California Board of Registered Nursing

2011-2012 Annual School Report

Data Summary and Historical Trend Analysis

A Presentation of Pre-Licensure Nursing Education Programs in California

February 12, 2013

Prepared by:
Renae Waneka, MPH
Tim Bates, MPP
Joanne Spetz, PhD
University of California, San Francisco
3333 California Street, Suite 265
San Francisco, CA 94118

PREFACE

Nursing Education Survey Background

Development of the 2011-2012 Board of Registered Nursing (BRN) School Survey was the work of the Board's Education Issues Workgroup, which consists of nursing education stakeholders from across California. A list of workgroup members is included in the Appendices. 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.

Funding for this project was provided by the California Board of Registered Nursing.

Organization of Report

The survey collects data about nursing programs and their students and faculty from August 1 through July 31. Annual data presented in this report represent August 1, 2011 through July 31, 2012. Demographic information and census data were requested for October 15, 2012.

Data from pre- and post-licensure nursing education programs are presented in separate reports and will be available on the BRN website. Data are presented in aggregate form and describe overall trends in the areas and over the times specified 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. Parties interested in accessing data not available on the website should contact Julie Campbell-Warnock at the BRN at Julie.Campbell-Warnock@dca.ca.gov.

The BRN acknowledges that survey respondents may not have had ready access to some of the data that were being requested. To address this issue, a member of the Education Issues Workgroup developed a computer program for tracking most of the required data. The computer tracking program was distributed to nursing programs in the fall of 2006. Nursing programs that do not have this program may contact Julie Campbell-Warnock at the BRN at Julie.Campbell-Warnock@dca.ca.gov.

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 will provide data-driven evidence to influence policy at the local, state, federal and institutional levels.

The BRN extends appreciation to the Education Issues Workgroup and all survey respondents. Your participation has been vital to the success of this project.

Survey Participation[1]

All California nursing schools were invited to participate in the survey. In 2011-2012, 132 nursing schools offering 142 pre-licensure programs approved by the BRN to enroll students responded to the survey. A list of the participating nursing schools is provided in the Appendix.

Program Type	# Programs Responded	Total # Programs	Response Rate
ADN	80	80	100%
LVN to ADN	7	7	100%
BSN	39	39	100%
ELM	16	16	100%
Total Programs	142	142	100%

[1] In this 2012 report there are 132 schools in California that offer a prelicense nursing program. Some nursing schools offer more than one program, which is why the number of programs (n=142) is greater than the number of schools. In addition, some schools offer their programs at more than one campus. In the 2011-2012 survey, 132 nursing schools reported data for 142 prelicense programs at 160 different locations.

DATA SUMMARY AND HISTORICAL TREND ANALYSIS

This analysis presents pre-licensure program data from the 2011-2012 BRN School Survey in comparison with data from previous years of the survey. Data items addressed include the number of nursing programs, enrollments, completions, retention rates, NCLEX pass rates, new graduate employment, student and faculty census data, the use of clinical simulation, availability of clinical space, and student clinical practice restrictions.

Trends in Pre-Licensure Nursing Programs

Number of Nursing Programs

In 2011-2012, a total of 142 pre-licensure nursing programs in California enrolled students. This represents a net loss of 3 nursing programs over the previous year (2 ADN programs and 1 ELM program). This is the first time in ten years that the number of nursing programs in California has decreased. Most pre-licensure nursing programs in California are public. However, the share of public programs has been decreasing over the past ten years, from a high of 85.1% (n=86) of pre-licensure nursing programs in 2002-2003 to its current share of 74.6% (n=106) in 2011-2012. Private schools have accounted for almost all new program growth since 2006-2007.

Number of Nursing Programs

	Academic Year									
	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
Total Number of Nursing Programs	**101**	**104**	**109**	**117**	**130**	**132**	**138**	**139**	**145**	**142**
ADN	73	73	76	77	82	84	86	86	89	87
BSN	23	23	24	26	32	32	36	37	39	39
ELM	5	8	9	14	16	16	16	16	17	16
Public	86	87	90	96	105	105	105	105	107	106
Private	15	17	19	21	25	27	33	34	38	36
Total Number of Schools*	97	99	102	105	117	119	125	125	131	132

*Since some nursing schools admit students in more than one program, the number of nursing programs is greater than the number of nursing schools in the state.

The share of nursing programs that partner with another nursing school that offers a higher degree has been increasing since 2007-2008. In 2011-2012, 35.2% of nursing programs (n=50) collaborated with another program that offered a higher degree than offered at their own program.

	Academic Year						
Partnerships	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
Schools that partner with another program that leads to a higher degree	7.7%	6.9%	6.8%	13.8%	25.2%	30.3%	35.2%
Total number of programs	117	130	132	138	139	145	142

*These data were collected for the first time in 2005-2006.

Admission Spaces and New Student Enrollments

In 2008-2009, the number of spaces available for new students in nursing programs reached a high of 12,812. Since then, however, the number of available spaces has decreased by 3.3%. In 2011-2012, there were 12,391 spaces available for new students and these spaces were filled with a total of 13,677 students. This represents the second consecutive year in which new student enrollments declined, after having increased every year in the ten years prior to the 2010-2011 academic year. The share of nursing programs that reported filling more admission spaces than were available also fell slightly, from 48.3% (n=70) in 2010-2011 to 47.9% (n=68) in 2011-2012. The most frequently reported reason for doing so was to account for attrition.

Availability and Utilization of Admission Spaces

	Academic Year									
	2002-2003	*2003-2004*	*2004-2005*	*2005-2006*	*2006-2007*	*2007-2008*	*2008-2009*	*2009-2010*	*2010-2011*	*2011-2012*
Spaces Available	7,601	7,797	9,026	10,523	11,475	11,773	12,812	12,797	12,643	12,391
New Student Enrollments	7,457	7,825	8,926	11,131	12,709	12,961	13,988	14,228	13,939	13,677
% Spaces Filled	98.1%	100.4%	98.9%	105.8%	110.8%	110.1%	109.2%	111.2%	110.3%	110.4%

Nursing programs continue to receive more applications requesting entrance into their programs than can be accommodated. The number of qualified applications nursing programs received in 2011-2012 increased 2.2% (n=818) over the previous year, reversing the first decline in the past ten years that occurred in 2010-2011. In 2011-2012, 64.6% of the 38,665 qualified applications to California nursing education programs were not accepted for admission. Since 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.

Student Admission Applications*

	Academic Year									
	2002-2003	*2003-2004*	*2004-2005*	*2005-2006*	*2006-2007*	*2007-2008*	*2008-2009*	*2009-2010*	*2010-2011*	*2011-2012*
Qualified Applications	**13,926**	**17,887**	**20,405**	**28,410**	**28,506**	**34,074**	**36,954**	**41,634**	**37,847**	**38,665**
ADN	9,531	12,585	14,615	19,724	19,559	25,021	26,185	28,555	24,722	23,913
BSN	3,301	3,964	4,914	7,391	7,004	7,515	8,585	10,680	11,098	12,387
ELM	1,094	1,338	876	1,295	1,943	1,538	2,184	2,399	2,027	2,365
% Qualified Applications *Not* Accepted	46.5%	56.3%	56.3%	60.8%	55.4%	62.0%	62.1%	65.4%	63.2%	64.6%

*Since these data represent applications rather than individuals, the increase in qualified applications may not represent an equal growth in the number of individuals applying to nursing school.

New student enrollments have almost doubled since the 2002-2003 academic year. However, the total number of students enrolled in a nursing program in California decreased for the second consecutive year, declining by 1.9% (n=262) between 2010-2011 and 2011-2012. New enrollments in both ADN and ELM programs were responsible for the decrease. In the last year, new student enrollments decreased by 3.6% (n=277) in ADN programs and 9.7% (n=88) in ELM programs (there were 2 fewer ADN programs and 1 less ELM program). In contrast, new student enrollments in BSN programs saw a 1.9% increase (n=103). New student enrollment at private nursing programs remained steady in 2011-2012, which means the enrollment decline was driven by public programs. Since their peak in 2006-2007, new student enrollments in public programs have fallen 14% (n=1,443), while at private programs they've more than doubled (n=2,411).

New Student Enrollment by Program Type

	Academic Year									
	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
New Student Enrollment	**7,457**	**7,825**	**8,926**	**11,131**	**12,709**	**12,961**	**13,988**	**14,228**	**13,939**	**13,677**
ADN	5,316	5,547	6,160	7,778	8,899	8,847	9,412	8,594	7,688	7,411
BSN	1,903	1,960	2,371	2,709	3,110	3,404	3,821	4,842	5,342	5,445
ELM	238	318	395	644	700	710	755	792	909	821
Private	980	1,150	1,614	2,024	2,384	2,704	3,774	4,607	4,773	4,795
Public	6,477	6,675	7,312	9,107	10,325	10,257	10,214	9,621	9,166	8,882

Student Census Data

The total number of students enrolled in California nursing programs on October 15, 2012 declined in comparison to the previous year, from 26,531 to 25,670. Although the total number of ELM students enrolled dropped slightly (5.4%, n=96), the overall decline is mainly the result of fewer ADN students, whose total numbers fell by 9.1% (n=1,181) between 2011 and 2012. Of the total student body in California's pre-license nursing programs at the time of the census, 46.2% (n=11,860) were in ADN programs, 47.2% (n=12,128) in BSN programs, and 6.6% (n=1,682) in ELM programs. This marks the first time that BSN students comprise the largest share of all students enrolled in California RN programs.

Student Census Data*

	Year									
Program Type	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
ADN Program	9,547	9,939	11,117	12,632	14,191	14,304	14,987	14,011	13,041	11,860
BSN Program	5,279	5,669	6,285	6,799	7,059	7,956	9,288	10,242	11,712	12,128
ELM Program	368	804	659	896	1,274	1,290	1,405	1,466	1,778	1,682
Total Nursing Students	**15,194**	**16,412**	**18,061**	**20,327**	**22,524**	**23,550**	**25,680**	**25,719**	**26,531**	**25,670**

*Census data represent the number of students on October 15th of the given year.

Student Completions

Student completions increased 1.4% (n=148) in 2011-2012 after declining for the first time in ten years between 2009-2010 and 2010-2011. As with new student enrollments, BSN and ELM completions continued to increase, while ADN programs reported fewer graduates in 2011-2012 compared with previous years. Although the share has grown smaller, ADN graduates continue to represent a majority (57%) of all students completing a prelicense nursing program in California.

Student Completions

	Academic Year									
	2002-2003	*2003-2004*	*2004-2005*	*2005-2006*	*2006-2007*	*2007-2008*	*2008-2009*	*2009-2010*	*2010-2011*	*2011-2012*
Student Completions	**5,623**	**6,158**	**6,677**	**7,528**	**8,317**	**9,580**	**10,630**	**11,512**	**10,666**	**10,814**
ADN	4,027	4,488	4,769	5,351	5,885	6,527	7,990	7,690	6,619	6,162
BSN	1,412	1,479	1,664	1,861	2,074	2,481	2,788	3,157	3,330	3,896
ELM	184	191	244	316	358	572	663	665	717	756

Retention and Attrition Rates

Of the 9,595 students scheduled to complete a nursing program in the 2011-2012 academic year, 78.9% (n=7,570) completed the program on-time, 6.6% (n=631) are still enrolled in the program, and 14.5% (n=1,394) dropped out or were disqualified from the program. At 78.9%, the 2011-2012 retention rate is the highest in the past ten years.

Student Retention and Attrition

	Academic Year									
	2002-2003	*2003-2004*	*2004-2005*	*2005-2006*	*2006-2007*	*2007-2008*	*2008-2009*	*2009-2010*	*2010-2011*	*2011-2012*
Students Scheduled to Complete the Program	**8,208**	**8,151**	**8,507**	**8,208**	**8,852**	**9,769**	**10,630**	**10,162**	**10,007**	**9,595**
Completed On Time	5,621	5,831	6,055	6,047	6,437	7,254	7,990	7,845	7,742	7,570
Still Enrolled	1,314	1,082	710	849	996	950	1,078	928	742	631
Attrition	1,273	1,238	1,742	1,312	1,419	1,565	1,562	1,389	1,523	1,394
Completed Late[‡]								615	487	435
Retention Rate*	68.5%	71.5%	71.2%	73.7%	72.7%	74.3%	75.2%	77.2%	77.4%	78.9%
Attrition Rate**	15.5%	15.2%	20.5%	16.0%	16.0%	16.0%	14.7%	13.7%	15.2%	14.5%
% Still Enrolled	16.0%	13.3%	8.3%	10.3%	11.3%	9.7%	10.1%	9.1%	7.4%	6.6%

*Retention rate = (students who completed the program on-time) / (students scheduled to complete the program)
**Attrition rate = (students who dropped or were disqualified who were scheduled to complete) /
  (students scheduled to complete the program)
Blank cells indicated that the applicable information was not requested in the given year.

[‡] Data were collected for the first time in the 2009-2010 survey. These completions are not included in the calculation of either the retention or attrition rates.

Attrition rates vary by program type. In 2011-2012, attrition rates decreased in all program types but continue to be lowest among ELM programs and highest among ADN programs. Attrition rates are also higher in public nursing (15.5%) programs compared with private programs (10.9%).

Attrition Rates by Program Type

Program Type	*2002-2003*	*2003-2004*	*2004-2005*	*2005-2006*	*2006-2007*	*2007-2008*	*2008-2009*	*2009-2010*	*2010-2011*	*2011-2012*
	Academic Year									
ADN	19.1%	17.0%	23.7%	18.3%	19.0%	19.0%	17.6%	16.6%	18.1%	17.7%
BSN	8.1%	10.8%	11.0%	10.5%	8.7%	8.6%	9.0%	8.1%	10.0%	9.7%
ELM	3.2%	4.7%	14.3%	5.0%	7.2%	5.6%	5.2%	5.6%	8.9%	7.3%
Private	9.6%	10.1%	15.9%	14.6%	7.9%	9.2%	10.0%	8.9%	12.4%	10.9%
Public	16.7%	15.9%	21.2%	16.2%	17.7%	17.5%	16.0%	14.8%	15.9%	15.5%

Retention and attrition rates have fluctuated over the ten-year period as documented in the above tables. Changes to the survey that occurred between 2003-2004 and 2005-2006 may have affected the comparability of these data over time.

Retention and Attrition Rates for Accelerated Programs

The attrition rate for accelerated programs in 2010-2011 was much higher by comparison with previous years, reversing what had been a declining rate. However, the data for 2011-2012 show a return to lower attrition rates, with an overall rate of 4.1%. The 2011-2012 average retention rate for accelerated programs (90.2%) was much higher compared to traditional programs (78.9%).

Student Retention and Attrition for Accelerated Programs*

	2007-2008	*2008-2009*	*2009-2010*	*2010-2011*	*2011-2012*
	Academic Year				
Students Scheduled to Complete the Program	**686**	**784**	**1,159**	**1,040**	**1,281**
Completed On Time	569	674	1,059	878	1,156
Still Enrolled	88	83	71	69	72
Attrition	28	27	29	93	53
Completed Late‡			45	34	72
Retention Rate**	82.9%	86.0%	91.4%	84.4%	90.2%
Attrition Rate***	4.1%	3.4%	2.5%	8.9%	4.1%
% Still Enrolled	12.8%	10.6%	6.1%	6.6%	5.6%

*These data were collected for the first time in 2007-2008.
**Retention rate = (students who completed the program on-time) / (students scheduled to complete the program)
***Attrition rate = (students who dropped or were disqualified who were scheduled to complete) / (students scheduled to complete the program)
Blank cells indicated that the applicable information was not requested in the given year.

‡ Data were collected for the first time in the 2009-2010 survey. These completions are not included in the calculation of either the retention or attrition rates.

Attrition rates in accelerated ADN programs continued the improvement seen in previous years, declining from a high of 24.7% in 2007-2008 to the current rate of 2.2% in 2011-2012. Attrition rates in accelerated BSN programs have fluctuated during this five-year period, but did improve in 2011-2012 compared to the previous year, dropping to 4.6%. Both accelerated ADN and BSN programs had lower attrition rates than traditional programs.

Attrition Rates by Program Type for Accelerated Programs*

	Academic Year				
Program Type	*2007-2008*	*2008-2009*	*2009-2010*	*2010-2011*	*2011-2012*
ADN	24.7%	18.5%	6.6%	7.9%	2.2%
BSN	6.8%	7.0%	5.8%	9.2%	4.6%

*These data were collected for the first time in 2007-2008.

NCLEX Pass Rates

Over the last ten years, NCLEX pass rates have typically been higher for ELM graduates than for ADN or BSN program graduates. Improved pass rates for ADN and BSN graduates and lower pass rates for ELM students have narrowed this gap in recent years, and for the first time in the past decade NCLEX pass rates for ADN programs were highest overall.

First Time NCLEX Pass Rates*

	Academic Year									
Program Type	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
ADN	85.1%	85.1%	85.0%	87.3%	87.8%	85.4%	87.5%	88.6%	87.4%	89.8%
BSN	84.9%	84.9%	83.3%	83.1%	89.4%	85.9%	88.7%	89.2%	87.9%	88.7%
ELM	97.4%	93.6%	92.0%	92.4%	89.6%	92.3%	90.6%	89.6%	88.2%	88.9%

*NCLEX pass rates for students who took the exam for the first time in the past five years.

NCLEX pass rates for students graduated from accelerated nursing programs are comparable to pass rates of students who completed traditional programs. While the pass rates for both types of programs have fluctuated over time, accelerated ADN programs had a lower 2011-2012 average pass rate compared to their traditional counterparts.

First Time NCLEX Pass Rates for Accelerated Programs*

	Academic Year				
Program Type	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
ADN	86.7%	93.7%	89.0%	83.9%	85.8%
BSN	89.4%	92.1%	88.5%	90.9%	88.3%

*These data were collected for the first time in 2007-2008.

Employment of Recent Nursing Program Graduates[2]

The largest share of RN program graduates work in hospitals. Although this share has been decreasing in recent years, from a high of 88.0% in 2007-2008, it did increase over the past year. In 2011-2012, programs reported that 60.2% of graduates where employed in hospitals. Similarly, the share of new graduates employed in nursing who work in California has been decreasing since 2007-2008, but it was slightly higher in 2011-2012 compared to the previous year. Nursing programs reported that 17.5% of their 2011-2012 graduates had been unable to find employment by October 2012, down from 21.8% a year ago.

Employment of Recent Nursing Program Graduates*

	Academic Year							
Employment Location	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
Hospital	72.6%	80.1%	84.3%	88.0%	71.4%	59.0%	54.4%	60.2%
Long-term care facilities		0.8%	3.7%	2.7%	8.4%	9.7%	7.8%	8.0%
Community/public health facilities		2.4%	3.4%	2.2%	5.4%	3.9%	4.5%	3.6%
Other healthcare facilities		1.8%	2.9%	3.1%	5.6%	6.0%	5.0%	5.1%
Other		1.4%	6.1%	4.0%	15.6%	14.8%	6.5%	4.2%
Unable to find employment*						27.5%	21.8%	17.5%
Employed in California	59.9%	77.5%	87.8%	91.5%	83.4%	81.1%	68.0%	69.5%

*These data were added to the survey in 2009-10.
Blank cells indicated that the applicable information was not requested in the given year.

---

[2] Graduates whose employment setting was reported as "unknown" have been excluded from this table. In 2011-2012, on average, the employment setting was unknown for 21% of recent graduates.

Clinical Simulation in Nursing Education

Between 8/1/11 and 7/31/12, 128 of California's 132 nursing schools reported using clinical simulation[3]. Of the remaining four schools not using clinical simulation, two began using clinical simulation since 7/31/12 and one has plans to start using simulation in the next year.

The most frequently reported reasons for why schools used a clinical simulation center in 2011-2012 were, again, to provide clinical experience not available in a clinical setting, to standardize clinical experiences, and to check clinical competencies. Of the 128 schools that used clinical simulation centers in 2011-2012, 65.6% (n=84) plan to expand the center.

Reasons for Using a Clinical Simulation Center*

Reason	2007-08	2008-09	2009-10	2010-11	2011-12
To standardize clinical experiences	80.9%	75.7%	82.5%	90.0%	85.9%
To provide clinical experience not available in a clinical setting	73.5%	70.3%	85.1%	85.0%	78.9%
To check clinical competencies	69.1%	73.9%	80.7%	71.7%	74.2%
To make up for clinical experiences	55.9%	56.8%	62.2%	58.3%	58.6%
To increase capacity in your nursing program	22.1%	14.4%	13.8%	16.7%	14.1%
Number of schools that use a clinical simulation center	68	111	116	120	128

*These data were collected for the first time in 2006-2007. However, changes in these questions for the 2007-2008 administration of the survey and lack of confidence in the reliability of the 2006-2007 data prevent comparability of the data. Therefore, data prior to 2007-2008 are not shown.

---

[3] Clinical simulation provides a simulated real-time nursing care experience using clinical scenarios and low to hi-fidelity mannequins, which allow students to integrate, apply, and refine specific skills and abilities that are based on theoretical concepts and scientific knowledge. It may include videotaping, de-briefing and dialogue as part of the learning process.

Clinical Space & Clinical Practice Restrictions[‡]

The number of California nursing programs reporting they were denied access to either a clinical placement, unit or shift declined from 93 programs in 2010-2011 to 85 programs in 2011-2012 (the total was 77 programs in 2009-2010). Just under half of the programs (46.4%, n=65) that reported data indicated they were denied access to clinical units and placements, while 26.6% (n=37) were denied access to a clinical shift during the 2011-2012 academic year. Access to an alternative clinical site depended on the type of space denied. Approximately one-third (32.3%) of programs denied clinical placement were offered an alternative, compared to 44.6% of programs denied a clinical unit, and 83.8% of programs denied a clinical shift. The lack of access to clinical space resulted in a loss of 266 clinical placements, 131 units and 54 shifts, which affected 1,006 students.

Denied Clinical Space[4]	2010-11	2011-12
Programs Denied Clinical Placement	72	65
Programs Offered Alternative by Site	17	21
Placements Lost	270	266
Number of programs that reported	142	140
Programs Denied Clinical Unit	66	65
Programs Offered Alternative by Site	35	29
Units Lost	118	131
Number of programs that reported	142	139
Programs Denied Clinical Shift	41	37
Programs Offered Alternative by Site	31	31
Shifts Lost	77	54
Number of programs that reported	141	139
Total number of students affected	2,190	1,006[5]

[‡] Data were collected for the first time in the 2009-2010 or 2010-2011 survey.

[4] Some of these data were collected for the first time in 2009-2010. However, changes in these questions for the 2010-2011 administration of the survey prevent comparability of the data. Therefore, data prior to 2010-2011 are not shown.

[5] Only 46 of the 85 programs that reported experiencing a loss of clinical placements, units, or shifts also reported the total number of students affected by the loss.

Competition for space arising from an increase in the number of nursing students continued to be the most frequently reported reason why programs were denied clinical space, though the share of programs citing it as a reason declined compared to the previous year. All other reasons for clinical space being unavailable were reported more frequently in 2011-2012 compared to one year ago. Clinical space being denied for reasons related to nurse residency programs, or to staff nurse overload saw the greatest increase.

Reasons for Clinical Space Being Unavailable

Reasons for Clinical Space Being Unavailable	2009-10	2010-11	2011-12
Competition for clinical space due to increase in number of nursing students in region	71.4%	64.5%	58.8%
Staff nurse overload or insufficient qualified staff	54.5%	46.2%	54.1%
Displaced by another program	62.3%	40.9%	44.7%
Decrease in patient census	35.1%	30.1%	31.8%
Closure, or partial closure, of clinical facility		23.7%	25.9%
Nurse residency programs	28.6%	18.3%	29.4%
No longer accepting ADN students	26.0%	16.1%	21.2%
Clinical facility seeking magnet status	36.4%	12.9%	18.8%
Change in facility ownership/management		11.8%	12.9%
Implementation of Electronic Health Records system			3.5%
Other	20.8%	9.7%	8.2%
Number of programs that reported	77	93	85

Data were collected for the first time in the 2009-2010 or 2010-2011 survey.
Blank cells indicated that the applicable information was not requested in the given year.

Reasons for lack of access to clinical space vary by program, although the predominant reason among all program levels remains competition from the increased number of nursing students. Staff nurse overload/insufficient qualified staff and a decrease in patient census was also a frequently cited reason by both BSN and ELM programs. Just over one-half of all ADN programs reported being displaced by another program as a reason for being denied access to clinical space, and not accepting ADN students was a barrier to finding clinical space only for ADN programs.

Reasons for Clinical Space Being Unavailable, by Program Type, 2011-2012

Reasons for Clinical Space Being Unavailable	Program Type			
	ADN	BSN	ELM	Total
Competition for clinical space due to increase in number of nursing students in region	53.8%	68.0%	62.5%	58.8%
Staff nurse overload or insufficient qualified staff	48.1%	64.0%	62.5%	54.1%
Displaced by another program	51.9%	36.0%	25.0%	44.7%
Decrease in patient census	26.9%	40.0%	37.5%	31.8%
Closure, or partial closure, of clinical facility	17.3%	44.0%	25.0%	25.9%
Nurse residency programs	19.2%	44.0%	50.0%	29.4%
No longer accepting ADN students	34.6%	0%	0%	21.2%
Clinical facility seeking magnet status	26.9%	0%	25.0%	18.8%
Change in facility ownership/management	13.5%	12.0%	12.5%	12.9%
Implementation of Electronic Health Record system	1.9%	8.0%	0%	3.5%
Other	7.7%	8.0%	12.5%	8.2%
Number of programs that reported	52	25	8	85

Programs that lost access to clinical space were asked to report on the strategies used to cover the lost placements, sites, or shifts. The most frequently reported strategy (61.1%) was to replace the lost clinical space at a different site currently being used by the program. Nearly one-half of the programs reported being able to replace lost space by adding a new clinical site (48.2%), or with replacement at the same clinical site (47.1%).

Strategies to Address the Loss of Clinical Space, 2011-2012*

Strategy to Address Lost Clinical Space	2011-12
Replaced lost space at different site currently used by nursing program	61.1%
Added/replaced lost space with new site	48.2%
Replaced lost space at same clinical site	47.1%
Clinical simulation	29.4%
Reduced student admissions	8.2%
Other	9.4%
Number of programs that reported	85

*Data were collected for the first time during the 2011-2012 survey.

39.4% (n=56) of nursing programs in the state reported an increase in out-of-hospital clinical placements in 2011-2012. The most frequently reported non-hospital clinical site to see an increase in placements was a public health/community health agency, reported by 51.8% of all responding programs. This marks an eight percent increase by comparison with last year. Medical practice sites/clinics/physician offices saw a ten percent increase in the number of programs reporting increased placements. Outpatient mental health/substance abuse clinics and case management/disease management clinical sites were also more frequently reported as seeing an increase in placements compared with one year ago.

Alternative Clinical Sites*	2010-11	2011-12
Public health or community health agency	43.6%	51.8%
Skilled nursing/rehabilitation facility	47.3%	46.4%
Outpatient mental health/substance abuse	36.4%	42.9%
Medical practice, clinic, physician office	23.6%	33.9%
Home health agency/home health service	30.9%	32.1%
School health service (K-12 or college)	30.9%	30.4%
Hospice	25.5%	25.0%
Surgery center/ambulatory care center	20.0%	23.2%
Urgent care, not hospital-based	9.1%	12.5%
Case management/disease management	7.3%	12.5%
Correctional facility, prison or jail	5.5%	7.1%
Occupational health or employee health service	5.5%	5.4%
Renal dialysis unit	12.7%	5.4%
Number of programs that reported	55	56

*These data were collected for the first time in 2010-2011.

In 2011-2012, 101 of 132 schools (76.5%) 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 continued to be access to the clinical site itself, due to a visit from the Joint Commission or another accrediting agency, access to bar coding medication administration, and access to electronic medical records. Schools reported that the least common types of restrictions students faced were direct communication with health care team members, access to glucometers, and IV medication administration.

Common Types of Restricted Access for RN Students	2009-10	2010-11	2011-12
Clinical site due to visit from accrediting agency (Joint Commission)	68.1%	71.0%	74.3%
Bar coding medication administration	70.3%	58.0%	68.3%
Electronic Medical Records	70.3%	50.0%	66.3%
Student health and safety requirements		39.0%	43.6%
Automated medical supply cabinets	53.1%	34.0%	35.6%
Glucometers	37.2%	33.0%	29.7%
IV medication administration	27.7%	31.0%	30.7%
Some patients due to staff workload		31.0%	37.6%
Alternative setting due to liability	20.2%	13.0%	22.8%
Direct communication with health team	11.8%	12.0%	15.8%
Number of schools that reported	94	100	101

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

Faculty Census Data

The total number of nursing faculty increased by 1.4% (n=60) compared with last year. On October 15, 2012, there were 4,119 total nursing faculty[6]. Of these faculty, 36.1% (n=1,488) were full-time and 63.9% (n=2,631) were part-time. Compared to the previous year, the number of full-time faculty stayed nearly the same while the number of part-time faculty increased slightly (2.5%).

The need for faculty continues to outpace the number of active faculty. On October 15, 2012, schools reported 355 vacant faculty positions. These vacancies represent a 7.9% faculty vacancy rate, which is the highest rate reported in the past decade.

Faculty Census Data[‡]

	Year									
	2003	*2004*	*2005**	*2006**	*2007**	*2008*	*2009*	*2010*	*2011*	*2012*
Total Faculty	**2,031**	**2,207**	**2,432**	**2,723**	**3,282**	**3,471**	**3,630**	**3,773**	**4,059**	**4,119**
Full-time	1,087	1,061	930	1,102	1,374	1,402	1,453	1,444	1,493	1,488
Part-time	944	1,146	959	1,619	1,896	2,069	2,177	2,329	2,566	2,631
Vacancy Rate**	**5.9%**	**3.7%**	**6.0%**	**6.6%**	**5.9%**	**4.7%**	**4.7%**	**4.9%**	**4.9%**	**7.9%**
Vacancies	128	84	154	193	206	172	181	196	210	355

*The sum of full- and part-time faculty did not equal the total faculty reported in these years.
**Vacancy rate = number of vacancies/(total faculty + number of vacancies)
[‡]Census data represent the number of faculty on October 15th of the given year.

In 2011-2012, 87 of 132 schools (65.9%) reported that faculty in their programs work an overloaded schedule, and 94.3% (n=82) of these schools pay the faculty extra for the overloaded schedule.

	Academic Year			
Overloaded Schedules for Faculty	2008-09	2009-10	2010-11	2011-12
Schools with overloaded faculty	81	84	85	87
Share of schools that pay faculty extra for the overload	92.6%	90.5%	92.9%	94.3%
Total number of schools	125	125	131	132

*These data were collected for the first time in 2008-09.

---

[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.

Summary

Over the past decade, the number of California pre-licensure nursing programs has grown dramatically, increasing from 101 programs in 2002-2003 to 142 programs in 2011-2012. In the past four years, the share of nursing programs that partner with other schools to offer programs that lead to a higher degree has increased from 8% to 35%.

New student enrollments more than doubled in the ten-year period between 2000-2001 and 2009-2010, but since then new enrollments have been declining. In each of the past two years California's pre-licensure nursing programs have reported fewer admission spaces and new student enrollments than the previous year. Nursing programs continue to receive more qualified applications than they can admit. Qualified applications for the 2010-2011 declined significantly from the previous year, and despite another drop for ADN programs, in 2011-2012 they increased slightly overall (2.1%). This small gain was the result of growth in qualified applications to both BSN and ELM programs.

In 2011-2012, pre-licensure RN programs reported 10,814 completions, almost double the 5,623 completions reported in 2002-2003. In 2010-2011, nursing programs reported fewer students graduating from their programs compared to the previous year for first time in a decade. In 2011-2012 this decline was reversed, but only slightly (a 1.4% increase). If retention rates remain at current levels, the declining rate of growth among new student enrollments will likely lead to further declines in the number of graduates from California nursing programs. At the time of the survey, 17.5% of new nursing program graduates were unable to find employment.

Clinical simulation has become widespread in nursing education, with 97% (n=128) of schools reporting using it in some capacity. It is seen by schools as an important tool for providing clinical experiences that are otherwise not available to students, and for standardizing students' clinical experiences and monitoring clinical competencies. The importance of clinical simulation is underscored by data showing an increase in out-of-hospital clinical placements and an increasing share of programs that report being denied access to clinical placement sites that were previously available to them. In addition, 76% of schools (n=101) reported that their students had faced restrictions to specific types of clinical practice during the 2011-2012 academic year.

Expansion in RN education has required nursing programs to hire more faculty to teach the growing number of students. Although the number of nursing faculty has more than doubled in the past ten years, from 2,031 in 2003 to 4,119 in 2012, faculty hires have not kept pace with the growth in California pre-licensure nursing programs. In 2012, 355 faculty vacancies were reported, representing a faculty vacancy rate of 7.9%. This is the highest reported rate over the past ten years, and a shortage of faculty remains one of the key obstacles to RN program expansion.

APPENDICES

APPENDIX A – List of Survey Respondents by Degree Program

ADN Programs (80)

American River College
Antelope Valley College
Bakersfield College
Butte Community College
Cabrillo College
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
Contra Costa College
Copper Mountain College
Cuesta College
Cypress College
De Anza College
East Los Angeles College
El Camino College - Compton Education Center
El Camino College
Everest College
Evergreen Valley College
Fresno City College
Glendale Community College
Golden West College
Grossmont College
Hartnell College
Imperial Valley College
*ITT Technical Institute
Kaplan College *(formerly Maric College)*
Long Beach City College
Los Angeles City College
Los Angeles County College of Nursing & Allied
   Health
Los Angeles Harbor 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 Saint Mary's College
Mount San Antonio College
Mount San Jacinto College
Napa Valley College
Ohlone College
†Pacific Union College
Palomar College
Pasadena City College
Pierce 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
Shepherd University
Sierra College
Solano Community College
Southwestern College
Ventura College
Victor Valley College
West Hills College Lemoore
Yuba College

LVN to ADN Programs Only (7)

Allan Hancock College
Carrington College *(formerly Western
    Career College – Sacramento)*
College of the Siskiyous
Gavilan College

Mission College
Reedley College at Madera Community
    College Center
Unitek College

BSN Programs (39)

American University of Health Sciences
Azusa Pacific University
Biola University
California Baptist University
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
Concordia University Irvine
Dominican University of California
Holy Names University

Humboldt State University
Loma Linda University
Mount Saint Mary's College
†National University
Point Loma Nazarene University
†Samuel Merritt University
San Diego State University
†San Francisco State University
Simpson University
Sonoma State University
University of California Irvine
University of California Los Angeles
University of Phoenix - Northern California
University of San Francisco
The Valley Foundation School of Nursing at
    San Jose State University
West Coast University – Inland Empire
West Coast University – Los Angeles
West Coast University – Orange County
Western Governors University

ELM Programs (16)

†Azusa Pacific University
California Baptist University
CSU Dominguez Hills
CSU Fresno
CSU Fullerton
CSU Long Beach
CSU Los Angeles
Charles R. Drew University
†Samuel Merritt University

†San Francisco State University
United States University
    (formerly InterAmerican College)
University of California Los Angeles
University of California San Francisco
University of San Diego
University of San Francisco
Western University of Health Sciences

† Reported student data for satellite campuses
* - New programs in 2011-2012

APPENDIX B – BRN Education Issues Workgroup

BRN Education Issues Workgroup Members

Members	Organization
Loucine Huckabay, Chair	California State University, Long Beach
Audrey Berman	Samuel Merritt University
Liz Close	Sonoma State University
Brenda Fong	Community College Chancellor's Office
Patricia Girczyc	College of the Redwoods
Marilyn Herrmann	Loma Linda University
Deloras Jones	California Institute for Nursing and Health Care
Stephanie Leach	Kaiser Foundation Health Plan
Judy Martin-Holland	University of California, San Francisco
Tammy Rice	Saddleback College

Ex-Officio Member

Louise Bailey	California Board of Registered Nursing

Project Manager

Julie Campbell-Warnock	California Board of Registered Nursing