California Board of Registered Nursing
2023-2024 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 2023-24 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, 2023, and ending July 31, 2024. Census and associated demographic data were requested for October 15, 2024.

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 directly compare 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 146 California nursing schools were invited to participate in the survey, and all 146 nursing schools offering 155 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	89	89	100%
LVN-to-ADN	5	5	100%
BSN	47	47	100%
ELM	14	14	100%
Number of Programs	**155**	**155**	**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 new ADN programs opened and one closed, no BSN programs opened or closed, and one new ELM program opened.

[2] 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 2023-24 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 2023-24, 146 schools reported information about students enrolled in their 155 prelicensure nursing programs. Since last year's report, two new ADN programs opened and one closed, no BSN programs opened or closed, and one new ELM program opened. Chamberlain University has two separate campuses that are counted as two separate schools.

There has been a 10.6% 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 in this period.

Most pre-licensure nursing programs in California are public. The number of public programs has declined over the last ten years from 105 in 2014-15 to 103 in 2023-24 (-1.9%). The number of private programs has increased from 37 to 52 (+40.5%) over this period.

This year, the majority of BSN programs were private (59.8%, n=28), as were the majority of ELM programs (64.3%, n=9). However, the majority of ADN programs remain public (84.0%, n=79).

Table 2. Number of Nursing Programs by Academic Year

Type of Program	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2023-2024	2023-2024
Total number of schools*	**132**	**132**	**133**	**134**	**134**	**137**	**139**	**144**	**143**	**146**
Total nursing programs	**142**	**141**	**141**	**141**	**142**	**147**	**147**	**152**	**152**	**155**
ADN**	90	89	91	92	91	93	92	91	92	94
BSN	36	38	37	37	39	42	43	48	47	47
ELM	16	14	13	12	12	12	12	13	13	14
Public	105	104	103	102	102	102	102	101	102	103
Private	37	37	38	39	40	45	45	51	50	52

* 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 number of programs reporting a partnership with another RN education program for academic progression has increased over the last ten years, from 69 in 2014-15 to 86 in 2023-24. The percentage of all ADN and BSN programs reporting partnerships has fluctuated, peaking in 2015-16 at 66.1%.

Associate's degree nursing programs reported the most partnerships. In 2023-24, 80.9% (n=76) of the 94 ADN nursing programs reported participating in these partnerships compared to 21.7% of BSN programs (n=10). It is common for multiple two-year schools to collaborate with a single four-year degree-granting institution.

Table 3. Partnerships by Academic Year

	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
ADN programs with partnerships	**62**	**69**	**69**	**66**	**63**	**71**	**69**	**73**	**71**	**76**
Percent of ADN programs with partnerships	72.1%	82.1%	77.5%	73.3%	69.2%	77.2%	75.0%	80.2%	78.0%	80.9%
Number of ADN programs responding	*86*	*84*	*89*	*90*	*91*	*92*	*92*	*91*	*91*	*94*
BSN programs with partnerships	**7**	**11**	**10**	**12**	**10**	**9**	**7**	**10**	**12**	**10**
Percent of BSN programs with partnerships	20.0%	29.7%	28.6%	33.3%	25.6%	22.0%	16.3%	20.8%	25.5%	21.7%
Number of BSN programs responding	*35*	*37*	*35*	*36*	*39*	*41*	*43*	*48*	*47*	*46*
All ADN & BSN programs with partnerships	**69**	**80**	**79**	**78**	**73**	**80**	**76**	**83**	**83**	**86**
Percent of all programs with partnerships	57.0%	66.1%	63.7%	61.9%	56.2%	60.2%	56.3%	59.7%	60.1%	61.0%
Number of programs responding	**121**	**121**	**124**	**126**	**130**	**133**	**135**	**139**	**138**	**141**

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

Admission Spaces and New Student Enrollments

The number of spaces available for new students in nursing programs has overall risen over the past ten years, with slight fluctuations. In 2023-24, 18,366 spaces were reported as available for new students and these spaces were filled with 18,418 students. Seventeen percent of these admission spaces were in one BSN program. In 2023-24, new enrollments and admission spaces were at a ten-year high.

As in prior years, some pre-licensure nursing programs enrolled more students in 2023-24 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 2023-24, more enrollments than admission spaces were reported overall.

In 2023-24, the share of nursing programs that reported filling more admission spaces than were available was 30.3% (n=47). The share of programs that enrolled more students than available admission spaces dipped during the years of the pandemic lockdown. This year, the share of programs that enrolled more students than available admission spaces appears to have rebounded somewhat.

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

	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
Spaces available	11,976	11,928	13,697	14,132	14,897	15,204	14,368	20,388	17,912	18,366
New student enrollments*	13,318	13,190	13,599	14,139	15,150	15,002	14,004	16,612	17,651	18,418
Share and number of nursing programs that reported filling more admission spaces than were available	39.0% (n=56)	44.0% (n=62)	40.4% (n=57)	39.7% (n=56)	33.1% (n=47)	24.9% (n=36)	25.9% (n=38)	29.0% (n=44)	27.2% (n=41)	30.3% (n=47)
% Spaces filled with new student enrollments	**111.2%**	**110.6%**	**99.3%**	**100.0%**	**101.7%**	**98.7%**	**97.5%**	**81.5%**	**98.5%**	**100.3%**

* New student enrollments exclude readmitted student numbers.

Notes on totals:

1) 2015-16 through 2019-20 values were corrected to reflect changes from one private BSN program.
2) 2019-20 totals include last year's values for one large BSN program that did not report new enrollments or admission spaces this year.
3) 2020-21 totals include calendar year 2020 values for one large BSN program that did not report new enrollments or admission spaces this year.
4) The percentage of spaces filled with new student enrollments across all years was corrected in 2023-24.

[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 113.3% (n=32,106) over the last ten years, from 28,335 in 2014-15 to 60,441 in 2023-24. The number of 2023-24 applications (60,441) is higher than last year's total of 57,987. More than two-thirds (69.7%) of qualified applications were not enrolled in 2023-24.

The number of qualified applications for every program type has been trending upward since 2015-16 although these numbers dipped slightly over the last two years.

This year's BSN number of qualified applications (33,615) was higher than last year's total of 32,769. This year, 59.8% of all qualified BSN applications were reported by just three 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 percentage of qualified applications not enrolled has grown, although it has leveled out for the last two years. 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

	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
Qualified Applications*	28,335	28,041	36,004	38,425	47,634	54,823	55,551	64,299	57,987	60,441
ADN	15,988	16,332	18,190	21,685	22,852	25,330	24,601	25,083	21,849	23,824
BSN	10,196	9,735	15,325	13,705	21,338	26,492	26,773	35,474	32,769	33,615
ELM	2,151	1,974	2,489	3,035	3,444	3,001	4,177	3,742	3,369	3,002
% Qualified applications not enrolled	**53.0%**	**53.0%**	**62.2%**	**63.2%**	**68.2%**	**72.6%**	**74.8%**	**74.2%**	**69.6%**	**69.5%**

*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 2023-24, 18,418 new students enrolled in registered nursing programs. Student enrollments in ELM program enrollments have stayed relatively flat over the last decade. ADN program enrollments dipped during the pandemic shutdown years (2019-20 to 2021-22), but as of 2023-24, have exceeded pre-pandemic levels. While BSN enrollments slowed down during the pandemic years, they have been rising rapidly since 2021-22. (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 2023-24. This appears to the be result of several trends:

1) An overall increase in the number of private nursing programs in the last ten years (+40.5%, n=15),
2) An overall decrease in the number of public nursing programs over the last ten years (-1.9%, n=2),
3) An increase in the number of *enrollments* in BSN programs (+78.7%, n=4,338), 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

	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
New Student Enrollment	**13,318**	**13,190**	**13,599**	**14,139**	**15,150**	**15,002**	**14,004**	**16,436**	**17,651**	**18,418**
ADN	6,914	6,794	7,004	7,017	7,014	6,852	5,941	6,533	7,093	7,686
BSN	5,510	5,632	5,792	6,295	7,266	7,237	7,133	9,003	9,659	9,848
ELM	894	764	803	827	870	913	930	900	899	884
Private	5,309	5,202	5,769	6,188	7,047	7,058	7,138	8,925	9,690	10,342
Public	8,009	7,988	7,830	7,951	8,103	7,944	6,866	7,511	7,961	8,076

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 2022-23 and 2023-24. Overall, enrollments have risen 38.3% since 2014-15, and next year and two-year projections have risen by 49.5% and 57.3%, respectively, over the last ten years.

Table 7. Current and Projected Student Enrollment by Academic Year

	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
Enrollment	**13,318**	**13,190**	**13,599**	**14,139**	**15,150**	**15,002**	**14,004**	**16,436**	**17,651**	**18,418**
Next Year	13,110	13,862	14,668	13,005	15,046	14,941	15,221	17,240	18,640	19,596
In Two Years	13,236	14,219	14,950	13,283	15,329	15,625	15,750	18,517	19,692	20,823

Respondents were asked to report if their programs had enrolled fewer students in this academic year than in the prior year. The proportion of programs reporting enrolling fewer students increased during the pandemic lockdown years, when many programs decreased a cohort or paused altogether. In 2023-24, 15.5% of 155 programs (n=24) reported enrolling fewer students than in the prior year—the second year in a row that the proportion of schools reporting enrolling fewer students decreased to pre-pandemic levels.

In 2023-24, the percentage of ADN programs reporting enrolling fewer students seems to have decreased a great deal, reaching a ten-year low of 9.6%. The percentage of BSN and ELM programs reporting enrolling fewer students has decreased since the pandemic years, but still remains relatively high, especially for BSN programs.

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	2023-2024
Percent of ADN programs enrolling fewer students	*23.0%*	*20.2%*	*18.7%*	*22.0%*	*15.4%*	*26.9%*	*53.8%*	*20.9%*	*15.2%*	*9.6%*
Number of ADN programs enrolling fewer students	20	18	17	20	14	25	50	19	14	9
Number of ADN programs reporting	**87**	**89**	**91**	**91**	**91**	**93**	**93**	**91**	**92**	**94**

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	2023-2024
Percent of BSN programs enrolling fewer students	*13.9%*	*18.4%*	*16.7%*	*24.3%*	*7.7%*	*24.4%*	*19.0%*	*31.3%*	*17.0%*	*25.5%*
Number of BSN programs enrolling fewer students	5	7	6	9	3	10	8	15	8	12
Number of BSN programs reporting	**36**	**38**	**36**	**37**	**39**	**41**	**42**	**48**	**47**	**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	2023-2024
Percent of ELM programs enrolling fewer students	*37.5%*	*28.6%*	*15.4%*	*25.0%*	*8.3%*	*16.7%*	*8.3%*	*38.5%*	*23.1%*	*21.4%*
Number of ELM programs enrolling fewer students	6	4	2	3	1	2	1	5	3	3
Number of ELM programs reporting	**16**	**14**	**13**	**12**	**12**	**12**	**12**	**13**	**13**	**14**

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	2023-2024
Percent of all programs enrolling fewer students	*22.3%*	*20.6%*	*17.9%*	*22.9%*	*12.7%*	*25.3%*	*40.1%*	*25.7%*	*16.4%*	*15.5%*
Number of programs enrolling fewer students	31	29	25	32	18	37	59	39	25	24
Number of programs reporting	**139**	**141**	**140**	**140**	**142**	**146**	**147**	**152**	**152**	**155**

The most common reason given for enrolling fewer students in 2023-24 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%). By 2023-24, this reason had sunk to fourth on the list at 8.3%.

Other reasons for enrolling fewer students described in text comments included shifting an entry course to a different semester, admission department staffing shortage, nursing school closure, “academic program transition -- ELM program paused admissions after the AY2023-24 cycle”, deferrals for health issues in the first semester, and “post-COVID-19” (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	2023-2024
Accepted students did not enroll	45.2%	41.4%	56.0%	53.1%	50.0%	32.4%	25.4%	38.5%	48.0%	50.0%
Other	12.9%	17.2%	24.0%	21.9%	25.0%	18.9%	20.3%	28.2%	32.0%	33.3%
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%	8.3%
Lack of qualified applicants*	9.7%	0.0%	8.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.0%	8.3%
College/university requirement to reduce enrollment*	16.1%	27.6%	12.0%	9.4%	0.0%	2.7%	6.8%	0.0%	0.0%	4.2%
Insufficient faculty	16.1%	13.8%	8.0%	3.1%	0.0%	10.8%	10.2%	15.4%	24.0%	4.2%
To reduce costs	16.1%	3.4%	0.0%	3.1%	0.0%	0.0%	1.7%	0.0%	0.0%	4.2%
Lost funding	19.4%	17.2%	8.0%	3.1%	0.0%	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%	0.0%	0.0%
Number of programs reporting	**31**	**29**	**25**	**32**	**16**	**37**	**59**	**39**	**25**	**24**

*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	2023-2024
Accepted students did not enroll	14	12	14	17	8	12	15	15	12	12
Other	4	5	6	7	4	7	12	11	8	8
Unable to secure clinical placements for all students	5	3	7	8	6	16	33	14	4	2
Lack of qualified applicants*	3	0	2	0	0	0	0	0	1	2
College/university requirement to reduce enrollment*	5	8	3	3	0	1	4	0	0	1
Insufficient faculty	5	4	2	1	0	4	6	6	6	1
To reduce costs	5	1	0	1	0	0	1	0	0	1
Lost funding	6	5	2	1	0	0	0	0	0	0
Program discontinued*	3	1	0	0	0	0	0	0	0	0
Number of programs reporting	**31**	**29**	**25**	**32**	**16**	**37**	**59**	**39**	**25**	**24**

*Categories derived from text comments.

Student Census

The overall student census has grown by 41.6% (n=10,730) since 2014-2015. This is largely driven by the BSN student census, which has grown by 76.6% (n=9,450), far exceeding growth in any other program type. Totals do not include ELM postlicensure students, which totaled 463 in 2024.

Table 14. Student Census Data by Academic Year

Program Type	2014	2016	2017	2018	2019	2020	2021*	2022	2023	2024
ADN	12,027	11,508	11,965	11,959	11,593	11,238	0	10,994	11,990	13,044
BSN	12,332	12,846	12,680	13,788	14,968	15,540	0	18,622	19,600	21,782
ELM	1,455	1,317	1,436	1,415	1,342	1,487	0	1,422	1,500	1,718
Total Nursing Students	**25,814**	**25,671**	**26,081**	**27,162**	**27,903**	**28,265**		**31,038**	**33,090**	**36,544**

*No student census was collected in 2020-2021

Student Completions

The number of students completing California nursing programs increased by 36.0% (n=3,998) over the last ten years, rising from 11,119 in 2014-15 to 15,117 in 2023-24. ELM completions increased slightly from 717 to 745 (+4.8%) over this period, while BSN completions increased from 4,860 to 8,139 (+67.5%). ADN completions increased by 12.5% from 5,542 in 2014-15 to 6,233 in 2023-24, a ten-year high.

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 2023-24.

In 2023-24, ADN graduates represented 41.2% of all students completing a pre-licensure nursing program in California. BSN graduates represented 53.8% and ELM graduates represented 4.9% of all completions.

Table 15. Student Completions by Program Type by Academic Year

	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
ADN*	5,542	5,671	5,981	5,785	5,888	5,851	5,661	5,379	5,428	6,226
BSN	4,860	4,868	4,666	5,224	5,354	6,094	5,871	7,197	7,754	8,139
ELM	717	652	655	822	615	769	772	795	806	745
Total student completions	**11,119**	**11,191**	**11,302**	**11,831**	**11,857**	**12,714**	**12,304**	**13,371**	**13,988**	**15,110**

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

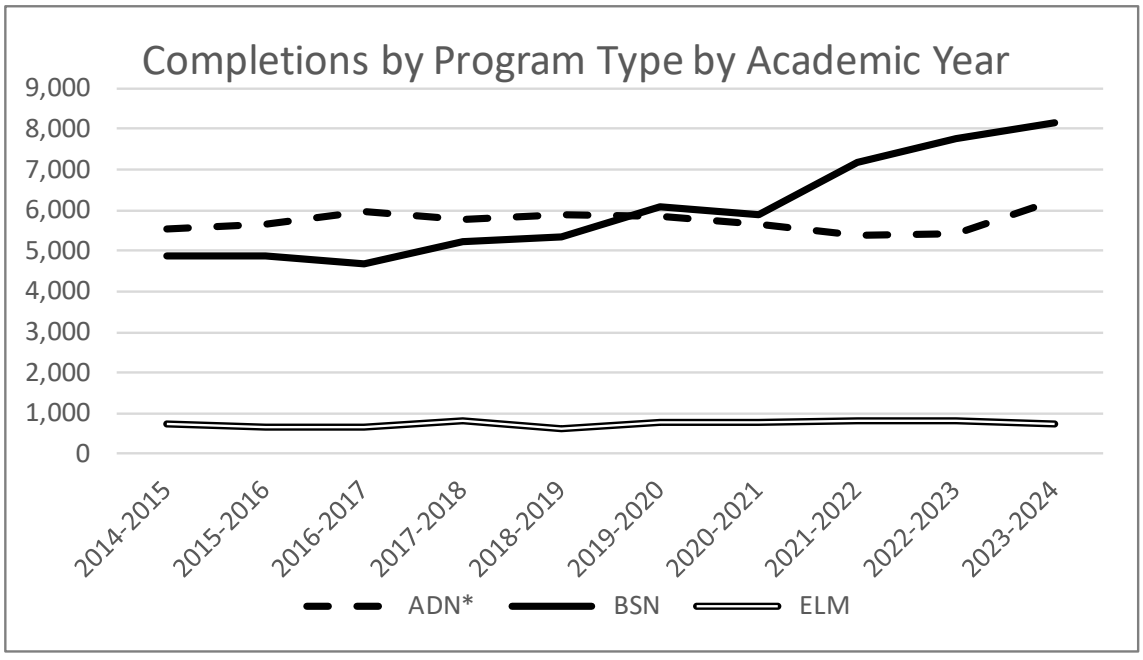


Figure 1. Student Completions by Program Type and Academic Year

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 15,807 reported students scheduled to complete a nursing program in the 2023-24 academic year, 85.4% (n=13,498) completed the program on time, 6.5% (n=1,035) were still enrolled in the program, and 8.1% (n=1,274) left the program. Of those who left program, 44.0% (n=560) had been dismissed and 56.0% (n=714) had dropped out.

The on-time completion rate has fluctuated over the last decade, reaching a ten-year high of 85.4% in 2022-2023 and 2023-24. 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

	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
Students scheduled to complete the program	**11,692**	**11,335**	**12,658**	**13,403**	**14,807**	**13,969**	**13,584**	**14,333**	**14,922**	**15,807**
Completed on time	9,587	9,002	10,378	10,719	12,441	11,854	11,553	11,553	12,745	13,498
Still enrolled	563	893	901	1,395	790	948	1,072	1,449	902	1,035
Total attrition	1,542	1,440	1,379	1,289	1,576	1,167	959	1,331	1,275	1,274
Attrition-dropped out	*802*	*615*	*662*	*578*	*804*	*623*	*445*	*623*	*655*	714
Attrition-dismissed	*740*	*825*	*717*	*711*	*772*	*544*	*514*	*708*	*620*	560
Completed late‡	851	416	969	1,103	801	752	901	763	1,215	1,418
On-time completion rate*	**82.0%**	**79.4%**	**82.0%**	**80.0%**	**84.0%**	**84.9%**	**85.1%**	**80.6%**	**85.4%**	**85.4%**
Attrition rate**	**13.2%**	**12.7%**	**10.9%**	**9.6%**	**10.6%**	**8.4%**	**7.0%**	**9.3%**	**8.5%**	**8.1%**
% Still enrolled	**4.8%**	**7.9%**	**7.1%**	**10.4%**	**5.3%**	**6.8%**	**7.9%**	**10.1%**	**6.0%**	**6.5%**

‡ 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)

1. 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.
2. Data for 2012-13, 2017-18, 2018-19, and 2020-21 were updated based on information provided by one ADN program.
3. Data for 2016-17 was revised 2020 to reflect updates provided by schools.
4. 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.
5. 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.
6. In 2023-24, seven programs did not provide data on attrition and completion. Five of these programs were new and had no completions, one was on teach-out. One had no completions this year.

Attrition rates differ across program types.

ADN programs have seen the most dramatic improvement in their average attrition rates, declining from a high of 16.2% in 2014-15 to a ten-year low of 7.7% in 2020-21. This year's rate was still relatively low at 8.6%.

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

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

Table 17. Attrition Rates by Program Type by Academic Year

	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
ADN*	16.2%	14.3%	12.4%	11.3%	10.8%	9.0%	7.7%	9.3%	9.4%	8.6%
BSN	10.5%	11.7%	9.2%	8.4%	11.2%	8.3%	7.1%	8.7%	8.5%	7.9%
ELM	7.7%	4.4%	7.3%	3.0%	3.0%	3.8%	1.9%	2.8%	2.9%	4.5%
Private	12.3%	14.0%	10.5%	8.7%	12.1%	8.9%	7.5%	9.3%	9.3%	9.3%
Public	13.7%	12.0%	11.2%	10.2%	9.5%	7.9%	6.7%	8.0%	7.8%	6.8%

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.

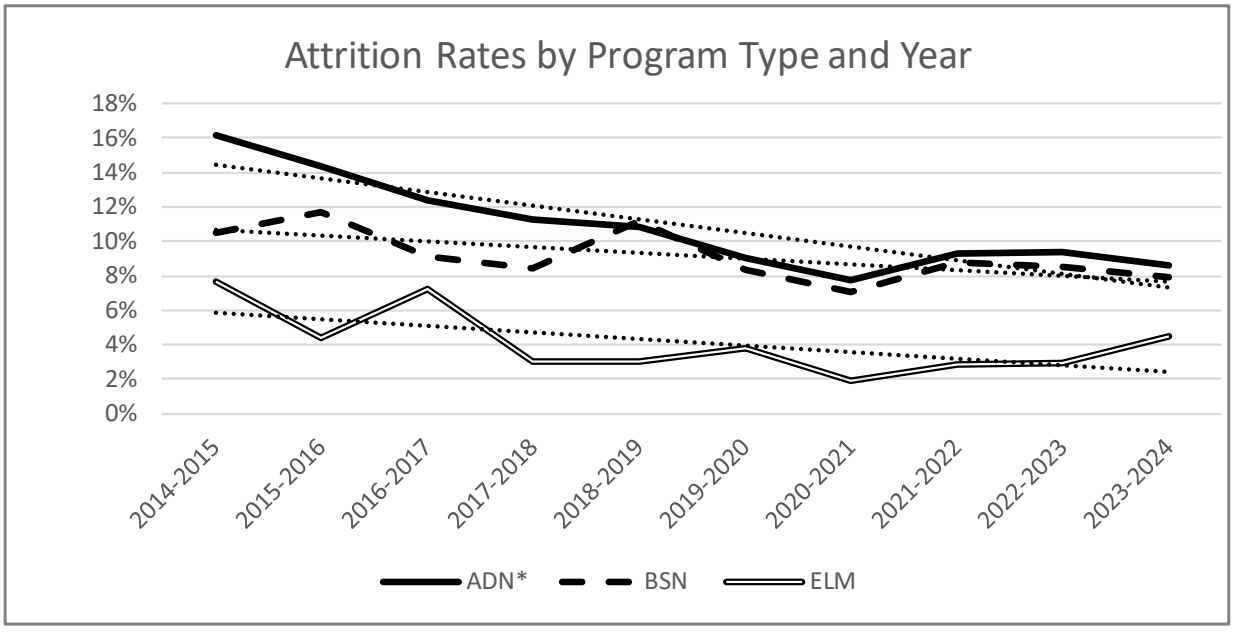


Figure 2. Attrition and Completion by Program Type and Academic Year

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

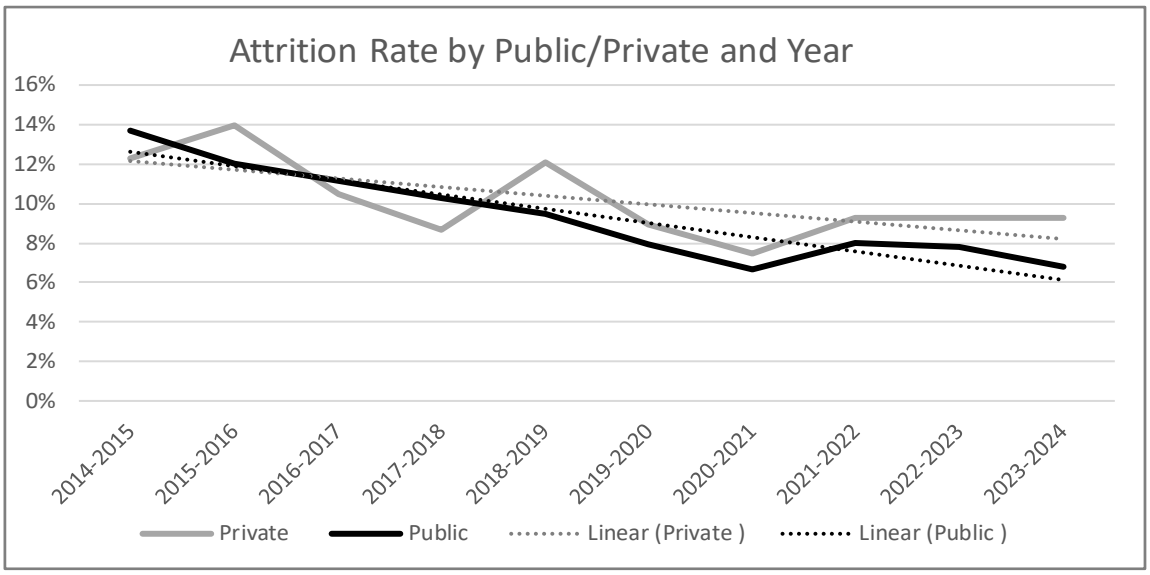


Figure 3. Attrition and Completion by Public/Private Status and Academic Year

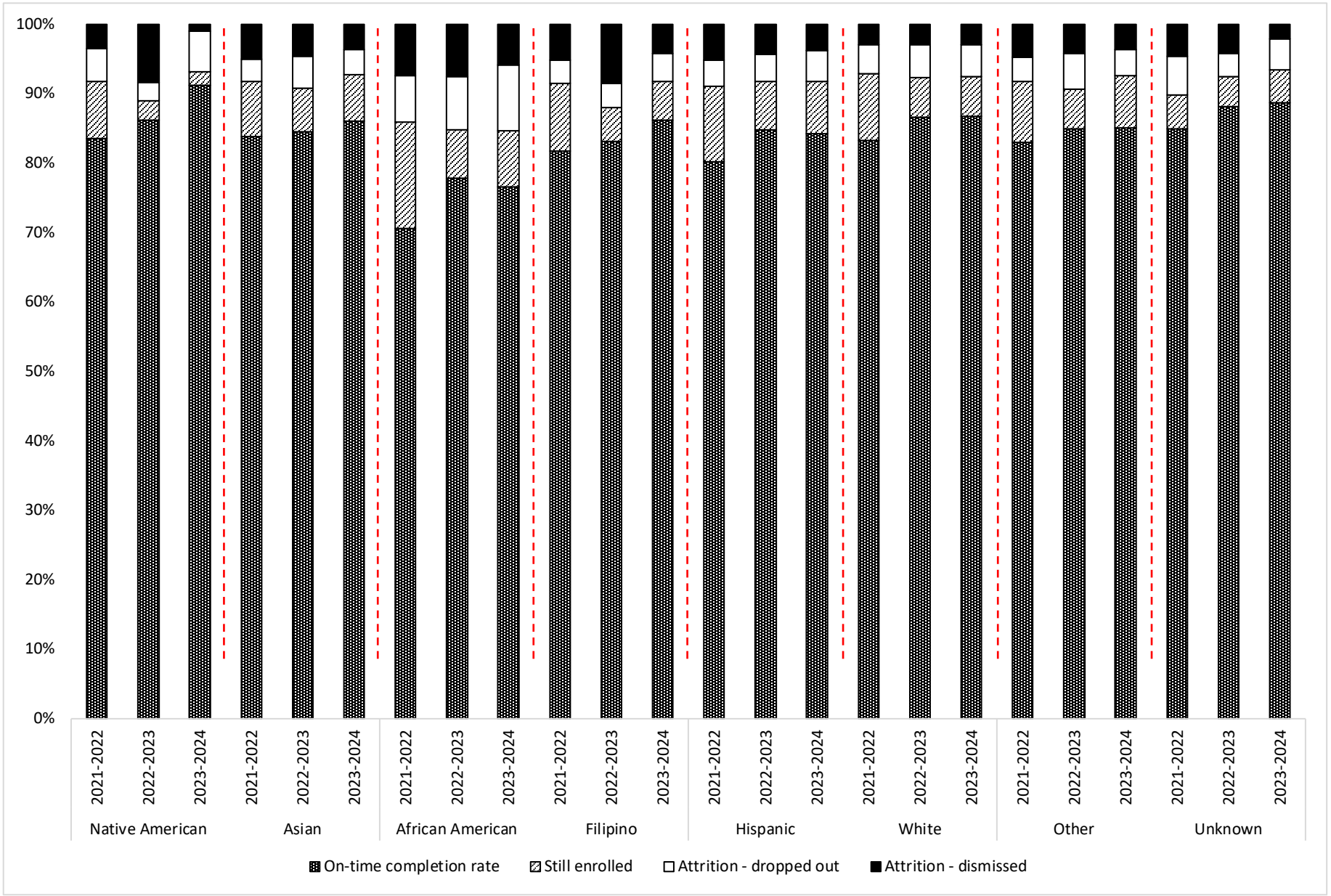
Starting in 2016-17, programs were asked to calculate attrition and on-time completion data by race and ethnicity. In 2023-24, “Unknown Race” students and Native American students had the lowest attrition rate (6.5% and 6.9% respectively). Native American students had the highest on-time completion rate (91.2%), followed by students of unknown race (88.8%). African American students had the lowest on-time completion rate (76.7%) and the highest attrition rate (15.2%).

Table 18. Completion and Attrition Data by Race and Ethnicity, 2023-2024

	Native American	Asian	African American	Filipino	Hispanic	White	Other	Unknown
Students Scheduled to Complete the Program	102	3,159	761	959	4,925	3,460	1,056	1,421
Completed On-time	93	2,720	584	826	4,147	3,003	899	1,262
Still Enrolled	2	207	61	54	369	196	79	67
Total Attrition	7	232	116	79	409	261	78	92
Dropped Out	6	115	71	38	222	160	39	63
Dismissed	1	117	45	41	187	101	39	29
Completed Late*	24	430	73	31	430	227	89	114
On-time Completion Rate**	**91.2%**	**86.1%**	**76.7%**	**86.1%**	**84.2%**	**86.8%**	**85.1%**	**88.8%**
Attrition Rate***	**6.9%**	**7.3%**	**15.2%**	**8.2%**	**8.3%**	**7.5%**	**7.4%**	**6.5%**
% Still enrolled	**2.0%**	**6.6%**	**8.0%**	**5.6%**	**7.5%**	**5.7%**	**7.5%**	**4.7%**

*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)
¥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, 2021-22 to 2023-24



NCLEX Pass Rates

NCLEX (National Council Licensure Examination) pass rates for all types of RN programs in California have risen overall since 2014-15. 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 2023-24, pass rates for all programs were at a ten-year high.

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

Program Type	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
ADN	84.3%	86.0%	87.8%	90.0%	91.3%	91.6%	89.7%	87.5%	87.8%	95.6%
BSN	84.4%	88.2%	91.6%	91.9%	91.6%	91.6%	88.8%	84.5%	84.4%	92.8%
ELM	80.7%	84.1%	89.9%	88.5%	89.5%	93.4%	88.7%	86.6%	84.8%	93.4%
Number of programs reporting	**135**	**135**	**129**	**134**	**137**	**137**	**140**	**141**	**138**	**147**

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	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
ADN passed	4,687	4,938	5,210	5,162	5,878	5,370	5,127	5,454	5,102	5,674
ADN taken	5,562	5,744	5,933	5,733	6,440	5,862	5,713	6,231	5,810	5,937
BSN passed	3,720	4,268	4,544	4,719	5,539	5,059	5,596	6,507	6,874	7,462
BSN taken	4,407	4,837	4,961	5,136	6,046	5,520	6,303	7,705	8,149	8,038
ELM passed	551	403	250	896	582	590	532	623	597	565
ELM taken	683	479	278	1,012	650	632	600	719	704	605
Number of programs reporting	**135**	**135**	**129**	**134**	**137**	**137**	**140**	**141**	**137**	**147**

[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

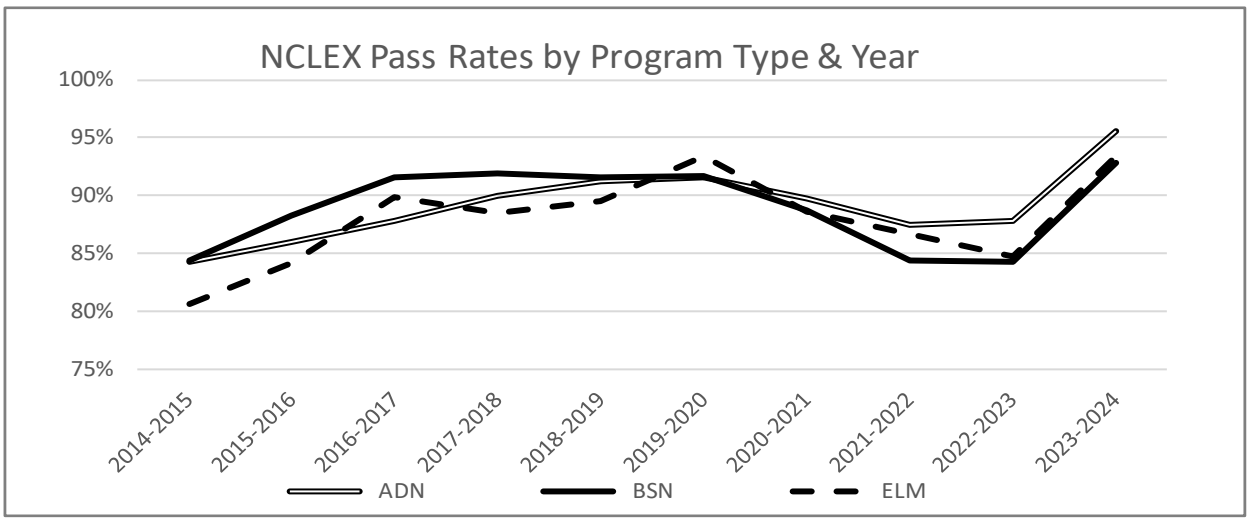


Figure 5. First Time NCLEX Pass Rates by Program Type, by Academic Year

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 2023-24, students who graduated from accelerated BSN and ELM programs had higher average pass rates, and students from accelerated ADN 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	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
ADN	95.5%	73.0%	68.9%	87.6%	82.3%	89.9%	93.8%	96.2%	89.8%	94.8%
BSN	91.1%	91.4%	90.5%	90.5%	92.7%	94.3%	91.4%	96.5%	83.5%	93.3%
ELM	90.0%	83.6%	95.2%	90.8%	92.3%	92.2%	87.3%	83.7%	91.4%	95.7%
Number of programs reporting	**12**	**14**	**19**	**16**	**18**	**27**	**23**	**22**	**24**	**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 22. First Time NCLEX Pass Rates for Accelerated Programs by Program Type, by Academic Year (Raw Numbers)

Type of Program	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
ADN passed	42	108	93	296	261	222	105	76	114	164
ADN taken	44	148	135	338	317	247	112	79	127	173
BSN passed	565	427	2,032	573	2,040	3,535	962	2,122	1,330	1,065
BSN taken	620	467	2,245	633	2,200	3,750	1,052	2,200	1,592	1,142
ELM passed	199	240	60	118	241	226	213	174	170	66
ELM taken	221	287	63	130	261	245	244	208	186	69
Number of programs reporting	**12**	**14**	**19**	**16**	**18**	**27**	**23**	**22**	**24**	**22**

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 ten years from 73.1% in 2014-15 to 86.4% in 2023-24.

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

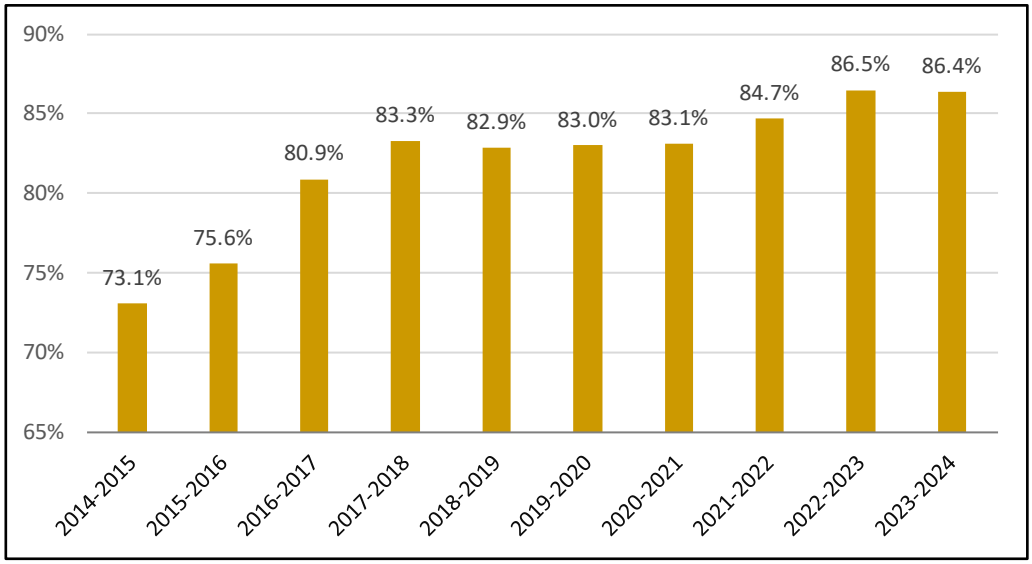


Table 23. Percent of Recent Nursing Program Graduates Employed in California by Academic Year

Program Type	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
Employed in California	73.1%	75.6%	80.9%	83.3%	82.9%	83.0%	83.1%	84.7%	86.5%	86.4%
Number of programs reporting	**119**	**118**	**119**	**127**	**125**	**126**	**128**	**134**	**129**	**128**

*Percentages are derived from an average of non-zero 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 2023-24, 67.2% of graduates were reportedly employed in hospitals. Nursing programs reported that 8.7% (total) were participating in a paid or unpaid new graduate residency, and 3.5% of their graduates were not yet licensed. Only 2.5% of new graduates were unable to find employment by October 2024. While this is a bit higher than last year, it is still much lower than it was in 2014-15 when 9.5% 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=13), not yet employed (n=16), outpatient

clinics (n=6), home health (n=5), and school settings (n=6). In 2023-24, other sites provided included corrections, psych/mental health, RN staffing agency, hospice, Cal Fire, missionary work, school, and not yet employed for various reasons such as childcare or health and personal reasons, and school.

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

Employment Location	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
Hospital	58.3%	59.2%	61.1%	63.0%	59.1%	59.4%	60.4%	63.1%	72.4%	67.2%
Pursuing additional nursing education[Ŧ]	11.4%	11.0%	10.3%	12.0%	9.1%	7.5%	6.0%	4.3%	2.9%	3.3%
Participating in a new graduate residency (paid)	-	-	-	-	7.6%	5.7%	6.6%	8.7%	8.5%	8.5%
Participating in a new graduate residency (unpaid)	-	-	-	-	0.1%	0.2%	0.5%	0.2%	0.4%	0.2%
Long-term care facilities	7.9%	4.6%	5.2%	6.3%	6.8%	5.9%	4.9%	3.4%	3.4%	4.0%
Community/public health facilities	4.2%	2.6%	2.6%	3.0%	3.0%	3.4%	3.5%	3.4%	2.5%	4.2%
Other healthcare facilities	4.4%	3.5%	4.6%	5.3%	5.3%	3.5%	4.3%	5.0%	3.5%	4.3%
Other	4.9%	3.2%	2.0%	0.8%	0.9%	1.1%	2.7%	2.9%	1.5%	2.3%
Not yet licensed	-	10.6%	10.2%	7.2%	4.7%	9.9%	7.9%	7.5%	3.2%	3.5%
Unable to find employment*	9.5%	5.5%	4.2%	2.4%	3.9%	3.3%	3.1%	1.6%	1.7%	2.5%
Employed in California	**73.1%**	**75.6%**	**80.9%**	**83.3%**	**82.9%**	**83.0%**	**83.1%**	**84.7%**	**86.5%**	**86.4%**

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 2023-24, on average, the employment setting was unknown for 12.9% of recent graduates amongst those who supplied percents for other employment categories. 135 programs provided answers about the employment location of graduates. 11 indicated that the employment of 100% of their graduates was unknown. 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 2023-24, programs reported a similar share of recent graduates employed in hospitals at 67.7% for ADN programs, 66.6% for BSN programs and 66.6% for ELM programs. BSN programs have seen a decrease in the percentage of graduates working in hospitals, from 79.4% in 2014-15 to 66.6% in 2023-24. ADN programs have seen an increase, from 51.3% in 2014-15 to 67.7% in 2023-24.

In 2023-24 after hospital employment, the largest proportion of ADN, BSN, and ELM graduates were “participating in a new graduate residency” (paid or unpaid) (8.3%, 7.5%, and 15.5% respectively).

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

ADN Programs	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
Hospital	51.3%	54.7%	58.6%	59.1%	57.3%	57.0%	58.7%	65.7%	73.6%	67.7%
Long-term care facilities	10.3%	5.6%	6.3%	7.7%	9.0%	7.6%	6.4%	4.5%	3.8%	4.7%
Community/ public health facilities	4.1%	2.4%	3.0%	2.9%	3.0%	3.2%	3.9%	3.1%	1.8%	3.9%
Other healthcare facilities	4.8%	4.2%	5.6%	6.4%	6.3%	3.5%	4.4%	4.4%	3.4%	4.2%
Pursuing additional nursing education	12.9%	12.6%	11.7%	12.5%	11.8%	10.2%	8.6%	5.4%	3.5%	5.1%
Participating in a new graduate residency (paid)	-	-	-	-	4.7%	5.3%	5.3%	6.4%	7.8%	8.2%
Participating in a new graduate residency (unpaid)	-	-	-	-	0.1%	0.3%	0.7%	0.1%	0.3%	0.1%
Unable to find employment	11.9%	6.0%	5.2%	2.5%	3.8%	2.6%	2.5%	1.6%	1.0%	2.6%
Not yet licensed	-	10.1%	8.6%	8.4%	3.9%	9.5%	7.0%	6.7%	3.7%	2.7%
Other	5.6%	4.6%	1.2%	0.6%	0.8%	1.0%	2.5%	2.1%	1.0%	0.8%

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

BSN Programs	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
Hospital	79.4%	72.2%	72.6%	76.1%	64.1%	65.2%	65.5%	61.3%	69.5%	66.6%
Long-term care facilities	4.4%	2.4%	3.8%	3.8%	2.7%	3.2%	2.5%	1.6%	2.1%	3.5%
Community/ public health facilities	3.4%	2.9%	1.9%	3.1%	2.9%	4.3%	2.9%	3.6%	3.5%	4.4%
Other healthcare facilities	2.5%	2.1%	3.3%	2.7%	3.4%	4.5%	5.0%	5.9%	3.7%	3.7%
Pursuing additional nursing education	2.0%	2.4%	2.3%	5.5%	0.9%	1.5%	1.2%	1.9%	1.9%	0.6%
Participating in a new graduate residency (paid)	-	-	-	-	15.6%	7.5%	8.5%	11.0%	10.9%	7.2%
Participating in a new graduate residency (unpaid)	-	-	-	-	0.1%	0.0%	0.3%	0.4%	0.8%	0.3%
Unable to find employment	3.8%	4.8%	2.1%	2.5%	4.9%	5.3%	5.0%	1.9%	3.2%	2.6%
Not yet licensed	-	13.0%	10.4%	5.5%	4.2%	7.8%	8.5%	9.4%	2.7%	5.7%
Other	4.7%	0.1%	3.7%	0.7%	1.1%	0.8%	0.6%	3.0%	1.6%	5.6%
ELM Programs	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
Hospital	55.6%	53.3%	45.5%	54.6%	58.3%	61.4%	57.6%	45.9%	72.3%	66.6%
Long-term care facilities	1.5%	1.8%	0.1%	2.1%	0.9%	0.2%	0.3%	0.7%	4.3%	0.7%
Community/ public health facilities	6.0%	3.8%	1.1%	4.4%	3.4%	1.2%	1.7%	5.6%	4.7%	5.7%
Other healthcare facilities	5.5%	0.9%	0.4%	3.8%	2.3%	0.7%	1.6%	6.3%	3.7%	7.8%
Pursuing additional nursing education	21.8%	29.7%	23.8%	28.2%	12.7%	5.2%	0.7%	3.0%	1.2%	1.1%
Participating in a new graduate residency (paid)	-	-	-	-	6.5%	3.1%	11.2%	20.6%	6.0%	15.5%
Participating in a new graduate residency (unpaid)	-	-	-	-	0.0%	0.0%	0.0%	0.8%	0.1%	0.0%
Unable to find employment	8.2%	3.7%	2.1%	1.9%	2.1%	2.4%	2.2%	1.0%	2.2%	1.0%
Not yet licensed	-	5.2%	23.9%	2.5%	12.7%	22.0%	13.0%	6.8%	0.6%	0.9%
Other	1.4%	1.9%	3.1%	2.5%	1.1%	3.8%	11.6%	9.2%	4.8%	0.6%

Statistics on the percentage 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 seventy programs in 2018-19 to over 120 programs in 2019-20 and 2020-21 and then started to dip back down in 2021-22. This year, the number of programs reporting a loss of clinical placements, units, or has decreased from the prior three years. Although declining, the number of placements, units and shifts lost, and the number of students impacted remained high compared to pre-pandemic years' totals.

Table 26. RN Programs Denied Clinical Space by Academic Year

Numbers & Outcomes	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
Programs denied a clinical placement, unit or shift	51.9%	43.5%	54.6%	53.6%	49.6%	85.6%	88.3%	60.5%	53.6%	52.9%
	70	60	77	75	70	125	128	92	81	82
Programs offered alternative by site*	17.8%	18.8%	22.0%	23.6%	19.1%	17.1%	22.8%	15.1%	13.2%	21.9%
	24	26	31	33	27	25	33	23	20	34
Programs reporting	**135**	**138**	**141**	**140**	**141**	**146**	**145**	**152**	**151**	**155**
Number of placements, units or shifts lost* pre-pandemic	273	213	302	367	287	226	-	-	-	-
Number of placements, units or shifts lost after the start of the pandemic	-	-	-	-	-	*3,655*	3,425	971	515	476
Number of students affected pre-pandemic	2,145	1,278	2,147	2,366	2,271	1,080	-	-	-	-
Number of students affected after the start of the pandemic	-	-	-	-	-	*22,415*	15,043	5,163	3,933	3,611

In the 2023-24 survey, 59 of 155 programs (38.1%) reported that there were fewer students allowed for a clinical placement, unit, or shift in this year than in the prior year. This is a ten-year low. This percentage has been decreasing since the pandemic years of 2019-20 and 2020-21, when 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 2023-24, the percentage of programs reporting fewer students allowed for a clinical space seems to be at or below 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	2023-2024
Percent ADN programs reporting fewer students	**34.4%**	**41.6%**	**39.6%**	**39.1%**	**39.6%**	**74.2%**	**85.9%**	**57.1%**	**44.6%**	**36.2%**
Number of ADN programs reporting fewer students	31	37	36	36	36	69	79	52	41	34
Total number of ADN programs	90	89	91	92	91	93	92	91	92	94
Percent BSN programs reporting fewer students	**50.0%**	**57.9%**	**48.6%**	**48.6%**	**48.7%**	**73.8%**	**74.4%**	**60.4%**	**40.4%**	**42.6%**
Number of BSN programs reporting fewer students	18	22	18	18	19	31	32	29	19	20
Total number of BSN programs	36	38	37	37	39	42	43	48	47	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%**	**35.7%**
Number of ELM programs reporting fewer students	9	6	6	7	6	10	10	8	6	5
Total number of ELM programs	16	14	13	12	12	12	12	13	13	14
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%**	**38.1%**
Number of nursing programs reporting fewer students	58	65	60	61	61	110	121	89	66	59
Total nursing programs	**142**	**141**	**141**	**141**	**142**	**147**	**147**	**152**	**152**	**155**

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. These questions were discontinued in 2023-24 because pandemic-related reasons became less relevant by 2022-23 (See Table 28 and Table 29, next pages.) In 2023-24, competition for clinical space due to increase in number of nursing students in region" was back to the top reason for clinical space being denied (50%, n=40).

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=1); unknown reason for the denial (n=18); 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 2023-24 included a strike, the closure of a rural hospital, coordinator forgetting to submit an application, facility merger limiting the number of students, and “unknown”.

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

Reasons	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
Competition for clinical space due to increase in number of nursing students in region	48.7%	48.3%	49.4%	52.7%	43.5%	29.0%	22.0%	37.0%	50.6%	50.0%
Staff nurse overload or insufficient qualified staff	38.2%	33.3%	51.9%	63.5%	50.7%	16.9%	25.2%	41.3%	45.6%	41.3%
Displaced by another program	39.5%	35.0%	50.6%	50.0%	43.5%	21.0%	25.2%	25.0%	31.6%	32.5%
Nurse residency programs	18.4%	26.7%	26.0%	24.3%	26.1%	6.5%	12.6%	20.7%	34.2%	26.3%
Other clinical facility business needs/changes in policy	-	-	-	-	24.6%	4.0%	8.7%	10.9%	10.1%	17.5%
Visit from Joint Commission or other accrediting agency	26.3%	23.3%	33.8%	29.7%	23.2%	12.1%	15.7%	22.8%	17.7%	16.3%
Decrease in patient census	25.0%	21.7%	18.2%	24.3%	17.4%	8.9%	9.4%	22.8%	20.3%	15.0%
Other	17.1%	6.7%	11.7%	14.9%	14.5%	16.9%	2.4%	19.6%	17.7%	11.3%
Closure, or partial closure, of clinical facility	18.4%	28.3%	18.2%	23.0%	18.8%	21.8%	19.7%	15.2%	20.3%	7.5%
No longer accepting ADN students*	21.1%	23.3%	27.3%	23.0%	21.7%	12.1%	11.8%	9.8%	5.1%	6.3%
Change in facility ownership/management	21.1%	18.3%	24.7%	14.9%	18.8%	8.1%	9.4%	8.7%	16.5%	6.3%
Implementation of Electronic Health Records system	13.2%	10.0%	13.0%	17.6%	20.3%	8.1%	7.1%	3.3%	3.8%	5.0%
Clinical facility seeking magnet status	17.1%	18.3%	15.6%	13.5%	14.5%	8.9%	7.1%	9.8%	3.8%	2.5%
The facility began charging a fee (or other RN program offered to pay a fee) for the placement and the RN program would not pay	1.3%	1.7%	1.3%	1.4%	1.4%	3.2%	1.6%	2.2%	0.0%	1.3%
Staff nurse overload or insufficient qualified staff due to COVID-19	-	-	-	-	-	71.0%	72.4%	53.3%	25.3%	-
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%	-
Change in site infection control protocols due to COVID-19	-	-	-	-	-	66.9%	59.8%	26.1%	3.8%	-
Lack of PPE due to COVID-19	-	-	-	-	-	76.6%	48.8%	4.3%	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%
Number of programs that reported	**76**	**60**	**77**	**74**	**69**	**124**	**127**	**92**	**79**	**80**

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	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
Competition for clinical space due to increase in number of nursing students in region	37	29	38	39	30	36	28	34	40	40
Staff nurse overload or insufficient qualified staff	29	20	40	47	35	21	32	38	36	33
Displaced by another program	30	21	39	37	30	26	32	23	25	26
Nurse residency programs	14	16	20	18	18	8	16	19	27	21
Other clinical facility business needs/changes in policy	-	-	-	-	17	5	11	10	8	14
Visit from Joint Commission or other accrediting agency	20	14	26	22	16	15	20	21	14	13
Decrease in patient census	19	13	14	18	12	11	12	21	16	12
Other	13	4	9	11	10	21	3	18	14	9
Closure, or partial closure, of clinical facility	14	17	14	17	13	27	25	14	16	6
No longer accepting ADN students*	16	14	21	17	15	15	15	9	4	5
Change in facility ownership/management	16	11	19	11	13	10	12	8	13	5
Implementation of Electronic Health Records system	10	6	10	13	14	10	9	3	3	4
Clinical facility seeking magnet status	13	11	12	10	10	11	9	9	3	2
The facility began charging a fee (or other RN program offered to pay a fee) for the placement and the RN program would not pay	1	1	1	1	1	4	2	2	0	1
Staff nurse overload or insufficient qualified staff due to COVID-19	-	-	-	-	-	88	92	49	20	-
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	-
Change in site infection control protocols due to COVID-19	-	-	-	-	-	83	76	24	3	-
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	**76**	**60**	**77**	**74**	**69**	**124**	**127**	**92**	**79**	**80**

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 compared to the peak of 10.4% during the height of the pandemic, rising only slightly to 6.5% in 2023-24.

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

	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
Number providing financial support to secure a clinical placement	9	3	10	7	12	11	15	9	9	10
Percent providing financial support to secure a clinical placement	6.6%	2.2%	7.1%	5.0%	8.5%	7.6%	10.4%	6.0%	6.0%	6.5%
Number of programs reporting	**137**	**139**	**141**	**140**	**142**	**144**	**144**	**151**	**150**	**155**

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 2023-2024, it was down to fourth place at 34.2% 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 2023-24, it was down to 6.3% of all programs reporting it as a strategy to address lost clinical space.

In 2023-24, the most common strategy was replacing the lost space at a different site currently used by the nursing program (59.5%) followed by adding/replacing the lost space with a new site (53.2%).

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=12); delaying cohorts (n=10), again, a trend related to the pandemic; and reducing the number of students per clinical group (n=7).

In 2023-24, the only “other” strategies provided in write-in answers were using the skills lab and replacing with a unit at a geriatric facility that the program had previously used.

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

Strategies	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
Replaced lost space at different site currently used by nursing program	66.2%	76.3%	61.8%	68.9%	79.4%	65.0%	49.6%	68.5%	69.1%	59.5%
Added/replaced lost space with new site	48.6%	44.1%	55.3%	60.8%	55.9%	60.2%	55.1%	53.3%	60.5%	53.2%
Replaced lost space at same clinical site	32.4%	32.2%	35.5%	43.2%	33.8%	32.5%	32.3%	26.1%	35.8%	38.0%
Clinical simulation	37.8%	30.5%	40.8%	43.2%	45.6%	87.8%	78.7%	57.6%	33.3%	34.2%
Reduced student admissions	1.4%	5.1%	9.2%	8.1%	11.8%	29.3%	27.6%	19.6%	4.9%	6.3%
Other	8.1%	3.4%	7.9%	4.1%	5.9%	15.4%	18.9%	10.9%	6.2%	3.8%
Number of programs reporting	**74**	**59**	**76**	**74**	**68**	**123**	**127**	**92**	**81**	**79**

*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 2023-24, 40 programs reported using alternative out-of-hospital clinical sites. This is many fewer than any year since 2014-15.

In 2023-24, the two most frequently reported non-hospital clinical sites were school health service (55.0%, n=22) and skilled nursing/rehabilitation facility (52.5%, n=21). This is the first time in the last ten years that school health service has been the top alternative out-of-hospital clinical site.

Over the years, “other” reasons provided in text comments have included child-related facilities like childcare, pediatric clinics, Head Start, and summer camps (n=43), senior facilities and long-term care (n=14), and outpatient clinics (n=11). Telehealth (n=19) and COVID support activities such as vaccine clinics and testing facilities (n=11) 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 2023-24 included: pediatric clinics, residential care, and child development centers (n=2).

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

Out-of-Hospital Sites	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
School health service (K-12 or college)	38.5%	27.9%	25.5%	39.6%	36.2%	29.2%	33.3%	46.4%	28.0%	55.0%
Skilled nursing/ rehabilitation facility	46.2%	32.6%	37.3%	41.7%	42.6%	24.7%	33.3%	47.8%	44.0%	52.5%
Medical practice, clinic, physician office	30.8%	37.2%	31.4%	37.5%	34.0%	30.3%	34.4%	30.4%	36.0%	50.0%
Public health or community health agency	41.0%	51.2%	35.3%	39.6%	44.7%	60.7%	61.5%	58.0%	48.0%	32.5%
Outpatient mental health/substance abuse	28.2%	34.9%	31.4%	33.3%	21.3%	32.6%	31.3%	33.3%	36.0%	32.5%
Home health agency/home health service	20.5%	41.9%	29.4%	29.2%	25.5%	24.7%	25.0%	15.9%	26.0%	20.0%
Surgery center/ ambulatory care center	28.2%	25.6%	35.3%	29.2%	25.5%	19.1%	17.7%	20.3%	26.0%	20.0%
Urgent care, not hospital-based	7.7%	7.0%	9.8%	6.3%	14.9%	14.6%	15.6%	13.0%	10.0%	20.0%
Hospice	23.1%	25.6%	21.6%	20.8%	23.4%	23.6%	16.7%	13.0%	18.0%	17.5%
Other	12.8%	16.3%	23.5%	12.5%	12.8%	24.7%	30.2%	21.7%	10.0%	12.5%
Renal dialysis unit	5.1%	7.0%	5.9%	2.1%	4.3%	7.9%	5.2%	7.2%	8.0%	10.0%
Correctional facility, prison or jail	10.3%	9.3%	7.8%	10.4%	6.4%	4.5%	2.1%	8.7%	10.0%	5.0%
Case management/ disease management	7.7%	16.3%	7.8%	8.3%	17.0%	18.0%	15.6%	7.2%	10.0%	2.5%
Occupational health or employee health service	0.0%	2.3%	2.0%	2.1%	4.3%	3.4%	7.3%	7.2%	2.0%	0.0%
Number of program reporting	**39**	**43**	**51**	**48**	**47**	**89**	**96**	**69**	**50**	**40**

In 2023-24, 54.8% (n=80) of 146 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 2023-24 were 1) clinical site due to visit from the Joint Commission or other accrediting agency (65.0%, n=52), 2) patients related to staff nurse preferences or concerns about their additional workload (61.3%, n=49), 3) Electronic Medical Records (60.0%, n=48) , and 4) Bar coding medication administration (57.5%, n=46). This distribution mirrors most of the top reasons for restricted access prior to 2019-20—however, “Patients related to staff nurse preferences or concerns about their additional workload” has usually not appeared in the top three, and yet is the second most common reason selected in 2023-24.

From 2019-20 through 2021-22, restrictions to sites overall due to COVID-19 was the top reason for restrictions to clinical practice. This, and other COVID-related restrictions declined considerably in importance since the pandemic years, and these answer categories were removed in 2023-24.

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

Common types of restricted access	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
Clinical site due to visit from accrediting agency (Joint Commission)	69.9%	76.5%	75.8%	81.5%	87.0%	65.6%	60.5%	61.9%	54.3%	65.0%
Some patients due to staff workload	30.1%	27.1%	37.4%	38.0%	46.7%	31.3%	36.3%	40.0%	43.5%	61.3%
Electronic Medical Records	60.2%	61.2%	64.8%	63.0%	60.9%	43.0%	45.2%	43.8%	50.0%	60.0%
Bar coding medication administration	60.2%	68.2%	64.8%	66.3%	62.0%	51.6%	46.0%	46.7%	51.1%	57.5%
Automated medical supply cabinets	45.2%	54.1%	57.1%	55.4%	59.8%	53.9%	45.2%	51.4%	51.1%	56.3%
Student health and safety requirements	40.9%	42.4%	41.8%	34.8%	42.4%	33.6%	29.0%	33.3%	30.4%	38.8%
IV medication administration	28.0%	34.1%	29.7%	35.9%	40.2%	28.1%	33.1%	25.7%	29.3%	36.3%
Glucometers	31.2%	34.1%	36.3%	30.4%	32.6%	25.0%	26.6%	16.2%	19.6%	25.0%
Alternative setting due to liability	19.4%	18.8%	17.6%	18.5%	20.7%	28.9%	26.6%	22.9%	16.3%	22.5%
Direct communication with health team	7.5%	8.2%	12.1%	10.9%	16.3%	17.2%	12.9%	14.3%	17.4%	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%	-
Other	-	-	-	-	-	6.3%	8.1%	6.7%	19.6%	-
Sites overall due to COVID-19	-	-	-	-	-	89.8%	84.7%	67.6%	28.3%	-
Number of schools that reported	**93**	**85**	**91**	**92**	**92**	**128**	**124**	**105**	**92**	**80**

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. The numbers in this table differ from those presented in the Summary Report because the denominator is the total number of programs that answered any question in this series rather than the number of schools that answered for each particular category.

In 2023-24, schools reported that restricted student access to **electronic medical records** was primarily due to insufficient time for clinical site staff to train students (55.6%, n=40), “liability” (52.8%, n=38) and “staff fatigue/burn out” (50.0%, n=36).

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=33). In recent years, COVID became a predominant reason for restricted access (n=14), followed by “general policy” (n=13).

Table 34. Share of Schools Reporting Reasons for Restricting Student Access to Electronic Medical Records by Academic Year

Reasons	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
Insufficient time to train students	70.4%	75.7%	65.8%	63.9%	69.1%	56.1%	59.6%	57.8%	61.3%	55.6%
Liability	35.8%	40.5%	52.6%	48.2%	48.1%	45.9%	49.4%	36.1%	46.7%	52.8%
Staff fatigue/burnout	29.6%	32.4%	34.2%	47.0%	44.4%	36.7%	42.7%	38.6%	44.0%	50.0%
Staff still learning and unable to assure documentation standards are being met	59.3%	52.7%	46.1%	49.4%	51.9%	35.7%	38.2%	45.8%	46.7%	48.6%
Patient confidentiality	22.2%	28.4%	27.6%	19.3%	24.7%	25.5%	25.8%	25.3%	28.0%	27.8%
Cost for training	29.6%	29.7%	26.3%	31.3%	27.2%	29.6%	22.5%	20.5%	17.3%	25.0%
Other	7.4%	9.5%	7.9%	12.0%	8.6%	14.3%	16.9%	9.6%	9.3%	16.7%
Number of schools reporting	**81**	**74**	**76**	**83**	**81**	**98**	**89**	**83**	**75**	**72**

In 2023-24, schools reported that students were restricted from using **medication administration systems** due primarily to liability (64.3%, n=45) and staff fatigue/burnout (57.1%, 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 “Hospital policy” (n=25). Lack of access was also frequently cited (n=26) with comments like “Some hospitals/ facilities don't provide instructor access”.

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

Eighty schools provided information about how they compensate for restricted student access. The most common approaches were providing training in the simulation lab (92.5%, n=74), training students in the classroom (73.8%, n=59), and purchasing practice software, such as SIM Chart (58.8%, n=47).

Purchasing practice software rose to the second most common form of compensating during the COVID-19 pandemic lockdown years, but it was back down to the third most common in 2023-24.

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=19), simulation, usually virtual simulation like i-Human (n=25), 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=13). These numbers should be viewed with caution as they sometimes represent the same school giving the same answer over a number of years.

In 2023-24, “Other” ways that schools compensate include: faculty workarounds (n=3) such as having faculty teach students the EMR in the clinical site’s computer lab, purchasing practice software, training students in paper charting, and collaborating with hospital partners to make-up missed clinical opportunities.

Table 36. How Nursing Programs Compensate for Training in Areas of Restricted Access by Academic Year

Methods of Compensating	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
Training students in the simulation lab	87.1%	88.0%	87.9%	87.1%	88.2%	90.4%	91.8%	89.0%	91.2%	92.5%
Training students in the classroom	57.0%	66.3%	56.0%	67.7%	65.6%	63.2%	60.7%	69.0%	62.6%	73.8%
Purchase practice software, such as SIM Chart	40.9%	43.4%	45.1%	53.8%	50.5%	71.2%	70.5%	63.0%	51.6%	58.8%
Ensuring all students have access to sites that train them in this area	55.9%	50.6%	54.9%	48.4%	48.4%	50.4%	49.2%	47.0%	54.9%	47.5%
Other	11.8%	12.0%	11.0%	17.2%	10.8%	14.4%	13.9%	16.0%	8.8%	10.0%
Number of schools reporting	**93**	**83**	**91**	**93**	**93**	**125**	**122**	**100**	**91**	**80**

Faculty Data[5]

In 2023-24, the total number of faculty increased by 3.8% (n=203) compared to the prior year. Overall, the number of faculty has increased by 32.2% (n=1,458) over the last decade, largely due to increases in the number of part-time faculty. On October 15, 2024, there were 5,990 total nursing faculty.[6] Of these faculty, 29.3% (n=1,754) were full-time and 70.7% (n=4,236) were part-time.

Faculty vacancy rates have fluctuated over time. From 2015 through 2024, the rate has ranged from 6.7% to 12.1%. In 2023, the vacancy rate was 9.8%, only slightly higher than the prior year.

Table 37. Faculty Census Data by Year

	2015*	2016*	2017	2018	2019	2020	2021	2022	2023	2024
Total Faculty	**4,532**	**4,366**	**4,799**	**4,939**	**5,359**	**4,929**	**5,302**	**5,156**	**5,787**	**5,990**
Full-time	1,505	1,513	1,546	1,561	1,552	1,556	1,637	1,546	1,662	1,754
Part-time	3,000	2,953	3,253	3,378	3,807	3,373	3,665	3,610	4,125	4,236
Vacancy Rate**	**8.2%**	**9.1%**	**8.1%**	**8.0%**	**8.2%**	**6.7%**	**10.1%**	**12.1%**	**9.7%**	**9.8%**
Vacancies	407	435	424	430	476	354	596	710	623	652

*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 2023-2024, one school did not list faculty numbers. This school's prelicensure program was on teach-out.

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 2023-24, 40.7% (n=59) of 145 schools agreed that they had hired more part-time faculty than in the prior five years.

In 2023-24, 43.2% (n=41) of ADN programs, 41.3% (n=19) of BSN programs, and 35.7% of ELM programs (n=5) reported hiring more part-time faculty than in prior years.

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	2023-2024
Number of schools that hired more part-time faculty	48	61	56	48	57	58	69	67	60
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%	41.1%
Number of schools reporting	**129**	**131**	**131**	**130**	**136**	**139**	**144**	**142**	**146**

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 2023-24, 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 nine years that this question has been included in the survey. Over the last five 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 nine 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=12), campus hiring process (too slow, difficulty in getting new positions approved) (n=12), and retirement of full-time faculty (n=18).

In 2023-24, other reasons from text comments included: "Planned program growth; Addressing faculty shortages", redesign of skills and simulation labs, "Restrictions by Ed Code on how many units can be taught by each part-time faculty member combined with an increase in the number of clinical sections due to group size restrictions", "Required multiple part time faculty to facilitate individual clinical experiences and labs due to part time faculty schedule conflicts", and "Increased need due to hospital requirements for lower student to faculty ratio in clinical."

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	2023-2024
Non-competitive salaries for full time faculty	2.5	2.5	2.8	2.5	3.0	2.8	2.6	2.5	2.9
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	3.3
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	3.8
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	4.2
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	5.0
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	6.1
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	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	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	7.7	7.8
Other	5.1	5.9	6.6	5.8	9.1	8.7	8.9	9.1	8.8
Number of schools reporting	**48**	**60**	**53**	**42**	**56**	**55**	**68**	**61**	**56**

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

In 2023-24, 96 of 146 schools (65.8%) reported that faculty in their programs work an overloaded schedule, and 96.9% (n=93) 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 72.7%. 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

	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
Number of schools with overloaded faculty that pay faculty extra for the overload	**82**	**83**	**89**	**88**	**86**	**92**	**91**	**92**	**101**	**93**
Share of schools with overloaded faculty that pay faculty extra for the overload	96.5%	97.6%	96.7%	95.7%	90.5%	94.8%	95.8%	93.9%	97.1%	96.9%
Number of schools with overloaded faculty	**85**	**85**	**92**	**92**	**95**	**97**	**95**	**98**	**104**	**96**
Share of schools with overloaded faculty	64.4%	64.4%	69.2%	68.7%	70.9%	70.8%	68.3%	68.1%	72.7%	65.8%
Number of schools reporting	**132**	**132**	**133**	**134**	**134**	**137**	**139**	**144**	**143**	**146**

*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 by 10.6%. (Table 1). The number of programs dipped to 141 in 2015-16, rising to 142 in 2018-19 and eventually to 1554 by 2023-24, due largely to an increase in the number of BSN programs. In addition, the number of private programs has grown considerably (+40.5%) over this time while the number of public programs has declined (-1.9%).

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 57.0% (n=69) in 2014-15 to 61.0% (n=86) in 2023-24, although the number and percent has fluctuated. Most of these partnerships were reported by public associate's degree nursing programs. In 2023-24, 80.9% (n=76) of 94 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=18,366) reported by California RN programs in 2023-24 was the highest in the last ten years (Table 4).

The number of qualified student applications to RN prelicensure programs (60,441) is the second highest number in the last ten years. The percentage of qualified applications not enrolled is about the same as last year — 69.7% vs. last year's 69.6%.

New enrollments (18,418) are at a ten-year high after a dip during the pandemic lockdown. Over the last decade, there has been an increase in enrollments in ADN programs (11.2%, n=772) and an increase in enrollments in BSN programs (+78.7%, n=4,338), but a decrease in enrollments in ELM programs (-1.1%, n=-10) (Table 6). One program accounts for about 17% of all new enrollments.

For the fourth year in a row, private program enrollments exceeded public program enrollments, showing 94.8% growth in the number of new enrollments over the last ten years (Table 6).

In 2023-24, the 30.3% of nursing programs reported filling more admission spaces than were available. The share of programs that enrolled more students than available admission spaces dipped during the years of the pandemic lockdown. This year, the share of programs that enrolled more students than available admission spaces appears to have rebounded somewhat.

The number and percentage of programs that reported enrolling *fewer* students has decreased since 2014-15 after a brief upturn during the pandemic years (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 continuing through 2023-24, the primary reason for enrolling fewer students was that accepted students did not enroll, which had been the primary reason prior to the pandemic (Table 12).

Student Completions by Academic Year

Pre-licensure RN programs reported 15,117 completions in 2023-24—a 36.0% increase in student completions since 2014-15. ADN completions increased by 12.5% over the decade, BSN completions increased by 67.5% and ELM completions increased by 4.8% during this period (Table 15). For the fifth year in a row, BSN completions exceeded ADN completions. Again, one program represented 19% of all completions.

Completion, Attrition, and Employment Rates

The average on-time completion rate in 2023-24 was 85.5%, while the attrition rate was 8.2%. This is similar to last year's rates (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, 2.5% of nursing program graduates were unable to find employment, which is a decline from the ten-year high of 9.5% in 2014-15, but slightly higher than the last two year's reported unemployment rate. Over the last ten years, the percentage of recent graduates employed in California has improved, from 73.1% in 2014-15 to 86.4% in 2023-24. 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 (53.2%, n=82) was similar to last year's number and percentage. While a little higher than pre-pandemic numbers, it is still a considerable improvement over the numbers reported during the pandemic years when up to 88.3% of programs reported being denied a clinical placement or shift (Table 26). 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 2023-24, down to 59 programs compared to 66 in 2022-23, and over 100 in 2019-20 and 2020-21. However, anecdotally, some sites still complain that hospitals have kept the size of clinical groups to a minimum, creating difficulties for programming.

Competition for clinical space due to an increase in the number of nursing students in the region (50.0%) was the most commonly mentioned reason for clinical space being unavailable, followed by staff nurse overload or insufficient qualified staff (41.3%) (Table 28). The lack of access to clinical space in 2023-24 resulted in a loss of 476 clinical placements, units, or shifts--affecting 3,611 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 2023-24, programs that reported a loss of clinical space (n=79) addressed that loss by replacing space at a different site currently used by the nursing program (59.5%), followed by adding or replacing the lost space with a new site (53.2%) (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 fourth most common strategy in 2023-24 (34.2%).

In 2023-24, common or very common types of restricted access in the clinical setting reported by nursing programs (n=80) included clinical site due to visit from accrediting agency (Joint Commission)

(63.8%), some patients due to staff workload (61.3%), electronic medical records (60.0%), and bar coding medication administration (57.5%) (Table 33).

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 32.2% in the past ten years, from 4,352 in 2015 to 5,990 in 2024. Of these, 5,990 faculty, 29.3% were full time and 70.7% were part time. In 2024, 652faculty vacancies were reported, representing an overall faculty vacancy rate of 9.8% (14.9% for full-time faculty and 9.2% for part-time faculty) (Table 37).

In 2023-24, 41.1% of schools reported hiring more part-time faculty than in previous years. This is a decrease from the last four years. The number of part-time faculty reported has increased by 41.2% over the last ten years compared to an increase of only 16.5% for full-time faculty. The top reasons for hiring more part-time faculty include non-competitive salaries for full-time faculty and a shortage of RNs applying for full-time faculty positions.

In 2023-24, 96 of 146 schools reporting (65.8%) 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 2023-24, nursing programs continue to stabilize after the impacts of the COVID-19 pandemic and lockdown. The number of nursing programs was higher than pre-pandemic totals, and admission spaces and new enrollments increased to a ten-year high in 2023-24. Reported employment rates were 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 four 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 or lower than pre-pandemic percents. However, the number of placements, units, or shifts lost, and the number of students affected, although improving, are still higher than pre-pandemic totals. Many respondents complain that sites still limit the number of students in clinical groups.

While more than two-thirds of qualified applications in 2023-24 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, although they are still a bit higher than pre-pandemic rates. 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

ADN Programs (89)

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

*New 2023-24

LVN-to-ADN Only Programs (5)

Allan Hancock College
Carrington College
Gavilan College
Madera College
Mission College

BSN Programs (46)

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 College of Nursing
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

ELM Programs (14)

Azusa Pacific University
University of California San Francisco
California Baptist University
University of San Diego, Hahn School
Charles R. Drew College of Nursing
Loma Linda University*
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 2023-24

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

Member	Organization
Garrett Chan, PhD, RN, APRN, FAEN, FPCN, FCNS, FNAP, FAAN	HealthImpact
Jeannine Graves, MPA, MSN, RN, OCN, CNOR	Sutter Cancer Center
Tanya Altmann, PhD, RN	California State University, Sacramento
Tammy Vant Hul, PhD, RN, ACNP, CNE	Riverside City College
LaCandice Ochoa	Community College Chancellor's Office
Wendy Hansbrough, PHN, RN, CNE	California State University, San Marcos
Sagie De Guzman, PhD, A-CNS, A-NPC	Los Angeles Community Hospital and Saint John's Cancer and Research Institute
Alice Benjamin, MSN, ACNS-BC, FNP-C, CEN CV-BC	Sutter Health
Hazel Torres, MN, RN, DNP	Kaiser Permanente
Judy Kornell, RN	Deputy Director Nursing, Statewide Chief Nurse Executive, California Correctional Health Care Services
Kathy Hughes, RN	Service Employees International Union (SEIU)
Jacqueline Bowman	United Nurses Association of California Union of Health Care Professionals (UNAC/UHCP)
Carmen Comsti	California Nurses Association/National Nurses United
VACANT	Healthcare Workforce Development Division
Joanne Spetz, PhD	Phillip R. Lee Institute for Health Policy Studies UCSF
Sandra Miller, MBA	Assessment Technologies Institute

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