively high.

Table 8. 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	2022-2023
<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%	15.2%
Number of ADN programs enrolling fewer students	20	18	17	20	14	25	50	19	14
Number of ADN programs reporting	87	89	91	91	91	93	93	91	92

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

Table 9. 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	2022-2023
<i>Percent of BSN programs enrolling fewer students</i>	13.9%	18.4%	16.7%	24.3%	7.7%	24.4%	19.0%	31.3%	17.0%
Number of BSN programs enrolling fewer students	5	7	6	9	3	10	8	15	8
Number of BSN programs reporting	36	38	36	37	39	41	42	48	47

Table 10. 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	2022-2023
<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%	23.1%
Number of ELM programs enrolling fewer students	6	4	2	3	1	2	1	5	3
Number of ELM programs reporting	16	14	13	12	12	12	12	13	13

Table 11. 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	2022-2023
<i>Percent of all programs enrolling fewer students</i>	22.3%	20.6%	17.9%	22.9%	12.7%	25.3%	40.1%	25.7%	16.4%
Number of programs enrolling fewer students	31	29	25	32	18	37	59	39	25
Number of programs reporting	139	141	140	140	142	146	147	152	152

The most common reason given for enrolling fewer students in 2022-23 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 cited by more than half of all respondents who had enrolled fewer students (55.9%). In 2022-23, this reason had sunk to fourth on the list.

Starting in 2019-20, 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 2022-23 these reasons (4.0% and 4.0%, respectively) were far down the list by 2022-23.

This year, only one of eight text comments from those responding “other” directly addressed challenges related to the pandemic (Likely COVID-19 impact in reduction of enrollments), possibly indicating the decreasing impact of pandemic precautions. Other reasons for enrolling fewer students included a changed cohort admission date, a decrease in the number of admissions at the request of the college administration, students accepted at other institutions, readmitted students took up some seats, and “Academic program transition - New DNP Program will replace the MS Program. ELM paused admissions after the AY2022-23.” (See continuation of table on the next page.)

Table 12. 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	2022-2023
Accepted students did not enroll	45.2%	41.4%	56.0%	53.1%	50.0%	32.4%	25.4%	38.5%	48.0%
Other	12.9%	17.2%	24.0%	21.9%	25.0%	18.9%	20.3%	28.2%	32.0%
Insufficient faculty	16.1%	13.8%	8.0%	3.1%	0.0%	10.8%	10.2%	15.4%	24.0%
Unable to secure clinical placements for all students	16.1%	10.3%	28.0%	25.0%	37.5%	43.2%	55.9%	35.9%	16.0%
Lack of qualified applicants*	9.7%	0.0%	8.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.0%
Skipped a cohort	-	-	-	-	-	13.5%	32.2%	10.3%	4.0%
Decreased an admission cohort	-	-	-	-	-	10.8%	45.8%	15.4%	4.0%
College/university requirement to reduce enrollment*	16.1%	27.6%	12.0%	9.4%	0.0%	2.7%	6.8%	0.0%	0.0%
Lost funding	19.4%	17.2%	8.0%	3.1%	0.0%	0.0%	0.0%	0.0%	0.0%
To reduce costs	16.1%	3.4%	0.0%	3.1%	0.0%	0.0%	1.7%	0.0%	0.0%
Program discontinued*	9.7%	3.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Concerns about safety of students in clinical rotations	-	-	-	-	-	5.4%	18.6%	7.7%	0.0%
Concerns about safety of faculty in clinical rotations	-	-	-	-	-	5.4%	18.6%	5.1%	0.0%
Challenges converting courses from in-person to online modalities	-	-	-	-	-	2.7%	15.3%	5.1%	0.0%
Challenges converting clinicals to virtual simulation	-	-	-	-	-	0.0%	16.9%	7.7%	0.0%
Challenges converting clinicals to in-person simulation	-	-	-	-	-	2.7%	15.3%	5.1%	0.0%
Need to reduce in-person class sizes to accommodate social distancing	-	-	-	-	-	-	5.1%	2.6%	0.0%
Number of programs reporting	31	29	25	32	16	37	59	39	25

*Categories derived from text comments.

Table 13. 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	2022- 2023
Accepted students did not enroll	14	12	14	17	8	12	15	15	12
Other	4	5	6	7	4	7	12	11	8
Insufficient faculty	5	4	2	1	0	4	6	6	6
Unable to secure clinical placements for all students	5	3	7	8	6	16	33	14	4
Lack of qualified applicants*	3	0	2	0	0	0	0	0	1
Skipped a cohort	-	-	-	-	-	5	19	4	1
Decreased an admission cohort	-	-	-	-	-	4	27	6	1
College/university requirement to reduce enrollment*	5	8	3	3	0	1	4	0	0
Lost funding	6	5	2	1	0	0	0	0	0
To reduce costs	5	1	0	1	0	0	1	0	0
Program discontinued*	3	1	0	0	0	0	0	0	0
Concerns about safety of students in clinical rotations	-	-	-	-	-	2	11	3	0
Concerns about safety of faculty in clinical rotations	-	-	-	-	-	2	11	2	0
Challenges converting courses from in-person to online modalities	-	-	-	-	-	1	9	2	0
Challenges converting clinicals to virtual simulation	-	-	-	-	-	0	10	3	0
Challenges converting clinicals to in-person simulation	-	-	-	-	-	1	9	2	0
Need to reduce in-person class sizes to accommodate social distancing	-	-	-	-	-	-	3	1	0
Number of programs reporting	31	29	25	32	16	37	59	39	25

*Categories derived from text comments.

Student Census

The overall student census has grown by 32.4% (n=8,093) since 2013-2014. This is largely driven by the BSN student census, which has grown by 63.2% (n=7,592), far exceeding growth in any other program type.

Table 14. Student Census Data by Academic Year

Program Type	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
AD	11,516	12,027	11,508	11,965	11,959	11,593	11,238	0	10,994	11,990
BSN	12,008	12,332	12,846	12,680	13,788	14,968	15,540	0	18,798	19,600
ELM	1,473	1,455	1,317	1,436	1,415	1,342	1,487	0	1,422	1,500
Total Nursing Students	24,997	25,814	25,671	26,081	27,162	27,903	28,265	0	31,214	33,090

*No student census was collected in 2020-2021

Student Completions

The number of students completing California nursing programs increased by 23.9% (n=2,698) over the last ten years, rising from 11,291 in 2013-14 to 13,989 in 2022-23. ELM completions increased very slightly, from 769 to 806 (+4.8%) over this period, while BSN completions increased from 4,606 to 7,754 (+68.3%). ADN completions *decreased* 8.2%, from 5,916 in 2013-14 to 5,429 in 2022-23.

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 2022-23.

In 2022-23, ADN graduates represented 38.8% of all students completing a pre-licensure nursing program in California. BSN graduates represented 55.4% and ELM graduates represented 5.8% of all completions.

Table 15. Student Completions by Program Type by Academic Year

	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
ADN*	5,916	5,542	5,671	5,981	5,785	5,888	5,851	5,661	5,380	5,429
BSN	4,606	4,860	4,868	4,666	5,224	5,354	6,094	5,871	7,197	7,754
ELM	769	717	652	655	822	615	769	772	795	806
Total student completions	11,291	11,119	11,191	11,302	11,831	11,857	12,714	12,304	13,372	13,989

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

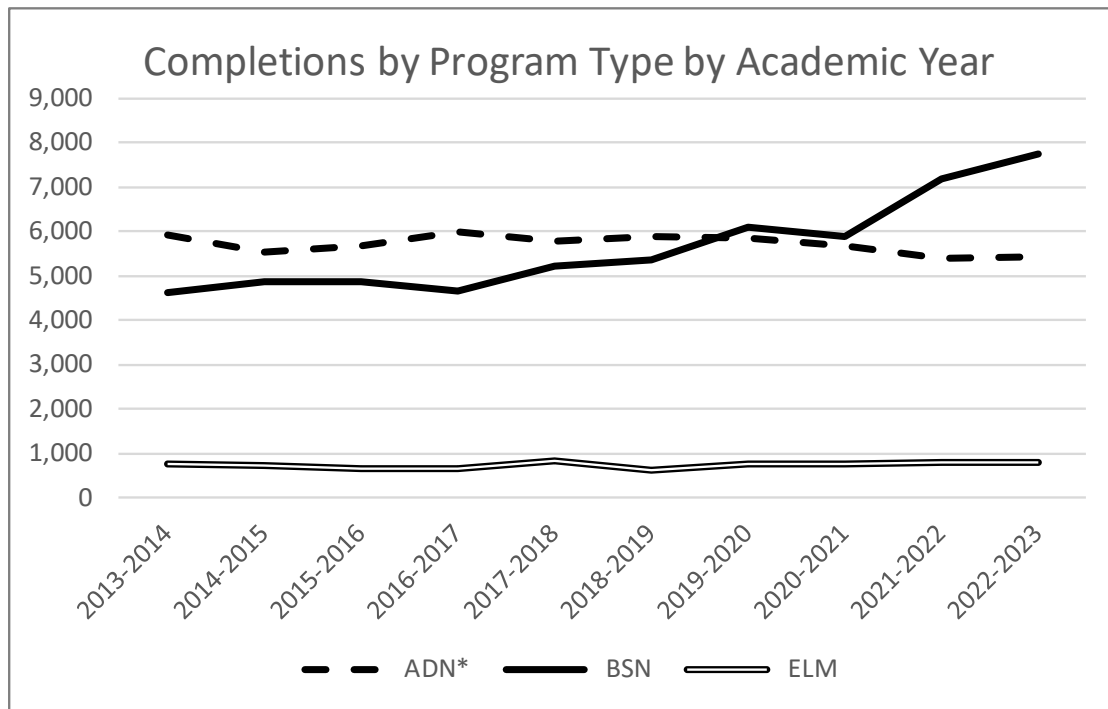


Figure 1. Student Completions by Program Type and Academic Year

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 14,923 reported students scheduled to complete a nursing program in the 2022-23 academic year, 85.4% (n=12,746) completed the program on time, 6.0% (n=902) were still enrolled in the program, and 8.5% (n=1,275) left the program. Of those who left program, 48.6% (n=620) had been dismissed and 51.4% (n=655) had dropped out.

The on-time completion rate has fluctuated over the last decade, reaching a ten-year high of 85.4% in 2022-23. The attrition rate has declined over the last ten years, hitting a ten-year low in 2022-21 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 16. Student Completion and Attrition by Academic Year

	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023
Students scheduled to complete the program	11,791	11,692	11,335	12,658	13,403	14,807	13,984	13,585	15,378	14,923
Completed on time	9,743	9,587	9,002	10,378	10,719	12,441	11,869	11,554	12,598	12,746
Still enrolled	651	563	893	901	1,395	790	948	1,072	1,449	902
Total attrition	1,397	1,542	1,440	1,379	1,289	1,576	1,167	959	1,331	1,275
<i>Attrition-dropped out</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>655</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>	<i>620</i>
Completed late [‡]	1,079	851	416	969	1,103	801	752	901	763	1,215
On-time completion rate*	82.6%	82.0%	79.4%	82.0%	80.0%	84.0%	84.9%	85.1%	81.9%	85.4%
Attrition rate**	11.8%	13.2%	12.7%	10.9%	9.6%	10.6%	8.3%	7.0%	8.7%	8.5%
% Still enrolled	5.5%	4.8%	7.9%	7.1%	10.4%	5.3%	6.8%	7.9%	9.4%	6.0%

[‡] 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 2022-23, Fourteen programs did not provide data on attrition and completion. Eleven of these programs were new and had no completions, one was on teach-out, and two gave no reason.
- 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 16.2% in 2014-15 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 at 9.4%.

Attrition rates for BSN programs have varied over the last decade, reaching a high of 11.7% in 2015-16 and a low of 7.1% in 2019-20.

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 five years, private programs' attrition rates have been higher than public program's attrition rates.

Table 17. Attrition Rates by Program Type by Academic Year

	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
ADN*	15.5%	16.2%	14.3%	12.4%	11.3%	10.8%	9.0%	7.7%	9.3%	9.4%
BSN	8.7%	10.5%	11.7%	9.2%	8.4%	11.2%	8.3%	7.1%	8.7%	8.5%
ELM	3.4%	7.7%	4.4%	7.3%	3.0%	3.0%	3.8%	1.9%	2.8%	2.9%
Private	9.4%	12.3%	14.0%	10.5%	8.7%	12.1%	8.9%	7.5%	9.3%	9.3%
Public	13.2%	13.7%	12.0%	11.2%	10.2%	9.5%	7.9%	6.7%	8.0%	7.8%

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.

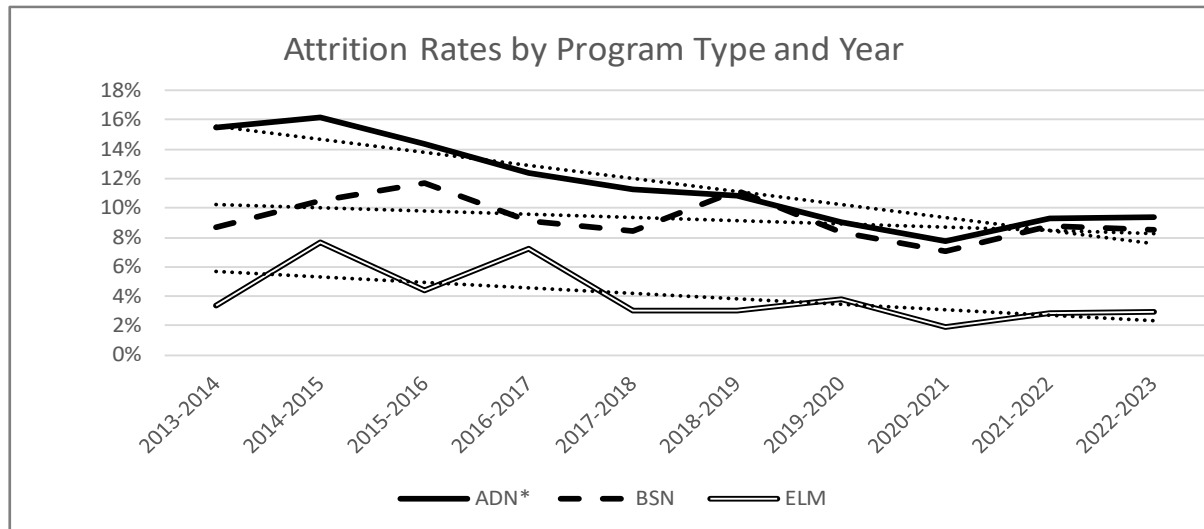


Figure 2. Attrition and Completion by Program Type and Academic Year

Attrition rates in both public and private programs have decreased over the decade, although they have done so more steadily for public programs.

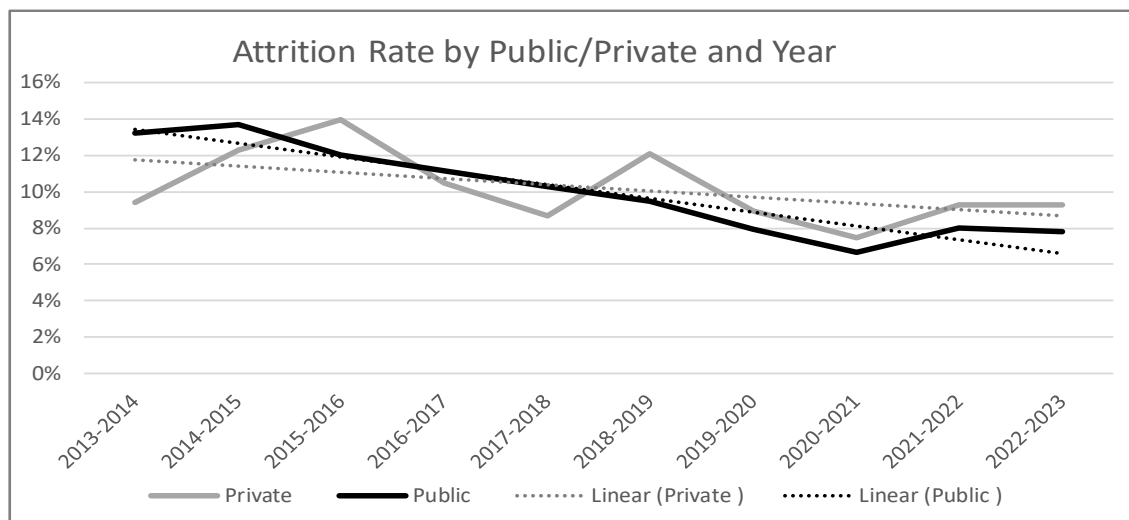


Figure 3. Attrition and Completion by Public/Private Status and Academic Year

- Starting in 2016-17, programs were asked to calculate attrition and on-time completion data by race and ethnicity. In 2022-23, students of unknown race had the lowest attrition rate (7.4%) followed by White and Filipino students (7.6% and 8.3%, respectively). Students of unknown race had the highest on-time completion rate (90.3%), followed by White students (86.6%). African American students had the lowest on-time completion rate (77.2%) and the highest attrition rate (14.4%).

Table 18. Completion and Attrition Data by Race and Ethnicity, 2022-23

	Native American	Asian	African American	Filipino	Hispanic	White	Other	Unknown
Students scheduled to complete the program	72	2,997	592	761	4,206	3,656	880	1,580
Completed on time	62	2,521	457	650	3,530	3,167	744	1,426
Still enrolled	2	200	50	48	319	212	53	37
Total attrition	8	276	85	63	357	277	83	117
<i>Attrition-dropped out</i>	2	137	42	34	171	170	46	50
<i>Attrition-dismissed</i>	6	139	43	29	186	107	37	67
Completed late [‡]	5	410	48	54	346	206	57	93
On-time completion rate*	86.1%	84.1%	77.2%	85.4%	83.9%	86.6%	84.5%	90.3%
Attrition rate**	11.1%	9.2%	14.4%	8.3%	8.5%	7.6%	9.4%	7.4%
% Still enrolled	2.8%	6.7%	8.4%	6.3%	7.6%	5.8%	6.0%	2.3%

*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)

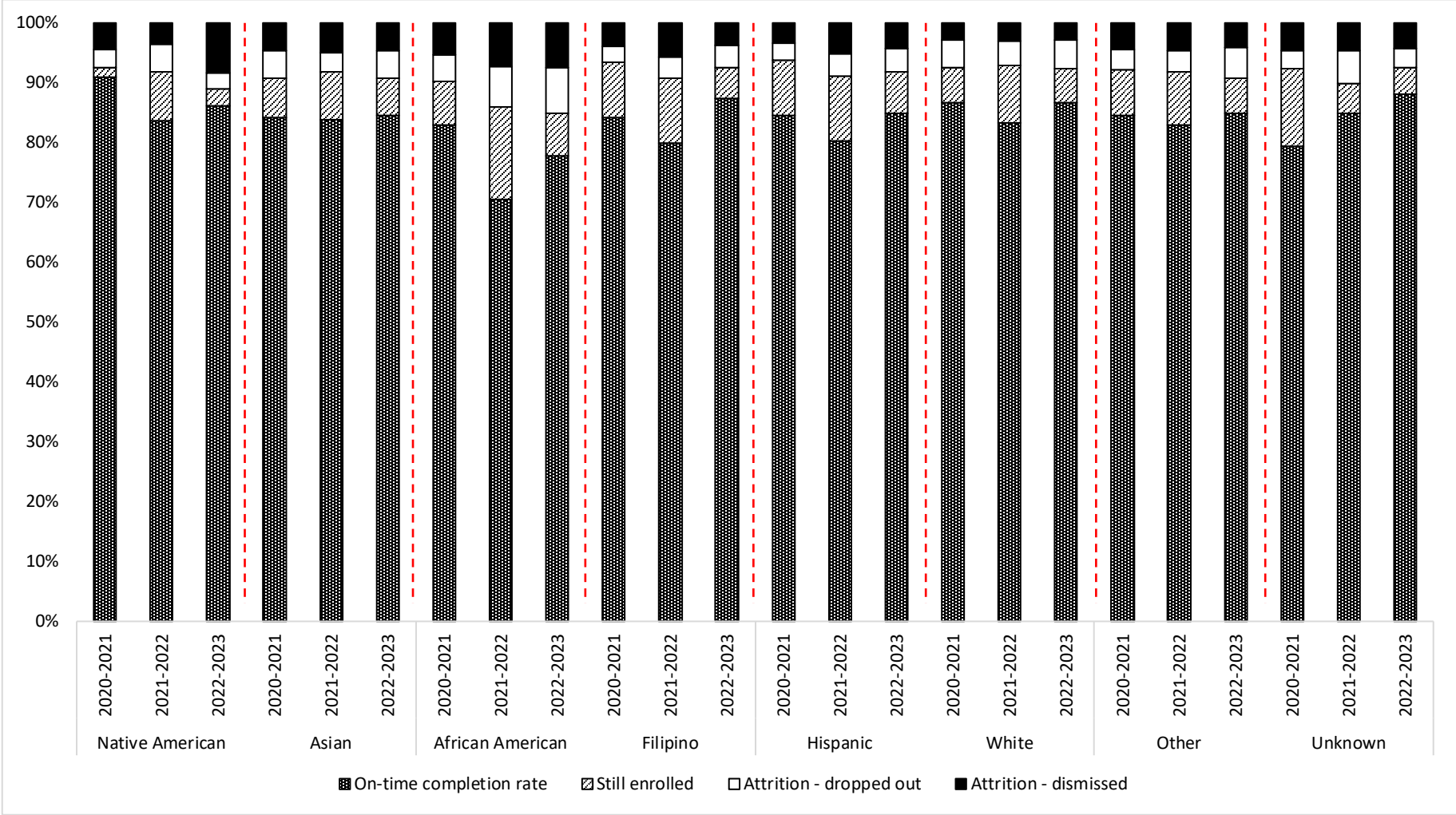
***Attrition rate = (students who dropped or were dismissed who were scheduled to complete) / (students scheduled to complete the program)

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, 2020-21 to 2022-23



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 2022-23, pass rates were comparable to those of the past two years.

Table 19. First Time NCLEX Pass Rates by Program Type, by Academic Year (Percents)

Program Type	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
ADN	83.1%	84.3%	86.0%	87.8%	90.0%	91.3%	91.6%	89.7%	87.5%	87.8%
BSN	82.3%	84.4%	88.2%	91.6%	91.9%	91.6%	91.6%	88.8%	84.4%	84.4%
ELM	81.9%	80.7%	84.1%	89.9%	88.5%	89.5%	93.4%	88.7%	86.6%	84.8%
Number of programs reporting	135	135	135	129	134	137	137	140	141	138

Note: NCLEX pass rates are for students who took the exam for the first time in the given year. Numbers for 2021-22 were corrected in 2024.

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

Type of Program	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
ADN passed	4,568	4,687	4,938	5,210	5,162	5,878	5,370	5,127	5,454	5,102
ADN taken	5,497	5,562	5,744	5,933	5,733	6,440	5,862	5,713	6,231	5,810
BSN passed	3,076	3,720	4,268	4,544	4,719	5,539	5,059	5,596	6,279	6,874
BSN taken	3,738	4,407	4,837	4,961	5,136	6,046	5,520	6,303	7,436	8,149
ELM passed	466	551	403	250	896	582	590	532	623	597
ELM taken	569	683	479	278	1,012	650	632	600	719	704
Number of programs reporting	135	135	135	129	134	137	137	140	141	137

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>

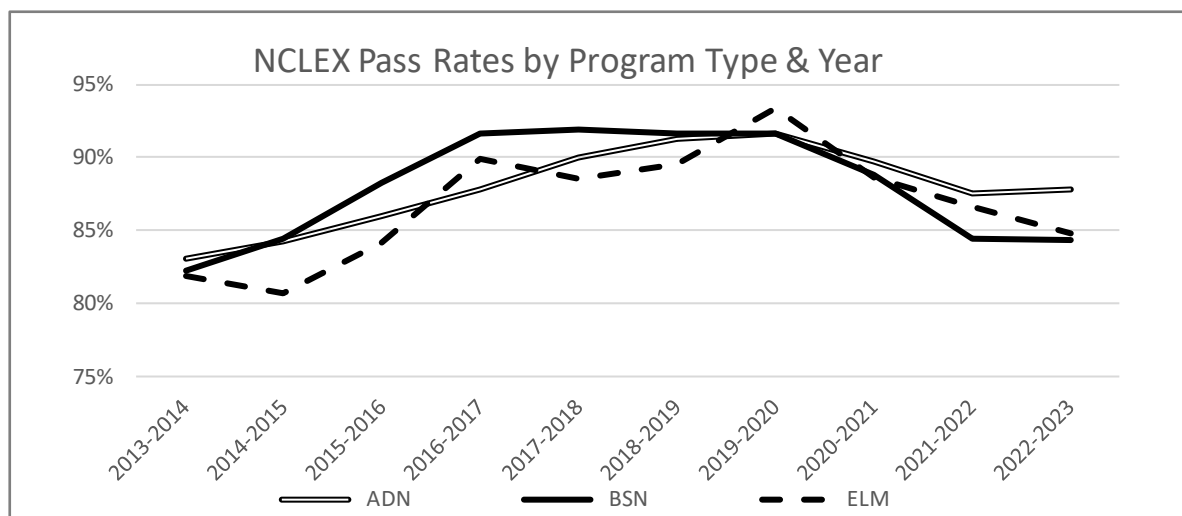


Figure 5. First Time NCLEX Pass Rates by Program Type, by Academic Year

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 2022-23, students who graduated from accelerated ADN and ELM programs had slightly higher average pass rates, and students from accelerated BSN programs had slightly lower average pass rates than their traditional counterparts.

Table 21. First Time NCLEX Pass Rates for Accelerated Programs by Program Type, by Academic Year (Percents)

Program Type	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
ADN	68.8%	95.5%	73.0%	68.9%	87.6%	82.3%	89.9%	93.8%	96.2%	89.8%
BSN	82.0%	91.1%	91.4%	90.5%	90.5%	92.7%	94.3%	91.4%	96.5%	83.5%
ELM	-	90.0%	83.6%	95.2%	90.8%	92.3%	92.2%	87.3%	83.7%	91.4%
Number of programs reporting	16	12	14	19	16	18	27	23	22	24

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

Type of Program	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
ADN passed	77	42	108	93	296	261	222	105	76	114
ADN taken	112	44	148	135	338	317	247	112	79	127
BSN passed	1,078	565	427	2,032	573	2,040	3,535	962	2,122	1,330
BSN taken	1,315	620	467	2,245	633	2,200	3,750	1,052	2,200	1,592
ELM passed	-	199	240	60	118	241	226	213	174	170
ELM taken		221	287	63	130	261	245	244	208	186
Number of programs reporting	16	12	14	19	16	18	27	23	22	24

Note: Blank cells indicate that the applicable information was not requested in that 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 69.0% in 2013-14 to a ten-year high of 86.5% in 2022-23.

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

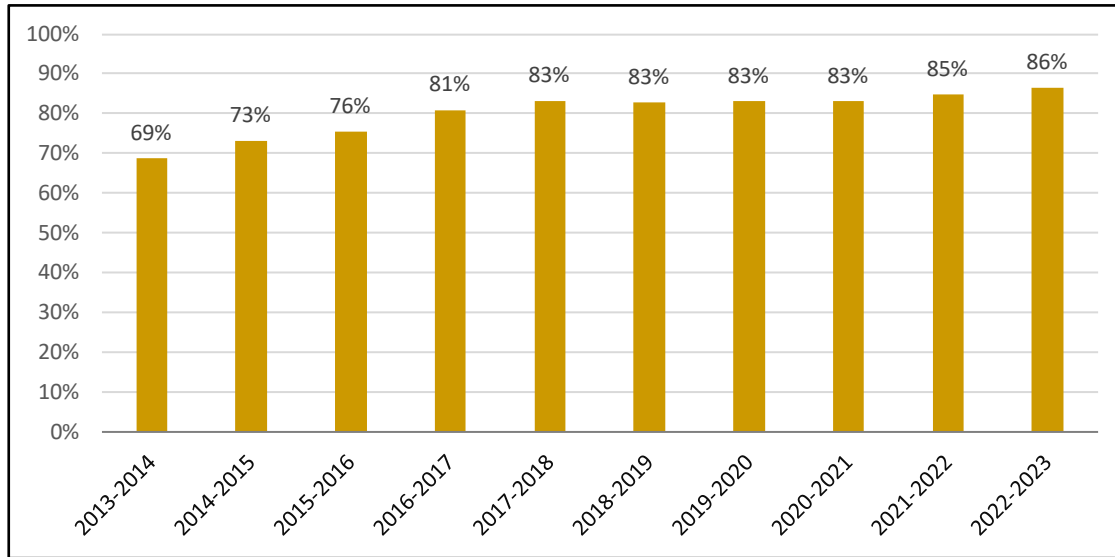


Table 23. Percent of Recent Nursing Program Graduates Employed in California by Academic Year

Program Type	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Employed in California	68.8%	73.1%	75.6%	80.9%	83.3%	82.9%	83.0%	83.1%	84.7%	86.5%
Number of programs reporting	128	119	118	119	127	125	126	128	134	129

*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 2022-23, 72.4% of graduates were reportedly employed in hospitals. Nursing programs reported that 8.9% (total) were participating in a paid or unpaid new graduate residency, 3.4% of their graduates were not yet licensed, and 3.5% were working at other health care facilities. Only 1.7% of new graduates were unable to find employment by October 2023, a figure that has declined since 2013-14, when 13.7% of new graduates were reportedly unable to find employment.

The percentage of graduates pursuing additional nursing education has decreased since 2017-18, possibly because the categories “participating in a new graduate residency (paid)” and “participating in a new graduate residency (unpaid)”, were added.

Since 2016-17, respondents who selected the category “other” have been prompted to describe other employment locations where their graduates work. Other employment locations written in by respondents over the years have included corrections (n=12), not yet employed (n=12), outpatient clinics (n=6), home health (n=5), and school settings (n=5). In 2022-23, other sites provided included corrections, home health, dialysis clinic, hospice, rehab clinic, not yet employed, and school.

Table 24. Employment Location of Recent Nursing Program Graduates by Academic Year

Employment Location	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Hospital	56.0%	58.3%	59.2%	61.1%	63.0%	59.1%	59.4%	60.4%	63.1%	72.4%
Pursuing additional nursing education [†]	10.5%	11.4%	11.0%	10.3%	12.0%	9.1%	7.5%	6.0%	4.3%	2.9%
Participating in a new graduate residency (paid)	-	-	-	-	-	7.6%	5.7%	6.6%	8.7%	8.5%
Participating in a new graduate residency (unpaid)	-	-	-	-	-	0.1%	0.2%	0.5%	0.2%	0.4%
Long-term care facilities	7.1%	7.9%	4.6%	5.2%	6.3%	6.8%	5.9%	4.9%	3.4%	3.4%
Community/public health facilities	3.7%	4.2%	2.6%	2.6%	3.0%	3.0%	3.4%	3.5%	3.4%	2.5%
Other healthcare facilities	6.0%	4.4%	3.5%	4.6%	5.3%	5.3%	3.5%	4.3%	5.0%	3.5%
Other	3.4%	4.9%	3.2%	2.0%	0.8%	0.9%	1.1%	2.7%	2.9%	1.5%
Not yet licensed	-	-	10.6%	10.2%	7.2%	4.7%	9.9%	7.9%	7.5%	3.2%
Unable to find employment*	13.7%	9.5%	5.5%	4.2%	2.4%	3.9%	3.3%	3.1%	1.6%	1.7%
Employed in California	68.8%	73.1%	75.6%	80.9%	83.3%	82.9%	83.0%	83.1%	84.7%	86.5%

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 2022-23, on average, the employment setting was unknown for 14.6% of recent graduates. 132 programs provided answers about the employment location of 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 2022-23, ADN programs reported the largest average share of recent graduates employed in hospitals (73.6%), followed by ELM programs (72.3%). BSN programs have seen a decrease in the percentage of graduates working in hospitals, from nearly 80% in 2014-15 to 69.5% in 2022-23. ADN programs have seen an increase, from 51.3% in 2014-15 to 73.6% in 2022-23.

In 2022-23, after hospital employment, the largest proportion of ADN, BSN, and ELM graduates were “participating in a new graduate residency” (paid or unpaid) (8.1%, 11.7%, and 6.1% respectively).

Table 25. Employment Location for Recent Nursing Program Graduates by Program Type by Academic Year

<i>ADN Programs</i>	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Hospital	48.1%	51.3%	54.7%	58.6%	59.1%	57.3%	57.0%	58.7%	65.7%	73.6%
Long-term care facilities	10.2%	10.3%	5.6%	6.3%	7.7%	9.0%	7.6%	6.4%	4.5%	3.8%
Community/ public health facilities	3.3%	4.1%	2.4%	3.0%	2.9%	3.0%	3.2%	3.9%	3.1%	1.8%
Other healthcare facilities	7.1%	4.8%	4.2%	5.6%	6.4%	6.3%	3.5%	4.4%	4.4%	3.4%
Pursuing additional nursing education	14.4%	12.9%	12.6%	11.7%	12.5%	11.8%	10.2%	8.6%	5.4%	3.5%
Participating in a new graduate residency (paid)	-	-	-	-	-	4.7%	5.3%	5.3%	6.4%	7.8%
Participating in a new graduate residency (unpaid)	-	-	-	-	-	0.1%	0.3%	0.7%	0.1%	0.3%
Unable to find employment	13.1%	11.9%	6.0%	5.2%	2.5%	3.8%	2.6%	2.5%	1.6%	1.0%
Not yet licensed	-	-	10.1%	8.6%	8.4%	3.9%	9.5%	7.0%	6.7%	3.7%
Other	4.2%	5.6%	4.6%	1.2%	0.6%	0.8%	1.0%	2.5%	2.1%	1.0%

Table 25. Employment Location for Recent Nursing Program Graduates by Program Type by Academic Year (continued)

<i>BSN Programs</i>	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Hospital	48.1%	79.4%	72.2%	72.6%	76.1%	64.1%	65.2%	65.5%	61.3%	69.5%
Long-term care facilities	10.2%	4.4%	2.4%	3.8%	3.8%	2.7%	3.2%	2.5%	1.6%	2.1%
Community/ public health facilities	3.3%	3.4%	2.9%	1.9%	3.1%	2.9%	4.3%	2.9%	3.6%	3.5%
Other healthcare facilities	7.1%	2.5%	2.1%	3.3%	2.7%	3.4%	4.5%	5.0%	5.9%	3.7%
Pursuing additional nursing education	14.4%	2.0%	2.4%	2.3%	5.5%	0.9%	1.5%	1.2%	1.9%	1.9%
Participating in a new graduate residency (paid)	-	-	-	-	-	15.6%	7.5%	8.5%	11.0%	10.9%
Participating in a new graduate residency (unpaid)	-	-	-	-	-	0.1%	0.0%	0.3%	0.4%	0.8%
Unable to find employment	13.1%	3.8%	4.8%	2.1%	2.5%	4.9%	5.3%	5.0%	1.9%	3.2%
Not yet licensed	-	-	13.0%	10.4%	5.5%	4.2%	7.8%	8.5%	9.4%	2.7%
Other	4.2%	4.7%	0.1%	3.7%	0.7%	1.1%	0.8%	0.6%	3.0%	1.6%
<i>ELM Programs</i>	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Hospital	57.2%	55.6%	53.3%	45.5%	54.6%	58.3%	61.4%	57.6%	45.9%	72.3%
Long-term care facilities	2.1%	1.5%	1.8%	0.1%	2.1%	0.9%	0.2%	0.3%	0.7%	4.3%
Community/ public health facilities	3.6%	6.0%	3.8%	1.1%	4.4%	3.4%	1.2%	1.7%	5.6%	4.7%
Other healthcare facilities	8.3%	5.5%	0.9%	0.4%	3.8%	2.3%	0.7%	1.6%	6.3%	3.7%
Pursuing additional nursing education	12.3%	21.8%	29.7%	23.8%	28.2%	12.7%	5.2%	0.7%	3.0%	1.2%
Participating in a new graduate residency (paid)	-	-	-	-	-	6.5%	3.1%	11.2%	20.6%	6.0%
Participating in a new graduate residency (unpaid)	-	-	-	-	-	0.0%	0.0%	0.0%	0.8%	0.1%
Unable to find employment	16.1%	8.2%	3.7%	2.1%	1.9%	2.1%	2.4%	2.2%	1.0%	2.2%
Not yet licensed	-	-	5.2%	23.9%	2.5%	12.7%	22.0%	13.0%	6.8%	0.6%
Other	0.4%	1.4%	1.9%	3.1%	2.5%	1.1%	3.8%	11.6%	9.2%	4.8%

Statistics on the percent of graduates employed in California were collected at the school level only.

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

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

*The percentages for ADN paid and unpaid residencies were transposed in 2018-19 and have been corrected.

Clinical Space & Clinical Practice Restrictions

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 in 2021-22 and 2022-23. This year, the number of programs reporting a loss of clinical placements, units, or has decreased from the prior three years. However, the number of placements, units and shifts lost and the number of students impacted remain high compared to pre-pandemic years' totals.

Table 26. RN Programs Denied Clinical Space by Academic Year

Numbers & Outcomes	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023
Programs denied a clinical placement, unit or shift	57.4%	51.9%	43.5%	54.6%	53.6%	49.6%	85.6%	88.3%	60.5%	53.6%
	81	70	60	77	75	70	125	128	92	81
Programs offered alternative by site*	-	17.8%	18.8%	22.0%	23.6%	19.1%	17.1%	22.8%	15.1%	13.2%
	-	24	26	31	33	27	25	33	23	20
Programs reporting	141	135	138	141	140	141	146	145	152	151
Number of placements, units or shifts lost* pre and post-pandemic	-	273	213	302	367	287	226	-	-	-
	-	-	-	-	-	-	3,655	3,425	971	515
Number of students affected pre and post-pandemic	2,195	2,145	1,278	2,147	2,366	2,271	1,080	-	-	-
	-	-	-	-	-	-	22,415	15,043	5,163	3,933

*Significant changes to these questions beginning in 2014-15 prevent comparison of the data to prior years.

In the 2022-23 survey, 66 of 152 programs (43.4%) reported that there were fewer students allowed for a clinical placement, unit, or shift in this year than in the prior year. 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. Some schools skipped or decreased cohorts. As of 2022-23, the percent of programs reporting fewer students allowed for a clinical space seems to be close to pre-pandemic levels.

Table 27. 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	2022-2023
Percent ADN programs reporting fewer students	34.4%	41.6%	39.6%	39.1%	39.6%	74.2%	85.9%	57.1%	44.6%
Number of ADN programs reporting fewer students	31	37	36	36	36	69	79	52	41
Total number of ADN programs	90	89	91	92	91	93	92	91	92
Percent BSN programs reporting fewer students	50.0%	57.9%	48.6%	48.6%	48.7%	73.8%	74.4%	60.4%	40.4%
Number of BSN programs reporting fewer students	18	22	18	18	19	31	32	29	19
Total number of BSN programs	36	38	37	37	39	42	43	48	47
Percent ELM programs reporting fewer students	56.3%	42.9%	46.2%	58.3%	50.0%	83.3%	83.3%	61.5%	46.2%
Number of ELM programs reporting fewer students	9	6	6	7	6	10	10	8	6
Total number of ELM programs	16	14	13	12	12	12	12	13	13
Percent of all nursing programs reporting fewer students	40.8%	46.1%	42.6%	43.3%	43.0%	74.8%	82.3%	58.6%	43.4%
Number of nursing programs reporting fewer students	58	65	60	61	61	110	121	89	66
Total nursing programs	142	141	141	141	142	147	147	152	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 through 2020-21, COVID-19 related reasons topped the list of reasons that clinical space was denied. In 2021-22, “staff nurse overload or insufficient qualified staff due to COVID-19” (53.3%, n=49) was still the top reason for clinical space being unavailable. By 2022-23, pandemic-related reasons were much further down the list compared to the prior three years (See Table 28 and Table 29, next pages.)

Respondents also provided write-in responses to this question. Over the years, the top responses included reasons such as 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), COVID-19 issues (n=17); unknown reason for the denial (n=17); move, remodel or “new facility” (n=12); other sites provided a fee to secure clinical spaces (n=11), and facility staffing issues (n=11). These data should be interpreted with care as the same schools often repeat the same reason across programs and years.

“Other” reasons provided in 2022-23 included a strike, hospital closure, implementation of Pronto Wellness or Clinical Edify, and site bankruptcy.

Table 28. Reasons for Clinical Space Being Unavailable by Academic Year, Percentages

Reasons	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023
Competition for clinical space due to increase in number of nursing students in region	46.9%	48.7%	48.3%	49.4%	52.7%	43.5%	29.0%	22.0%	37.0%	51.9%
Staff nurse overload or insufficient qualified staff	45.7%	38.2%	33.3%	51.9%	63.5%	50.7%	16.9%	25.2%	41.3%	45.6%
Nurse residency programs	18.5%	18.4%	26.7%	26.0%	24.3%	26.1%	6.5%	12.6%	20.7%	34.2%
Displaced by another program	43.2%	39.5%	35.0%	50.6%	50.0%	43.5%	21.0%	25.2%	25.0%	31.6%
Staff nurse overload or insufficient qualified staff due to COVID-19	-	-	-	-	-	-	71.0%	72.4%	53.3%	25.3%
Decrease in patient census	28.4%	25.0%	21.7%	18.2%	24.3%	17.4%	8.9%	9.4%	22.8%	20.3%
Closure, or partial closure, of clinical facility	25.9%	18.4%	28.3%	18.2%	23.0%	18.8%	21.8%	19.7%	15.2%	20.3%
Visit from Joint Commission or other accrediting agency	22.2%	26.3%	23.3%	33.8%	29.7%	23.2%	12.1%	15.7%	22.8%	17.7%
Other	11.1%	17.1%	6.7%	11.7%	14.9%	14.5%	16.9%	2.4%	19.6%	17.7%
Change in facility ownership/management	14.8%	21.1%	18.3%	24.7%	14.9%	18.8%	8.1%	9.4%	8.7%	16.5%
Other clinical facility business needs/changes in policy	-	-	-	20.8%	9.5%	24.6%	4.2%	8.7%	10.9%	10.1%
Decrease in patient census due to COVID-19	-	-	-	-	-	-	41.9%	41.7%	27.2%	8.9%
Site closure or decreased services due to COVID-19	-	-	-	-	-	-	63.7%	64.6%	28.3%	6.3%
No longer accepting ADN students*	23.5%	21.1%	23.3%	27.3%	23.0%	21.7%	12.1%	11.8%	9.8%	5.1%
Implementation of Electronic Health Records system	23.5%	13.2%	10.0%	13.0%	17.6%	20.3%	8.1%	7.1%	3.3%	3.8%
Clinical facility seeking magnet status	11.1%	17.1%	18.3%	15.6%	13.5%	14.5%	8.9%	7.1%	9.8%	3.8%
Change in site infection control protocols due to COVID-19	-	-	-	-	-	-	66.9%	59.8%	26.1%	3.8%
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%	0.0%
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%
Lack of PPE due to COVID-19	-	-	-	-	-	-	76.6%	48.8%	4.3%	0.0%
Number of programs that reported	81	76	60	77	74	69	124	127	92	79

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

*Not asked of BSN or ELM programs.

Table 29. Reasons for Clinical Space Being Unavailable by Academic Year, Counts

Reasons	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023
Competition for clinical space due to increase in number of nursing students in region	38	37	29	38	39	30	36	28	34	40
Staff nurse overload or insufficient qualified staff	37	29	20	40	47	35	21	32	38	36
Nurse residency programs	15	14	16	20	18	18	8	16	19	27
Displaced by another program	35	30	21	39	37	30	26	32	23	25
Staff nurse overload or insufficient qualified staff due to COVID-19	-	-	-	-	-	-	88	92	49	20
Decrease in patient census	23	19	13	14	18	12	11	12	21	16
Closure, or partial closure, of clinical facility	21	14	17	14	17	13	27	25	14	16
Visit from Joint Commission or other accrediting agency	18	20	14	26	22	16	15	20	21	14
Other	9	13	4	9	11	10	21	3	18	14
Change in facility ownership/management	12	16	11	19	11	13	10	12	8	13
Other clinical facility business needs/changes in policy	-	-	-	-	-	17	5	11	10	8
Decrease in patient census due to COVID-19	-	-	-	-	-	-	52	53	25	7
Site closure or decreased services due to COVID-19	-	-	-	-	-	-	79	82	26	5
No longer accepting ADN students*	19	16	14	21	17	15	15	15	9	4
Implementation of Electronic Health Records system	19	10	6	10	13	14	10	9	3	3
Clinical facility seeking magnet status	9	13	11	12	10	10	11	9	9	3
Change in site infection control protocols due to COVID-19	-	-	-	-	-	-	83	76	24	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	0
Lack of PPE due to COVID-19	-	-	-	-	-	-	95	62	4	0
Facility moving to a new location/ (or hospital construction)**										
Number of programs that reported	81	76	60	77	74	69	124	127	92	79

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 and 2022-23, the number and percentage of schools that provided financial support to secure placements decreased to the lowest share since pre-pandemic years.

Table 30. Programs that Provided Financial Support to Secure a Clinical Placement

	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023
Number providing financial support to secure a clinical placement	1	9	3	10	7	12	11	15	9	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%	6.0%
Number of programs reporting	123	137	139	141	140	142	144	144	151	150

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 programs 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%, and by 2022-2023, it was down to third place at 33.3% of all programs reporting it as a strategy to address lost clinical space.

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%, and by 2022-23, it was down to or lower than pre-pandemic levels at 4.9% of all programs reporting it as a strategy to address lost clinical space.

Respondents also provided write-in responses to this question. Over the years, some of the most common strategies have included: using telehealth (n=17), a trend that started during the pandemic; using alternative (non-hospital) sites (n=11); delaying cohorts (n=10), again, a trend related to the pandemic; and reducing the number of students per clinical group (n=7).

In 2022-23, there were varied answers such as using clinical simulation (SwiftRiver), reducing the number of students per clinical group, making existing groups larger, split section on and off rotation, and adding an additional day at another facility.

Table 31. Strategies to Address the Loss of Clinical Space by Academic Year

Strategies	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Replaced lost space at different site currently used by nursing program	66.7%	66.2%	76.3%	61.8%	68.9%	79.4%	65.0%	49.6%	68.5%	69.1%
Added/replaced lost space with new site	56.8%	48.6%	44.1%	55.3%	60.8%	55.9%	60.2%	55.1%	53.3%	60.5%
Clinical simulation	32.1%	37.8%	30.5%	40.8%	43.2%	45.6%	87.8%	78.7%	57.6%	33.3%
Replaced lost space at same clinical site	45.7%	32.4%	32.2%	35.5%	43.2%	33.8%	32.5%	32.3%	26.1%	35.8%
Reduced student admissions	7.4%	1.4%	5.1%	9.2%	8.1%	11.8%	29.3%	27.6%	19.6%	4.9%
Other	1.2%	8.1%	3.4%	7.9%	4.1%	5.9%	15.4%	18.9%	10.9%	6.2%
Number of programs reporting	81	74	59	76	74	68	123	127	92	81

*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 2022-23, 50 programs reported using alternative out-of-hospital clinical sites. This is many fewer than in the three prior years during the COVID-19 pandemic lockdowns, and comparable two pre-pandemic years.

In 2022-23, the two most frequently reported non-hospital clinical sites were public health or community health agency (48.0%, n=24) and skilled nursing/rehabilitation facility (44.0%, n=22).

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=38), senior facilities and long-term care (n=14), and outpatient clinics (n=8). Telehealth (n=17) and COVID support activities such as vaccine clinics and testing facilities (n=9) gained prominence during 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 2022-23 included: memory care facilities, fire authority, shot clinics and health fairs, residential care, Head Start/Early Start programs, and childcare setting for pediatrics.

Table 32. Increase in Use of Alternative Out-of-Hospital Clinical Sites by Nursing Programs

Out-of-Hospital Sites	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Public health or community health agency	53.7%	41.0%	51.2%	35.3%	39.6%	44.7%	60.7%	61.5%	58.0%	48.0%
Skilled nursing/rehabilitation facility	43.9%	46.2%	32.6%	37.3%	41.7%	42.6%	24.7%	33.3%	47.8%	44.0%
Medical practice, clinic, physician office	34.1%	30.8%	37.2%	31.4%	37.5%	34.0%	30.3%	34.4%	30.4%	36.0%
Outpatient mental health/substance abuse	39.0%	28.2%	34.9%	31.4%	33.3%	21.3%	32.6%	31.3%	33.3%	36.0%
School health service (K-12 or college)	39.0%	38.5%	27.9%	25.5%	39.6%	36.2%	29.2%	33.3%	46.4%	28.0%
Home health agency/home health service	29.3%	20.5%	41.9%	29.4%	29.2%	25.5%	24.7%	25.0%	15.9%	26.0%
Surgery center/ambulatory care center	19.5%	28.2%	25.6%	35.3%	29.2%	25.5%	19.1%	17.7%	20.3%	26.0%
Hospice	29.3%	23.1%	25.6%	21.6%	20.8%	23.4%	23.6%	16.7%	13.0%	18.0%
Case management/disease management	12.2%	7.7%	16.3%	7.8%	8.3%	17.0%	18.0%	15.6%	7.2%	10.0%
Urgent care, not hospital-based	7.3%	7.7%	7.0%	9.8%	6.3%	14.9%	14.6%	15.6%	13.0%	10.0%
Correctional facility, prison or jail	7.3%	10.3%	9.3%	7.8%	10.4%	6.4%	4.5%	2.1%	8.7%	10.0%
Other	12.2%	12.8%	16.3%	23.5%	12.5%	12.8%	24.7%	30.2%	21.7%	10.0%
Renal dialysis unit	4.9%	5.1%	7.0%	5.9%	2.1%	4.3%	7.9%	5.2%	7.2%	8.0%
Occupational health or employee health service	2.4%	0.0%	2.3%	2.0%	2.1%	4.3%	3.4%	7.3%	7.2%	2.0%
Number of programs that reported	41	39	43	51	48	47	89	96	69	50

In 2022-23, 64.3% (n=92) of 143 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 2022-23 were 1) clinical site due to visit from the Joint Commission or other accrediting agency (54.3%, n=50), 2) Bar coding medication administration (51.1%, n=47), and 3) “automated medical supply cabinet (51.1%, n=47). This distribution mirrors the predominant order of types of restricted access prior to 2019-20.

From 2019-20 through 2021-22, restrictions to sites overall due to COVID-19 was the top reason for restrictions to clinical practice. 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 through 2021-22.

Restrictions on access to electronic medical records has declined over the last ten years, from 66.7% in 2013-14 to 50.0% in 2022-23, as has access to glucometers, from 35.5% in 2013-14 to 19.6% in 2022-23.

Table 33. Common Types of Restricted Access in the Clinical Setting for RN Students by Academic Year

Common types of restricted access	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Clinical site due to visit from accrediting agency (Joint Commission)	75.3%	69.9%	76.5%	75.8%	81.5%	87.0%	65.6%	60.5%	61.9%	54.3%
Bar coding medication administration	60.2%	60.2%	68.2%	64.8%	66.3%	62.0%	51.6%	46.0%	46.7%	51.1%
Automated medical supply cabinets	46.2%	45.2%	54.1%	57.1%	55.4%	59.8%	53.9%	45.2%	51.4%	51.1%
Electronic Medical Records	68.8%	60.2%	61.2%	64.8%	63.0%	60.9%	43.0%	45.2%	43.8%	50.0%
Some patients due to staff workload	43.0%	30.1%	27.1%	37.4%	38.0%	46.7%	31.3%	36.3%	40.0%	43.5%
Student health and safety requirements	45.2%	40.9%	42.4%	41.8%	34.8%	42.4%	33.6%	29.0%	33.3%	30.4%
IV medication administration	24.7%	28.0%	34.1%	29.7%	35.9%	40.2%	28.1%	33.1%	25.7%	29.3%
Sites overall due to COVID-19	-	-	-	-	-	-	89.8%	84.7%	67.6%	28.3%
Glucometers	35.5%	31.2%	34.1%	36.3%	30.4%	32.6%	25.0%	26.6%	16.2%	19.6%
Other	15.1%	-	-	-	-	-	6.3%	8.1%	6.7%	19.6%
Direct communication with health team	11.8%	7.5%	8.2%	12.1%	10.9%	16.3%	17.2%	12.9%	14.3%	17.4%
Alternative setting due to liability	20.4%	19.4%	18.8%	17.6%	18.5%	20.7%	28.9%	26.6%	22.9%	16.3%
Inability to onboard or complete orientation of new cohort due to COVID-19	-	-	-	-	-	-	63.3%	49.2%	31.4%	9.8%
Lack of access to specific units due to lack of PPE	-	-	-	-	-	-	76.6%	52.4%	21.9%	7.6%
Number of schools that reported	93	93	85	91	92	92	128	124	105	92

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

Numbers indicate the percent of schools reporting these restrictions as “common” or “very common”. 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 2022-23, schools reported that restricted student access to **electronic medical records** was primarily due to insufficient time for clinical site staff to train students (61.3%, n=46), “liability” and “staff still learning and unable to assure documentation standards are being met” (both 46.7%, n=35).

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=31). In recent years, COVID became a predominant reason for restricted access (n=14), followed by “general policy” (n=10).

In 2022-23, schools reported that students were restricted from using **medication administration systems** due primarily to liability (61.0%, n=47) and staff fatigue/burnout (54.5%, n=42).

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=23). Lack of access was also frequently cited (n=2) with comments like “Pyxis access not allowed”, or “delayed access”.

Table 34. 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	2022-2023
Insufficient time to train students	60.7%	70.4%	75.7%	65.8%	63.9%	69.1%	56.1%	59.6%	57.8%	61.3%
Liability	41.7%	35.8%	40.5%	52.6%	48.2%	48.1%	45.9%	49.4%	36.1%	46.7%
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%	46.7%
Staff fatigue/burnout	31.0%	29.6%	32.4%	34.2%	47.0%	44.4%	36.7%	42.7%	38.6%	44.0%
Patient confidentiality	26.2%	22.2%	28.4%	27.6%	19.3%	24.7%	25.5%	25.8%	25.3%	28.0%
Cost for training	28.6%	29.6%	29.7%	26.3%	31.3%	27.2%	29.6%	22.5%	20.5%	17.3%
Other	13.1%	7.4%	9.5%	7.9%	12.0%	8.6%	14.3%	16.9%	9.6%	9.3%
Number of schools reporting	84	81	74	76	83	81	98	89	83	75

Table 35. Share of Schools Reporting Reasons for Restricting Student Access to Medication Administration by Academic Year

Reasons	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Insufficient time to train students	61.1%	68.1%	65.2%	77.4%	74.4%	78.4%	67.0%	65.1%	61.5%	61.0%
Staff still learning and unable to assure documentation standards are being met	34.7%	30.4%	30.3%	29.8%	42.3%	36.5%	39.6%	45.3%	51.3%	54.5%
Liability	41.7%	31.9%	37.9%	36.9%	42.3%	39.2%	34.1%	36.0%	34.6%	39.0%
Staff fatigue/burnout	33.3%	29.0%	22.7%	25.0%	21.8%	17.6%	25.3%	26.7%	25.6%	29.9%
Patient confidentiality	16.7%	11.6%	9.1%	13.1%	14.1%	9.5%	16.5%	17.4%	10.3%	15.6%
Cost for training	16.7%	7.2%	6.1%	6.0%	5.1%	4.1%	7.7%	10.5%	6.4%	10.4%
Other	22.2%	21.7%	18.2%	13.1%	10.3%	13.5%	18.7%	12.8%	7.7%	7.8%
Number of schools reporting	72	68	66	84	78	74	91	86	83	77

91 schools provided information about how they compensate for restricted student access. The most common approaches were providing training in the simulation lab (91.2%, n=83), training students in the classroom (62.6%, n=57), and ensuring all students have access to sites that train them in this area (54.9%, n=50).

Purchasing practice software rose to the second most common form of compensating during the COVID-19 pandemic lockdown years, sinking back to the third most common in 2021-22, and then down to fourth by 2022-23.

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=43), using alternative sites such as clinics (n=12), faculty training students in advance on campus in “boot camps” or other modes of instructor workarounds such as college faculty providing EMR training (n=14). These numbers should be viewed with caution as they sometimes represent the same school giving the same answer over a number of years.

In 2022-23, “Other” ways that schools compensate include: faculty workarounds (n=3) such as teaching the students the EMR in a computer lab, using skills labs and/or virtual simulation (n=2), and other strategies such as “Students receive experience at the hospital but with assigned nurse removing meds from the automated system.”

Table 36. 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	2022-2023
Training students in the simulation lab	81.1%	87.1%	88.0%	87.9%	87.1%	88.2%	90.4%	91.8%	89.0%	91.2%
Training students in the classroom	63.2%	57.0%	66.3%	56.0%	67.7%	65.6%	63.2%	60.7%	69.0%	62.6%
Ensuring all students have access to sites that train them in this area	54.7%	55.9%	50.6%	54.9%	48.4%	48.4%	50.4%	49.2%	47.0%	54.9%
Purchase practice software, such as SIM Chart	41.1%	40.9%	43.4%	45.1%	53.8%	50.5%	71.2%	70.5%	63.0%	51.6%
Other	9.5%	11.8%	12.0%	11.0%	17.2%	10.8%	14.4%	13.9%	16.0%	8.8%
Number of schools reporting	95	93	83	91	93	93	125	122	100	91

Faculty Data⁵

In 2022-23, the total number of faculty increased by 11.9% (n=631) compared to the prior year to the highest number in the last ten years. Overall, the number of faculty has increased by 38.4% (n=1,606) over the last decade, largely due to increases in the number of part-time faculty. On October 15, 2023, there were 5,787 total nursing faculty.⁶ Of these faculty, 28.7% (n=1,662) were full-time and 71.3% (n=4,125) were part-time.

Faculty vacancy rates have fluctuated over time. From 2014 through 2023, the rate ranged from 6.7% to 12.1%. In 2023, the vacancy rate was 9.7%, a drop from the prior year's high of 12.1%.

Table 37. Faculty Census Data by Year

	2014*	2015*	2016*	2017	2018	2019	2020	2021	2022	2023
Total Faculty	4,181	4,532	4,366	4,799	4,939	5,359	4,929	5,302	5,156	5,787
<i>Full-time</i>	1,498	1,505	1,513	1,546	1,561	1,552	1,556	1,637	1,546	1,662
<i>Part-time</i>	2,614	3,000	2,953	3,253	3,378	3,807	3,373	3,665	3,610	4,125
Vacancy Rate**	9.4%	8.2%	9.1%	8.1%	8.0%	8.2%	6.7%	10.1%	12.1%	9.7%
<i>Vacancies</i>	432	407	435	424	430	476	354	596	710	623

*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 2022-23, 47.2% (n=67) of 142 schools responding agreed that they had hired more part-time faculty than in the prior five years.

In 2022-23, schools with ADN (80.6%, n=54) programs were much more likely than schools without ADN programs (19.4%, n=13) to report hiring more part-time faculty.

Table 38. 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	2022-2023
Number of schools that hired more part-time faculty	48	61	56	48	57	58	69	67
Percent of schools that hired more part-time faculty	37.2%	46.6%	42.7%	36.9%	41.9%	41.7%	47.9%	47.2%
Number of schools reporting	129	131	131	130	136	139	144	142

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 2022-23, 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 eight years that this question has been included in the survey. Over the last four 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 eight 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=11), and retirement of full-time faculty (n=16).

In 2022-23, other reasons from text comments included: “Decrease in workload for full time faculty in bargaining agreement in 2020”, “Retirements, promotions that took time to back-fill”, “Increase in PT needed as decreased student to faculty ratio in clinical sections”, and “shortage for nurses wanting full-time teaching jobs”.

Table 39. Reasons for Hiring More Part-Time Faculty

	2015- 2016	2016- 2017	2017- 2018	2018- 2019	2019- 2020	2020- 2021	2021- 2022	2022- 2023
Non-competitive salaries for full time faculty	2.5	2.5	2.8	2.5	3.0	2.8	2.6	2.5
Shortage of RNs applying for full time faculty positions	3.0	3.0	3.2	3.1	3.4	3.1	2.9	3.1
Insufficient number of full time faculty applicants with required credential	3.6	3.4	3.5	4.1	3.9	3.9	3.6	3.9
Need for part-time faculty to teach specialty content	4.8	4.4	4.5	4.8	4.1	4.3	4.3	4.4
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	5.1
Private, state university or community college laws, rules or policies	5.4	5.7	5.7	5.8	5.9	6.2	5.7	5.6
Need for faculty to have time for clinical practice	6.0	5.6	6.4	6.0	6.1	6.0	6.3	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	7.2
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	7.7
Other	5.1	5.9	6.6	5.8	9.1	8.7	8.9	9.1
Number of schools reporting	48	60	53	42	56	55	68	61

*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 2022-23, 104 of 143 schools (72.7%) reported that faculty in their programs work an overloaded schedule, and 97.1% (n=101) 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 97.1% over this ten-year period.

Table 40. Faculty with Overloaded Schedules by Academic Year

	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2022-2023	2022-2023
Number of schools with overloaded faculty that pay faculty extra for the overload	94	82	83	89	88	86	92	91	92	101
Share of schools with overloaded faculty that pay faculty extra for the overload	94.9%	96.5%	97.6%	96.7%	95.7%	90.5%	94.8%	95.8%	93.9%	97.1%
Number of schools with overloaded faculty	99	85	85	92	92	95	97	95	98	104
Share of schools with overloaded faculty	75.6%	64.4%	64.4%	69.2%	68.7%	70.9%	70.8%	68.3%	68.1%	72.7%
Number of schools reporting	131	132	132	133	134	134	137	139	144	143

*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 141 programs in 2013-14 to 152 programs in 2021-22 and 2022-23 (Table 1). The number of programs dipped to 141 in 2015-16, rising to 142 in 2018-19 and eventually to 152 by 2022-23, due largely an increase in the number of BSN programs. In addition, the number of private programs has grown considerably (+38.9%) over this time while the number of public programs has declined (-2.9%).

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 54.9% (n=67) in 2013-14 to 60.1% (n=83) in 2022-23, although the number and percent has fluctuated. Most of these partnerships were reported by public associate's degree nursing programs. In 2022-23, 78% (n=71) of 91 ADN nursing programs responding to this question reported participating in these partnerships (Table 3).

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

The number of available admission spaces (n=17,912) reported by California RN programs in 2022-23 was the second highest in the last ten years after last year's high of 20,388 (Table 4).

The number of qualified student applications to RN prelicensure programs (57,987) is also the second highest number in the last ten years. The percent of qualified applications not enrolled is lower than last year — 69.6% vs. last year's 74.2%.

New enrollments (17,651) are at a ten-year high after a large dip during the pandemic lockdown. Over the last decade, there has been a slight decrease in enrollments in ADN programs (-0.7%, n=53), but an increase in enrollments in BSN programs (+82.8%, n=4,375) and ELM programs (11.4%, n=92) (Table 6). One program accounts for about 19% of all new enrollments.

For the second year in a row, private program enrollments exceeded public program enrollments, showing 94.5% 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 2013-14 (Table 11).

During 2019-20, 2020-21, the primary reason for enrolling fewer students than in prior years was lack of clinical spaces, and some respondents indicated that skipping or decreasing a cohort due to the COVID-19 pandemic was a significant reason for enrolling fewer students. However, by 2021-22 and 2022-23, the primary reason for enrolling fewer students 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 13,989 completions in 2022-23—a 23.9% increase in student completions since 2013-14. While ADN completions *decreased* by 8.2% over the decade, BSN completions increased by 68.2% and ELM completions increased by 4.8% during this period (Table

15). For the fourth year in a row, BSN completions exceeded ADN completions. Again, one program represented 20% of all completions.

Completion, Attrition, and Employment Rates

The average on-time completion rate in 2022-23 was 85.4%, while the attrition rate was 8.5% (Table 16). 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, 1.7% of nursing program graduates were unable to find employment, which is a decline from the high of 13.7% in 2013-14. Over the last ten years, the percent of recent graduates employed in California has improved dramatically, from 69% in 2013-14 to 86% in 2022-23. Hospitals continue to be the primary employment location for all program types.

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 81 programs in 2022-23 as compared to 92, 125, and 128 programs in the prior three years (Table 26). 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 has declined to almost the level of 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 2022-23, down to 66 programs compared to 89 in 2021-22.

Competition for clinical space due to an increase in the number of nursing students in the region (51.9%) was the most commonly mentioned reason for clinical space being unavailable, followed by staff nurse overload or insufficient qualified staff (45.6%) (Table 28). Staff nurse overload due to COVID-19 had been the top reason for the last three years, but is now the fifth most common reason. The lack of access to clinical space in 2022-23 resulted in a loss of 515 clinical placements, units, or shifts--affecting 3,933 students (Table 26). Again, while these numbers are still a little high compared to pre-pandemic years, they are a considerable improvement over 2019-20, 2020-21, and 2021-22.

In 2022-23, programs that reported a loss of clinical space (n=81) addressed that loss by replacing space at a different site currently used by the nursing program (69.1%), followed by adding or replacing the lost space with a new site (60.5%) (Table 31). As clinical spaces become available again, the reported use of clinical simulation as a replacement has decreased from the most common strategy in 2019-20 and 2020-21 to the third most common strategy in 2022-23 (33.3%).

In 2022-23, common or very common types of restricted access in the clinical setting reported by nursing programs (n=92) included clinical site due to visit from accrediting agency (Joint Commission) (54.3%), bar coding medication administration (51.1%), and automated medical supply cabinets (51.1%) (Table 33). Restricted access to sites overall due to COVID-19, the top reason for restricted access over the prior three years, is now the eighth most common reason.

Faculty Demographics, 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 38.4% in the past ten years, from 4,181 in 2014 to 5,787 in 2023. Of these, 5,787 faculty, 28.7% were full time and 71.3%

were part time. In 2023, 623 faculty vacancies were reported, representing an overall faculty vacancy rate of 9.7% (14.3% for full-time faculty and 9.3% for part-time faculty), a drop compared to the prior two years (Table 37).

In 2022-23, 104 of 143 schools reporting (72.7%) indicated that faculty in their programs work an overloaded schedule (Table 40). Nearly all of the schools with overloaded faculty pay faculty extra for the overload.

Conclusion

In 2022-23, nursing programs appear to have largely rebounded from the impacts of the COVID-19 pandemic and lockdown of the prior two and a half years. The number of nursing programs, admission spaces and applications were higher than pre-pandemic totals, and enrollments increased to a ten-year high in 2022-23. 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 is also high compared to pre-pandemic numbers, 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 three years.

There are continuing signs of diminishing pandemic impact: the number of programs reporting being denied a clinical placement or shift compared and the number of programs reporting that they were allowed fewer students for a clinical placement, unit, or shift are comparable to pre-pandemic percents. The percent of respondents citing COVID-related reasons for clinical space being unavailable decreased a great deal. Very few programs reported skipping a cohort or decreasing an admission cohort due to the pandemic. However, the number of placements, units, or shifts lost and the number of students affected, although improving, are still higher than pre-pandemic totals.

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

While more than two-thirds of qualified applications did not result in enrollments, this is an improvement over the pandemic years, when three-quarters did not result in enrollments. Faculty vacancy rates have decreased somewhat. Schools continue to hire a growing proportion of part-time faculty for reasons that have remained the same over the last eight years that this question has been asked: non-competitive salaries for full-time faculty, 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 (87)

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	Palo Verde College*
College of the Desert	Pasadena City College
College of the Redwoods	Porterville College
College of the Sequoias	Rio Hondo College
Compton College	Riverside City College
Contra Costa College	Sacramento City College
Copper Mountain College	Saddleback College
Cuesta College	San Bernardino Valley College
Cypress College	San Diego City College
De Anza College	San Joaquin Delta College
East Los Angeles College	San Joaquin Valley College
El Camino College	Santa Ana College
Evergreen Valley College	Santa Barbara City College
Fresno City College	Santa Monica College
Glendale Career College	Santa Rosa Junior College
Glendale Community College	Shasta College
Golden West College	Sierra College
Grossmont College	Smith Chason School of Nursing*
Gurnick Academy of Medical Arts - ADN	Solano Community College*
Hartnell College	Southwestern College
Imperial Valley College	Sri Sai Krish Institute*
Long Beach City College	Ventura College
Los Angeles City College	Victor Valley College
Los Angeles County College of Nursing and Allied Health	Weimar University
Los Angeles Harbor College	West Hills College Lemoore
Los Angeles Pierce College	Xavier College
Los Angeles Southwest College	Yuba College
Los Angeles Trade-Tech College	
Los Angeles Valley College	
Los Medanos College	

*New 2022-23

LVN-to-ADN Only Programs (5)

Allan Hancock College
Carrington College
Gavilan College

Madera College
Mission College

BSN Programs (47)

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

Fresno Pacific University*
Gurnick Academy of Medical Arts - BSN
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
Valley Campus, Sacramento
University of San Francisco
Vanguard University
West Coast University
Westmont College
William Jessup College*

*New BSN programs 2022-23

ELM Programs (13)

Azusa Pacific University
University of California San Francisco
California Baptist University
University of San Diego, Hahn School
Charles R. Drew University of Medicine
of Nursing and Science
University of San Francisco

Samuel Merritt University
Western University of Health Sciences
San Francisco State University
University of California Davis
University of California Irvine
University of California Los Angeles
University of the Pacific*

*New ELM programs 2022-23

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

Members

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California State University, Long Beach
Service Employees International Union (SEIU)

California Nurses Association/
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California Association of Nurse Leaders (ACNL)
University of California, San Francisco

Association of California Nurse Leaders (ACNL)

Assessment Technologies Institute (ATI)
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