FROM PIPELINE TO PATHWAY

Strengthening Los Angeles County's Nursing Workforce for the Future

OCTOBER 2025

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EXECUTIVE SUMMARY

The Los Angeles County Nursing 2035 Initiative was launched in response to a growing and complex nursing shortage that threatens the region's healthcare system. Despite nursing's reputation as the most trusted profession in America, Los Angeles County faces a dual labor market challenge: a shortage of experienced nurses due to early career burnout and a competitive job market for new graduates who struggle to secure employment. This report, commissioned by the Los Angeles County Nursing 2035 Steering Committee and developed by Education Strategy Group, Burning Glass Institute, and the Los Angeles Center of Excellence for Labor Market Research, offers a comprehensive examination of the regional nursing pipeline using a human-centered design framework and outlines actionable recommendations to address current challenges and mitigate future ones.

KEY FINDINGS

- **Student Interest vs. Systemic Barriers:** Nursing is a popular career choice, yet students lack clear, centralized guidance on stackable credentials and career pathways. Transfer pathways from ADN to BSN programs are fragmented, and faculty shortages hinder program expansion. Many qualified students are turned away from programs at public institutions due to limited capacity.
- **Growing Imbalance in Enrollment Distribution:** 71% of nursing clinical placement slots go to private institutions, a trend that has grown over the past several years as public four-year institutions have fewer available slots due to challenges recruiting and retaining qualified nursing faculty. As private schools increasingly meet the needs of both students who are not able to get into nursing programs in public universities and employers who need talent, this imbalance has significant implications for equity and affordability as public institutions offer BSN degrees at lower cost and with stronger outcomes than their private counterparts.
- **Misalignment Between Supply and Demand:** In 2023, LA County had nearly 5,000 RN job openings but only 4,400 program completers. Employers report difficulty hiring experienced nurses, while new graduates face a saturated job market. LA County faces over 5,600 projected annual RN openings over the next decade, but current graduation rates fall short. The county is among the most impacted in California, which ranks 39th nationally in RNs per capita.

- **Recruitment and Retention Challenges:** Public institutions face significant challenges recruiting qualified nursing faculty due to high turnover and lower compensation than clinical roles. Significant turnover and burnout, especially among early-career nurses, are straining clinical placement capacity and contributing to workforce instability. Nationally, 22% of new RN hires leave within a year, and 40% of nurses plan to exit the profession within five years. These staffing shortages limit program capacity and contribute to bottlenecks in the nursing pipeline.

RECOMMENDATIONS

- **Collectively establish clear targets and timelines to eliminate credit loss and course duplication in nursing transfer pathways by reducing barriers and friction in the higher education system.** Strengthen ADN-to-BSN transfer routes and expand public sector program capacity to ensure students can move seamlessly between institutions without losing credits, facing duplicative requirements, or encountering unclear prerequisites.
- **Establish and align institutional and state policies to ensure adequate allocation of high-quality nursing education by promoting an outcomes-based distribution model.** Use strategic data to guide resource allocation and ensure equitable access to high-quality nursing education. Develop commensurate resources accordingly for clinical placements and nursing faculty.
- **Develop a regional framework and target quality outcomes metrics with employers to improve the placement and retention of area nursing graduates.** The success of future nurses hinges on the critical, active involvement of employers. By forging collective strategic partnerships with the LA County higher education community, highly engaged employers must proactively align clinical placements with current workforce demands. This vital commitment is the key to minimizing the gap between graduate skills and job expectations, dramatically improving new nurse retention, and significantly accelerating their transition into practice.
- **Collectively adopt evidence-based practices to reduce workforce turnover.** A common approach to improving the longevity of nursing talent provides several benefits for the region. For area graduates, it can create a more supportive work environment. With greater responsiveness to nurses' requests, action grounded in a collective practice by management can deliver more sufficient nurse staffing, and greater control over workload.

- **Establish or designate a regional intermediary to lead healthcare workforce planning, strategy, and implementation,** coordinating activities and goals among key stakeholders to guide strategy, align resources, and ensure accountability across sectors.
- **Immediately begin the investment in greater regional infrastructure, including data systems, clinical placement software, and student-facing information.** Formalize and expand the LA Nursing 2035 Steering Committee, with the inclusion of the California Board of Registered Nursing. The Committee should transition to an action-oriented intermediary for the region to improve coordination, transparency, and decision-making across education and healthcare sectors.

Los Angeles County stands at a critical juncture. Without bold, coordinated action, the region risks a deepening care crisis as its population ages and seasoned nurses retire. The Nursing 2035 Initiative offers a blueprint for systemic change—one that prioritizes equity, data-driven strategies, and long-term sustainability. With urgency and partnership, LA County can become a national model for solving one of the most pressing workforce challenges of our time.

INTRODUCTION

Nursing earns the highest level of trust among all professions, with 76% of Americans surveyed giving high ratings to nurses' (RN) honesty and ethics (Saad 2025). This public confidence underscores the vital role nurses play in our communities and health systems. In Los Angeles County, this trust presents an opportunity to invest in and elevate a nursing workforce that is both deeply respected and urgently needed. Meeting this demand will require coordinated efforts to recruit, educate, support, and retain talented nurses across the region. Commissioned by the Los Angeles County Nursing 2035 Initiative, this report explores the structural and systemic factors shaping the regional nursing landscape and offers actionable insights to strengthen it for the future.

Grounded in quantitative and qualitative data, the findings confirm the broader public belief that there is indeed a nursing shortage in Los Angeles County. In 2023, there were nearly 5,000 Registered Nurse (RN) job openings and just under 4,400 program completers, resulting in approximately 600 more openings than there were completers. This shortage, however, is more complicated than it appears at surface-level. Disaggregated nursing demand data coming from employers suggest two very different labor markets for RNs. Demand for RNs with 2+ years of experience appears to outpace the current supply, with employers struggling to find sufficient nurses with prior clinical work experience. On the other hand, employers are overwhelmed by job applications from recent graduates, resulting in a competitive job market (inclusive of job seekers from outside LA County) that leaves many new RNs without a nursing role soon after completion. As more tenured nurses retire in the coming years, the need to bring new nursing talent into the profession will only increase.

However, increasing the number of new RNs without ensuring they are being retained in the profession is like putting more water into a pipe without first plugging the leaks. There are a number of pipeline and ecosystem challenges that prevent more students from flowing into and through the higher education and workforce systems. First, there is considerable friction in the student transition process between public two-years and their four-year partners, making it difficult for them to seamlessly move from an Associate Degree in Nursing (ADN) to a Bachelor's of Science in Nursing (BSN) program. Second, there is a pronounced imbalance in the distribution of nursing clinical placement slots that

skews toward private institutions, resulting in fewer enrollments for public four-years who offer the BSN. Third, public institutions struggle to recruit sufficient qualified nursing faculty, often a result of lower compensation compared to clinical roles ([American Association of Colleges of Nursing 2024](); [NCSBN 2024](); [Smiley et al 2025]()). Finally, employers face significant and ongoing nursing turnover, driven by early attrition from new nurses and burnout from overtaxed experienced nurses, limiting the number of clinical placement slots hospitals can offer. This is an especially crucial issue, as clinical placements are required for providing hands-on training and experience that prepare new nurses in the profession. These interrelated challenges speak to a need for coordinated regional solutions that address nursing retention and long-term success, paired with efforts to reallocate educational resources to support the intentional and strategic growth of nursing programs.

The work of the Los Angeles County Nursing 2035 Initiative will be pivotal in driving high-impact solutions to address the nursing challenges. The recommendations outlined in this report point to stronger cross-sector coordination and partnership to lead the county's work to:

- Reduce barriers and friction across the higher education system to streamline education pathways.
- Consider policy adjustments and targeted investments that promote outcomes-based distributions of clinical placement opportunities.
- Build new partnerships with employers that help path RNs into quality programs.
- Apply evidence-based practices to reduce workforce turnover.
- Steward a cross-functional group of education leaders, nurses, community leaders, employers, and the Board of Registered Nursing.
- Invest in greater regional infrastructure, including data systems, clinical placement software, and student-facing information.

A robust healthcare sector and a population of trained registered nursing professionals is needed to avoid a "care crisis" as the LA County population ages and seasoned nurses start to retire en masse. Moving with urgency, intentionality, and partnership, Los Angeles County can be a national model for how to tackle one of the biggest workforce challenges impacting communities across the country.

PURPOSE & SCOPE

In the spring of 2025, a coalition of education and healthcare leaders launched the Los Angeles County Nursing 2035 initiative with the ambitious goal to "eliminate the nursing shortage in Los Angeles County by 2035 through a coordinated, equitable, and data-driven system that unites education, healthcare, workforce, and community partners." The Steering Committee, currently led by Compton College and the California State University (CSU), brings together the Los Angeles Regional Consortium (LARC), the Los Angeles Economic Development Corporation (LAEDC), California Competes, UNITE-LA, the Department of Economic Opportunity with the County of Los Angeles, local hospital leadership, and nursing program leaders from diverse higher education institutions across the region. These organizations have committed to working collectively to address the nursing shortage in Los Angeles County by 2035, at a time when California ranks 39th in the nation for Registered Nurses (RN) per capita (McClain 2023).

The initiative outlined the following objectives in August of 2025, with the intent to refine them based on the findings of this report:

- **Sufficient, Affordable Pre-Licensure Training Opportunities:** Ensure there are sufficient pre-licensure RN program spots offered by public sector higher education institutions in LA County to meet the regional workforce need.
- **Degree Completion:** Provide streamlined and affordable pathways for students to complete a BSN, starting from Los Angeles Regional Consortium (LARC) campuses and transferring to local CSU campuses.
- **Diverse Workforce Pipeline:** Build a pipeline from student to nurse to faculty that reflects the diversity of the LA County community.
- **Learning-Aligned Employment:** Develop academic-industry partnerships that allow employers to upskill their workforce, while ensuring public colleges maintain sufficient clinical placements.

To ground the work of the initiative, Education Strategy Group (ESG), the Los Angeles Center of Excellence for Labor Market Research (COE), and Burning Glass Institute (BGI) have come together to analyze the nursing pipeline, surface data insights, diagnose the core issues, and generate recommendations. This report addresses a need identified at the onset of the initiative to better understand the current landscape of the nursing workforce

in LA County, including the root causes of some of the most complex challenges along the talent pipeline, using the most complete and up-to-date data available. The scope of this report is limited to the BSN to RN pipeline, with the recognition that there are other pathways into the nursing profession (e.g., LVN to RN) and that not all RNs working in LA County were trained in the county's higher education programs. In addition, this report references but does not closely interrogate the potential for BSN programs at the community college level. However, these findings and recommendations will inform the Steering Committee's continued strategizing about the building and strengthening of the RN talent pipeline in LA County.
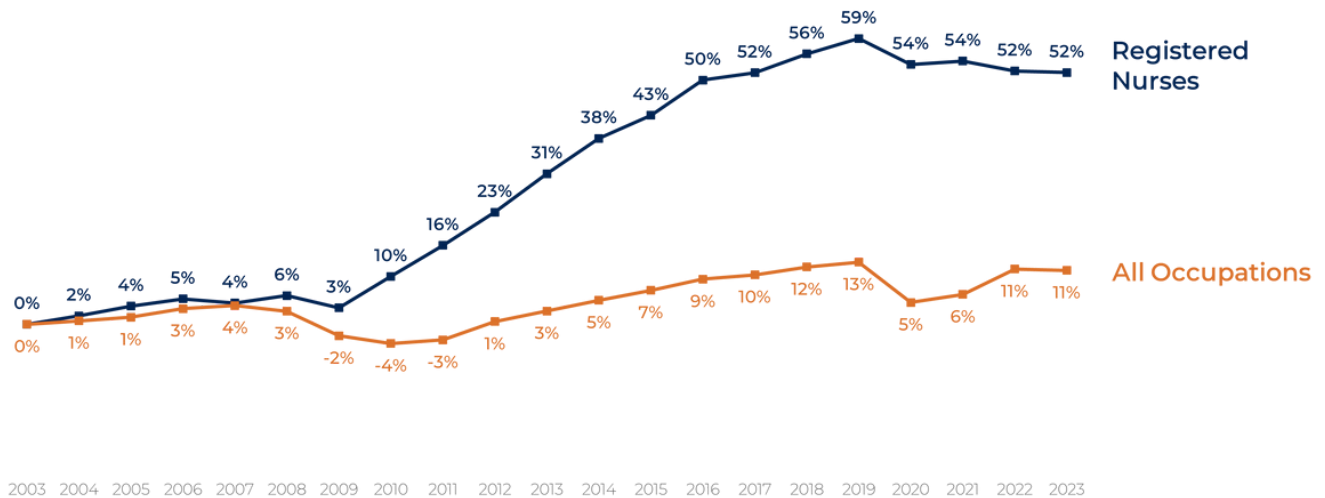
BACKGROUND & CONTEXT

Given an aging population, increasing diversity, and pervasive health disparities, it is critical to ensure a strong healthcare system in the U.S. (Motez et al 2021; Oruche and Zapolski 2020; Rakshik and McGough 2025; Urban Institute 2025). Yet, many point to a personnel strain that was exacerbated by the COVID-19 pandemic (HRSA 2024) and continues to stress the healthcare system. Employing over 17 million people, healthcare is the largest employer sector in the country (HRSA 2024) and among the most trusted (Saad 2025), yet more than 138,000 nurses have exited the workforce since 2022. Nearly a quarter (22%) of all new RN hires leave within a year and nearly 40% of current nurses intend to leave the profession in the next five (NCSBN 2024; Smiley et al 2025). While on a slight decline since 2021, the national RN vacancy rate still sits at 9.6%, with 42% of hospitals reporting a vacancy rate of 10% or more (NSI 2025). RNs are trending older, with a median age of 50 in 2024, an increase from 46 in 2022 (Smiley et al 2025), foreshadowing a wave of retirements in the next decade.

In California, the nursing workforce challenges are especially pronounced and expected to grow. While there are currently more than 550,000 active licensed registered nurses in the state (California Board of Registered Nursing 2025), only an estimated 350,000 are actually working in the field, reflecting a national trend of licensed professionals who exit the nursing profession (Hart 2025). More than 40% of Californians believe their community does not have enough nurses or primary care providers (California Health Care Foundation 2024). The state has the highest number of employed registered nurses in the country but ranks 39th nationally in nurses per capita (McClain 2023; Robinson 2025). Sixty percent of California counties are currently facing a nursing shortage, with an especially high need for healthcare providers in rural communities (HCAI 2025). The state's RN shortage is expected to grow from 3.7% to 16.7% between 2024 and 2033, amounting to a need of more than 61,000 nurses (Hart 2025).

LA County is one of 50 California counties projected to face the most significant gaps in RN availability (HCAI 2025). According to the Burning Glass Institute's research, the county faced over 9,200 unfilled nursing job openings across RN and LVN roles at every education level in 2023. There are projected to be over 5,600 annual job openings for RNs over the next 10 years (Lightcast, Datarun 2025.2) but the average number of awards conferred over the past five years sits at about 4,400 (Burning Glass Institute), suggesting a significant

gap between the number of available jobs and the number of people qualified to fill them. However, there's been a 52% growth in the number of RNs since 2003, compared to the 11% for all occupations combined in LA County (Lightcast, Datarun 2025.2), and demand is likely to increase with the growing share of people 65 and older (Johnson et al. 2025) who will require care.

FIGURE A: PERCENT CHANGE IN EMPLOYMENT SINCE 2003, LOS ANGELES COUNTY

Source: Lightcast, Datarun 2025.2

Several workforce trends are expected to exacerbate this growing need for RNs nationally. Forty percent of RNs in 2024 reported that they intend to leave nursing within the next five years, an increase from 29% in 2022 (Smiley et al 2025). While turnover is common across industries, the level of churn within the nursing profession is high by comparison. The U.S. Bureau of Labor Statistics' Job Openings and Labor Turnover Survey (JOLTS) reports that monthly quit rates across industries typically range between 3-5%. Nursing burnout reached new heights during the COVID-19 pandemic, especially for nurses with less than a decade of experience, and has continued to have a lingering impact on the profession (Martin et al 2023). Nationally, 65% of nurses report high levels of stress and burnout (Cross Country 2025). Additionally, like most other sectors, healthcare is also anticipating a growing wave of retirements over the next several years, with 22% percent of RNs across the country reporting plans to retire over the next five years (Smiley et al 2025). These trends signal a need for greater urgency in tackling nursing workforce challenges.

California policymakers have sought to address the nursing shortage, albeit without coordination or widespread agreement on how to do it. In 2024, California Governor Gavin Newsom vetoed two bills that would have allowed California Community Colleges to independently confer Bachelor of Science in Nursing (BSN) degrees, an effort aimed at expanding access to nursing education amid a statewide workforce crisis (Zinshteyn 2024). AB 2104 and SB 895 would have required the California Community Colleges (CCC) Chancellor's Office to establish a community college baccalaureate degree in nursing pilot program for 10 community college nursing programs to offer a BSN. The legislation was drafted with the intent to address persistent bottlenecks in the nursing pipeline by increasing the number of BSN-prepared graduates, especially from underrepresented and underserved communities. While acknowledging the urgency of California's nursing shortage, Newsom urged, "all segments of higher education…to focus on building these programs together," and cited concern that "this bill could inadvertently undermine that collaboration" (Newsom 2024).

Meanwhile, a number of other legislative efforts have proposed diverse solutions seeking to address the pipeline challenges. Passed in 2024, AB 1577 requires hospitals and clinics to collaborate with nursing programs to expand clinical placement slots, a critical barrier to student progression. AB 2015, also passed in 2024, allows nurses to obtain portable teaching credentials from the Board of Registered Nurses. AB 1695 was a failed effort to launch a Nursing Pathway Pilot Program to strengthen career technical education routes into nursing. AB 3232, which also failed, proposed California's entry into the Nurse Licensure Compact to allow nurses to practice across state lines more easily. Though well-intentioned and potentially impactful, these efforts have largely been disconnected, without grounding in a more comprehensive and collaborative strategy that addresses the root causes of the nursing shortage.

REPORT METHODOLOGY

The shortage of qualified nursing talent suggests that one of two things is happening: either LA County does not have enough people entering the pipeline or there are leaks and/or bottlenecks somewhere along the path. This report dissects the challenges in LA County, examining each step of the pipeline from initial interest to persistence in the professions, to paint a clearer picture of where the biggest obstacles lie along the nursing pathway.

The findings presented are the result of research conducted by Education Strategy Group, Los Angeles Center Of Excellence (COE), and the Burning Glass Institute (BGI). Between April and September 2025, the research team collected and analyzed supply- and demand-side data for Los Angeles County (listed below), while simultaneously engaging a broad range of stakeholders through interviews and surveys. This combined quantitative and qualitative approach was designed to understand the throughput and attrition at each stage of the RN talent pipeline, capturing both the regional labor market landscape and the perspectives of stakeholders. The Steering Committee, a combination of higher education, industry, and regional economic leadership, provided input throughout this process, helping to guide priorities, ensure alignment with regional needs, and shape the overall direction of the research.

LABOR MARKET ANALYSIS

The methodology for the quantitative analysis of this report centers on historical labor market data, occupational projections, and educational program alignment with workforce needs. The key nursing occupation analyzed in this report was selected from the 2018 Standard Occupational Classification (SOC) system. The occupation Registered Nurses is classified under the healthcare practitioners and technical occupations major group (29-0000). Labor market trends, nursing program availability, and educational outcomes in Los Angeles County and California were analyzed using multiple data sources to understand the current and projected nursing workforce. Sources included:

- The Career and Technical Education Outcomes Survey (CTEOS) is administered annually by the Chancellor's Office and assesses employment outcomes for students. Former students are sampled from the 19 Los Angeles County community colleges. The data presented below comes from surveys collected from 2015 to 2022, from students who completed their programs between 2012 and 2020.

- Lightcast (dataset 2025.2), which integrates employment data, demographic and population statistics, and job postings from both government and private-sector sources. Job postings were analyzed for the most recent 12-month period at the time of analysis: September 2024 through August 2025.
- The California Community Colleges Chancellor's Office (CCCCO) Taxonomy of Programs (TOP) codes were used to identify relevant training and educational registered nursing programs in California and Los Angeles County. For this analysis, the TOP code 1230.10 (Registered Nursing) was used to evaluate community college programs.
- The California Board of Registered Nursing (BRN)-approved pre-licensure registered nursing program directory provides information on approved nursing programs across the state, including program degree type, location, costs related to tuition and fees, and the number of students approved for annual enrollment. The report also references the BRN School Survey.
- NCLEX-RN (National Council Licensure Examination - Registered Nurses) pass rates were reviewed for institutions across California and Los Angeles County using the Board of Registered Nursing's annual summary reports. Pass rate data covers a five-year period (2019-20 through 2023-24) for first-time test-takers educated in California BRN-approved programs.

SURVEYS AND INTERVIEWS

The surveys and semi-structured interviews were conducted within a human-centered design framework to ensure that stakeholder voices directly informed the research process (see overview of the 5Es framework below). Interviews followed a common guide and focused on five themes (see Appendix A for the complete protocol):

1. Student awareness and interest in nursing careers
2. Entry into nursing education and training
3. Persistence and program completion
4. Partnerships and collaboration
5. Innovation and long-term vision for Los Angeles County

Interviews were conducted between June and August 2025. In total, 33 interviews were completed, spanning the following groups:

- Four hospital staff and employers, representing diverse systems and organizations
- Two workforce intermediaries
- Four college and university presidents
- Fifteen higher education leaders in healthcare or nursing programs

- Eight community partner organizations
- Two K-12 education leaders
- Former and current nursing students

Supplemental surveys were also completed by leaders across the healthcare and higher education sectors, providing additional perspectives on their experiences navigating education and career pathways. Across interviews and supplemental surveys, 40 stakeholders were engaged in the process to give context-specific insights to complement the quantitative findings.

Consistent with a human-centered design process, the engagement emphasized elevating lived experiences, incorporating diverse perspectives, and co-creating solutions that reflect the realities of students, educators, employers, and community partners. All qualitative data were coded and synthesized alongside literature reviews and desk research to identify recurring themes, gaps, and opportunities for strengthening nursing pathways in Los Angeles County.

The Steering Committee also studied different models from within and outside the county for promising and innovative practices that might be adapted for the Los Angeles context. These are embedded within the recommendations.

LIMITATIONS
Though the research team was able to interview a diverse set of stakeholders from across the workforce ecosystem, most of the interviews were with higher education leaders, many of whom sit on the advisory board of the Los Angeles County Nursing 2035 Initiative. That perspective carried a great deal of weight in the synthesis of the findings. While fewer employers and students/recent graduates participated in interviews, those who did offered valuable insights that enriched the analysis and underscored the importance of continued engagement from the employer community and students in future phases of the work. Additionally, the report cannot speak to institutional distinctions like pedagogical approach to ascertain whether these differences contributed to student experiences and their choice in school or school type (e.g., public vs. private).

The quantitative data presented in this report also has limitations that should be considered when interpreting the findings. Labor market data relies on historical estimates, and while analyzing 10-year trends provides a more stable view of ongoing demand, it is

important to acknowledge that demand trends reflect past conditions. Online job postings capture more recent labor market activity, which can offer additional insight, but are also limited. Job postings reflect a 12-month snapshot rather than long-term trends, and it is important to note that not all job postings may be posted online. Some employers may rely on internal postings or networks, rather than public job boards, which may underrepresent the number of openings available. Furthermore, although some employers list information about wages and preferred education and experience, many omit this information from postings. As a result, it can be difficult to accurately interpret how education and experience truly influence hiring expectations in practice. Even when preferences are stated, employers may adjust these criteria based on immediate workforce needs or applicant availability, making it challenging to draw firm conclusions about hiring standards. It is also difficult to know how individuals from underrepresented and underserved communities are making their way through the hiring process and into nursing positions. Ultimately, without access to information about which candidates are actually hired, the relationship between stated qualifications and real-world hiring practices remains unclear. While the qualitative findings can help contextualize these patterns, the quantitative labor market data presented in this report should be interpreted with these limitations in mind.

In terms of educational data, DataVista provides valuable insights about community college enrollment, completion, and employment outcomes, but also has limitations to keep in mind. Employment data are drawn from California EE Unemployment, which may not capture all individuals, and excludes individuals who are employed out of state, for example. Additionally, student level data cannot be disaggregated for some metrics; for example, we cannot compare the wages of those who earned a degree and were employed as a nurse versus those who were employed in other jobs. Also, due to data privacy rules and incomplete record matching, some student outcomes are unknown. Furthermore, these metrics are available for community college students, but there is a considerable gap in understanding student transitions and outcomes from private institutions.

ORGANIZING FRAMEWORK & GUIDING QUESTIONS

To structure the development of key hypotheses and guiding questions, the authors of the report used the "5 Es" framework, a common human-centered design model, to map specific steps in the student nursing journey from early interest in a career ("Entice") all the way to long-term tenure as an RN ("Extend"). The framework reveals a step-by-step process of the entire experience of a persona by visualizing and analyzing each phase to identify pain points and opportunities for improvement. Collectively, the qualitative and quantitative research explored the opportunities and challenges at each step to allow for a more nuanced understanding of the nursing shortage in the county and where there are clogs and leaks along the talent pipeline. Increasing talent in any sector requires increasing the number of people who enter the pipeline and/or increasing the number of people who persist at each stage. The table below represents a simplified mapping of the student journey and does not capture every step necessary to becoming an RN.

TABLE 1: THE 5 ES FRAMEWORK FOR THE STUDENT NURSING JOURNEY

ENTICE	ENTER	ENGAGE			EXIT	EXTEND
Develop an interest in nursing	Enroll in a pre-licensure nursing program	Learn the content	Complete a nursing degree	Pass the NCLEX-RN exam and earn the RN certification	Secure a RN role with a living wage	Persist in a RN job

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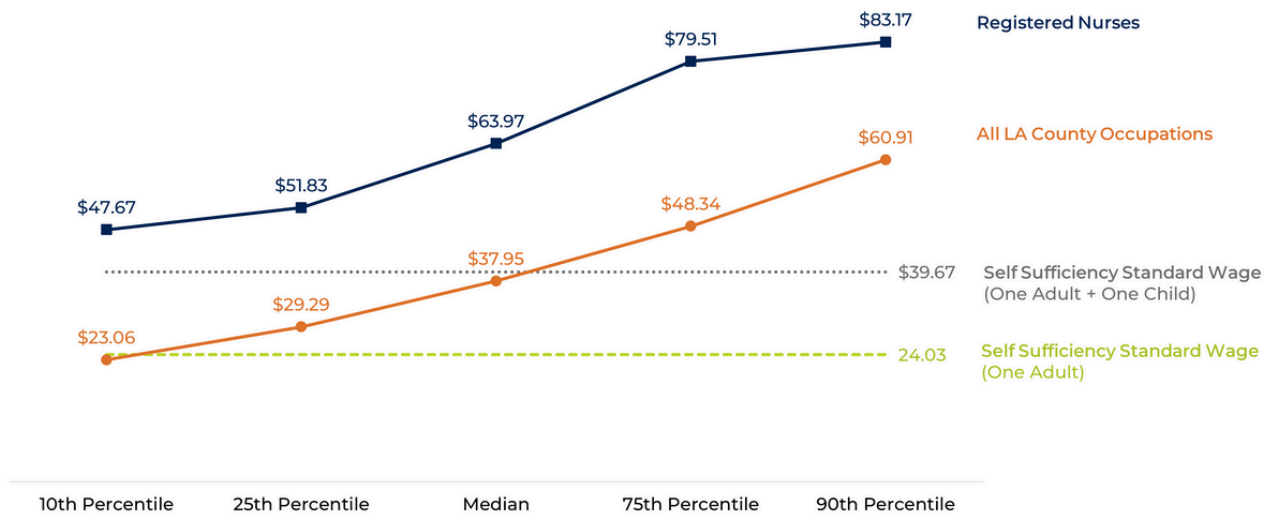
ENTICE: Develop an interest in nursing

"The number one major people put on their application for our institution is nursing, and we don't do anything with that. What happens next once they're on our campus? I don't think we do enough as a follow-up."

—— Community College Leader ——

Interest in the nursing profession remains high, especially among students early in their postsecondary education. Fifty-eight percent of high school students are interested in jobs that require specific skills, including nursing, but many high school graduates feel unsure about what to study in college or what career path to pick (ECMC Group 2022). Only 13% feel fully prepared to choose their path after high school (ECMC Group 2023) and 30% are not following a planned career or educational path at all (Zalaznick 2022). The growing availability of career technical education (CTE) focused dual enrollment opportunities for students allows them to explore a career (such as nursing) while they are still in high school (Edmunds 2024). In LA County, the LA COE has helped 12 different school districts expand healthcare-themed dual enrollment and CTE pathways to introduce students to nursing careers early in their education and begin to generate interest and excitement.

Nursing offers students a pathway to stable, family-sustaining careers with opportunities for advancement and the potential for generational impact. National research consistently finds that healthcare occupations, especially nursing, rank among the few middle-skill pathways that enable intergenerational upward mobility and sustained wage growth (Chetty et al., 2018). In California, nursing provides family-supporting wages and reliable employment, leading the nation in annual median wages for RNs at $120,000 (Smiley et al. 2025). This is also true in LA County, where RNs earn a median hourly wage that exceeds the local living wage by a significant margin (MIT Living Wage Calculator) and is $26 per hour higher than the average of all occupations in the county (see Figure B).

FIGURE B: HOURLY WAGE RANGE FOR REGISTERED NURSES IN LOS ANGELES COUNTY

Source: Lightcast, Datarun 2025.2 and the Self-Sufficiency Standard for California

As students transition to postsecondary, nursing remains a popular major and career choice. In 2023-2024, community colleges in LA County alone enrolled about 5,000 students in RN programs (Data Vista) with many students turned away from programs because of limited nursing program capacity.. At the same time, prospective and current nursing students are often struggling to find centralized, clear, and comprehensive information on nursing career pathways options and stackable credentials and prerequisites. The term "stackable" refers to credentials that build on one another to allow for career progression, meaning that ADN coursework and experience can be applied toward a BSN. One student shared, "No one really sat down with me to say, 'Here's how the nursing pathway works and which option might be best for you.' If someone had explained this all to me early on, I would have been more confident about my choices." Higher education leaders who participated in interviews were honest in their assessment that more could be done to not only excite students about the nursing profession but to create clearer pathways for them.

ENTER: Enroll in a Pre-Licensure Nursing Program

"There's an opportunity to build out very clear paths, whether it's LVN to RN to BSN, or ADN to BSN, and make those visible early, so that whether you're an adult learner or a high school student just discovering this field, you can actually see what the steps are. And the more we can remove that uncertainty, including the questions of 'Will I get in? How long will it take? What will it cost?', the more likely students are to stay on the path and follow it through. Because for nursing, students already have clarity on the end goal, they know they want to be nurses, we just need to give them that same clarity on how to get there."

— Four-Year University Leader —

U.S. schools of nursing are facing enrollment challenges as fewer students enter RN-to-BSN, master's, and PhD programs than in years prior. In LA County, a higher percentage of students in RN programs transfer to four-year institutions than students across all CTE programs in CCC (12% vs 5% in 2023), but the vast majority of community college students are not continuing on to a BSN program (Burning Glass Institute). The transfer pathway is far from seamless, and oftentimes daunting for a student to navigate, especially because LA County alone has 37 postsecondary institutions (17 community colleges + 20 non-community college institutions) that are awarding degrees for registered nursing. Moreover, despite the range of institutional options, many nursing programs have limited capacity and too few slots to accommodate all of the students interested in the profession, causing many to be turned away (sometimes more than once). Across the country, more than 78,000 applications in 2022 were not accepted in nursing schools across the country, with 85% of those for entry-level baccalaureate programs (American Association of Colleges of Nursing 2023).

The lack of stackability across nursing programs makes it difficult for those who have already earned a nursing degree or certificate to transition into a BSN program. Higher education leaders across institutions shared mutual frustrations. One explained, "Students can get excited through CNA or medical assistant programs, but none of that coursework counts toward an RN. There's a huge appetite for nursing. I don't think awareness is the problem. It's a lack of opportunity." Another added, "Our ADN students want to keep going, but they're confused about which classes will transfer or count toward a BSN. It

would be amazing if we had a single, statewide RN-to-BSN roadmap, one set of requirements that all schools honor. Some of our best students give up on the BSN because the process is too complicated."

As several stakeholders noted in interviews, nursing and transfer programs from within the same college system often have different requirements and procedures, causing a great deal of confusion for students who are trying to better understand the BSN pathway. Several recalled students who had started the process of transferring and eventually gave up. A higher education leader called attention to the differences in pre-requisites across institutions: "We don't have a nursing program, but we do call it pre-nursing. We have a composition of all the prereqs needed. Different colleges have different prereqs... so students still have to learn the different requirements of different programs to keep their options open." The burden of knowing what is required largely falls on students and it is not always clear to them which courses are needed, in what order, and for which program. Even worse, students may end up spending money on courses that don't count towards their degree depending on where they want to transfer, or may get stuck having to retake courses if the credits aren't approved.
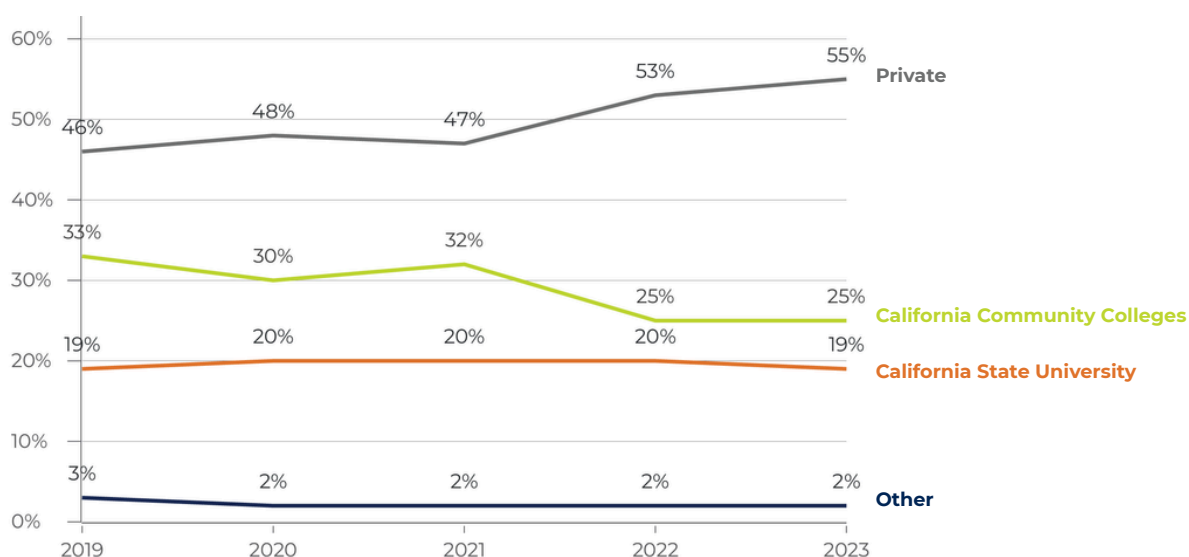
To tackle this issue systemwide, the California Community College's [Vision 2030: Transfer Workplan](#) set a goal to increase the number of community college students prepared for and successfully transferring to four-year institutions. To achieve this, the plan calls for reducing excess units and course repetition, expanding projects such as the Central Valley Transfer initiative, which aligns lower-division course sequences through joint faculty collaboration, reduces excess units, and building a common cloud data platform to streamline coordination.

In 2025, the California State University Chancellor's Office (CSUCO) launched an effort to develop a Strategic Enrollment Management (SEM) Framework to guide the system's academic and enrollment planning. In the process of building the plan, students highlighted financial barriers, complex transfer processes, and limited advising as major challenges, while expressing a strong desire for flexible scheduling, online options, and career-connected programs. The plan outlines strategies like dual admissions and proactive advising to streamline transfer processes from California community colleges. Beyond the traditional two-year transfer pathway, the CSU System is also focusing on credit mobility, which includes optimizing enrollment for students with prior postsecondary credits, credentials, and other achievements. LA County Nursing 2035 stands as a model of the collaborative, data-informed regional workforce and education planning needed to power California's economy.

Other challenges for public four-years who would like to grow their programs include "insufficient clinical placement sites, faculty, preceptors, and classroom space, as well as budget cuts" ([American Association of Colleges of Nursing 2024](#)). The Board of Registered Nursing sets enrollment limits based on the number of available clinical placements for each nursing program. Therefore, having enough clinical placement faculty to coordinate and oversee students' early clinical experiences is essential for program growth. This is corroborated by stakeholder interviews, in which faculty shortages and limited program capacity are cited as major obstacles hindering the ability of nursing programs to enroll more students. One higher education leader lamented, "We generally receive somewhere in the neighborhood of 400 to 600 applicants a year for 180 seats. I would say about 40–50% of those are fully qualified. We just don't have space... due to the requirements for clinical partners and clinical placements."

The limited capacity of public institutions to take on more students has likely contributed to private institutions capturing an increasing share of the RN market over the past five years, at the same time that community colleges have seen their share decline. In 2023, private institutions were responsible for more than half (55%) of all nursing awards conferred in 2023, compared to a quarter awarded by community colleges and a fifth awarded by CSUs (Figure E). The challenge of enrollments becomes even more complex when examining the distribution of clinical placements across nursing programs. The latest data from the California Board of Registered Nurses (BRN) shows over 8,200 RN clinical placements in LA County, but distribution is imbalanced. The majority (71%) of these enrollments are at private postsecondary institutions, with one school alone accounting for 35% of all approved enrollments in the county.

FIGURE C: SHARE OF RN AWARDS ISSUED BY INSTITUTION TYPE

Source: IPEDS

As a result of breakdowns and frictions in the public sector, private colleges have stepped in to meet the growing needs of students and institutions. With a high volume of them being turned away from nursing programs in public colleges every year, qualified students are taking advantage of the opportunities afforded by private institutions, in spite of the steep price tag. Financial aid alignment emerged as a systems-level challenge and opportunity across stakeholder interviews. CSU leaders emphasized that while community colleges have created broad, promising pathways toward the BSN, sustaining and expanding them requires building shared financial aid and admissions infrastructure across both systems. Misaligned academic calendars and aid disbursement schedules between the CSU and community colleges add further complexity. In some cases, students are left waiting for funding or lose eligibility altogether depending on which system is deemed their home institution. Several higher education leaders emphasized that working students, especially those from underrepresented backgrounds, face compounded barriers. As one community college president noted, "[As a nursing student] you're not working. You can't subsidize your education. You can't take time off. These students are at a distinct disadvantage, and new federal financial aid limitations are going to make it worse."

Community colleges are also turning to private colleges for the flexible partnerships they offer. Several community college leaders spoke of their partnerships with private institutions who have been amenable to creating concurrent enrollment or accelerated BSN pathways, often embedded within their campuses and providing counselors that can help ease the transition for students. One community college leader explained, "We have established a unique partnership with one of our private educational providers, which has a true concurrent enrollment agreement where students start with us [in the ADN] and start their BSN at the same time; we've cut down the time to the BSN by a year to a year and a half; about 20 to 30% of our cohorts opt for that pathway." These pathways shorten time-to-degree for students but can carry high costs for public institutions, who are ceding an increasing amount of their resources to the private sector for marginally lower outcomes (Board of Registered Nurses).

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"Everybody is trying to do their part, but there's only so much capacity in the clinical setting. Hospitals are overwhelmed. We're trying to support and funnel people into healthcare careers, but the whole system jams up when you hit that clinical placement barrier. That's the well-known issue, and honestly, no one's cracked the code on it yet."

Workforce Partner

The research suggests that the nursing shortage is not driven by the quality of the program and talent of the students. Students who enroll in BSN programs show high completion rates (85% on-time completion rate for BSN programs in California). Once students complete their pre-licensure nursing program, they take the National Council Licensure Examination for Registered Nurses (NCLEX), a computer-based, standardized test required to obtain a nursing license in the U.S. Administered by the National Council of State Boards of Nursing (NCSBN), it uses Computerized Adaptive Testing (CAT) to determine if a nursing graduate has the knowledge and skills for safe and effective entry-level practice. Across the board, institutions in LA County with nursing programs also demonstrated relatively high NCLEX pass rates (ranging from 93% to 99%) in 2024 (Board of Registered Nurses), even among private schools whose rates have consistently fallen slightly below those of public institutions.

FIGURE D: RN LICENSURE EXAM PASS RATE ANALYSIS BY INSTITUTION TYPE

Institution Type	2019/20		2020/21		2021/22		2022/23		2023/24	
	# Taken	% Passed	# Taken	% Passed	# Taken	% Passed	# Taken	% Passed	# Taken	% Passed
California Community Colleges	1,359	93%	1,301	89%	1,285	89%	1,132	86%	1,122	96%
California State University	211	99%	269	98%	324	93%	341	94%	314	99%
UCLA	114	96%	112	86%	121	86%	122	87%	116	97%
Private	2,746	89%	3,342	86%	3,928	81%	4,465	81%	4,583	93%
Other	101	92%	87	93%	87	87%	101	92%	101	95%
Total	**4,531**	**91%**	**5,111**	**88%**	**5,745**	**84%**	**6,161**	**83%**	**6,236**	**94%**

Source: Board of Registered Nurses Annual Summary Reports

One major driver of the nursing shortage is the challenge of recruiting and retaining faculty, which limits the capacity of colleges to take on more students. This isn't unique to LA County, as colleges across the country report that limited college budgets, increasing numbers of nursing faculty and staff approaching retirement age, and competition from clinical roles that offer greater compensation are making it difficult to recruit nurses into faculty positions (American Association of Colleges of Nursing 2024; Havey et al 2024).

Higher education leaders spoke specifically to the hurdle of lower compensation for faculty compared to that for clinical roles. One shared, "The biggest barrier for us right now is qualified faculty and being able to compensate faculty fairly. I just sat in on a meeting where LA General was doing an info session, and they showed how much those new graduate nurses get paid. No wonder why we can't get faculty to come because new grads are getting paid more." Nationally, 37% of schools cite noncompetitive salaries as an issue for filling faculty vacancies (Havey et al 2024). The median salary across advanced practice RN roles is $129,480, compared to $93,958 for master's-prepared professors in schools of nursing (American Association of Colleges of Nursing 2024). Notably, this problem affects public colleges of nursing more than their private counterparts. Public colleges report an average vacancy rate of 8.3%, compared to 7.9% for private/religious and 7% for private/secular schools (Havey et al 2024). Across the board, nearly a third (31%) of faculty vacancies are vacant for more than a year (Havey et al 2024).

These vacancies result in an insufficient number of faculty members to serve as clinical instructors and preceptors for students, directly restricting enrollment capacity. Limited staff capacity constrains the number of students admitted to nursing programs not just because of insufficient course instructors, but because nursing programs need expert supervisors to oversee critical hands-on training. Clinical placements are a foundational component in a nursing student's training. They give students direct experiences, allowing them to practice the technical aspects of their job under the guidance and mentorship of nursing faculty. In addition to clinical placements, preceptorships typically occur later in a program, pairing students with experienced nurses who provide one-on-one mentoring, feedback, and evaluation as students transition into professional practice.

Stakeholders also shared that clinical training opportunities are constrained by limited site availability, a lack of regional coordination, and regulatory processes that delay program expansion. One higher education leader explained, "We keep hearing there's a nursing shortage, but the reason why we cannot accept any more students is because we need more clinical sites." In the state of California, students cannot graduate without the

necessary 500 clinical hours, making these experiences essential to a student's ability to complete.

Students also face their own challenges in BSN programs that hinder their ability to complete and move into a nursing role. While completion rates sit at about 85%, that leaves 15% who decide to leave their programs. This is often the result of mismatched expectations, lack of personal and professional support, and challenging clinical experiences (Elkins 2019). Higher education leaders recognized this. As one shared, "New grads today are struggling more than I did. I see many trying to drop to part-time just to manage BSN coursework, which doesn't work when you're trying to build clinical competency. I still push for [earning the BSN], but it's harder now." National research corroborates this. Two-thirds (67%) of student nurses report worrying about managing their workload (Cross Country 2025).

Getting students to and through nursing programs in LA County and into these in-demand, high earning jobs is an economic necessity and an equity imperative. Women make up about 80% of the nursing awards conferred in the county in 2023. Within community college RN programs, 85% of enrolled students are economically disadvantaged (Data Vista Metric Definition Dictionary), a little over half are Hispanic (52%), and most (73%) are female (Data Vista, General Admit Students in Registered Nursing [1230.10], 2023-2024). As one higher education leader stated, "We need to look at health equity outcomes as the overall health of our community. We need to make sure we have representation that reflects the communities we serve and careers of practice, and look for where there are potentially gaps and underserved areas. Diseases don't know boundaries, and we need to make sure we are shoring up all of Los Angeles County for greater access to health care and access to employment opportunities."
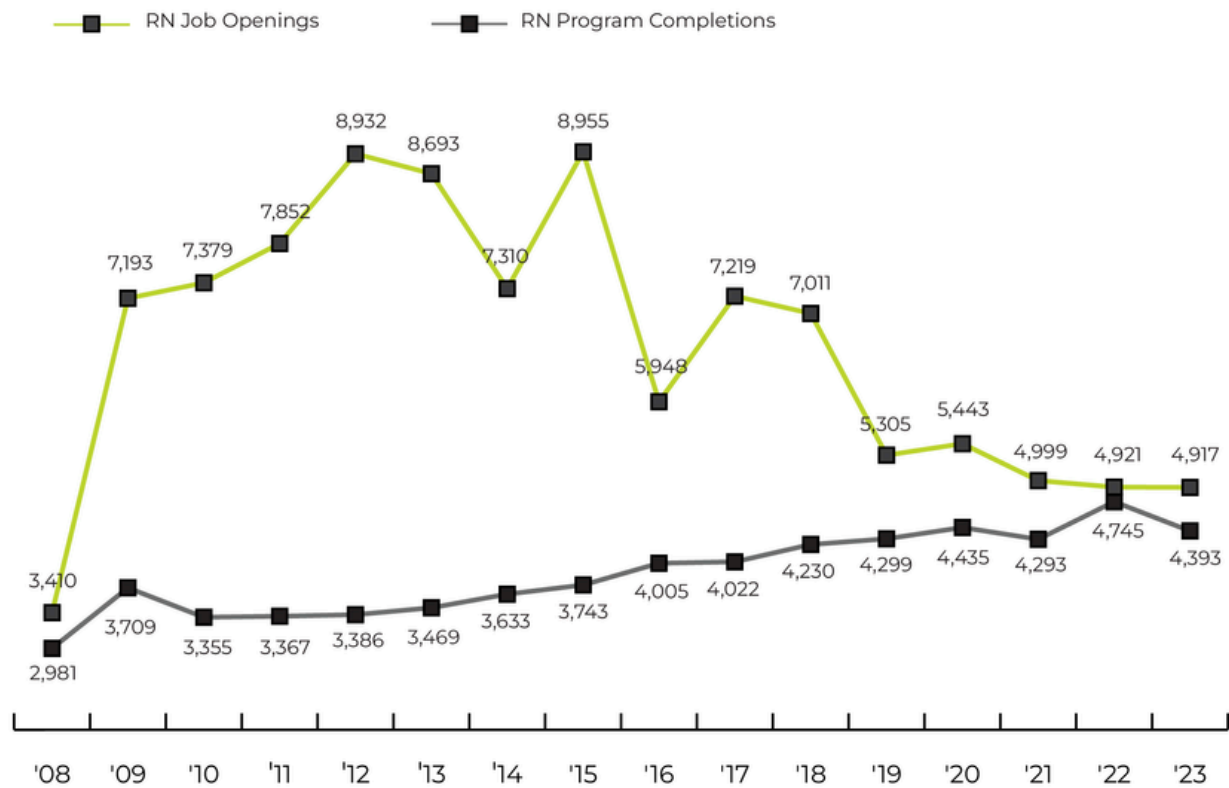
EXIT: Secure a RN role with a living wage

"Some students are picked up right away, others wait six months. There's no standard process. We prepare them really well, but it's frustrating when hospitals say they want nurses and don't hire new grads."

— Nursing Program Leader —

At a high-level, the quantitative research confirmed that demand for nurses in LA County exceeds supply. There were nearly 5,000 RN job openings and just under 4,400 program completers in 2023 (the most recent year for which data is available), resulting in approximately 600 more RN job openings than there are program completers. Despite progress in reducing the gap over the past 15 years, the residual effects of previous shortages remain significant and are projected to grow. Between 2024 and 2035, there are projected to be over 5,600 annual job openings for RNs in the county, representing a 10% increase (Lightcast, Datarun 2025.2).
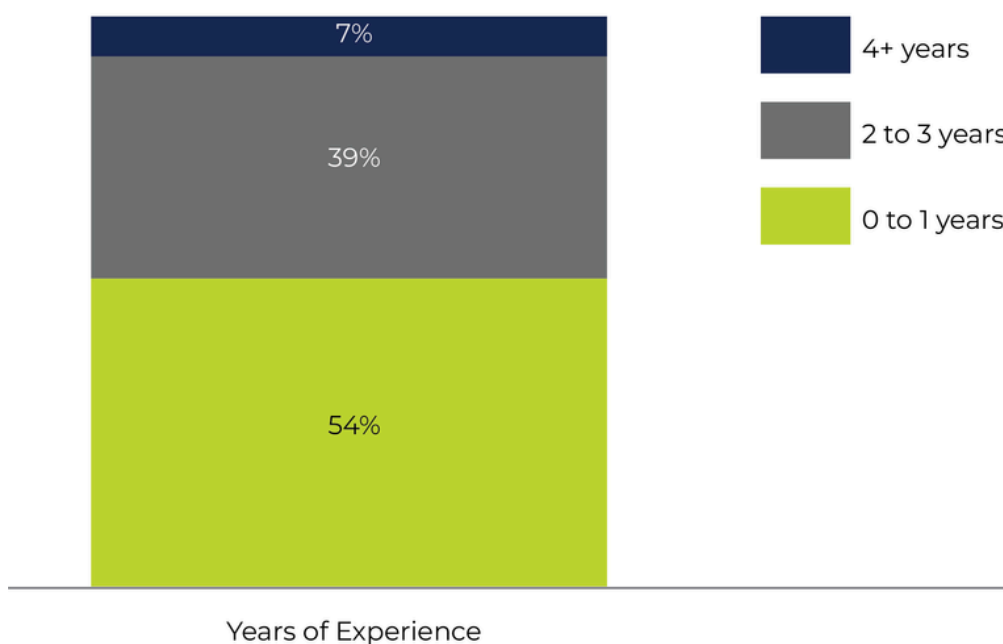
FIGURE E: RN SUPPLY AND DEMAND IN LA COUNTY, 2008-2023

Source: Lightcast, Datarun 2025.2 and IPEDS

The data suggest, and stakeholder interviews corroborate, that entry-level nurses are facing a competitive labor market. Among job postings that listed experience requirements (43%), just over half of them (54%) are for new graduates with a year or less of experience. Another 39% are looking for RNs with some early experience (2-3 years) (Lightcast). Overall, just 61% of students exiting postsecondary became employed within two quarters, though this figure is also inclusive of students who did not complete their programs (Data Vista, General Admit Students in Registered Nursing (1230.10)). An approximation using the hiring information available suggests that if half of new hires are recent graduates, then only an estimated 2,800 graduates each year are likely to quickly find their way into a nursing position, leaving about 1,600 recently-graduated nurses without an easy path into the workforce.

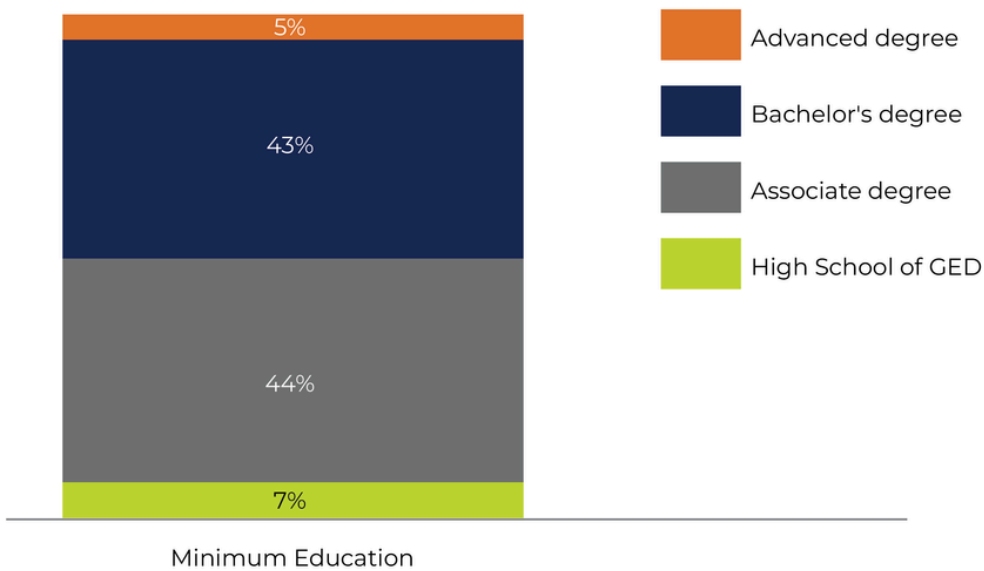**FIGURE F: EXPERIENCE BREAKDOWN IN JOB POSTINGS**

Source: Lightcast

Interviews with stakeholders add color to the data. One hospital partner explained, "We're actually getting a lot of applications, and the problem now is experience. A lot of systems still want to hire only experienced nurses, but that's becoming increasingly difficult." From the student perspective, a recent graduate shared:

> *"The process of getting hired is really hard, and I don't think that is explained well enough when we're in nursing school . . . A lot of us [nursing students] just assume, 'Well, there's a nursing shortage. We'll get hired right away – it won't be an issue.' And starting the application process, I thought to myself, 'Oh, this is going to be rough."*

The research also showed differences by education level. An analysis of job postings that listed an educational requirement found a nearly even split between those employers who listed associate degrees (44%) and bachelor's degrees (43%) as the minimum education requirement. However, only about 60% of new ADNs were employed within 6 months of graduation, compared to 80% of new BSNs, suggesting a preference for nurses with higher-levels of education (HealthImpact 2021). Interviews with stakeholders underlines the preference for graduates with a BSN. As one higher education leader shared, "The thing that I hear most from healthcare leaders is the need for baccalaureate-prepared nurses."

FIGURE G: MINIMUM EDUCATION BREAKDOWN IN JOB POSTINGS LISTING AN EDUCATIONAL REQUIREMENT

Source: Lightcast, Datarun 2025.2

This need is reflective of national trends and a push from the Institute of Medicine for 80% of the nursing workforce to hold a BSN. Indeed, a recent survey from the American Association of Colleges of Nursing found that 25% of hospitals and other healthcare settings are requiring new hires to have a bachelor's degree in nursing, with 70% of employers expressing a strong preference for BSN program graduates. The preference for BSN nurses can be attributed to the body of evidence that shows better outcomes for nurses with higher-levels of education and experience. Hospitals with higher rates of BSN-prepared nurses see lower rates of heart failure, failure to rescue, medication errors, and procedural errors (American Association of Colleges of Nursing 2025). Although the reasons for preferring BSN nurses is justifiable, the current system is not yet set up to support all nursing students down this pathway.

Even as projections estimate an increase in the total number of nurses needed in the region, new graduates will face a competitive labor market and compete with existing RN holders with slightly longer work experience, veteran nurses willing to take entry-level roles, and nurses coming from outside LA County. Indeed, among current RNs, 70% are graduates from a California nursing program but just a little under a third (31%) were trained in LA County (Burning Glass Institute). This signals a need for stronger partnerships between higher education institutions and employers to ensure that those graduates who are trained in LA County and want to remain in the region are able to secure employment.

EXTEND: Persist in an Registered Nursing job

For those new RNs who do find their way into employment, the constant nursing turnover creates a cycle in which the understaffing overburdens current nurses, leading to increased burnout, additional attrition, and greater nursing shortages. Retention of nurses is both a national and a regional challenge. Nationally, nearly a quarter (22%) of all new RN hires leave within a year and nearly 40% of current nurses intend to leave the profession in the next five (NCSBN 2024); (Smiley et al 2025). Close to 60% of nurses cite low staffing and high patient ratios as one of their biggest challenges (Cross Country 2025) and point to improving staffing levels as a high priority solution to reducing burnout (Aiken 2023). Compounding the problem is the fact that it takes an average of 83 days to recruit an RN, according to a national health care retention and RN staffing report (NSI 2025). By comparison, the time-to-hire average in the private sector is 36 days while it is 119 days for the public sector (NEOGOV 2020).

A survey of 98 hospitals in Southern California reported that just over half of their RN workforce (56%) leave their job before their 2nd year (Hospital Association of Southern California; Taylor 2024). Retention rates seem somewhat better for LA County, where nearly two-thirds (63%) of RN graduates are still in nursing 5 years after they complete their program, with 36% continuing to work in the region (Burning Glass). This retention rate increases significantly for those who stayed in the profession through their first year. Of those who persisted through year one, 88% of LA County RN graduates are still in the nursing profession five years later. This speaks to the importance of supporting new nurses through the first year in order to retain them longer term.

Among nurses looking to exit the profession, stress and burnout (41.3%), workload (32.8%) and understaffing (26.0%) were cited as biggest reasons (Smiley et al 2025). Several

interviewees spoke to the increased burnout they see among new nurses. As one hospital leader explained:

> *"Burnout rates in nursing are accelerating. It used to take students five years to earn their credentials and another five in the ER before burning out. Now, that five-year stretch is much shorter, the effort to become a nurse is being outpaced by how quickly they burn out."*

Stakeholders across interviews consistently pointed to gaps in support during the transition from school to practice as a major driver of burnout and attrition. Many cited inadequate onboarding, limited mentorship, and high pressure working environments as key challenges for new nurses. As one employer partner explained, "It's not just about hiring them; it's making sure we have preceptors, clinical educators, and the right environment to support their transition. Otherwise, we risk burnout or turnover early in their careers." New nurses are also likely to experience a difference in the resources available to them in the workplace compared to their nursing programs. While 72% of schools offer well-being resources like counseling and stress management, only 24% of workplaces offer mental health resources (Cross Country 2025).

The personnel challenge also comes with financial implications for hospitals. According to a recent survey, the average cost of turnover for an RN is $61,110, resulting in the average hospital losing between $3.9 – $5.7 million (NSI National Health Care Retention & RN Staffing Report). These are not isolated costs, and they ripple across the system. The financial losses tied to high turnover also have broader societal consequences, as the public ultimately bears costs through higher healthcare spending, delayed services, and diminished quality of care. As financial pressures mount, particularly with anticipated shifts in Medicaid reimbursement and other payer models, hospitals will need to be even more strategic in how they manage costs. The real cost of not investing in retention and workforce stabilization is far greater than the price of coordinated solutions. Without intentional strategies, hospitals will continue to lose both money and institutional knowledge at a rate that undermines the region's ability to meet its growing healthcare demands.

WORKFORCE ECOSYSTEM CHALLENGES

The nursing pipeline doesn't sit in a vacuum, but operates within a broader ecosystem, which can either support or stymie the student journey. In addition to the pipeline-specific challenges named previously, there are also higher-level ecosystem challenges that emerged in the research, particularly within stakeholder interviews. These systemic hurdles make it difficult to tackle any of the challenges individually because solutions require greater coordination and alignment between key stakeholders to ensure a seamless handoff from one step in the pipeline to the next.

Limited coordination between key parties

Across Los Angeles County, nursing workforce initiatives are occurring in silos. Stakeholders described an environment where well-intentioned efforts are rarely aligned under a shared vision or plan. Workforce boards, healthcare systems, higher education institutions, and regional collaboratives often operate on parallel tracks, each responding to their own mandates or funding streams. As one community partner put it:

> *"We've got city strategies, county strategies, subregional initiatives, workforce board plans all happening in the same place, often duplicating efforts. There's no single table where people are aligning on one regional plan. That's the gap. We need a hub, a well-resourced intermediary that brings people together and tracks progress over time."*

This fragmentation creates overlapping strategies, inconsistent data systems, and redundant administrative work. Several interviewees noted that there is no single coordinating entity responsible for linking these efforts or holding a long-term vision for the nursing workforce ecosystem. One workforce leader described the current reality:

> *"We don't have seamless collaboration between employers and training providers right now. It's often very fragmented. We're working with employers one-on-one to help them build internal training systems. At the same time, we're working with training providers to support their programming. But they're not necessarily aligned with one another."*

This lack of structural alignment means that even when programs succeed at the institutional level, their collective impact across the county remains limited. Interviewees pointed to frequent duplication of partnership-building, limited employer participation,

and a lack of shared accountability for outcomes. Research on other regions reinforces these observations and shows that fragmented governance is a common barrier in workforce systems. In many states, coordination challenges arise when no organization has the authority, data access, or dedicated capacity to align multiple actors around shared goals.

High administrative burden across the ecosystem

Partnership can be made easier and coordination between stakeholders made more seamless by decreasing the administrative burden to collaborate. The system itself struggles under the weight of administrative and logistical barriers. Schools, hospitals, and workforce partners each carry heavy compliance and coordination responsibilities, which slow down the ability to expand pathways. A healthcare employer or hospital can invest a significant amount of time and resources building a program with a single college, but if it wants to scale that partnership to other institutions, it must build and maintain relationships with each college separately. On the other hand, each college must build and maintain relationships with each employer. This many-to-many partnership makes it administratively too burdensome to build and manage partnerships as a region.

Schools, hospitals, and workforce partners each carry heavy compliance and coordination responsibilities, often with limited staff capacity. The cumulative effect slows innovation, limits program growth, and diverts time away from teaching and student support. This challenge is especially evident in the management of clinical placements, with all the logistical and compliance requirements. A workforce organization partner noted, "We hear all the time from our training providers, they say, 'We could take more students into our programs, but we can't find clinical placements for them.' That's the bottleneck." Stakeholder interviews made clear that this administrative burden is one of the most pervasive barriers to scaling nursing pathways in Los Angeles County. Every hospital must establish and maintain its own agreements with each education partner, often through time-consuming manual processes. Faculty coordinators and clinical site administrators report spending weeks managing documentation, onboarding, and communication before a single student begins clinical hours. These connections frequently rely on personal relationships, trust, and familiarity rather than standardized systems. With high turnover in both education and healthcare leadership, these informal arrangements can easily break down, forcing institutions to rebuild partnerships from scratch.

Administrative burdens also prevent new partnerships from forming. In nursing education, large hospitals are a common and critical route for clinical placements, but nursing students can also rotate through a variety of settings, including smaller community hospitals, outpatient clinics, and long-term care facilities to gain a well-rounded set of skills. Interviews with both higher education and employer groups said that community health centers and long-term care facilities have the potential to be stronger partners, but they often do not have dedicated education coordinators, making it difficult to take on students. These sites are frequently resource constrained and lack staff time to manage onboarding or evaluate student competencies. As one community college leader noted, "We'd love to place more students in outpatient or long-term care, but those facilities are already stretched. They don't have preceptors available or the administrative support hospitals have."

Additionally, hospital systems often have well-defined compliance systems and electronic platforms, while community providers do not. Stakeholders said this discrepancy makes onboarding students more time-intensive for schools, since every new site requires new agreements, paperwork, and verification processes. One hospital administrator said, "Each new site has its own process. For some, we're starting from scratch every time, from liability insurance to background checks. That's a huge lift for faculty and administrators."

The lack of shared systems leads to duplication of effort. Hospitals, for example, may be simultaneously onboarding students from several schools using different background check vendors, credential forms, and compliance standards. This lack of uniformity increases administrative workload and can delay placements, ultimately constraining how many students programs can enroll. A hospital administrator and nurse explained: "We need standardized expectations for clinical faculty orientation and minimum requirements for bringing students into a hospital setting. Right now, there's no consistency, it's up to each hospital to figure it out."

Beyond placements, this fragmentation affects nearly every part of the nursing workforce pipeline from faculty credentialing to data reporting. Each institution maintains its own tracking systems, making it difficult to understand the regional picture of where students are training, how many slots are available, and where workforce needs are greatest. These inefficiencies, while individually small, compound across the ecosystem. As a result, administrative staff, faculty, and clinical educators spend valuable time managing paperwork and troubleshooting logistics instead of expanding programs or supporting students.

The burden also extends to the workforce itself. According to the NSI National Health Care Retention and RN Staffing Report, hospitals devote more operational attention to onboarding and supporting new hires (80.9%) than to retaining experienced RNs (54.2%), reflecting the constant churn of staffing and onboarding that consumes managerial bandwidth (NSI 2025). As one workforce leader put it, "The system is stretched thin not just because of shortages, but because of how much time it takes to keep everything moving."

Together, these findings suggest that administrative strain is not merely a technical challenge, it is a structural one. When every partner manages its own compliance systems, databases, and communication channels, collaboration itself becomes labor-intensive. In a field where success depends on many stakeholders working in sync, reducing this burden is essential for creating the conditions that make partnership easier, faster, and more sustainable over time.

RECOMMENDATIONS FOR LA COUNTY

Addressing any talent challenge requires multi-faceted solutions that hit on the complex set of factors that shape the health of a workforce. As such, the recommendations offered in this report represent the range of cross-sector partners and policy levers needed to reach the county's goal of eliminating its nursing shortage. Higher education, employers, and the regional ecosystem play a particularly critical role, as the challenges identified were often specific to these actors or at the intersection of one or more of them. The research did not highlight urgent K-12 issues requiring specific recommendations, but K-12 partners remain essential to advancing long-term solutions by fostering early exposure to healthcare careers and ensuring that students view nursing as an attainable and rewarding pathway.

The recommendations also offer national, state, and local examples, and call out where existing partnerships are already jumping in to find solutions. Recognizing that challenges in the nursing workforce are not unique to California or Los Angeles, some recommendations also include examples of innovative approaches from across the country that are tackling comparable hurdles. We start by examining the challenges constraining the nursing talent pipeline and then lift the lens to consider the systemic solutions required to strengthen the overall health and sustainability of the regional workforce ecosystem.

Pipeline Challenge #1. Systemic barriers complicate transitions from 2-year to 4-year institutions.		
Recommendation: Collectively establish clear targets and timelines to eliminate credit loss and course duplication in nursing transfer pathways by reducing barriers and friction in the higher education system.		
Higher Education Build transparent, stackable academic pathways by aligning curriculum and simplifying articulation agreements, degree audits, and concurrent enrollment programs across campuses.	**Employers** Provide flexible scheduling for nurses continuing their education and incentivize partnerships between community colleges and universities for healthcare program stackability.	**Regional Ecosystem** Encourage system leaders and philanthropic partners to jointly fund faculty convenings or pilot programs that standardize transfer and/or concurrent enrollment across institutions.

To build a stronger nursing pipeline, the county's higher education and healthcare sectors must work together to reduce the barriers that make it difficult for students to advance from an associate to a bachelor's degree in nursing. Addressing this challenge requires coordination across two-year and four-year higher education institutions, employers, and the broader regional ecosystem. Despite growing demand for BSN-prepared nurses, many students encounter confusing transfer processes, inconsistent articulation agreements, and limited concurrent enrollment options that delay their progress and increase costs.

Higher education institutions can take several key steps to create more transparent and stackable academic pathways. Community colleges and universities should align and develop shared "core nursing curricula" that span institutions, allowing students to begin their BSN coursework while still completing their associate degree, providing students with a clearer pathway toward a stackable credential. Joint appointments between nursing faculty and hospital-based clinicians could also help bridge the gap between academic training and real-world practice, reducing faculty shortages while ensuring that instruction reflects current workforce standards and expectations. Institutions can strengthen these partnerships through consortium agreements that tie funding to measurable outcomes, such as dual enrollment participation, degree completion, and graduate employment in local healthcare settings.

The state of California already has initiatives in place attempting to alleviate some of the challenges to transferring or continuing from two- to four-year public institutions. There are several local examples that demonstrate how some CSU and community college partners are working toward stronger collaboration and communication across institutions.

In California, partners in the Inland Empire have started to make the path easier for students. Riverside Community College District worked with three CSU campuses (San Bernardino, Fullerton, and Los Angeles) to develop a shared stackable curriculum that begins at the community college and extends into the four-year university. This approach minimizes uncertainty for students regarding transfer destinations and ensures continuity in their academic preparation across institutions.

In another example from LA County, CSU Northridge has fostered a "strong collaborative rhythm" with three of their partner community colleges. The institutions meet quarterly to maintain open lines of communication and address barriers to student progression or

program efficiency in real time. As the president shared, "When issues are brought to my attention, I can help elevate them and make sure they get to the right office or person to resolve them. And importantly, when that signal comes from me or from the Provost's office, it communicates that this work is an institutional priority. That's really powerful." These cross-institutional routines allow for quick responsiveness that can work to eliminate some of the frictions students might experience as they're attempting to navigate the transfer process.

Los Angeles County can also draw inspiration from other cities and states. The [Chicago Roadmap 2.0](#) initiative shows how improving transfer pathways can be iterative, seamless, and student-centered. The partnership between Chicago Public Schools, City Colleges of Chicago, and the University of Illinois Chicago (UIC) works to ensure zero loss of credit for students moving through the pathway. The model uses a degree planning portal, shared advising structures, mapped course equivalencies, and transparent articulation agreements to eliminate the guesswork for students and advisors alike.

Similarly, in Michigan, the MiLEAP (Michigan Learning and Education Advancement Program) provides another model for state-level investment in transfer success. In 2024, Michigan State University received nearly $1 million in MiLEAP funding to expand support for community college students transferring into its nursing and allied health programs. The initiative builds on a coordinated system of academic advising, financial assistance, and credit evaluation tools that help students transition efficiently and complete their degrees. Both Illinois and Michigan demonstrate how targeted investments and shared data systems can streamline pathways, increase transfer student completion, and strengthen regional workforces.

Employers play a pivotal role in strengthening the ADN-to-BSN pipeline. Hospitals and healthcare systems can make it easier for working nurses to continue their education by offering tuition assistance, flexible scheduling, and paid release time. They can partner with education providers to co-design bridge programs that align classroom learning with clinical competencies and provide mentorship opportunities for ADN students transitioning into BSN roles. Some employers, like PIH Health, are already modeling this approach, investing heavily in new graduates and creating internal training programs that help nurses grow within the organization. Employers can also create clear economic incentives for educational advancement through wage differentials, promotion pathways, and recognition programs tied to BSN completion.

The regional ecosystem, including workforce boards, philanthropic funders, and policy leaders, must also align its resources to address systemic friction in the pipeline. Jointly funded faculty convenings (with community college and four-year university faculty and leadership participants) or regional pilot programs will help standardize articulation agreements and concurrent enrollment models across institutions. Workforce boards and regional intermediaries like Los Angeles Economic Development Council (LAEDC) and UNITE-LA are well positioned to facilitate these efforts, ensuring that data on transfer rates, completion, and outcomes are shared across systems. Developing a regional dashboard to track ADN-to-BSN transitions would create accountability and identify where students are most likely to leave the pipeline. At the state level, partners can continue to work with the California Community Colleges Chancellor's Office and CSU system to streamline transfer agreements and increase financial aid portability between systems.

State policy can play a pivotal role in accelerating this work. Policymakers should explore incentives that encourage formal partnerships between clinical facilities and educational institutions, particularly those that expand access to advanced training or structured new graduate programs. State agencies could also support capital and operating investments in transfer infrastructure, such as shared advising systems, degree-planning portals, and transfer articulation software.

Pipeline Challenge #2. The distribution of nursing clinical slots is increasingly imbalanced across institutional providers.		
Recommendation: Establish and align institutional and state policies to ensure adequate allocation of high-quality nursing education, by promoting an outcomes-based distribution model.		
Higher Education Develop relationships with new clinical placement sites, including organizations outside of acute hospital care and explore innovative options to support nursing faculty.	**Employers** Leverage technology platforms to share real-time data on clinical availability, capacity, and workforce trends to inform more equitable slot distribution.	**Regional Ecosystem** Develop and promote regional planning efforts that tie program funding and seat allocations to workforce demand data. Coordinate advocacy for policies that expand placements in under-resourced areas and prioritize high-need specialties.

Los Angeles County hosts a large and diverse network of nursing education and training programs, spanning community colleges, universities, and private institutions. Yet the way clinical placements are currently distributed does not fully reflect the region's long-term

workforce or societal needs. Nearly three in four RN clinical placements approved by the California BRN are allocated to private institutions, a distribution that risks undermining the value of the substantial taxpayer investment in public community college and university nursing programs.

Private providers play an important role in meeting regional workforce demand and can certainly serve public purposes. However, ensuring a more balanced distribution of placements would help maximize the return on public investment, expand equitable access to training opportunities, and strengthen alignment with regional workforce priorities.

Policy adjustments are needed to ensure a more balanced distribution of clinical placements, one that considers (among other criteria):

1. Student outcomes
2. Geographical proximity of an institution to a potential partner hospital
3. A student's ROI on tuition
4. The portion of placements allocated for high-need or underserved communities
5. Institutional past performance of placements (employee retention, local talent development)

A new model to rebalance clinical placements across public and private institutions will both ensure stronger outcomes and return on investment for area nursing students as well as stronger local talent development pipelines in LA County. California policymakers have already turned to legislation to begin to address key challenges contributing to the nursing shortage. Passed in 2024, AB 1577 seeks to tackle the challenge of limited clinical placements and requires a health facility or clinic, upon the request of a California community college or CSU with an approved school of nursing or approved nursing program, to work in good faith to help meet the prelicensure nursing clinical placement needs of the program, including adding clinical placement slots (California Board of Registered Nursing 2024). However, without system-wide coordination, these efforts, while well-intentioned, are piecemeal and lead to greater tension between institutions.

The challenge is not simply one of quantity, but of alignment. Without a coordinated, outcomes-oriented framework, placement decisions tend to be managed through individual agreements between hospitals and educational institutions. This approach can inadvertently prioritize institutional convenience over collective workforce goals, creating

inefficiencies and reinforcing gaps in access for students attending more affordable or community-embedded programs.

Each stakeholder group has a key role to play in advancing a more balanced and outcomes-driven distribution of clinical placements:

Employers can use data and technology to inform a more balanced and efficient distribution of clinical placements. Through expanded use of the Centralized Clinical Placement System (CCPS), hospitals and health systems can share real-time information about available slots, workforce needs, and program outcomes. Employers can also collaborate with education partners to identify and prepare potential nurse educators from their own workforce, particularly experienced RNs nearing retirement, thereby investing in both current and future workforce pipelines.

A promising example comes from Virginia, where Shenandoah University, in partnership with Valley Health and the Virginia Hospital & Healthcare Association (VHHA), is piloting a bold approach called [NextGen Nurses initiative] to grow the nursing workforce. The program leverages the expertise of semi-retired and retiring nurses, preparing them to serve as clinical preceptors and easing one of the most persistent bottlenecks in nursing education. Rather than letting deep institutional knowledge walk out the door when nurses leave bedside care, NextGen Nurses creates a pathway for them to re-engage in education. This has included developing scalable, on-demand training modules that make it easier for these experienced professionals to transition into preceptor roles.

Higher education institutions can lead by diversifying and optimizing how and where students complete their clinical experiences. Programs should build partnerships beyond acute care, such as community health centers, behavioral health providers, long-term care facilities, and school-based clinics, to expand access in high-need communities. At the same time, institutions should explore innovative faculty models, such as shared faculty appointments with hospitals or adjunct preceptorships for experienced nurses, to alleviate faculty shortages and maintain high instructional quality.

However, expanding access to placements for public institutions will only be effective if accompanied by a strategy to strengthen faculty capacity. Public colleges and universities already face persistent shortages of qualified nursing faculty, a barrier that limits program growth even when clinical slots are available. Salaries for nursing faculty often lag far behind clinical practice wages, making recruitment and retention difficult. If placement

distribution becomes more favorable to public programs, those institutions must also have the instructional workforce to support the additional students. To address this, the region could build on innovative faculty models to develop shared faculty appointments or adjunct preceptorships between hospitals and education institutions. These approaches could help reduce faculty shortages and allow working nurses to contribute to education without leaving the clinical setting entirely.

At the same time, there is untapped potential among nurses who have stepped away from the profession, need a next step in their career, or are approaching retirement. Stakeholders emphasized the need for re-entry or refresher programs that help these nurses update their skills and rejoin the workforce. Programs of this kind could be co-designed by employers, education providers, and the California Board of Registered Nursing (BRN) to ensure alignment with current licensing and competency standards. Hospitals could also expand flexible or part-time roles for returning nurses, offering options in mentorship, clinical education, or slower-paced care settings such as rehabilitation or long-term care. These pathways could help retain valuable expertise, ease faculty shortages, and broaden the range of training environments available to students.

Regional ecosystem partners can play a critical role in communication, coordination, and advocacy. These partners can champion a shared regional vision for an outcomes-based placement system by promoting transparency, data sharing, and alignment across institutions. They can also advocate for policies and funding that expand clinical placements in under-resourced areas, strengthen faculty recruitment and development, and tie seat allocations to workforce demand and community outcomes. By fostering collaboration among higher education, employers, and policymakers, regional leaders can ensure that clinical placement and faculty capacity strategies advance both educational and workforce goals for Los Angeles County.

California already has a tool designed to enable this coordination. The CCPS provides a statewide platform that matches nursing students with available clinical sites, manages compliance documentation, and tracks placement data. Adoption and consistent use vary significantly across regions. As a nursing dean noted: "If hospitals used CCPS [Centralized Clinical Placement System] universally, it would be beautiful, we'd all be communicating instead of phone tagging and onboarding six weeks in advance." This sentiment captures both the promise and the gap: CCPS exists, but it is underutilized. To unlock its potential, the system must be integrated with broader workforce planning efforts. State and regional

leaders could incentivize universal participation, expand the platform's functionality to include metrics on program outcomes and student retention, and align it with regional dashboards that track workforce demand and supply in real time. A well-utilized CCPS could serve as the foundation for a more transparent, data-driven approach to clinical placement coordination.

Another example from across the country, Massachusetts has operated a statewide Centralized Clinical Placement (CCP) system since 2006 that allocates student placements across hospitals and nursing programs to avoid duplication and ensure fairer distribution of limited clinical placement slots. Several states, including California, adopted CCP systems. While elevating opportunities for modernization, the system functions as a shared infrastructure that reduces administrative burden and helps prevent better-resourced programs from monopolizing placements. In 2023, the Massachusetts Nursing Council on Workforce Sustainability (NCWS) conducted an evaluation of the CCP and published recommendations. In 2025, the Clinical Placement Committee of the NCWS subsequently conducted a comprehensive review of the clinical placement process, collaborating with placement coordinators, healthcare organizations, and academic institutions to inform the work. In the review process, the committee identified that standardizing the clinical placement process offers significant benefits without compromising patient health and safety, including a streamlined, more efficient pathway for healthcare organizations and higher education institutions and lower costs and reduced burdens on students pursuing their nursing education.

State and local policymakers can create the enabling conditions for a more equitable and outcomes-driven distribution of clinical placements. The state could establish clear accountability mechanisms for hospital compliance and develop performance metrics that link placement expansion to workforce outcomes and community need. Policymakers can also allocate targeted funding to expand public sector faculty capacity or grants supporting shared faculty models between hospitals and public higher education institutions. At the local level, county workforce boards and public health departments can collaborate with education and employer partners to identify high-need specialties, designate clinical-placement priority zones, and align state workforce dollars with nursing education expansion.

Pipeline Challenge #3. A competitive labor market makes it difficult for recent graduates to quickly find their way into a nursing role.	

Recommendation: Develop a regional framework and target quality outcomes metrics with employers to improve the placement and retention of area nursing graduates.		
Higher Education Provide targeted graduate advising and align degree programs with employer partnership pathways that offer clear post-graduation entry points into nursing roles. Use job placement data to better match student enrollment with areas of verified demand.	**Employers** Co-design and expand high-quality transition-to-practice programs that include structured onboarding, mentorship, and residency opportunities for new graduates.	**Regional Ecosystem** Facilitate critical meetings between employers and colleges to establish agreements and regionally balance supply and demand across facilities and geographies.

There is a need for stronger partnerships between higher education and employers that intentionally bridge the gap between graduation and full professional readiness. Evidence shows that structured transition-to-practice programs, such as nurse residencies and extended onboarding, show promise in improving retention and enhancing confidence and clinical judgment (Mohamed & Al-Hmaimat 2024). Recent studies highlight the importance of embedding competency-based learning and emotional support within these programs. A competency-based nurse residency model that integrates structured skill development and psychosocial support has been shown to help newly graduated nurses transition more smoothly into practice, strengthening both competence and confidence (Kwon et al 2025). Going back earlier in the nursing student journey, co-designing early program models with employers can help align curricular content with on-the-job expectations and foster stronger pathways from education into workforce roles.

Higher education institutions can strengthen this pipeline by aligning degree programs with employer partnership pathways that offer clear post-graduation entry points into nursing roles. Colleges can use job placement and workforce demand data to adjust enrollment targets, clinical placements, and curricular content, ensuring students graduate into areas with verified hiring demand. Providing targeted career advising and building relationships with employers to co-design experiences or clinical rotations tied to residency programs can make the transition to employment seamless and predictable for students.

Employers have an equally important role to play by co-designing and expanding high-quality transition-to-practice programs that combine structured onboarding, mentorship,

and clinical skill development. By partnering with local higher education institutions, hospitals can identify and recruit new graduates earlier, customize training to reflect institutional needs, and retain talent longer.

Employers in LA County and across the country are finding innovative ways to address the nursing workforce challenges. In Los Angeles, PIH Health's New Graduate Nurse Residency Program exemplifies how hospitals can effectively path new nurses into high-quality roles. The program provides a structured transition for newly licensed RNs, combining simulation-based training, case study discussions, and guided mentorship with seasoned nurses. Graduates develop both technical competence and professional confidence, while hospitals benefit from stronger retention and higher performance. As one leader shared, "The vast majority, over 95%, of my hires for med-surg are new grads. We've worked hard to build a reputation in the community, and that effort has paid off. Everyone wants to come here."

A partnership between Ballad Health, local school districts, and higher education institutions, Ballad Health Academy in northeast Tennessee is a promising new approach in co-designing and aligning programs that offers clear post-graduation entry points into nursing roles. With support from Bloomberg Philanthropies, the academy creates a seamless pipeline from high school into healthcare careers. Through dual enrollment, paid work-based learning, and clinical training, students complete a pre-practical nursing program and earn Certified Nursing Assistant (CNA) credentials while still in high school. Graduates of the program are guaranteed job interviews with Ballad Health, an integrated community health improvement organization serving 29 counties of the Appalachian Highlands in Northeast Tennessee, Southwest Virginia, Northwest North Carolina and Southeast Kentucky. Although the program does not directly produce registered nurses, it offers a strong entry point into the healthcare workforce and can serve as a foundation for future progression into RN programs.

Regional ecosystem partners can play a pivotal role as the bridge between higher education and employers, ensuring that partnerships are coordinated, scalable, and responsive to regional workforce needs. By convening regular meetings between hospitals, health systems, and education leaders, regional partners can help balance supply and demand across facilities and geographies, making certain that high-quality transition-to-practice programs reach beyond a few well-resourced institutions. These entities are also well positioned to document and disseminate best practices, evaluate program outcomes,

and direct funding toward models that demonstrably improve both graduate success and employer retention.

Intentional convenings that bring education leaders and employers to the same table are also critical for establishing consistency to balance supply and demand across facilities and geographies in nursing clinical placements. For example, Washington's Nursing Care Quality Assurance Commission (NCQAC) partnered with the WA State Hospital Association (WSHA) and CNEWS to convene the Clinical Placement Solutions Summit. The effort identified fragmentation, inconsistent onboarding, and limited site availability as key barriers, with students often facing repeated credentialing, last-minute cancellations, and geographic access challenges. Washington is holding regular regional convenings of education and employer partners to review placement use, identify inequities, and expand access to underutilized rural, long-term care sites.

State and local policymakers can help align education and workforce systems by using data and funding levers to balance nurse supply with verified demand. The state can require stronger coordination between nursing programs and employers through workforce planning frameworks that incorporate evidence of local clinical placement partnerships. Policymakers can also direct targeted grant funding or incentive programs to expand transition-to-practice residencies, particularly in high-need or underserved areas.

Pipeline Challenge #4. Employers struggle with high turnover, resulting in a shortage of experienced nurses.		
Recommendation: Collectively adopt evidence-based practices to reduce workforce turnover.		
Higher Education Integrate career readiness and resilience training into coursework.	**Employers** Implement nurse feedback loops and evidence-based retention practices that improve staffing, scheduling, and autonomy.	**Regional Ecosystem** Collect and share regular regional data on retention, satisfaction, and work environment metrics to identify and spread effective practices and disseminate practices that improve nurse stability across the system.

While much public attention focuses on the need to recruit and train new nurses, data show that the more urgent crisis lies in retaining the nurses already in the workforce. High

turnover rates not only deepen staffing shortages but also increase costs, strain morale, and erode patient care quality. As noted in *Addressing the Nurse Retention Crisis— Leveraging Policies Supported by Evidence*, training and recruiting more nurses without improving retention is "like fueling a car with a leaking gas tank." In short, unless workplace conditions improve, the system will continue to lose experienced nurses as quickly as it produces new ones.

In stakeholder interviews, hospital leaders in Los Angeles County described the link between responsiveness and retention, emphasizing that flexible scheduling, predictable workloads, and supportive management structures have been critical to stabilizing their nursing teams. Several noted that younger nurses place particular value on autonomy and communication, expecting consistent feedback and visible action on their input. Employers emphasized the importance of creating supportive work environments where nurses feel engaged and valued, rather than managed solely through scheduling and workload decisions. Others cited shared governance models and professional development pathways as key tools for improving morale and retention.

For employers, these investments offer the opportunity for a clear return on investment through better retention, improved patient outcomes, and a stronger organizational culture. For higher education, partnerships that integrate career readiness, resilience, and professional self-advocacy into nursing curricula help prepare new graduates to navigate within demanding clinical environments. For regional partners, aligning data collection and collaboration around retention metrics ensures that effective practices are identified, scaled, and shared across the ecosystem.

Higher education institutions can reinforce workforce readiness by embedding more aligned career navigation and resilience training into coursework. Preparing students for the realities of healthcare work, including stress management, team dynamics, and advocacy for safe staffing and increasing resilience can help reduce early-career burnout and attrition (Poku et al 2025; Henshall, Davey, & Jackson, 2020). Faculty can collaborate with employers to co-design simulations and experiential learning that expose students to realistic clinical scenarios and problem-solving opportunities around workload and staffing. Critically, nursing programs and employers should establish consistent communication channels and codified processes to ensure that emerging workforce challenges are regularly discussed and addressed in real time.

Employers should implement continuous nurse feedback mechanisms and use data to guide evidence-based staffing and scheduling improvements. Practices such as self-scheduling, shared governance councils, and structured communication loops between nursing staff and management empower nurses to shape their work environment and increase their sense of autonomy. Hospitals that adopt these models have reported reductions in turnover and burnout alongside improvements in quality of care (Kutney-Lee et al 2016; Gray, Morris, & Bowie 2023). Employers can also strengthen partnerships with colleges by sharing retention and satisfaction data, aligning onboarding expectations, and collaborating on curricular improvements.

Regional ecosystem partners, including workforce boards, hospital associations, and philanthropic funders, can strengthen system-wide retention efforts by collecting and sharing regional data on turnover, satisfaction, and work environment metrics. Establishing a shared dashboard that identifies high-performing organizations and highlights successful retention strategies would help spread effective practices. These partners can also facilitate regular joint planning sessions between employers and education leaders to codify proven models of collaboration to avoid duplication of effort and training for nurses.

State and local policymakers can strengthen nurse retention by advancing policies that improve working conditions, data transparency, and career growth opportunities. The state can expand retention grants and incentive programs that reward hospitals demonstrating measurable improvements in nurse satisfaction and turnover reduction. Policymakers can also require standardized reporting on staffing ratios, turnover, and vacancy rates to enable better regional planning and accountability.

Ecosystem Challenge #1. Limited coordination between key parties.
Recommendation: Establish or designate a regional intermediary to lead healthcare workforce planning, strategy, and implementation.

Currently, key stakeholders in Los Angeles County's nursing ecosystem, higher education institutions, hospitals, workforce boards, and community organizations, are working in parallel rather than in partnership. Each is contributing to parts of the solution, yet without a shared structure for alignment, opportunities for collaboration and optimization are often missed. Without deliberate coordination, the region risks perpetuating inefficiencies in program planning, clinical placements, and faculty capacity, while the nursing shortage continues to intensify as more experienced professionals approach retirement.

Given the challenges surfaced in stakeholder interviews, regional coordination will be critical to guide alignment efforts in areas such as data sharing, policy design, credit mobility, and workforce optimization. Los Angeles County should establish or designate a regional intermediary to lead healthcare workforce planning, strategy, and implementation. This intermediary could help address urgent system-level challenges, such as making CSU BSN transfer requirements consistent across campuses, managing placement and funding allocations, and developing shared standards to streamline program pipelines. By facilitating a common table and data infrastructure, this entity would enable collective accountability for workforce outcomes and ensure that limited placements, dollars, and faculty resources are deployed strategically.

The intermediary should maintain strong connections to employers and higher education institutions, including leveraging their data to inform regional planning. By co-designing clinical placement opportunities, training programs, and on-the-job transition supports, employers and education leaders can ensure that nursing pathways align with both employer needs and student success metrics.

Los Angeles County already benefits from several cross-sector partnerships that could serve as a strong foundation for this work. The LA Nursing 2035 Steering Committee, which includes education, employer, and community representatives, has already begun to model the kind of structured coordination needed to strengthen the region's nursing pipeline. Through regular convenings, the Steering Committee is identifying shared priorities,

mapping barriers to clinical placements and workforce alignment, and exploring new approaches to collaboration across systems. While still in its early stages, this effort demonstrates how intentional coordination, shared learning, and collective goals can improve transparency and coordination among stakeholders. With continued investment and expanded participation, the Steering Committee could evolve into a formal intermediary or serve as the anchor for a broader regional governance structure that connects nursing education and workforce planning.

The L.A. Region K-16 Collaborative, led by UNITE-LA, demonstrates the promise of structured coordination in driving alignment across education and workforce systems. Supported by flexible state funding, the collaborative organizes five subregions to co-design pathways in healthcare, computing, and engineering, with nursing serving as the anchor of the healthcare pathway. Through this framework, partners are advancing curriculum alignment, dual enrollment, career exposure, and employer engagement while advocating for statewide policy change. Similarly, the Los Angeles County Economic Development Corporation (LAEDC) and workforce development boards already possess the analytic and convening infrastructure to support coordinated planning efforts and have supported the K-16 Collaborative in this way.

National models provide additional evidence that intermediaries can significantly strengthen healthcare workforce ecosystems: In Virginia, the Blue Ridge Partnership for Health Science Careers (BRPHSC) was launched in 2019 to address regional health workforce shortages through a collective impact model anchored by Carilion Clinic. The partnership brings together over 50 stakeholder organizations, including three hospital systems, 18 school districts, four community colleges, and five universities, under a shared governance structure with written charters, subcommittees, and measurable goals. Supported by GO Virginia (an economic development initiative launched by business leaders), the Claude Moore Foundation, and state appropriations, the partnership aligns education and employers to co-design healthcare pipelines, host annual advisory summits, and maintain a comprehensive website with career maps and implementation roadmaps. The Blue Ridge model shows how a structured intermediary can institutionalize collaboration, align policy with practice, and ensure regional strategies reflect the full talent pipeline from K-12 through post-graduate education.

The Oregon Consortium for Nursing Education (OCNE) similarly illustrates how statewide partnerships can streamline systems. OCNE unites nine community colleges and six

university campuses through a shared nursing curriculum, common prerequisites, and aligned admissions and student policies. This standardization allows students who begin at any participating community college to seamlessly complete their BSN at Oregon Health & Science University (OHSU) or online. OCNE demonstrates the power of codified agreements and shared governance in expanding access and improving program efficiency, both critical to optimizing regional nursing capacity.

Drawing on these lessons, Los Angeles County can adopt a model of ongoing stewardship that builds on existing infrastructure while piloting coordination tools to lay the groundwork for a sustainable regional intermediary. This entity could connect data systems across education and employers, provide real-time visibility into placements and workforce outcomes, and serve as a neutral convener to align local and state policy priorities.

State and local policymakers should incentivize, catalyze, and prioritize funding regional intermediaries to coordinate connections across employers and higher education institutions, including leveraging their data to inform regional planning on enrollment, clinical placements, and workforce demand.

Ecosystem Challenge #2. High administrative burden for all parties across the system.
Recommendation: Immediately begin the investment in greater regional infrastructure.

Educating, hiring, training, and retaining nurses is no small feat and comes with no small price tag. The amount of people-power needed to maintain training and hiring programs carries a significant administrative burden for all parties involved. The amount of staff hours required to manage these systems places a significant administrative burden on faculty, hospital staff, and clinical partners, pulling time and capacity away from teaching, mentoring, and program improvement. Over time, these cumulative burdens slow innovation and strain the very professionals charged with sustaining the pipeline. Concentrating future investments on shared systems and coordinated approaches could streamline these processes and improve overall efficiency across the region's nursing education and workforce pipeline.

Regional leaders should invest in strengthening supportive infrastructure like data systems, clinical placement software, and student-facing information that can be shared across stakeholders to alleviate some of the bureaucratic hurdles. The investment does not need to come from one source alone. Currently, the costs of administering placements, onboarding students, and managing compliance are high but diffuse, spread across dozens of colleges, hospitals, and individual staff members who are each maintaining their own systems. Over time, this fragmented approach expends significant collective resources without producing the efficiency or transparency needed for regional planning.

A more feasible and sustainable approach would involve braiding funds from multiple levels, including state programs, local healthcare systems, higher education budgets, and philanthropic partners, to support shared tools and coordination staff. Concentrating these smaller, distributed costs into common platforms would reduce duplication, free up capacity for educators and employers, and ultimately improve the functioning of the entire nursing pipeline.

If ever there were a place to capture economies of scale and reduce administrative burden, it is through shared infrastructure and coordinated planning that enable programs of all sizes to operate more efficiently. As part of this effort, regional leaders could explore establishing a regional higher education coordinating board to strengthen alignment among community colleges, CSU campuses, and other nursing education providers. Such a board would not replace institutional control but would help the region's higher education institutions speak and act with a unified voice to enhance partnership with private institutions and hospital partners, improving coordination on clinical placements, and ensuring more efficient allocation of slots, faculty resources, and costs. A coordinating entity could also provide sustained leadership for shared infrastructure, data transparency, and regional planning aligned with workforce needs.

A key first step is to strengthen and fully leverage California's Centralized Clinical Placement System (CCPS). The platform already exists and has state funding, providing a centralized portal to match students with available clinical sites, manage compliance documentation, and track placement data. Yet, as many interviewees noted, adoption across Los Angeles County remains inconsistent. Stakeholders consistently emphasized that while the CCPS has strong potential to improve coordination, it is not being fully utilized across hospitals and colleges. Many noted that inconsistent participation leads to fragmented communication and redundant administrative work. Broader and more

consistent adoption paired with integration into local data systems and expansion to include metrics on program outcomes, faculty capacity, and regional workforce needs would help realize the system's intended value. The state can strengthen expectations for universal participation in the Centralized Clinical Placement System (CCPS) and integrate it with broader workforce data to improve transparency and reduce duplication.

The regional programs explored earlier also offer promising examples of how shared infrastructure can enhance coordination and reduce administrative complexity. In Virginia, the Blue Ridge Partnership for Health Science Careers uses shared data systems and governance structures to align hospitals, schools, and employers, enabling real-time tracking of placements and workforce outcomes. In Oregon, the Oregon Consortium for Nursing Education (OCNE) coordinates curriculum, faculty development, and preceptorship funding across multiple institutions, helping to expand capacity and create a more consistent student experience. These models demonstrate that coordinated investment in shared infrastructure, supported by collective participation, can yield measurable improvements in efficiency, quality, and workforce alignment.

Addressing administrative burden in Los Angeles County will require innovation and intentional coordination. Colleges, hospitals, and regional partners can braid funding from multiple sources to support shared systems, data infrastructure, and coordination capacity. Within existing funding streams, stakeholders should also reassess priorities to ensure that resources are directed toward efforts that streamline processes, strengthen collaboration, and improve efficiency across the nursing education and workforce pipeline.

Los Angeles County is not alone in facing these challenges, and several statewide initiatives present opportunities to better align and strengthen nursing workforce systems. Governor Newsom's [California Career Education Master Plan](#) sets out a vision for connecting education and workforce systems to improve access, quality, and efficiency across career pathways, including healthcare. Similarly, the [California Community Colleges Vision 2030](#) emphasizes collaboration, innovation, and the removal of structural barriers to student success through data-driven decision-making and regional coordination. Together, these efforts signal a state-level commitment to building the infrastructure and partnerships needed to modernize and optimize workforce pipelines.

Additionally, the California Labor and Workforce Development Agency's High Road Training Partnerships (HRTPs) and other sector-based investments provide a framework for

shared funding and joint ownership of workforce development challenges. These models bring employers, labor, and education together to address talent shortages through quality jobs and equitable access to training. By leveraging these state-led efforts and aligning them with local initiatives, Los Angeles County can amplify its impact and ensure that resources are used efficiently and strategically.

Taken together, these state and regional efforts offer a foundation for a more connected nursing ecosystem, one where policy, funding, and implementation are aligned around shared priorities. With coordinated participation and targeted investment, Los Angeles County can serve as a model for how regions build sustainable systems that both reduce administrative burden and expand opportunity across the healthcare workforce pipeline.

CONCLUSION

Los Angeles County stands at a critical juncture in its effort to stabilize and strengthen the nursing workforce. This report has illuminated the complex dynamics of the regional nursing pipeline, where the shortage is not simply a matter of too few graduates, but rather a misalignment between educational pathways, employer needs, and systemic capacity. The labor market demand for more experienced nurses while new graduates compete for too few entry-level RN roles underscores the need for more strategic, coordinated interventions that go beyond expanding enrollment. Addressing transfer friction, rebalancing public-private program distribution of clinical placement slots, and investing in faculty and clinical infrastructure will be critical to solving the workforce crisis.

This report marks the first step in the initiative's work to better understand the challenges facing the nursing workforce in LA County and begin to pave a path forward for strong collaboration and alignment to build a resilient, equitable nursing ecosystem. The work over the next several years will require commitments from regional leaders to break down barriers and develop a coordinated approach that helps fill the needs of the county. The Los Angeles County Nursing 2035 Initiative offers timely and necessary leadership to address the systemic challenges outlined in the report. These recommendations are not just aspirational, but actionable. They call for bold leadership, sustained collaboration, and a shared commitment to redesigning systems that currently leak talent and stall progress. If implemented with urgency and care, these strategies can ensure that Los Angeles County not only meets its nursing workforce needs but sets a precedent for other regions grappling with similar challenges. The opportunity is clear: to turn a fragmented pipeline into a resilient, high-functioning ecosystem that supports nurses, employers, and the communities they serve.

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REFERENCES

Aiken, Linda H., Karen B. Lasater, Douglas M. Sloane, et al. (2023). "Physician and Nurse Well-Being and Preferred Interventions to Reduce Clinician Burnout in Hospital Practice." JAMA Health Forum. Vol. 4, No. 12, 2023. https://jamanetwork.com/journals/jama-health-forum/fullarticle/2807049

American Association of Colleges of Nursing. (2023). Employment of New Nurse Graduates and Employer Preferences for Baccalaureate-Prepared Nurses. https://www.aacnnursing.org/news-data/research-data-center/new-graduate-employment-data

American Association of Colleges of Nursing. (2025). Baccalaureate-Prepared Nurses are Essential to Quality Health Care. https://www.aacnnursing.org/Portals/0/PDFs/Publications/Benefits-of-the-BSN.pdf

American Association of Colleges of Nursing. (2024). New AACN Data Points to Enrollment Challenges Facing U.S. Schools of Nursing. https://www.aacnnursing.org/news-data/all-news/new-aacn-data-points-to-enrollment-challenges-facing-us-schools-of-nursing

American Association of Colleges of Nursing. (2023). New Data Show Enrollment Declines in Schools of Nursing, Raising Concerns About the Nation's Nursing Workforce. https://www.aacnnursing.org/news-data/all-news/article/new-data-show-enrollment-declines-in-schools-of-nursing-raising-concerns-about-the-nations-nursing-workforce

American Association of Colleges of Nursing. (2024). Nursing Faculty Shortage Fact Sheet. https://www.aacnnursing.org/news-data/fact-sheets/nursing-faculty-shortage

California Board of Registered Nursing. (2024). 2022–2023 Annual School Report: Data Summary for Pre-Licensure Nursing Programs. https://www.rn.ca.gov/pdfs/education/prelicensure22-23.pdf

California Board of Registered Nursing. (2024). 2024 Legislative Updates. https://www.rn.ca.gov/regulations/updates.shtml

California Board of Registered Nursing. (2025). Monthly Statistics. https://www.rn.ca.gov/consumers/stats.shtml

California Board of Registered Nursing. (2025). NCLEX-RN Pass Rates - First Time CA Educated Exam Testers. https://www.rn.ca.gov/education/passrates.shtml

California Health Care Foundation. (2024). Top Five Takeaways from CHCF's 2024 California Health Policy Poll. https://www.chcf.org/resource/top-takeaways-california-health-policy-poll/

Chetty, Raj, Nathaniel Hendren, John Friedman, Maggie R. Jones, Sonya R. Porter. (2018). The Opportunity Atlas. Opportunity Insights. https://opportunityinsights.org/paper/the-opportunity-atlas/

Cross Country. (2025). Beyond the Bedside: The State of Nursing in 2025. https://www.crosscountry.com/beyondthebedside

ECMC Group. (2022). Question the Quo: Gen Z Teens Want Shorter, More Affordable, Career-Connected Education Pathways. https://www.ecmcgroup.org/media/0slntjjh/qtq-survey-5-digital-reportpdf.pdf

ECMC Group. (2023). Question the Quo: Gen Z Teens Have Changed Their Priorities for Education and Work. https://www.questionthequo.org/media/x5zdjmxu/question-the-quo-june-2023-report.pdf

Edmunds, Julie A., Fatih Unlu, Brian Phillips, Christine Mulhern, Bryan C. Hutchins. (2024). "CTE-Focused Dual Enrollment: Participation and Outcomes." Education Finance and Policy. Vol. 19, No. 4. https://direct.mit.edu/edfp/article-abstract/19/4/612/117491/CTE-Focused-Dual-Enrollment-Participation-and?redirectedFrom=fulltext

Elkins, Nancy. (2020). "Failure to Complete BSN Nursing Programs: Students' Views." Journal for the Advancement of Educational Research International. Vol. 13, No. 1. https://files.eric.ed.gov/fulltext/EJ1252119.pdf

Gray, Sarah, Michelle Ragusa Morris, Danielle Bowie. (2024). "The Power of Self-Scheduling: Frontline Nurses' Insights and Perspectives to Achieve Staffing Flexibility." Nurse Leader. Vol. 22, No. 4. https://www.sciencedirect.com/science/article/abs/pii/S1541461223003336

Hart, Angela. (2025). California's Nursing Shortage is Getting Worse. Front-Line Workers Blame Management. HealthBeat. https://www.healthbeat.org/2025/10/08/california-nurse-shortage/

Havey, Nicholas, Jenny Keyt, and Carrie Byrne. (2024). Survey on Vacant Faculty Positions for Academic Year 2024–2025. American Association of Colleges of Nursing. https://www.aacnnursing.org/Portals/0/PDFs/Reports/Faculty-Vacancy-Report-2024.pdf

HCAI. (2025). RNSA Methodology & Map. https://data.chhs.ca.gov/dataset/registered-nurse-shortage-areas-in-california/resource/0dcf1d1e-7204-42d9-9035-fd47121664e6

HealthImpact. (2021). California Newly Licensed RN Employment Survey: Fall 2020 Research Report. Oakland, CA. https://healthimpact.org/publication/2020-ca-newly-licensed-rn-employment-survey-report/

Henshall, Catherine, Zoe Davey, and Debra Jackson. (2020). "Nursing Resilience Interventions – A Way Forward in Challenging Healthcare Territories." Journal of Clinical Nursing. Vol. 29, Nos. 19–20. https://pmc.ncbi.nlm.nih.gov/articles/PMC7228387/

Hospital Association of Southern California. (2019). Southern California's Health Care Workforce: Challenges, Approaches and Solutions. https://hasc.org/wp-content/uploads/sites/3/2019/10/hasc.pdf

HRSA. (2024). 2022 National Sample Survey of Registered Nurses Snapshot. https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/Nurse-Survey-Fact-Sheet-2024.pdf

Institute of Medicine. (2011). The Future of Nursing: Leading Change, Advancing Health. National Academies Press. https://pubmed.ncbi.nlm.nih.gov/24983041/

Johnson, Hans, Eric McGhee, Paulette Cha, Shannon McConville, with Shalini Mustala. (2025). California's Aging Population: Anticipating Dramatic Growth in the Number of Older Californians. Public Policy Institute of California. https://www.ppic.org/publication/policy-brief-californias-aging-population/

Kutney-Lee, Ann, Hayley Germack, Linda Hatfield, Sharon Kelly, Patricia Maguire, Andrew Dierkes, Mary Del Guidice, and Linda H. Aiken. (2016). "Nurse Engagement in Shared Governance and Patient and Nurse Outcomes." Journal of Nursing Administration. Vol. 46, No. 11. https://pmc.ncbi.nlm.nih.gov/articles/PMC5117656/

Kwon, Heui-Kyeong, Soohyun Kim, Kyung Yi Lee, Eunhee Jung, and Eunhee Lee. (2025). "Competency-Based Transitional Support Program for Newly Graduated Nurses: A Program Development Study." Journal of Nursing Research. Vol. 33, No. 5. https://pubmed.ncbi.nlm.nih.gov/40758825/

Martin, Brendan, Nicole Kaminski-Ozturk, Charlie O'Hara, and Richard Smiley. (2023). "Examining the Impact of the COVID-19 Pandemic on Burnout and Stress Among U.S. Nurses." Journal of Nursing Regulation. Vol. 14, No. 1. https://www.journalofnursingregulation.com/article/S2155-8256%2823%2900047-9/fulltext

McClain, Zoe. (2023). "Nurses Per Capita Ranked by State." Becker's Hospital Review. https://www.beckershospitalreview.com/workforce/nurses-per-capita-ranked-by-state/

Mohamed, Zahra, and Nathira Al-Hmaimat. (2024). "The Effectiveness of Nurse Residency Programs on New Graduate Nurses' Retention: Systematic Review." Heliyon. Vol. 10, No. 5. https://pmc.ncbi.nlm.nih.gov/articles/PMC10907523/

Montez, Jennifer Karas, Mark D. Hayward, and Anna Zajacova. (2021). "Trends in U.S. Population Health: The Central Role of Policies, Politics, and Profits." Journal of Health and Social Behavior. Vol. 62, No. 3. https://doi.org/10.1177/00221465211015411

NCSBN. (2024). Results of the 2024 National Nursing Workforce Study. https://www.ncsbn.org/research/recent-research/workforce.page

REFERENCES

NEOGOV. (2020). Time to Hire Report 2020. https://www.neogov.com/hubfs/NEOGOV-Time-to-Hire-Report.pdf

Newsom, Gavin. (2024). Veto Message. https://www.gov.ca.gov/wp-content/uploads/2024/09/AB-2104-Veto-Message.pdf

NSI Nursing Solutions, Inc. (2025). NSI National Health Care Retention & RN Staffing Report. https://www.nsinursingsolutions.com/documents/library/nsi_national_health_care_retention_report.pdf

Oruche, Ukamaka M., and Tamika C. B. Zapolski. (2020). "The Role of Nurses in Eliminating Health Disparities and Achieving Health Equity." Journal of Psychosocial Nursing and Mental Health Services. Vol. 58, No. 12. https://pubmed.ncbi.nlm.nih.gov/33238019/

Poku, Collins Atta, Jonathan Bayuo, Veronica Adwoa Agyare, Nana Kobi Sarkodie, and Victoria Bam. (2025). "Work Engagement, Resilience and Turnover Intentions Among Nurses: A Mediation Analysis." BMC Health Services Research. Vol. 25, No. 1. https://pmc.ncbi.nlm.nih.gov/articles/PMC11730472/

Rakshik, Shameek, and Matthew McGough. (2025). "How Does U.S. Life Expectancy Compare to Other Countries?" Health System Tracker. https://www.healthsystemtracker.org/chart-collection/u-s-life-expectancy-compare-countries/

Robinson, Charmaine. (2025). "The U.S. Nursing Shortage: A State-by-State Breakdown." NurseJournal. https://nursejournal.org/articles/the-us-nursing-shortage-state-by-state-breakdown/

Saad, Lydia. (2025). "Americans' Ratings of U.S. Professions Stay Historically Low." Gallup Poll Social Survey. https://news.gallup.com/poll/655106/americans-ratings-professions-stay-historically-low.aspx

Smiley, Richard A., et al. (2023). "The 2022 National Nursing Workforce Survey." Journal of Nursing Regulation. Vol. 14, No. 1. https://www.journalofnursingregulation.com/article/S2155-8256(23)00047-9/fulltext

Smiley, Richard A., Nicole Kaminski-Ozturk, Michaela Reid, Patricia Burwell, Carrie M. Oliveira, Yetty Shobo, Richard L. Allgeyer, Elizabeth Zhong, Charlie O'Hara, Audrey Volk, and Brendan Martin. (2025). "The 2024 National Nursing Workforce Survey." Journal of Nursing Regulation. Vol. 16, No. 1. https://www.journalofnursingregulation.com/article/S2155-8256(25)00047-X/pdf

Taylor, Mackenzie. (2024). "Nurse Tenure in 20 Major Cities." Becker's Hospital Review. https://www.beckershospitalreview.com/quality/nursing/nurse-tenure-in-20-major-cities/

Urban Institute. (2025). The U.S. Population Is Aging. https://www.urban.org/policy-centers/cross-center-initiatives/program-retirement-policy/projects/data-warehouse/what-future-holds/us-population-aging

Zalaznick, Matt. (2022). "Why Many High School Graduates Don't Feel Ready for College and Career Decisions." District Administration. https://districtadministration.com/briefing/college-and-career-decisions-high-school-graduates-not-ready-youscience/

Zinshteyn, Mikhail. (2024). "Should California Community Colleges Offer Bachelor's Degrees in Nursing? Universities Say No — And Newsom Agrees." CalMatters. https://calmatters.org/education/higher-education/2024/09/nursing-shortage/

A.1 - Stakeholder Interview Guide

As part of the Los Angeles County Nursing 2035 initiative, Education Strategy Group is conducting interviews with key leaders to gather insights on the most pressing challenges and opportunities in nursing education and workforce development. Your insights will help shape a data-informed regional action plan to expand and strengthen nursing pathways. Examples of questions for our discussion are listed below.

1. Introductions & Context
   - Briefly describe your role and how your work connects to nursing education or workforce development.
   - Share your perspective on the current state of the nursing workforce in LA County.

2. Awareness & Interest in Nursing Careers
   - What are the most effective ways to build awareness of nursing as a career?
   - What outreach or exposure strategies is your organization currently involved in?
   - What barriers do you see that may deter individuals from pursuing nursing?

3. Entry into Nursing Education and Training
   - What challenges do prospective students face when trying to enter nursing programs?
   - What efforts or innovations are helping improve access?
   - How is your organization involved in supporting entry into nursing education?

4. Persistence and Program Completion
   - What factors make it difficult for students to persist and complete nursing education or training?
   - What kinds of student support initiatives are in place, and are they working?
   - What do you see as the biggest opportunities to improve retention and success?

5. Partnerships and Collaboration
   - What partnerships are currently helping strengthen the nursing pipeline?
   - Where is collaboration working well, and where is there room for improvement?
   - What types of partnerships would you like to see more of?

6. Innovation and Long-Term Vision
   - What bold ideas or big changes are needed to ensure a strong nursing workforce by 2035?
   - Are there effective models or approaches—locally or nationally—we should consider?
   - What policy, funding, or structural changes could have the greatest impact?

7. Final Reflections
   - Please share any additional insights, recommendations, or connections.

A.2 - Survey Outline

Thank you for participating in this survey to inform the Los Angeles County Nursing 2035 Report. Your input is critical to identifying solutions that will strengthen and expand the nursing talent pipeline across the region.

This survey should take approximately 10-15 minutes to complete. Your responses will be kept anonymous and will be used in aggregate to guide the report's final recommendations.

There are no right or wrong answers. Please respond to each question to the best of your knowledge and experience. Thank you for sharing your insights.

Higher Education Survey

Background Information
- Please select your higher education institution type:
  - Community College
  - California State University (CSU)
  - University of California (UC)
  - Private 4-Year Institution
  - Other (please specify):
Please provide your position or title at your institution:

Awareness and Interest in Nursing Careers
- Where do you currently source enrollments in nursing-related education programs? (Select all that apply)
  - Recent high school graduates
  - Internal transfer from other majors/programs at your institution
  - Formal transfer from partner institutions (e.g., ADN or pre-nursing pathway)
  - Informal/individual transfer from partner institutions
  - Adult learners or career-changers
  - Workforce programs
  - International students
  - Other (please specify):
- What barriers do you observe that may prevent students from considering nursing as a viable career option? (Select all that apply)
  - Lack of interest in healthcare professions
  - Lack of awareness or exposure
  - Perceived cost of education
  - Academic difficulty in nursing programs
  - Complexity of the admissions or transfer process
  - Concerns about long-term career prospects in nursing
  - Availability of nursing jobs post-graduation
  - Other (please specify):

- What types of early exposure to healthcare careers do you believe are most effective in generating student interest? (Select all that apply)
  - Job shadowing
  - Career fairs
  - Work-based learning
  - Healthcare-focused dual enrollment offerings
  - Paid internships
  - Guest lectures
  - Other (please specify):
  - None of the above

Entry into Nursing Education
- Approximately what percentage of seats in your nursing program go unfilled each year? (Please provide your best estimate)
  - 0% (No unfilled seats)
  - 1 to 10%
  - 11 to 25%
  - 26 to 50%
  - More than 50%
  - Unsure
- In your opinion, what percentage of nursing program applicants would be capable of successfully completing the program but are turned away solely because of program capacity constraints at your institution?
  - 0% (We do not turn away any qualified applicants)
  - 1 to 10% of qualified applicants
  - 11 to 25%
  - 26 to 50%
  - 51 to 75%
  - More than 75%
  - Unsure / Unable to estimate
- In your opinion, what limits your institution's ability to admit more nursing students? (Select all that apply)
  - Student interest in nursing
  - Faculty shortages
  - Clinical placement constraints
  - Facility limitations
  - Budget limitations
  - Accreditation or regulatory caps
  - Other (please specify):
- Does your institution have formal transfer pathways or articulation agreements for nursing or pre-nursing students to or from other institutions?
  - Yes, with most in-state partner institutions
  - Yes, with select partner institutions
  - No, but currently in development
  - No, and not planned
  - Unsure

- Please estimate the percentage of students transferring through community college nursing or pre-nursing pathways who are affected by the following challenges. (Select the most accurate estimate for each challenge listed below: 0%, Up to 25%, Up to 50%, Up to 75%, Up to 100%, Unsure)
  - Some credits from community college programs are not accepted toward BSN requirements
  - No formal articulation agreements are in place between partner institutions
  - Prerequisite or general education course requirements differ between institutions
  - Transfer students receive limited advising or support during the transition
  - BSN programs have enrollment limits that affect transfer admissions
  - Admissions criteria (e.g., GPA, testing) limit transfer eligibility
  - If there are other major challenges not captured, please describe: (Open-ended response box)

Persistence and Success
- Please rank the following factors from most to least significant in contributing to student attrition in nursing programs.
  - Academic challenges
  - Financial hardship
  - Mental health or stress
  - Personal or family obligations
  - Clinical placement availability
  - Clinical experience gaps
- How would you rate your nursing program's current ability to meet student needs in each of the following areas? (Select the most accurate estimate for each area listed below: 1 – Unable to meet needs; 2 – Limited ability; 3 – Adequate ability; 4 – Strong ability; 5 – Fully able to meet needs; Unsure)
  - *Clinical placements*
  - *Faculty and instructors*
  - *Simulation labs*
  - *Student advising and wraparound supports*

Collaboration and Partnerships
- What types of partnerships would you most like to see expanded or newly developed to strengthen the nursing workforce in Los Angeles County? (Select all that apply)
  - Collaboration between community colleges and four-year universities
  - Partnerships between higher education institutions and healthcare employers for clinical placements or internships
  - Support for nursing students through wraparound services from community organizations
  - Partnerships with high schools to introduce nursing career pathways earlier
  - Initiatives to support underserved communities in nursing education
  - Increased collaboration with workforce development agencies
  - Collaboration with other industries (e.g., pharmaceuticals, insurance, technology) to create more learning opportunities for nurses

- How satisfied are you with your institution's current clinical placement coordination process overall?
  - *Very satisfied, Somewhat satisfied, Neutral, Somewhat dissatisfied, Very dissatisfied*

Innovation and Vision
- Please rank the following strategies based on their potential to expand clinical placement or residency program capacity in Los Angeles County. *(Rank from most impactful to least impactful)*
  - Building more partnerships between higher education institutions and hospitals and clinics for placement opportunities
  - Streamlining the clinical placement matching process
  - Exploring virtual or simulation-based residency programs
  - Increasing funding for healthcare institutions to support residency sites
  - Encouraging non-traditional healthcare settings to offer clinical placements
  - Collaboration between K-12, higher education, and healthcare systems to create a seamless pipeline
- What changes or investments do you believe would have the greatest impact on strengthening the nursing talent pipeline by 2035? *(Rank the following options from most impactful to least impactful)*
  - Significant investments in nursing faculty development
  - Expanding access to clinical placements and residency programs
  - State-level policy changes that incentivize nursing program growth
  - Creation of a unified data dashboard to track nursing program outcomes and employment rates
  - Enhanced financial support for nursing students, particularly from underserved communities
  - Stronger connections between employers and educational institutions for workforce planning
- Is there another change or investment not listed above that you believe would make a significant impact? If so, please describe it. *(Open-ended)*

Closing
- Would you be willing to participate in a follow-up conversation to help shape the recommendations?
  - Yes
  - No
  - Logic → If Yes | Please provide name and contact information.
- Please share any other feedback to understand challenges or ideas on strategies for improving the nursing pipeline in Los Angeles County.

Healthcare Employer Survey

Background Information
- Please provide your organization or company's name:
- Please provide your position or title:

Awareness and Interest
- What types of early exposure to healthcare careers do you believe are most effective in generating interest in nursing careers? (Select all that apply)
  - Job shadowing
  - Career fairs
  - Work-based learning
  - Healthcare-focused dual enrollment offerings
  - Paid internships
  - Guest lectures
  - None of the above
  - Other (please specify):

Entry into Nursing
- What are your primary sources for recruiting nursing staff (e.g., clinical placements, online platforms, referrals)? *(Open-ended)*
- What are the top challenges your organization encounters in managing clinical placements? *(Select all that apply)*
  - Staff burnout
  - Shortage of staff
  - Paperwork/onboarding
  - Managing last-minute scheduling changes
  - Communication with education institutions
  - Ensuring compliance
  - Tracking student information
  - Other (please specify):
- What percentage of students who complete clinical training at your site are typically hired by your organization?
  - 0% (None)
  - 1–10%
  - 11–25%
  - 26–50%
  - 51–75%
  - 76–100%
  - Varies significantly by year/program
  - Unsure / Do not track this data
- How frequently does your organization encounter challenges in hiring newly licensed Registered Nurses (RNs) due to a lack of practical readiness?
  - Never, Rarely, Sometimes, Frequently, Very Frequently
- How frequently do you hire RNs with no prior work experience in healthcare?
  - Never, Rarely, Sometimes, Frequently, Very Frequently

- Which of the following does your organization offer to support new BSN graduates' transition into the workforce? *(Select all that apply)*
    - Structured onboarding program
    - Preceptorship
    - Peer support groups
    - Mentorship
    - Clinical coaching
    - None of the above
    - Other:

Persistence and Success
- What is your organization's 12-month retention rate for newly hired Registered Nurses (RNs)? *(Please provide your best estimate)*
    - Less than 50%
    - 50–64%
    - 65–79%
    - 80–89%
    - 90% or higher
    - Unsure / Do not track this
- In your opinion, what are the most common reasons early-career Registered Nurses (RNs) leave your organization within the first 2 years? *(Select all that apply)*
    - Burnout or stress-related issues
    - Inadequate support
    - Limited career advancement
    - Schedule and/or work-life balance
    - Relocation or personal reasons
    - Inadequate compensation
    - High cost of living
    - Other (please specify):
- Which of the following strategies does your organization use to retain RNs? *(Select all that apply)*
    - Paid training or upskilling opportunities
    - Career advancement pathways
    - Mentorship or coaching
    - Wellness or mental health programs
    - Flexible scheduling or shift options
    - Retention bonuses
    - None of the above
    - Other (please specify):

Collaboration and Partnerships
- To what extent is your organization currently involved in partnerships to support the nursing talent pipeline (e.g., clinical placements, scholarships, advising, dual enrollment)?
  - Not at all involved, Somewhat involved, Moderately involved, Highly involved
  - Logic → If Somewhat to Highly involved | Please briefly describe the partnership(s) or initiative(s).
- Which education institutions do you currently partner with to recruit RN talent? *(Open-ended)*
- Overall, how satisfied are you with the preparation and readiness of RN graduates from your partner institutions?
  - Very Dissatisfied, Dissatisfied, Neutral, Satisfied, Very Satisfied
- How many clinical placement openings in nursing does your organization offer per year, on average? *(Open-ended)*
- In what ways does your organization support clinical placements for nursing students? *(Select all that apply)*
  - Dedicated clinical slots
  - Paid preceptorship
  - In-kind contributions (e.g., supplies, training)
  - None
  - Other (please specify):
- What types of partnerships would you most like to see expanded or newly developed to strengthen the nursing workforce in Los Angeles County? *(Select all that apply)*
  - Collaboration between community colleges and four-year universities
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  - Support for nursing students through wraparound services from community organizations
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  - Initiatives to support underserved communities in nursing education
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- What changes or investments do you believe would have the greatest impact on strengthening the nursing talent pipeline by 2035? *(Rank the following options from most impactful to least impactful)*
    - Significant investments in nursing faculty development
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    - State-level policy changes that incentivize nursing program growth
    - Creation of a unified data dashboard to track nursing program outcomes and employment rates
    - Enhanced financial support for nursing students, particularly from underserved communities
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Closing
- Would you be willing to participate in a follow-up conversation or focus group to help shape the recommendations?
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    - No
    - Logic → If Yes | Please provide name and contact information.
- Please share any other feedback to understand challenges or ideas on strategies for improving the nursing pipeline in Los Angeles County.