

**California Board of Registered Nursing**  
*2018 Survey of Registered Nurses*



Conducted for the  
California Board of Registered Nursing

by the  
University of California, San Francisco

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# Survey of Registered Nurses in California, 2018

*May 2020*

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*Andrea Seet and Miranda Werts provided valuable research support for this project as interns.*

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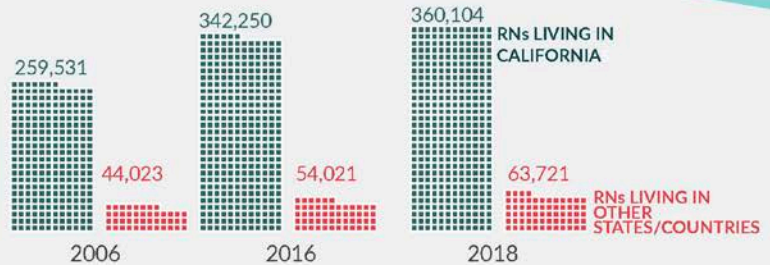
## **Executive Summary**

The 2018 Survey of California Registered Nurses is the eleventh in a series of surveys designed to describe the population of registered nurses (RNs) licensed in California and to examine changes in this population over time. Other studies were completed in 1990, 1993, 1997, and every two years since 2004. The 2018 survey was mailed to 8,000 RNs with active California licenses and addresses in the United States. The survey response rate was 57.6%, yielding information for about 4,608 nurses.

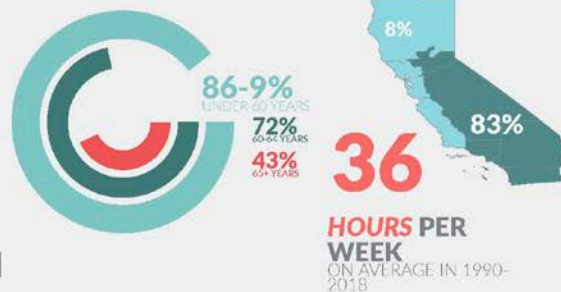
# REGISTERED NURSES *in California*

## ABOUT THIS SURVEY

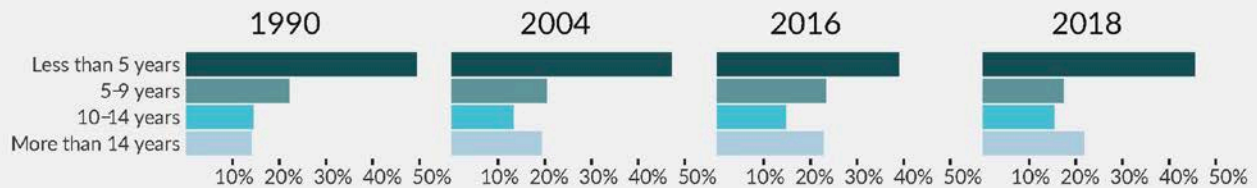
The California Board of Registered Nursing has conducted surveys of the state's registered nurse (RN) workforce since 1990. For the 2018 survey, surveys were delivered by email and postal mail to 8,000 RNs with California licenses in March, 2018. The response rate was 60.1% of the eligible population, producing data from 4,608 RNs. All analyses were weighted to ensure the results represent the total population of RNs with California licenses. The complete report is available at: <https://rnworkforce.ucsf.edu/publications/brn2018>



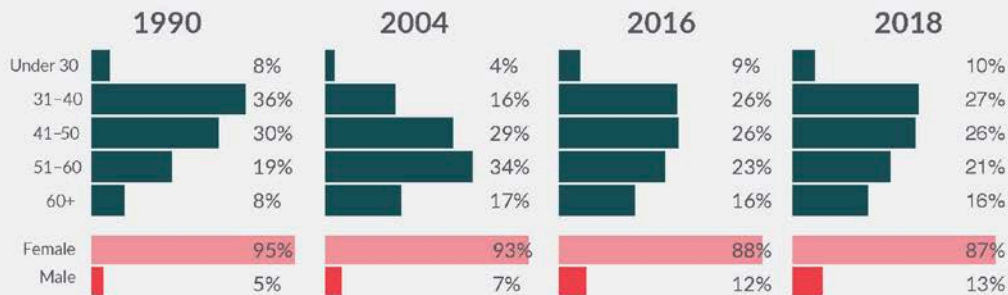
## EMPLOYMENT RATES



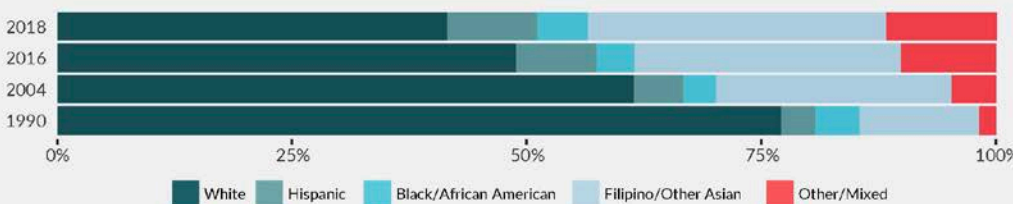
## TENURE IN CURRENT POSITION



## AGE AND GENDER COMPOSITION



## RACE/ETHNICITY COMPOSITION

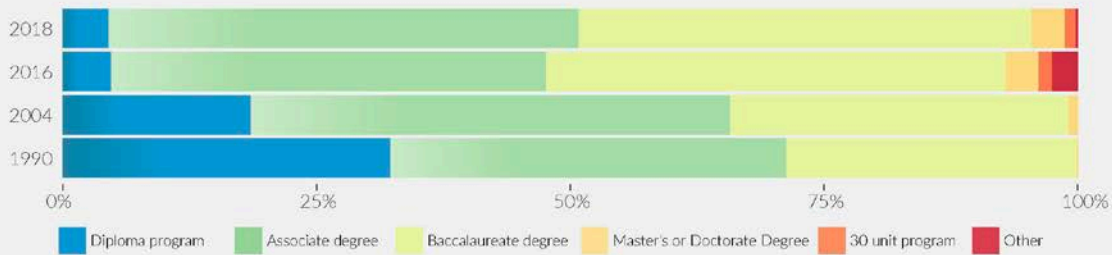


Since 2016, more than half of California's RN workforce has been from non-White racial and ethnic groups. The diversity of the workforce is even greater among younger RNs.

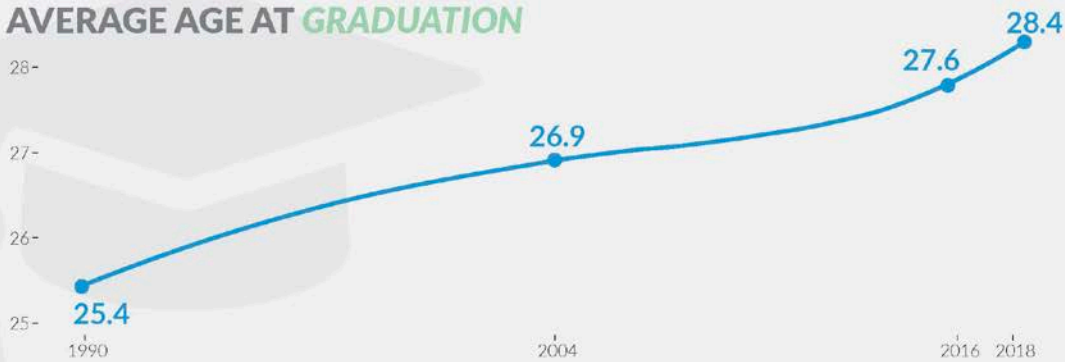
# REGISTERED NURSES in California

## EDUCATION

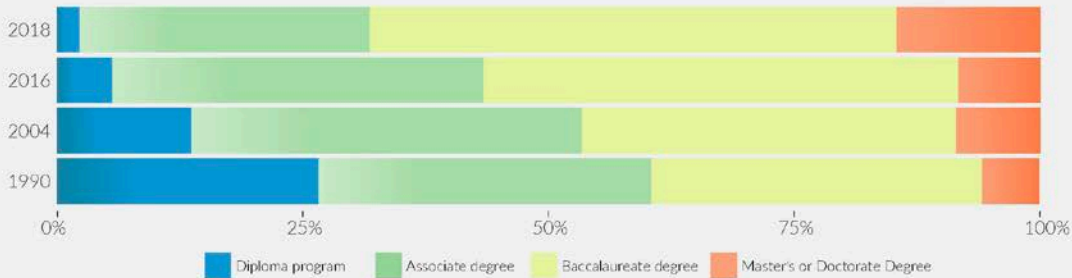
### PRE-LICENSURE EDUCATION



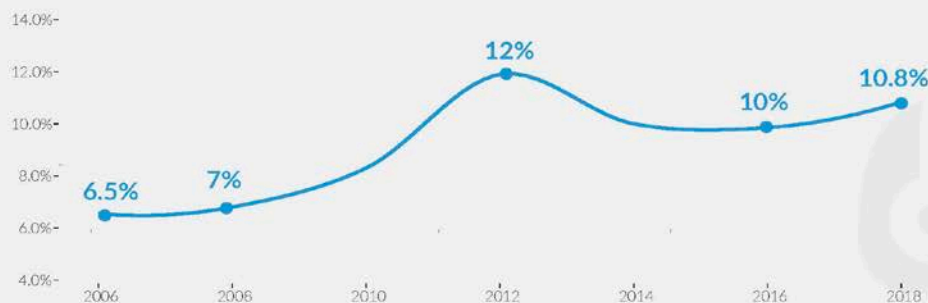
### AVERAGE AGE AT GRADUATION



### HIGHEST NURSING DEGREE



### CURRENTLY ENROLLED IN NURSING DEGREE OR CERTIFICATION PROGRAM

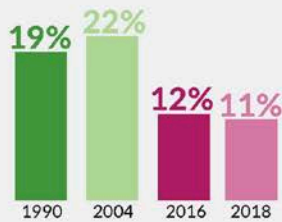


# REGISTERED NURSES in California

## JOB TITLES WORK SETTINGS

### NURSING JOB TITLES

SHARE OF RNs WITH MORE THAN ONE JOB



### NURSING WORK SETTING

SHARE OF RNs IN A TEMPORARY OR TRAVELING JOB



JOB TITLE	1993	2006	2018	TREND 1993-2018
Staff Nurse/Direct patient care provider	59.5%	61.2%	51.2%	
Charge Nurse	-	-	1.6%	
Staff Nurse and Charge Nurse (both)	-	-	1.5%	
Senior management, any setting	-	1%	1.2%	
Senior management, service setting	3.5%	-	-	
Middle management, any setting	-	7.7%	3.9%	
Middle management, service setting	14.5%	-	-	
Front-line management	-	5.9%	2.1%	
Management/Administration, academic setting	0.2%	-	-	
Clinical Nurse Specialist	3.2%	1.6%	0.5%	
Certified Registered Nurse Anesthetist	0.5%	0.4%	0.7%	
Certified Nurse Midwife	0.2%	0.2%	0.4%	
Nurse Practitioner	1.8%	4.7%	4.8%	
Educator, service setting/clinical nurse educator	2%	1.7%	1.0%	
Educator, academic setting	1.3%	2.5%	1.1%	
School Nurse	1.2%	1.8%	1.4%	
Public Health Nurse	2.2%	1.9%	1.6%	
Patient care coordinator/case manager/discharge planner	-	3.9%	3.1%	
Case Manager	4.5%	-	-	
QI/Utilization Review Nurse	-	1.7%	1.9%	
Occupational Health Nurse	-	0.3%	0.3%	
Telenursing	-	0.7%	0.6%	
Consultant	0.9%	-	-	
Researcher	0.8%	-	0.2%	
Infection Control Nurse	-	-	0.1%	
Clinical Nurse Leader	-	-	0.4%	
Other	3.3%	2.9%	5.9%	

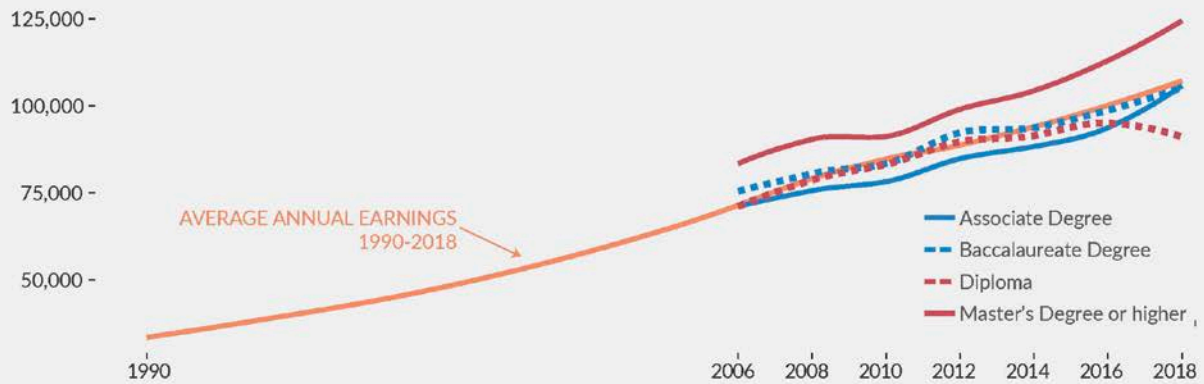
WORK SETTING	1993	2006	2018	TREND 1993-2018
Acute hospital	64.3%	62.7%	64.2%	
Hospital, inpatient or emergency	-	55.6%	52.8%	
Hospital, nursing home unit	-	0.5%	1.1%	
Hospital, ambulatory unit	-	4.8%	7.1%	
Hospital, ancillary unit	-	1.8%	0.4%	
Hospital, other department	-	-	2.8%	
Skilled nursing/extended care/rehabilitation	5.1%	2.3%	5.4%	
University or college	-	3.3%	-	
Academic nursing program	1.5%	-	1.1%	
Public health dept/community health agency	2.5%	2.5%	2.8%	
Home health nursing agency/service	5.9%	3.0%	3.0%	
Hospice	-	1.7%	0.1%	
Ambulatory care setting (office, surgery center)	10.9%	6.3%	7.6%	
Dialysis	-	1.5%	0.6%	
Telenursing organization/call center	-	-	0.5%	
Occupational health/employee health	0.8%	0.5%	0.4%	
School health (K-12 or college)	1.6%	1.8%	1.4%	
Mental health/drug and alcohol treatment	2.9%	3.8%	1.9%	
Forensic setting (correctional facility, prison, jail)	-	2%	1.8%	
Government agency (local, state, federal)	-	1.4%	0.8%	
Case management/disease management	-	-	2.2%	
Self employed	0.7%	0.5%	0.5%	
Other	3.8%	6.9%	5.8%	



# REGISTERED NURSES in California

## EARNINGS

### EARNINGS BY HIGHEST EDUCATION



### EARNINGS BY WORK SETTING



### ANNUAL EARNINGS BY REGION



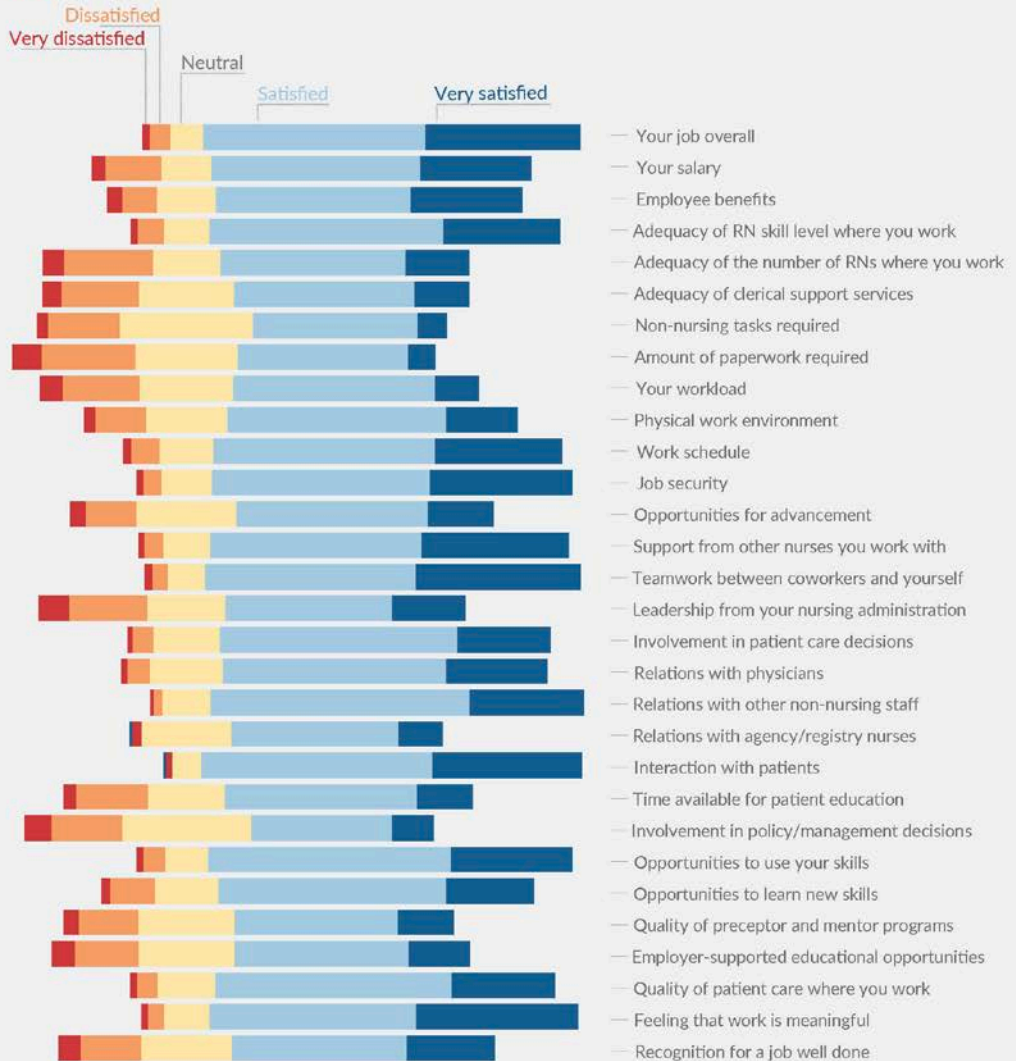
NORTHERN REGION		SACRAMENTO		BAY AREA		CENTRAL VALLEY		CENTRAL COAST		LOS ANGELES		INLAND EMPIRE		BORDER COUNTIES	
2006	\$60,160	2006	\$72,594	2006	\$78,319	2006	\$65,689	2006	\$65,715	2006	\$67,207	2006	\$66,938	2006	\$67,188
2010	\$70,763	2010	\$82,498	2010	\$93,406	2010	\$81,973	2010	\$76,563	2010	\$79,381	2010	\$77,913	2010	\$76,008
2012	\$74,387	2012	\$92,732	2012	\$98,075	2012	\$82,908	2012	\$83,096	2012	\$85,577	2012	\$81,805	2012	\$79,842
2014	\$82,318	2014	\$99,289	2014	\$102,539	2014	\$89,111	2014	\$90,601	2014	\$86,261	2014	\$84,071	2014	\$84,056
2016	\$86,777	2016	\$106,961	2016	\$111,213	2016	\$96,026	2016	\$90,940	2016	\$88,703	2016	\$91,025	2016	\$89,121
2018	\$91,255	2018	\$113,940	2018	\$120,081	2018	\$110,026	2018	\$103,463	2018	\$98,746	2018	\$102,531	2018	\$91,907

# REGISTERED NURSES in California

## JOB SATISFACTION

### JOB SATISFACTION IN 2018

Five aspects of nursing received the highest average satisfaction ratings in both 2016 and 2018: interactions with patients, nursing profession overall, teamwork, feeling that work is meaningful, and job overall. The aspects of work that were least satisfying in 2018 were amount of paperwork, involvement in policy and management decisions, non-nursing tasks, workload in general, and clerical support.



**5**  
BOTTOM

- AMOUNT OF PAPERWORK REQUIRED (3.17)
- INVOLVEMENT IN POLICY AND MANAGEMENT DECISIONS (3.25)
- NON-NURSING TASKS REQUIRED (3.31)
- WORKLOAD (3.38)
- CLERICAL SUPPORT (3.40)

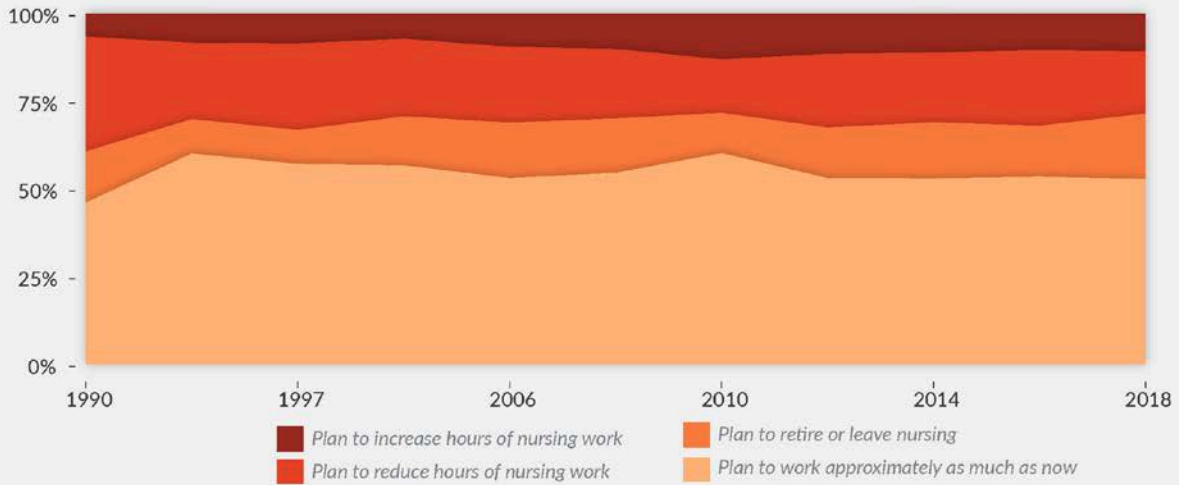
**TOP**  
**5**

- INTERACTION WITH PATIENTS (4.24)
- NURSING PROFESSION OVERALL (4.17)
- TEAMWORK (4.17)
- FEELING THAT WORK IS MEANINGFUL (4.15)
- YOUR JOB OVERALL (4.13)

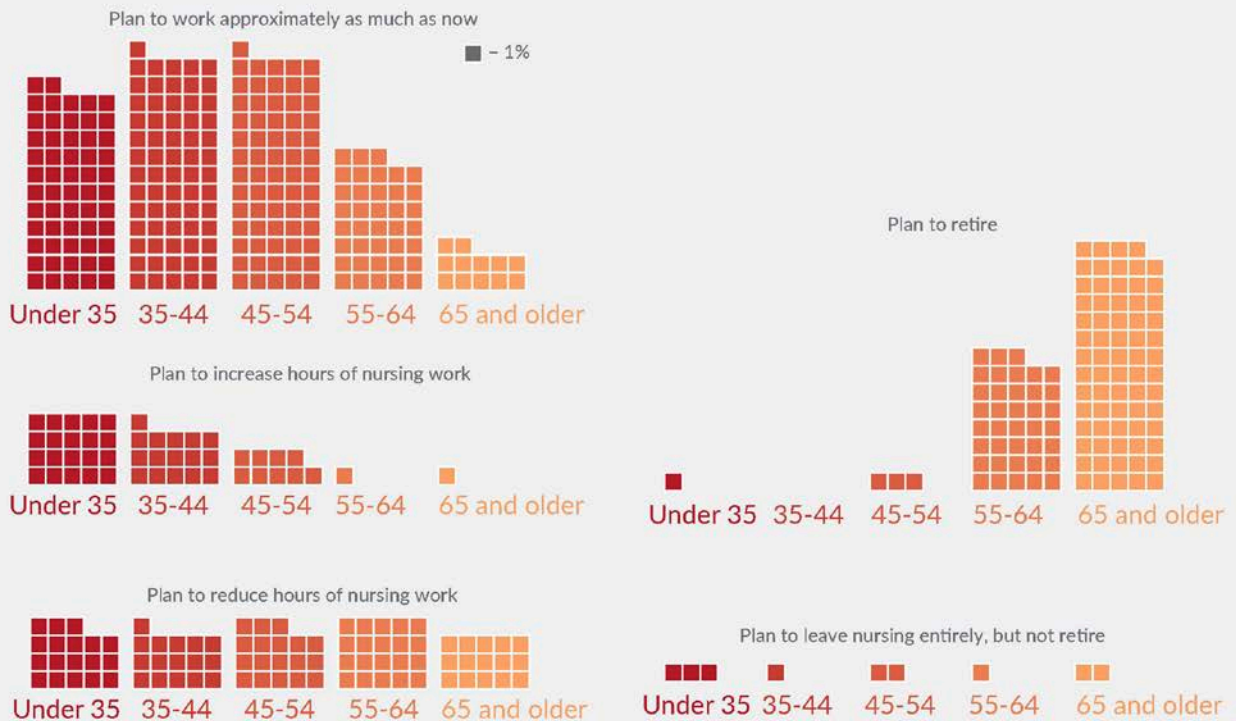
# REGISTERED NURSES *in California*

## FUTURE PLANS

### EMPLOYMENT PLANS IN 5 YEARS



### EMPLOYMENT PLANS IN 5 YEARS — BY AGE GROUPS (2018)



## **Chapter 1. Introduction and Methodology**

This study of registered nurses with California licenses is the eleventh in a series of surveys designed to describe licensed registered nurses in California and to examine changes over time. Surveys have been conducted in 1990, 1993, 1997, and every two years since 2004. The Board of Registered Nursing (BRN) has commissioned various organizations to conduct and analyze the surveys; surveys from 2006 onwards were conducted by the University of California, San Francisco (UCSF).

### ***Purpose and Objectives***

The purpose of the surveys is to collect and evaluate nursing workforce data to understand the demographics, education, and employment of registered nurses (RNs) with California licenses. Questions about perceptions of the work environment, reasons for discontinuing work in nursing, and plans for future employment are included in the surveys.

Each time the survey has been conducted, the survey questions and content have been modified based on findings from the previous survey, and items of interest have been added. General consistency of measures has been maintained, which permits the analysis of trends in California's nursing workforce over time. As in prior years, the 2018 survey included a space for respondents to provide comments or share observations for the Board of Registered Nursing. These narrative comments are analyzed in Chapter 5 of this report.

### ***Survey Development***

UCSF worked with the BRN to update the survey questionnaires for 2018. Specifically, the survey update included the following steps:

- A review of past surveys conducted for the BRN, particularly the survey conducted in 2016;
- Collaboration with staff at the BRN to identify current issues and draft the survey questionnaire;
- A review of draft questions by the BRN staff, UCSF staff, and other experts;
- Revision of the surveys based on feedback from BRN and UCSF staff, and other experts;
- Development of formatted survey instruments;
- Testing of the survey instruments by nurses recruited by UCSF, the Nursing Workforce Advisory Committee, and the BRN;
- Development of the web-based surveys;
- Testing of the web-based surveys by staff at the BRN and UCSF; and
- Editing the formatted surveys for printing and editing of the web-based surveys for online use.

### ***Selection of the RN Sample***

The survey was sent to 8,000 active RNs with addresses in California and other states. The Board of Registered Nursing delivered a file of all RNs to UCSF on February 14, 2018. This database included name, mailing address, birth date, date of licensure in California, date of last renewal, and license status. The database included 425,191 nurses with active licenses residing in the United States. Nurses were excluded from the survey if their birthdate was missing, indicated an age of younger than 20, or indicated an age greater than 100.

In order to obtain a survey dataset that could be used to examine the characteristics of nurses in different regions of California, we organized the eligible population into nine regions and selected the sample to be surveyed based on target numbers for each region. Eight of the regions were agglomerations of California counties, and the ninth region included all other states. This type of sampling strategy, called a stratified sample, is widely used in survey research and well-documented in numerous textbooks. With this type of sampling, surveys returned from each stratum (region, in this case) are weighted to produce statistically valid estimates of the full population.



Our goal was to have at least 400 respondents per region. To reach this goal, we assumed that the response rate for each region would be the same as for the 2016 survey, thus requiring at least 800 surveys be mailed to nurses in each region. The first four columns of Table 1.1 present our final sampling scheme.

### ***Process for Data Collection and Coding***

The 2018 survey was first sent by email to all RNs selected for the survey with email addresses available in the database provided by the Board of Registered Nursing. The email was delivered to 7,255 RNs on March 19, 2018. Reminder emails were sent on March 22, March 27, and March 30.

A cover letter from the Board of Registered Nursing was mailed to all RNs selected for the survey who had not already completed the online survey, which included information about how to complete the survey online, the survey instrument, and a postage-paid return envelope. The survey was mailed on April 23, 2018. A reminder postcard was sent on May 9, and the questionnaire was re-mailed on June 5 to non-respondents. Reminder postcards were sent on June 26 and July 25, 2018. An additional email reminder was sent on July 9. Data collection ended on October 5, 2018.

All mailings were sent by first-class mail. Outgoing surveys were coded with a tracking number, and completed surveys, along with ineligible and undeliverable cases, were logged into a response status file. The status file permitted close monitoring of the response rate. The web version of the survey was monitored as well. The first reminder postcard was sent to all nurses selected for the survey who had not already completed the survey online, but the re-mailing of the survey and last two reminder postcards were limited to nurses who had not yet responded to the survey.

Data from the web-based surveys were automatically entered into a database. All paper surveys were entered into a database by Office Remedies Inc., except the narrative comments, which were entered at UCSF. The paper data were entered twice, by two different people at two different times. The two entries for each survey respondent were compared, differences were checked against the paper survey, and corrections were made. After the comparisons were complete, discrepancies corrected, and duplicate records deleted, the data were checked again by another computer program to ensure only valid codes were entered and logical checks on the data were met. Approximately 63.8% of the respondents completed the survey online, an increase of over 40 percentage points from 2016.

### ***Response Rates and Representativeness of the Data***

By the end of the data collection period (October 5, 2018), questionnaires were received from 4,964 of the 8,000 registered nurses to whom surveys were mailed, but 25 of these indicated that they refused to participate and thus there were 4,608 useable responses. A total of 331 cases were determined ineligible for the survey due to being returned for lack of a current mailing address (323), reported death or other inability to participate (4), or revised residence outside the United States (4). Thus, there was a total of 7,669 eligible nurses and a 60.1% response rate for the eligible population. Table 1.2 details the survey response outcomes for all eight surveys (1990-2018).

Survey responses were matched to the original sampling database so that response bias could be examined. The last three columns of Table 1.1 present the regional distribution of survey respondents and the response rate for each region. There was some difference in response rates by region. Nurses in the San Francisco Bay Area, Sacramento, and the Central Coast regions were more likely to respond to the survey, while the lowest response was from nurses residing in the Inland Empire region. The age distribution of respondents also is different from that of the sample, as seen in Table 1.3. Younger nurses were less likely to respond to the survey, with only 21.4% of nurses under the age of 35 years completing the survey. In contrast, 73% of nurses aged 55 to 64 responded to the survey. Thus, nurses in the younger age group (35 years and under) are under-represented in the data, while nurses in the 55 to 64 age groups are over-represented.

To address differential response rate by age group and account for the regional stratification of the sample design, post-stratification weights were used to ensure that all analyses reflect the full statewide population of RNs with active California licenses. The post-stratification weights are based on the numbers of nurses in the sample file for each region and each age group. We used Stata MP 15, a commonly used statistical package, to

analyze the data. The survey data analysis commands in this software (svy) were used to conduct all analyses of the data for nurses with active licenses, using the post-stratification weights.

### *Precision of Estimates*

The size of the sample surveyed and the high response rate contribute to this survey providing very precise estimates of the true values in the population. For nurses with active licenses, any discrepancies between the respondents to the survey and the population have been corrected by weighting the data, as discussed above. The sample size and weighting ensure that the data presented in this report are representative of the statewide population of registered nurses.

Unweighted tables based on the full dataset of 4,608 nurses with active licenses may vary from the true population values by +/-1.28 percentage points from the values presented, with 95% confidence. The surveys of registered nurses from 1990 through 2004 were not weighted. The use of weights improves the accuracy and representativeness of the reported tabulations and means presented in this report. However, because all previous surveys had relatively large sample sizes, they also provided estimates of the true population that should be within a few percentage points of the true values.

**Table 1.1. California’s nursing workforce, the survey sample, survey respondents, and the response rate, by region, 2018**

		Actively Licensed RNs		Survey Sample		Survey Respondents		Response rate
Region	Counties	#	%	#	%	#	%	%
<b>Northern Counties</b>	Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Siskiyou, Sierra, Tehama, Trinity	10,948	2.6%	800	10.0%	455	10.3	56.9%
<b>Sacramento</b>	El Dorado, Placer, Sacramento, Sutter, Yolo, Yuba	27,005	6.4%	820	10.3%	478	10.6	58.3%
<b>San Francisco Bay Area</b>	Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma	81,604	19.3%	900	11.3%	556	11.7	61.8%
<b>Central Valley / Sierra</b>	Alpine, Amador, Calaveras, Fresno, Inyo, Kern, Kings, Madera, Mariposa, Merced, Mono, San Joaquin, Stanislaus, Tulare, Tuolumne	34,711	8.2%	925	11.6%	537	11.9	58.1%
<b>Central Coast</b>	Monterey, San Benito, San Luis Obispo, Santa Barbara	9,979	2.4%	850	10.6%	499	11.5	58.7%
<b>Los Angeles</b>	Los Angeles, Orange, Ventura	120,157	28.4%	910	11.4%	521	10.6	57.3%
<b>Inland Empire</b>	Riverside, San Bernardino	41,197	9.7%	935	11.7%	515	11.4	55.1%
<b>Border Counties</b>	Imperial, San Diego	34,503	8.1%	860	10.8	488	10.9	56.7%
<b>Out of State</b>	All states other than California	63,721	15.0%	1,000	12.5%	559	11.2	55.9%
<b>TOTAL</b>		423,825	100.0%	8,000	100.0%	4,608	100.0%	57.6%

Note: The estimated number of RNs per region was taken from the California Board of Registered Nursing database. Seven RNs are not included in these data due to erroneous age data.

**Table 1.2. Survey outcomes and response rates for registered nurses with active California licenses**

	1990*	1993	1997	2004	2006	2008	2010	2012	2014	2016	2018
<b>Questionnaires mailed</b>	<b>5,400</b>	<b>3,685</b>	<b>4,000</b>	<b>8,796</b>	<b>9,000</b>	<b>10,000</b>	<b>10,000</b>	<b>10,000</b>	<b>10,000</b>	<b>8,000</b>	<b>8,000</b>
In California				7,653	7,800	8,800	8,850	8,900	9,100	7,100	7,000
Out of state				1,143	1,200	1,200	1,150	1,100	900	900	1,000
<b>Ineligible cases**</b>	<b>1,075</b>	<b>388</b>	<b>274</b>	<b>864</b>	<b>552</b>	<b>998</b>	<b>209</b>	<b>142</b>	<b>188</b>	<b>193</b>	<b>331</b>
<b>Eligible cases</b>	<b>4,680</b>	<b>3,297</b>	<b>3,726</b>	<b>7,932</b>	<b>8,448</b>	<b>9,002</b>	<b>9,791</b>	<b>9,858</b>	<b>9,812</b>	<b>7,807</b>	<b>7,669</b>
Surveys returned				5,182	5,078	5,455	6,302	5,541	5,599	4,190	4,964
Refusals and incomplete surveys***				14	12	15	78	12	26	12	25
<b>Total respondents</b>	<b>3,112</b>	<b>2,476</b>	<b>2,784</b>	<b>5,168</b>	<b>5,066</b>	<b>5,440</b>	<b>6,224</b>	<b>5,529</b>	<b>5,573</b>	<b>4,178</b>	<b>4,608</b>
In California****				4,575	4,546	4,890	5,551	4,967	5,047	3,793	4,049
Out of state****				593	520	550	673	562	526	385	559
Response rate of all surveys mailed	57.6%	67.2%	69.6%	58.8%	56.3%	54.4%	62.2%	55.3%	55.7%	52.2%	57.6%
<b>Response rate of eligible population</b>	<b>66.5%</b>	<b>75.1%</b>	<b>74.7%</b>	<b>65.2%</b>	<b>60.0%</b>	<b>60.4%</b>	<b>63.6%</b>	<b>56.1%</b>	<b>56.8%</b>	<b>53.5%</b>	<b>60.1%</b>

\* The information displayed for 1990 was taken from Survey of Licensed Registered Nurses, California 1990. Different definitions were used in the computations for 1990. For more information, refer to the methodology section of the 1990 report.

\*\*Ineligible cases include surveys that were undeliverable or surveys returned with an indication that the nurse was deceased or disabled. In 2008, some nurses with inactive licenses were mistakenly sent the active survey; these nurses were deemed ineligible. In 1990, 1993, and 1997, retired nurses were deemed ineligible; all ineligible cases were omitted from the analytical data. Starting in 2004, retired nurses were considered eligible and included in the data analysis.

\*\*\*Individuals who responded that they did not wish to participate or who did not provide enough information for the survey to be useable were counted as eligible cases but removed from the analytic data. Individuals who completed one or more online surveys and a paper survey had their online responses removed. Individuals who completed more than one paper survey had their second survey removed. Individuals who completed one or more online surveys had their most complete online survey response used. Individuals who indicated they did not have a current active RN license or for whom employment status could not be imputed also had their responses removed.

\*\*\*\*There were 366 individuals who lived outside California at the time the survey sample was extracted; 19 people who lived within California at the time the sample was extracted moved to an out-of-state address between sampling and when they responded. Thus, the total number of respondents outside California at the time they responded was 385.

**Table 1.3. California’s active nursing workforce, the survey sample, survey respondents, and the response rate, by age group, 2018**

Age Group	Actively Licensed RNs		Survey Sample		Survey Respondents		Response Rate
	#	%	#	%	#	%	%
<b>Under 35 years</b>	97,391	23.0%	2,245	28.1%	988	21.4%	44.0%
<b>35-44 years</b>	98,616	23.3%	1,900	23.8%	990	21.5%	52.1%
<b>45-54 years</b>	91,876	21.7%	1,580	19.8%	970	21.0%	61.4%
<b>55-64 years</b>	91,520	21.6%	1,265	15.8%	874	19.0%	69.1%
<b>65 years and older</b>	44,422	10.5%	1,010	12.6%	786	17.1%	77.8%
<b>TOTAL</b>	423,825	100.0%	8000	100.0%	4,608	100.0%	57.6%

## **Chapter 2. California’s Nursing Workforce**

California’s registered nurse (RN) workforce is composed of nurses who have active California RN licenses. Some nurses with active California licenses do not reside in California, as noted in Chapter 1, but these nurses are still considered part of the state’s RN workforce. Nurses residing outside California can commute from a neighboring state, work temporarily within California, or serve California patients through telenursing. California’s RN workforce also includes nurses who are not currently working, because they have the potential to work in California as long as they maintain an active license. The population of nurses with active California RN licenses, which numbered 423,825 at the time this survey was conducted, is described in this chapter.

### ***Employment Status of RNs with Active Licenses***

Most of California’s registered nurses were employed in nursing positions in 2018, defined as positions that require an RN license. At the time of the survey, 81.4% of nurses with active licenses and California addresses reported that they were working in nursing, totaling approximately 293,125 RNs (Table 2.1). This was a lower employment rate than measured in prior surveys. The estimated percentage of nurses employed in nursing varied somewhat from year to year but has consistently been over 81% of the actively licensed workforce. Note that because the employment rates are estimated from a sample of the RN population, the actual employment rates may be higher or lower than reported in this table. In the 2018 survey, the margin of error (with 95% confidence) was 1.28 percentage points for RNs residing in California, which means that there is 95% probability that the true employment rate was between 80.1% and 82.7%.

**Table 2.1. Employment status of RNs with active California licenses residing in California, by survey year**

	1990	1993	1997	2004	2006	2008	2010	2012	2014	2016	2018
<b>Employed in nursing</b>	82.6%	89.3%	84.2%	87.5%	86.7%	86.9%	87.4%	85.1%	83.4%	86.2%	81.4%
<b>Not employed in nursing</b>	17.4%	10.7%	15.8%	12.5%	13.3%	13.1%	12.6%	14.9%	16.6%	13.8%	18.6%
<b>Number of respondents</b>	2,724	2,476	2,955	4,280	4,346	4,890	5,551	4,967	5,047	3,789	4,049

Note: Data (2006-2018) are weighted to represent all RNs with active licenses.

There is variation in employment rates according to region, as shown in Table 2.2. Nurses living in the Sacramento, Central Valley and Sierra, Los Angeles, Inland Empire, and Border regions were more likely to work than average, and nurses who resided in the Northern, San Francisco Bay Area, and Central Coast regions were less likely to be employed in nursing. The data suggest there may have been declines of at least three percentage points between 2016 and 2018 in the percentages of RNs employed in the Sacramento, San Francisco Bay Area, Central Valley, and Inland Empire regions.

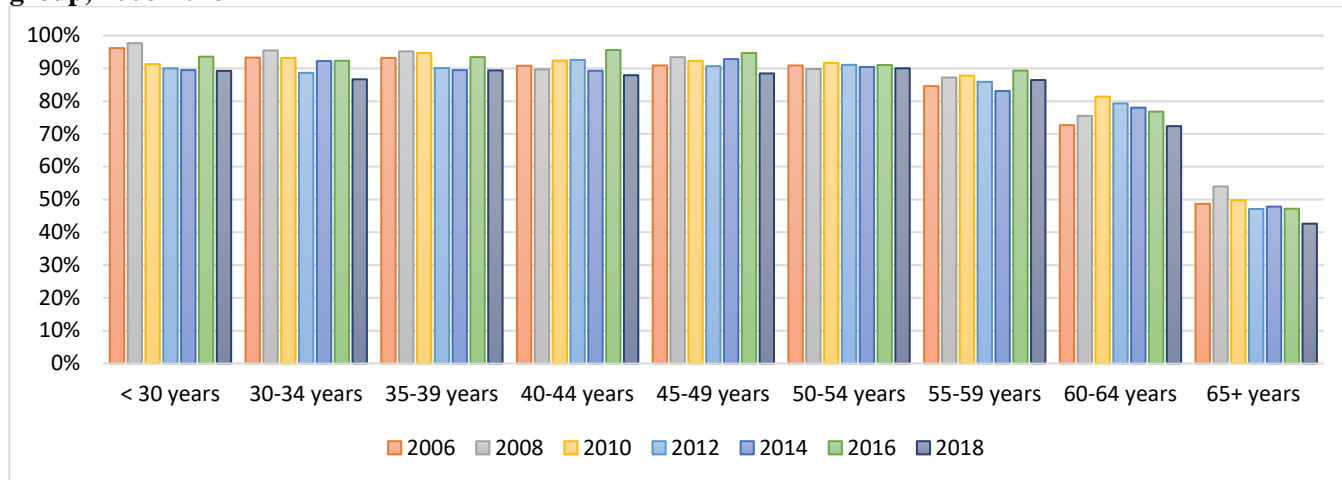
**Table 2.2. Employment status of RNs with active California licenses, by region, 2010-2018**

	2010	2012	2014	2016	2018
<b>Northern Counties</b>	87.9%	86.2%	79.8%	81.1%	80.0%
<b>Sacramento</b>	87.2%	85.7%	83.5%	86.5%	82.0%
<b>San Francisco Bay Area</b>	85.9%	83.9%	82.1%	85.9%	78.9%
<b>Central Valley/Sierra</b>	90.0%	84.5%	84.9%	86.8%	83.3%
<b>Central Coast</b>	83.7%	83.0%	82.7%	79.5%	80.0%
<b>Los Angeles</b>	87.4%	84.3%	83.5%	86.8%	81.9%
<b>Inland Empire</b>	88.0%	88.8%	85.0%	86.7%	82.6%
<b>Border Counties</b>	89.2%	86.8%	84.1%	86.9%	82.4%
<b>Out of State</b>	83.4%	84.6%	83.0%	80.1%	82.8%

Note: 2018 number of cases=4,608. Rows may not add to 100% due to rounding. Data are weighted to represent all RNs with active licenses.

The employment status of nurses with active licenses varies by age group, as seen in Figure 2.1 and Table 2.3. Over 87% of nurses under age 55 years were working in nursing positions, and 86.5% of RNs 55 to 59 years old were employed. Employment rates increased for almost all age groups between 2014 and 2016 but declined between 2016 and 2018. The decreases in the percentage of nurses under 45 years old employed in nursing positions is a continuation of a trend toward lower employment that began in 2008. The decline in employment rates of nurses 60 years and older between 2010 and 2018 may be the result of improving economic conditions in California and the U.S., which returned the retirement savings of many Americans to pre-recession levels.

**Figure 2.1. Employment status of the statewide population of RNs with active California licenses, by age group, 2006-2018**



Note: 2018 number of cases=4,049. Data (2006-2018) are weighted to represent all RNs with active licenses.

**Table 2.3. Percent of RNs residing in California working in nursing, by age group, 2004-2018**

	2004	2006	2008	2010	2012	2014	2016	2018
<b>Under 30 years</b>	96.1%	96.2%	97.7%	91.3%	90.0%	89.5%	93.6%	89.3%
<b>30-34 years</b>	95.0%	93.3%	95.5%	93.2%	88.7%	92.2%	92.3%	86.7%
<b>35-39 years</b>	91.8%	93.2%	95.2%	94.7%	90.1%	89.5%	93.5%	89.4%
<b>40-44 years</b>	88.4%	90.8%	89.7%	92.4%	92.6%	89.3%	95.6%	87.9%
<b>45-49 years</b>	90.6%	90.9%	93.4%	92.3%	90.7%	92.8%	94.7%	88.5%
<b>50-54 years</b>	91.8%	90.9%	89.8%	91.7%	91.1%	90.4%	91.1%	90.0%
<b>55-59 years</b>	90.3%	84.6%	87.2%	87.8%	85.9%	83.1%	89.3%	86.5%
<b>60-64 years</b>	78.7%	72.7%	75.5%	81.4%	79.3%	78.0%	76.8%	72.4%
<b>65 years and older</b>	55.4%	48.7%	54.0%	49.8%	47.1%	47.8%	47.2%	42.6%

Note: 2018 number of cases=4,049. Data (2006-2018) are weighted to represent all RNs with active licenses.

### *Age Distribution of California RNs*

As seen in Table 2.4, in 2018, 41.3% of nurses with active California licenses were 50 years or older in 2018. This percentage has declined from its high of 49% in 2008. The population of nurses with California addresses had a similar age distribution in 2018 to that of all nurses with California licenses, with 42% being 50 years or older. The percentage of nurses with active California licenses under 45 years of age increased over the past decade from a low of 39.1% in 2008 to a high of 46.3% in 2018.

**Table 2.4. Age distribution of all RNs with active California licenses, 2008-2018**

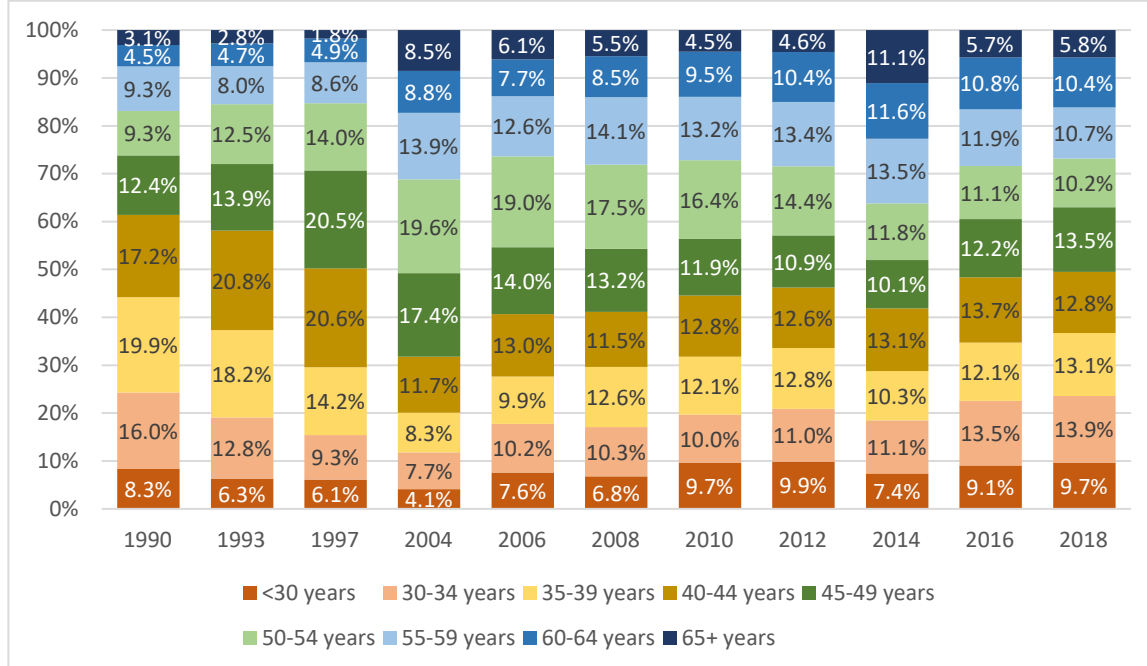
	All Active RNs						California Residents					
	2008	2010	2012	2014	2016	2018	2008	2010	2012	2014	2016	2018
Under 30 years	6.1%	9.1%	10.0%	7.4%	8.7%	9.6%	6.1%	9.3%	9.3%	7.4%	8.4%	8.8%
30-34 years	10.0%	10.0%	10.3%	11.4%	12.9%	13.4%	9.3%	9.4%	10.6%	11.1%	12.6%	13.1%
35-39 years	11.9%	11.5%	11.9%	10.4%	10.8%	11.7%	11.5%	11.2%	12.0%	10.3%	11.2%	12.0%
40-44 years	11.1%	11.9%	11.8%	13.0%	12.5%	11.6%	11.2%	12.1%	11.6%	13.1%	12.3%	11.8%
45-49 years	12.0%	11.2%	10.5%	10.1%	11.1%	12.4%	12.3%	11.2%	10.2%	10.1%	11.1%	12.4%
50-54 years	17.1%	15.7%	13.4%	11.7%	10.5%	9.2%	17.0%	15.6%	13.5%	11.8%	10.5%	9.2%
55-59 years	13.8%	13.1%	13.2%	13.4%	11.3%	10.2%	14.1%	13.2%	13.3%	13.5%	11.5%	10.1%
60-64 years	9.8%	10.0%	10.9%	11.7%	12.3%	11.4%	9.8%	10.2%	11.2%	11.6%	12.1%	11.7%
65 years and older	8.3%	7.5%	7.9%	10.8%	10.0%	10.5%	8.8%	7.9%	8.3%	11.1%	10.4%	11.0%
Number of cases	5,440	6,224	5,529	5,573	3,793	4,608	4,890	5,551	4,967	5,047	3,112	4,049

Note: Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

\*Data not available.

Figure 2.2 and Table 2.5 depict the age distributions of nurses employed in nursing and residing in California for each survey year. In 1990, the largest share of nurses was 35 to 39 years and the largest age group became steadily older until 2004, when it reached 50 to 54 years. This age group remained the largest through 2012, but in 2014 it was surpassed by the 40 to 44 age group. Since 2004 there has been growth in the percentages of nurses in all age groups under 45 years old. Growth in the share of younger nurses is probably the result of expansions in the number of new RN graduates in California since 2000.<sup>1</sup>

**Figure 2.2. Age distribution of currently working nurses residing in California, by survey year**



Note: 2018 number of cases=3,200. Data (2006-2018) are weighted to represent all RNs with active licenses.

<sup>1</sup> Blash, L, Spetz, J. 2019. 2017-2018 Annual School Report: Data Summary and Historical Trend Analysis. Sacramento, CA: California Board of Registered Nursing.

**Table 2.5. Age distribution of working registered nurses residing in California, by survey year**

Age Groups	1990	1993	1997	2004	2006	2008	2010	2012	2014	2016	2018
Under 30	8.3%	6.3%	6.1%	4.1%	7.6%	6.8%	9.7%	9.9%	8.0%	9.1%	9.6%
30-34	16.0%	12.8%	9.3%	7.7%	10.2%	10.3%	10.0%	11.0%	12.3%	13.5%	13.9%
35-39	19.9%	18.2%	14.2%	8.3%	9.9%	12.6%	12.1%	12.8%	11.1%	12.1%	13.1%
40-44	17.2%	20.8%	20.6%	11.7%	13.0%	11.5%	12.8%	12.6%	14.0%	13.7%	12.8%
45-49	12.4%	13.9%	20.5%	17.4%	14.0%	13.2%	11.9%	10.9%	11.3%	12.2%	13.5%
50-54	9.3%	12.5%	14.0%	19.6%	19.0%	17.5%	16.4%	14.4%	12.8%	11.1%	10.2%
55-59	9.3%	8.0%	8.6%	13.9%	12.6%	14.1%	13.2%	13.4%	13.4%	11.9%	10.7%
60-64	4.5%	4.7%	4.9%	8.8%	7.7%	8.5%	9.5%	10.4%	10.8%	10.8%	10.4%
65 or older	3.1%	2.8%	1.8%	8.5%	6.1%	5.5%	4.5%	4.6%	6.4%	5.7%	5.8%
Mean age of RNs working in nursing	42.9	43.6	44.6	47.6	47.1	47.1	46.3	46.1	46.7	45.0	45.3
Number of cases	2,226	2,192	2,451	3,020	3,732	4,890	4,726	4,100	4,129	3,112	3,200

Note: Columns might not total 100% due to rounding. Data (2006-2016) are weighted to represent all RNs with active licenses.

The age distribution of actively licensed RNs varies by region in California, as seen in Table 2.6. Historically and currently, the Northern Counties and Central Coast have a somewhat older population of nurses, on average, while nurses residing outside California and in the Central Valley, Inland Empire, and the Southern Border regions tend to be younger.

**Table 2.6. Age distribution of all RNs with active California licenses, by region, 2018**

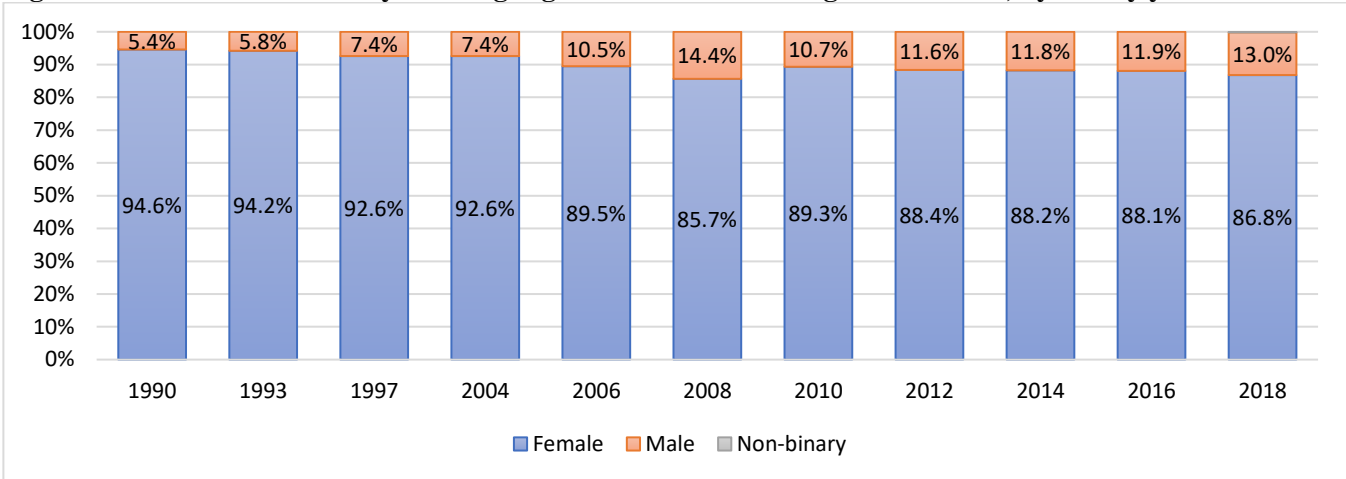
	Out of state	Northern Counties	Sacramento	Bay Area	Central Valley/ Sierra	Central Coast	Los Angeles	Inland Empire	Border Counties
Under 30 years	13.8%	8.5%	8.9%	7.7%	6.5%	6.9%	9.7%	8.7%	11.2%
30-34 years	15.3%	10.1%	10.6%	12.8%	15.3%	12.2%	14.0%	11.4%	13.3%
35-39 years	10.3%	11.5%	13.0%	12.1%	13.9%	11.4%	10.9%	10.4%	14.9%
40-44 years	10.2%	7.9%	12.0%	12.7%	10.3%	7.5%	12.8%	14.0%	7.6%
45-49 years	12.5%	10.8%	13.9%	12.7%	13.4%	11.3%	11.8%	12.5%	12.6%
50-54 years	9.5%	9.1%	9.8%	8.5%	9.3%	10.4%	9.2%	11.0%	7.7%
55-59 years	10.6%	10.8%	10.6%	9.5%	11.9%	12.8%	8.9%	11.9%	10.2%
60-64 years	10.0%	16.4%	11.1%	11.7%	9.9%	12.8%	12.3%	10.3%	12.1%
65 and over	7.8%	14.9%	10.3%	12.2%	9.5%	14.6%	10.6%	9.8%	10.4%
Mean age of RNs with active licenses	45.1	49.7	47.1	47.7	46.7	49.4	46.7	42.3	46.3

Note: Number of cases=4,608. Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

### ***Diversity of California’s RN Workforce***

Nursing continues to be predominantly female, although men comprise an increasing share of the profession, as seen in Figure 2.3. Between 2004 and 2008, there was notable growth in the percentage of employed RNs that was male, from 7.4% to 14.4%. The share has declined slightly since then; in 2018, 13% of working RNs were male. Table 2.7 presents the gender mix by age of all actively licensed RNs residing in California, both working and not working in nursing. Nurses under 35 years old had the greatest percentage of men in 2018, with 14.3% of nurses in this age group being male.

**Figure 2.3. Gender of currently working registered nurses residing in California, by survey year**



Note: 2018 number of cases=3,093. Data (2006-2018) are weighted to represent all RNs with active licenses. RNs with missing data are excluded from the calculation.

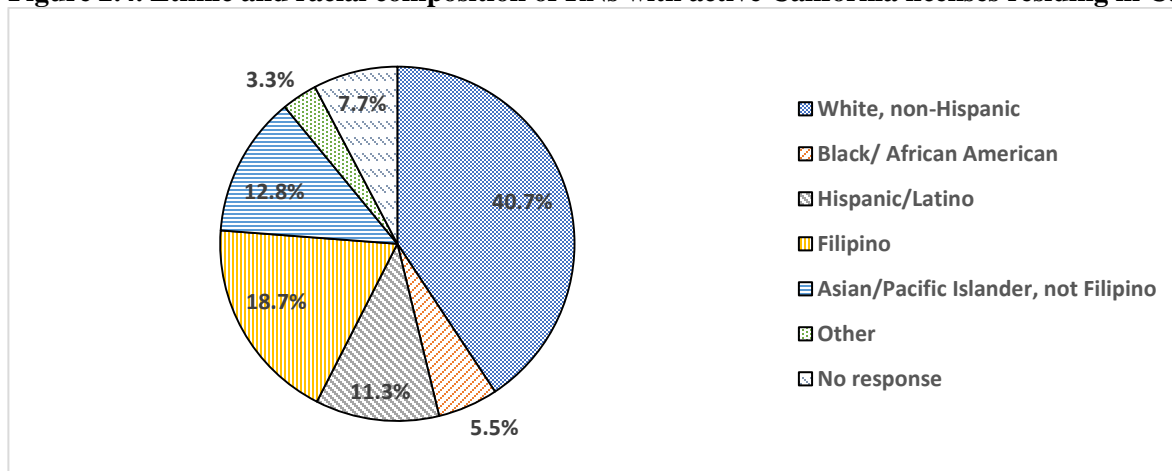
**Table 2.7. Gender of active RNs who reside in California, by age group, 2018**

	Female	Male	Non-binary	No response
All RNs	82.3%	11.7%	0.2%	5.7%
Under 35 years	79.3%	14.3%	0.4%	5.9%
35-44 years	77.8%	13.2%	0.2%	8.7%
45-54 years	82.6%	11.9%	0.2%	5.3%
55-64 years	85.6%	10.2%	0.0%	4.2%
65 years and older	91.3%	5.8%	0.0%	2.9%

Note: Number of cases=4,049. Data are weighted to represent all RNs with active licenses.

Figure 2.4 presents the racial and ethnic composition of RNs with active licenses who reside in California. Less than half are non-Hispanic White (40.7%), and Filipinos represented 18.7% of the RN workforce in 2018. Hispanic and Latino nurses accounted for 11.3% of the nursing workforce, and Asians who are not Filipino comprised 12.8%. Black/African American nurses represented 5.5% of California’s active nurses.

**Figure 2.4. Ethnic and racial composition of RNs with active California licenses residing in California, 2018**



Note: Number of cases=4,049. Data are weighted to represent all RNs with active licenses.

The racial and ethnic backgrounds of nurses who are working are presented in Table 2.8. California’s employed RNs have become more diverse over the past three decades. In 1990, White RNs represented 77.2% of the workforce but in 2018 only 41.6% of employed nurses were White. Filipinos make up the next largest ethnic group of nurses, accounting for 13.4% of working RNs in 1993 and 20.6% in 2018. There has been growth in the



share of working RNs who are of Asian Indian or Other Asian descent as well, from 4.8% in 1993 to 11.2% in 2018. The share of nurses of Hispanic descent was 9.6% in 2018, an increase of 3.7% since 1990. The shares of Black/African American, Native American, and Pacific Islander nurses have been comparatively stable from 1990 through 2018.

**Table 2.8. Racial/ethnic backgrounds of currently working registered nurses residing in California, by survey year**

	1990	1993	1997	2004	2006	2008	2010	2012	2014	2016	2018
<b>White, non-Hispanic</b>	77.2%	72.6%	64.5%	61.5%	62.0%	58.6%	53.8%	53.4%	51.6%	49.0%	41.6%
<b>Hispanic/Latino</b>	3.7%	4.5%	4.9%		5.7%	7.5%	8.5%	6.9%	7.2 %	8.5%	9.6%
<b>Hispanic or Latino of Mexican descent</b>	*	*	*	5.3%	*	*	*	*	*	*	*
<b>Other Hispanic</b>	*	*	*	1.2%	*	*	*	*	*	*	*
<b>Black/African American</b>	4.7%	3.5%	4.8%	3.5%	4.6%	4.1%	4.2%	5.2%	5.0%	4.1%	5.4%
<b>Asian, Southeast Asian/Pacific Islander</b>	12.7%	*	*	*	*	*	*	*	*	*	*
<b>Filipino</b>	*	13.4%	15.9%	18.2%	17.7%	18.0%	20.8%	21.3%	20.3%	19.3%	20.6%
<b>Asian Indian</b>	*	0.4%	1.2%	1.0%	0.8%	1.4%	1.6%	1.5%	1.2%	1.5%	2.0%
<b>Other Asian</b>	*	4.4%	5.5%	5.9%	5.8%	7.1%	7.7%	8.1%	7.3%	7.6%	9.2%
<b>Pacific Islander</b>	*	0.3%	0.2%	0.2%	0.2%	0.1%	0.1%	0.4%	0.3%	0.4%	0.7%
<b>Native American/Native Alaskan</b>	0.6%	0.5%	0.5%	0.3%	0.8%	0.4%	0.3%	0.2%	0.4%	2.0%	0.4%
<b>Mixed</b>	*	*	*	1.6%	2.3%	2.0%	2.6%	3.1%	6.6%	7.7%	10.7%
<b>Other</b>	1.2%	0.5%	2.4%	1.3%	0.3%	0.8%	0.6%				
<b>Number of cases</b>	2,251	2,179	2,458	2,948	3,712	4,756	4,610	3,964	4,051	3,033	3,030

\* Racial/ethnic group was not included in the choices in that survey year. In 2012/2014, Mixed and Other race/ethnicity were combined. Note: Columns might not total 100% due to rounding. Data (2006-2018) are weighted to represent all RNs with active licenses.

The diversity of RNs with active licenses living in California is more prominent among younger nurses, as seen in Table 2.9. Racial/ethnic groups are combined in this and the following tables and figures due to the small number of observations for Asian Indians, Pacific Islanders, and Native American/Native Alaskan. In 2018, non-Hispanic Whites accounted for less than half of RNs under 54 years of age. Filipino nurses represented over a quarter of nurses between ages 45 to 54 years (27.5%) and more than 18% of RNs under 35 years old. More than 11% of RNs under 45 years old were Hispanic/Latino. Non-Filipino Asians and Pacific Islanders accounted for more than 15% of nurses under 45 years old. Black/African American nurses were the only group with smaller percentages among younger nurses than older nurses, at more than 6% among those 55 years and older but only 2.5% of those under 35 years old. There is little variation across age groups in the share of RNs that was Native American.

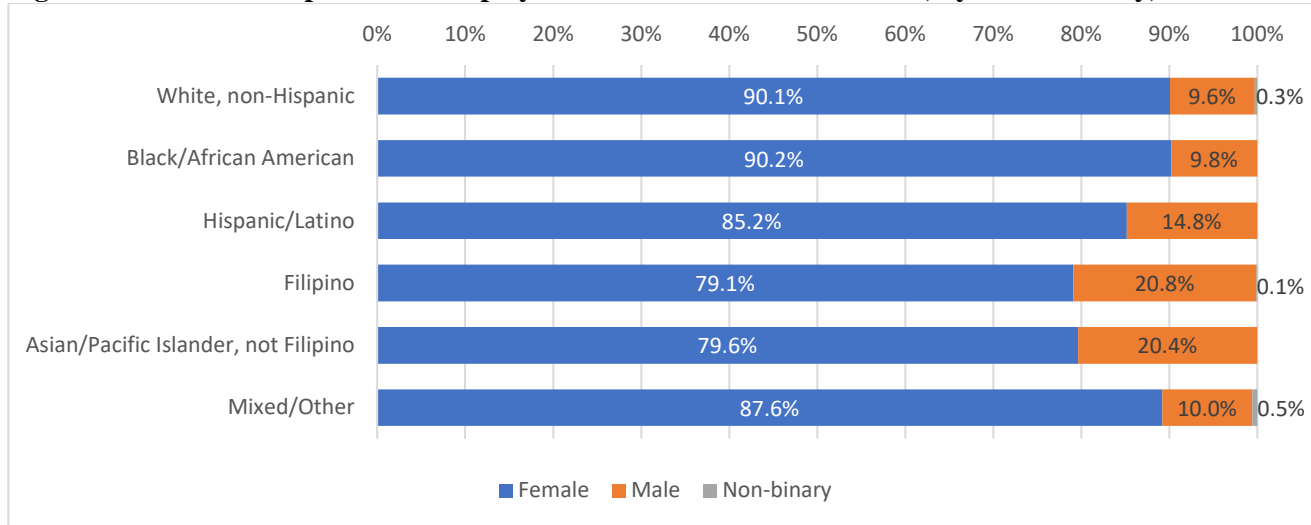
**Table 2.9. Ethnic and racial composition of RNs with active California licenses residing in California, by age group, 2018**

	Under 35 years	35-44 years	45-54 years	55-64 years	65 years and older
<b>White, non-Hispanic</b>	35.3%	36.4%	37.8%	56.4%	64.8%
<b>Black/African American</b>	2.5%	5.5%	6.1%	6.2%	6.4%
<b>Hispanic/Latino</b>	11.4%	11.0%	8.2%	7.2%	3.9%
<b>Filipino</b>	18.5%	19.7%	27.5%	17.5%	13.1%
<b>Asian/Pacific Islander, not Filipino</b>	15.6%	15.8%	11.0%	5.3%	7.2%
<b>Mixed/Other</b>	17.2%	12.5%	9.4%	7.6%	4.7%

Note: Number of cases=3,741. Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

There are racial/ethnic differences in the gender composition of employed RNs, as seen in Figure 2.5. Men accounted for higher shares of Filipino (20.8%), Asian (20.4%), and Hispanic/Latino RNs (14.8%), and lower shares of Black/African American (9.8%) and White (9.6%) nurses in 2018. As seen in Table 2.10, male nurses were more racially and ethnically diverse than female nurses, with nearly two-thirds of male RNs being non-White. Over one-third of male nurses were of Filipino heritage (34.3%).

**Figure 2.5. Gender composition of employed RNs with California licenses, by race/ethnicity, 2018**



Note: Number of cases=3,728. Data are weighted to represent all RNs with active licenses. Data do not total 100% for each racial/ethnic group due to unreported gender.

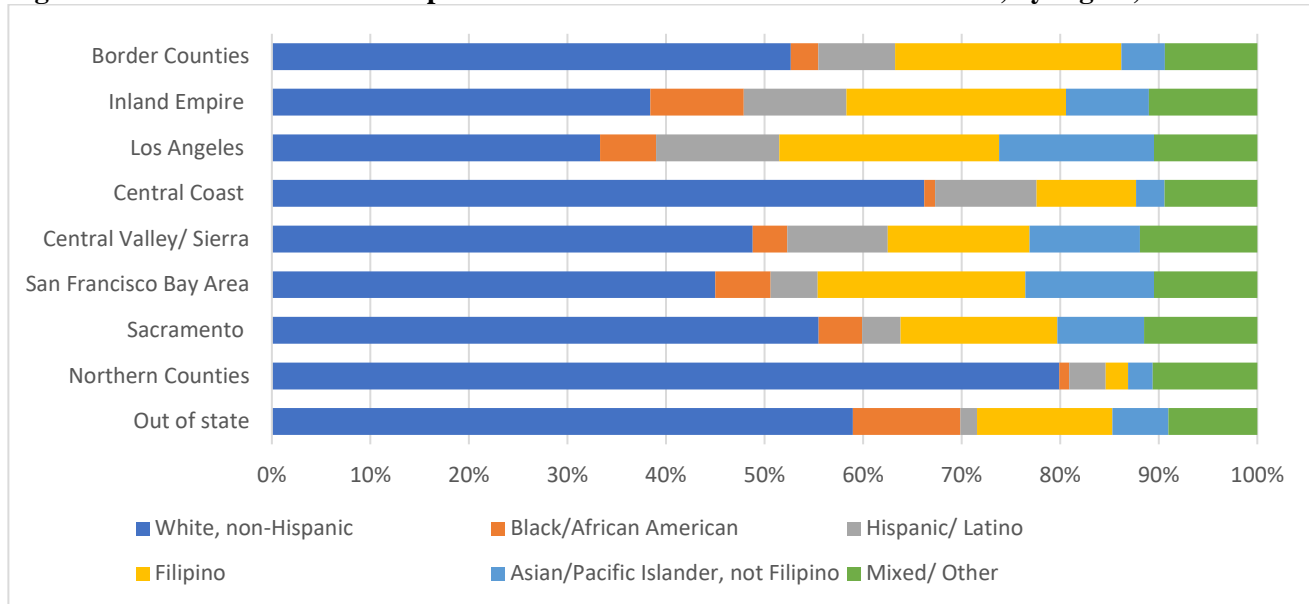
**Table 2.10. Ethnic and racial composition of employed California RNs, by gender, 2018**

	Female	Male
White, non-Hispanic	45.4%	34.3%
Black/African American	5.4%	4.1%
Hispanic/Latino	8.7%	10.7%
Filipino	17.9%	33.3%
Asian/Pacific Islander, not Filipino	11.7%	8.9%
Mixed/Other	10.9%	9.1%
Total	100.0%	100.0%

Note: Number of cases=3,828. Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses. Native Americans are included with Mixed and Other groups due to small sample sizes. Data for non-binary RNs are not reported due to small sample sizes.

There are regional differences in the racial and ethnic composition of actively licensed RNs, as seen in Figure 2.6 and Table 2.11. There was less diversity among nurses in the Northern Counties and Central Coast regions as compared with other regions of California in 2018. The most diverse regions were Los Angeles, the Inland Empire, and the San Francisco Bay Area. Filipino nurses comprised a greater share of the RN workforce in the Border, Los Angeles, Inland Empire, and San Francisco Bay Area regions, and non-Filipino Asians were more predominant in the Los Angeles, San Francisco, and Central Valley/Sierra areas. There was a greater share of Hispanic/Latino RNs in the Los Angeles, Inland Empire, and Central Coast, and Central Valley/Sierra regions. African American/Black RNs represented higher shares of the RN workforce among those who lived outside California and in the Inland Empire region.

**Figure 2.6. Ethnic and racial composition of RNs with active California licenses, by region, 2018**



Note: Number of cases=4,252. Data are weighted to represent all RNs with active licenses. Data for Figure 2.6 can be found in Table 2.11

**Table 2.11. Ethnic and racial composition of RNs with active California licenses, by region, 2018**

	White, non-Hispanic	Black/African American	Hispanic/Latino	Filipino	Asian/Pacific Islander, not Filipino	Mixed/Other
<b>Out of state</b>	58.9%	10.9%	1.7%	13.7%	5.7%	9.0%
<b>Northern Counties</b>	79.9%	1.0%	3.7%	2.3%	2.5%	10.6%
<b>Sacramento</b>	55.5%	4.4%	3.9%	15.9%	8.8%	11.5%
<b>San Francisco Bay Area</b>	45.1%	5.6%	4.8%	21.1%	13.1%	10.5%
<b>Central Valley/ Sierra</b>	48.8%	3.5%	10.2%	14.4%	11.2%	11.9%
<b>Central Coast</b>	66.2%	1.1%	10.3%	10.1%	2.9%	9.4%
<b>Los Angeles</b>	33.3%	5.7%	12.5%	22.3%	15.7%	10.5%
<b>Inland Empire</b>	38.4%	9.5%	10.4%	22.3%	8.4%	11.0%
<b>Border Counties</b>	52.7%	2.8%	7.8%	23.0%	4.4%	9.4%

Note: Number of cases=4,252. Rows might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Ethnic diversity is associated with language diversity among California’s registered nurses. Among all nurses, 43.4% spoke at least one other language in 2018, and the percentage was 46.7% among employed RNs. As seen in Table 2.12, Tagalog and other Filipino languages were spoken by over 16% of all RNs living in California and nearly 18% of working RNs. Spanish was spoken by 13% of working RNs. Mandarin was spoken by 2.5% of working RNs, and Cantonese by another 1.3%. Hindi and other south Asian languages were spoken by 2.3% of employed RNs. Smaller shares of RNs spoke Korean, Vietnamese, and African languages. The most-often-mentioned other languages were Russian and German.

**Table 2.12. Languages spoken by RNs with active licenses who live in California, by employment group, 2008-2018**

	All RNs						Employed RNs					
	2008	2010	2012	2014	2016	2018	2008	2010	2012	2014	2016	2018
Tagalog or other Filipino language	16.6%	17.3%	18.2%	17.6%	17.9%	16.6%	18.1%	18.9%	18.2%	19.0%	19.1%	17.8%
Spanish	11.4%	10.7%	11.1%	11.4%	10.4%	12.0%	12.1%	10.8%	11.3%	12.1%	10.7%	13.0%
Mandarin	2.2%	1.8%	1.4%	1.4%	2.0%	2.2%	2.3%	1.9%	1.5%	1.3%	2.2%	2.5%
Cantonese	1.5%	1.0%	1.4%	1.0%	1.7%	1.2%	1.6%	1.1%	1.5%	0.9%	1.8%	1.3%
Hindi or other S. Asian language	1.3%	1.4%	1.5%	1.4%	1.8%	2.1%	1.5%	1.6%	1.4%	1.4%	1.8%	2.3%
Korean	1.1%	1.6%	1.8%	1.5%	1.2%	1.3%	1.3%	1.5%	1.8%	1.4%	1.2%	1.2%
Vietnamese	0.6%	0.8%	0.8%	1.0%	0.9%	1.4%	0.7%	0.8%	0.9%	1.2%	0.9%	1.5%
French	*	1.4%	0.9%	1.5%	1.2%	1.1%	*	1.3%	0.9%	1.6%	1.0%	1.0%
African languages	*	*	*	*	0.8%	1.0%	*	*	*	*	0.8%	1.2%
Other	8.0%	5.8%	7.2%	6.6%	4.7%	4.5%	8.0%	6.1%	7.4%	6.9%	4.9%	4.9%

\* Language was not listed in the survey in that year.

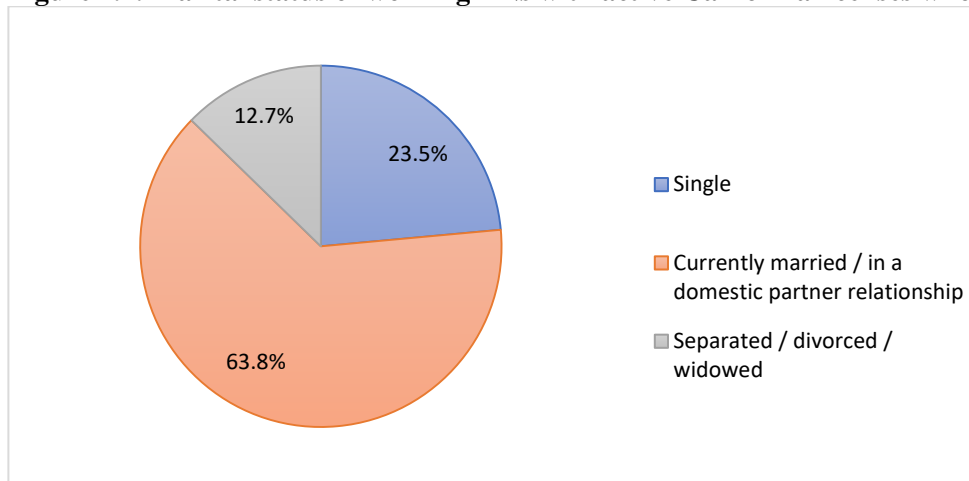
Note: The 2018 number of cases for all CA residing RNs=4,049. The 2018 number of cases for working CA residing RNs=3,200.

Respondents could report fluency in multiple languages. Data are weighted to represent all RNs with active licenses.

### *Families of California’s RNs*

Nearly two-thirds of California’s working RNs were married or in a domestic partner relationship (63.8%) in 2018, as seen in Figure 2.7. Nearly one-quarter had never married, and 12.7% were widowed, separated, or divorced. The share of working RNs that is married has been stable since 1990, as presented in Table 2.13. There has been an increase in the share of RNs that has never married, which is in alignment with the inflow of young RNs to the workforce.

**Figure 2.7. Marital status of working RNs with active California licenses who live in California, 2018**



Note: Number of cases=3,801. Data are weighted to represent all RNs with active licenses.

**Table 2.13. Marital status of working registered nurses residing in California, by survey year**

	1993	1997	2004	2006	2008	2010	2012	2014	2016	2018
Never married	12.2%	13.5%	12.3%	12.6%	13.9%	15.3%	18.1%	19.1%	19.3%	23.5%
Married	66.4%	66.5%	68.2%	66.9%	67.6%	68.0%	67.4%	66.5%	67.4%	63.8%
Separated or divorced	18.4%	17.6%	17.0%	16.7%	15.5%	14.9%	14.5%	14.4%	13.3%	12.7%
Widowed	3.0%	2.4%	2.6%	3.8%	2.9%	1.8%				
Number of cases	2,197	2,463	2,946	3,719	4,046	4,630	4,033	4,079	3,010	3,068

Note: Columns might not total 100% due to rounding. Data (2006-2018) are weighted to represent all RNs with active licenses. The 2012/2018 survey combined the categories of widowed, separated, and divorced.

Many of California’s nurses have children living at home, as seen in Table 2.14. In 2018, more than half of working nurses had at least one child living at home; this percentage has been stable since 2008, with the exception of the 2012 survey when the share dropped to about 42%. It is possible that the 2012 percentages were different because there were fewer respondents to the questions about presence of children in the home in that year’s survey. This also may explain the different pattern of the ages of children living at home (Table 2.15) in 2012. In 2018, more than one-fifth of working RNs had children two years and younger at home (21.4%), and 32.4% had adult children living at home.

**Table 2.14. Number of children living in the homes of currently working registered nurses residing in California, by survey year**

	1990	1993	1997	2004	2006	2008	2010	2012	2014	2016	2018
None	40.0%	38.1%	38.2%	45.7%	53.1%	49.2%	47.5%	57.8%	48.2%	48.0%	48.9%
One	25.2%	24.7%	22.9%	20.1%	18.4%	22.0%	22.3%	23.8%	20.7%	20.2%	18.8%
Two	23.3%	25.1%	26.3%	23.4%	20.0%	19.7%	21.4%	13.1%	19.6%	20.9%	21.8%
Three	9.0%	9.5%	9.7%	8.1%	6.4%	6.5%	6.6%	4.2%	8.7%	7.9%	7.8%
Four or more	2.5%	2.6%	2.9%	2.7%	2.1%	2.6%	2.2%	1.2%	2.8%	2.9%	2.8%
Number of cases	2,014	2,050	2,297	2,933	3,406	4,153	4,531	3,242	3,982	2,960	3,020

Note: Columns might not total 100% due to rounding. Data (2006-2018) are weighted to represent all RNs with active licenses.

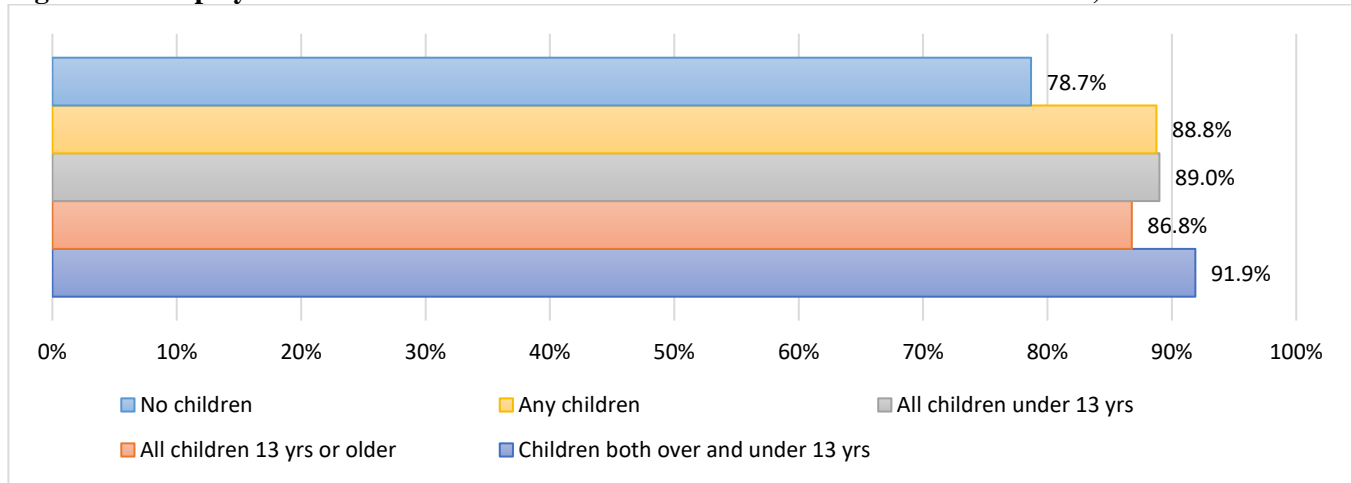
**Table 2.15. Percent of nurses with children in specified age groups living at home for currently working registered nurses residing in California who have children living at home, 2004-2018**

Ages of children	2004	2006	2008	2010	2012	2014	2016	2018
Birth to 2 years	13.0%	16.9%	18.9%	16.9%	30.7%	18.6%	22.9%	21.4%
3-5 years	14.2%	16.8%	16.3%	16.3%	28.2%	18.1%	18.0%	19.8%
6-12 years	34.2%	32.8%	33.5%	36.8%	8.8%	32.1%	30.0%	33.8%
13-18 years	39.2%	33.1%	37.4%	32.2%	13.6%	28.4%	26.5%	29.2%
Over 18	33.9%	38.3%	34.7%	31.0%	50.9%	37.0%	34.1%	32.4%

Note: 2018 number of cases=1,604. Some nurses have children in more than one age group, so columns will not total 100%. Data (2006-2018) are weighted to represent all RNs with active licenses.

California RNs with children at home were more likely to be employed in nursing than RNs with no children at home, as seen in Figure 2.8. Nearly 89% of RNs with children at home were employed in nursing in 2018, compared with 78.7% of those without children at home. RNs whose children were all 13 years or older (86.8%) were less likely to work than those for whom at least some children were under 13 years old (91.9%).

**Figure 2.8. Employment rates of RNs who live in California and have children at home, 2018**



Note: Number of cases=4,049. Data are weighted to represent all RNs with active licenses.

Respondents were asked if they have responsibility for assisting or caring for an adult family member who needs help due to a condition related to aging or disability. Over 20% of RNs had such responsibility in 2018, and the percentage that provided such care rose with age up to 65 years (Table 2.16). Among RNs under 35 years old, only 10.6% cared for an adult family member, while 29.2% of those 45 to 54 years old and 27.6% of those 55 to 64 years old did so. RNs who were not employed in nursing were more likely to have responsibility for an adult family member than were those employed in nursing (22.9% versus 20.1%).

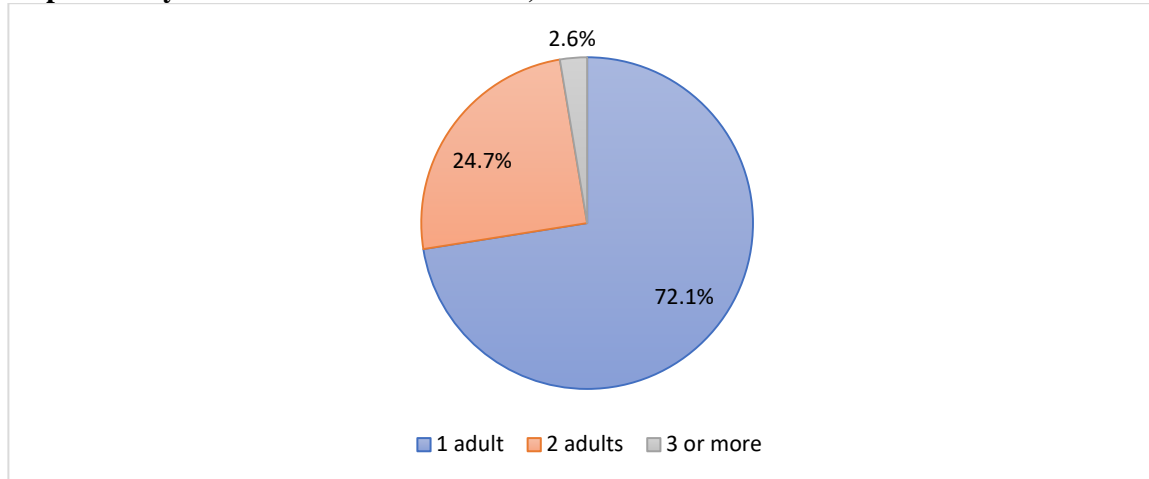
**Table 2.16. Share of nurses with responsibility for assisting or caring for an adult family member who needs help because of a condition related to aging or disability, among registered nurses residing in California, 2018**

	All RNs	RNs working in nursing	RNs not working in nursing
All RNs	20.5%	20.1%	22.9%
Under 35 years old	10.6%	9.8%	17.5%
35-44 years old	14.5%	14.4%	15.2%
45-54 years old	29.2%	29.3%	28.1%
55-64 years old	27.6%	25.9%	35.7%
65 years and older	21.8%	28.0%	17.0%

Note: Number of observations=547. Data are weighted to represent all RNs with active licenses.

Nearly three-quarters of California RNs who had responsibility for assisting or caring for adult family members cared for only one such person (72.1%), as seen in Figure 2.9. Another 24.7% cared for two adults, and 2.6% had responsibility for three or more adults.

**Figure 2.9. Number of adult family members RNs are responsible for, among RNs who had such responsibility and who lived in California, 2018**

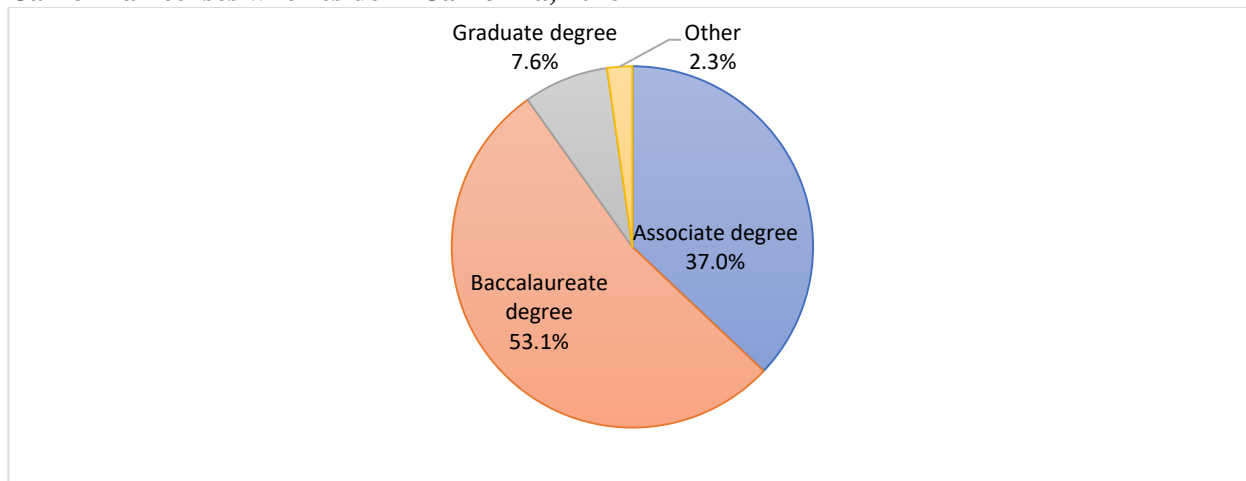


Note: Number of cases=547. Data are weighted to represent all RNs with active licenses.

***Education and Licensure of California’s Nursing Workforce***

Figure 2.10 depicts the share of nurses with active licenses who had a college degree prior to completing a pre-licensure nursing education program. Thirty-seven percent of California RNs had an associate degree, 53.1% had a baccalaureate degree, and 7.6% had a graduate degree.

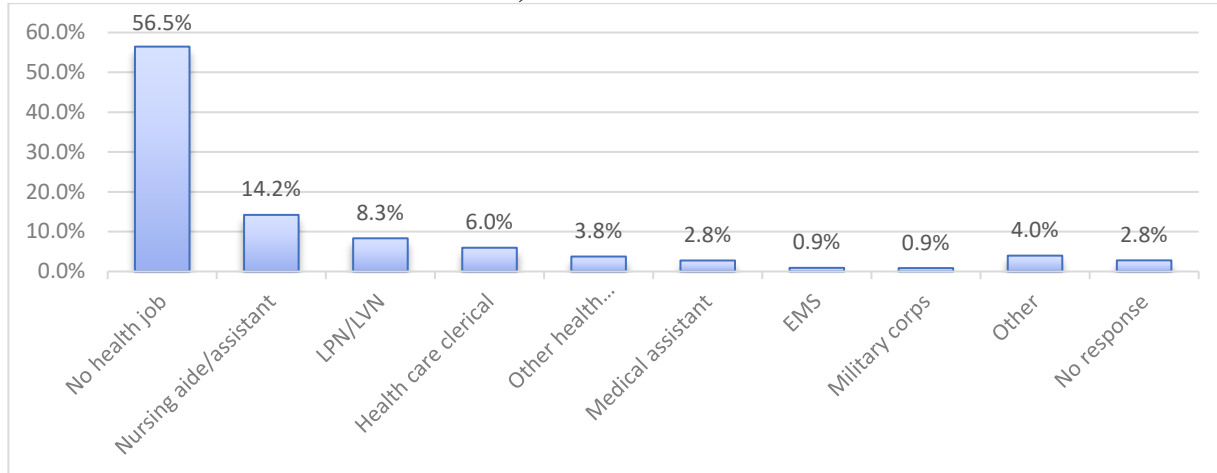
**Figure 2.10. Highest education obtained prior to pre-licensure nursing education for RNs with active California licenses who reside in California, 2018**



Note: Number of cases=913. Data are weighted to represent all RNs with active licenses. Due to revisions in the structure of this question between 2016/2018, data was only available for associate degree programs and above.

Over 40% of RNs who lived in California in 2018 had worked in a health occupation before attending a nursing program, as seen in Figure 2.11. Over 14% of RNs worked as a nursing aide prior to completing basic RN education, and 8.3% were licensed practical/vocational nurses. Many RNs worked in other health-related fields before their RN education; 6% worked as clerks, 2.8% were medical assistants, and 3.8% were health care technicians such as radiology technicians or laboratory technicians. Less than one percent reported prior military health experience. “Other” previous work experience included working as a nurse or physician in another country prior to completing an education program for licensure as an RN in the United States, being an emergency medical technician or paramedic, and working as a dental assistant or hygienist.

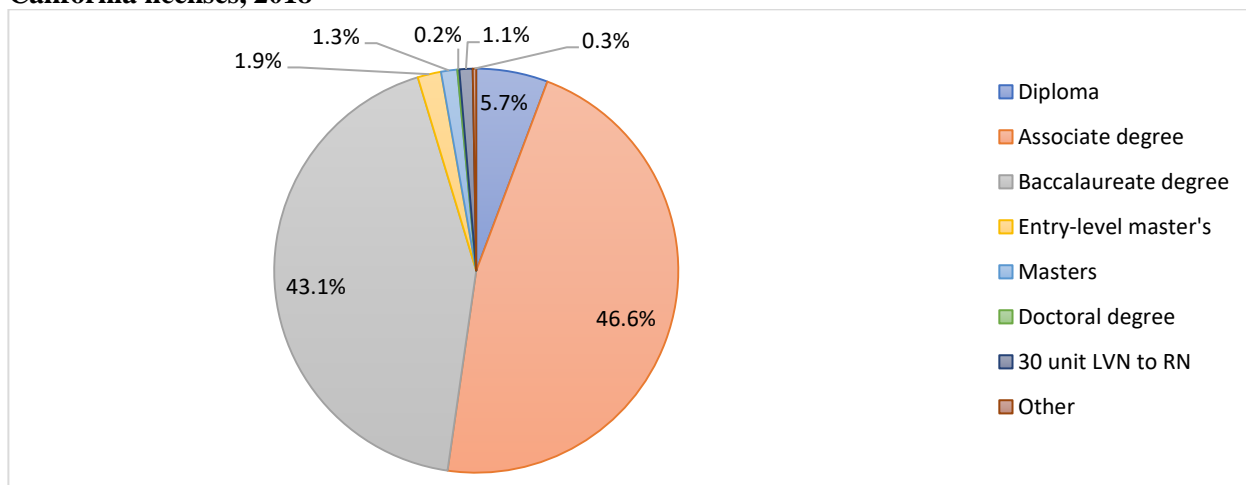
**Figure 2.11. Employment in health occupations prior to basic nursing education for RNs with active California licenses who live in California, 2018**



Note: Number of cases=4,049. Data are weighted to represent all RNs with active licenses.

Figure 2.12 presents the shares of nurses who completed each type of pre-licensure RN education program. Most of California’s RNs entered the profession with a bachelor’s degree (43.1%) or an associate degree (46.6%). More than 5% received diplomas in nursing, which were dominant in nursing education through the 1950s, after which time community college-based associate degree programs grew rapidly. At this time, there are no diploma programs operating in California and only a few nationwide. Only 1.1% of RNs entered the profession after completing a 30-unit LVN-to-RN program, and 1.9% completed entry-level master’s degree programs.

**Figure 2.12. Pre-licensure RN education completed by the statewide population of RNs with active California licenses, 2018**



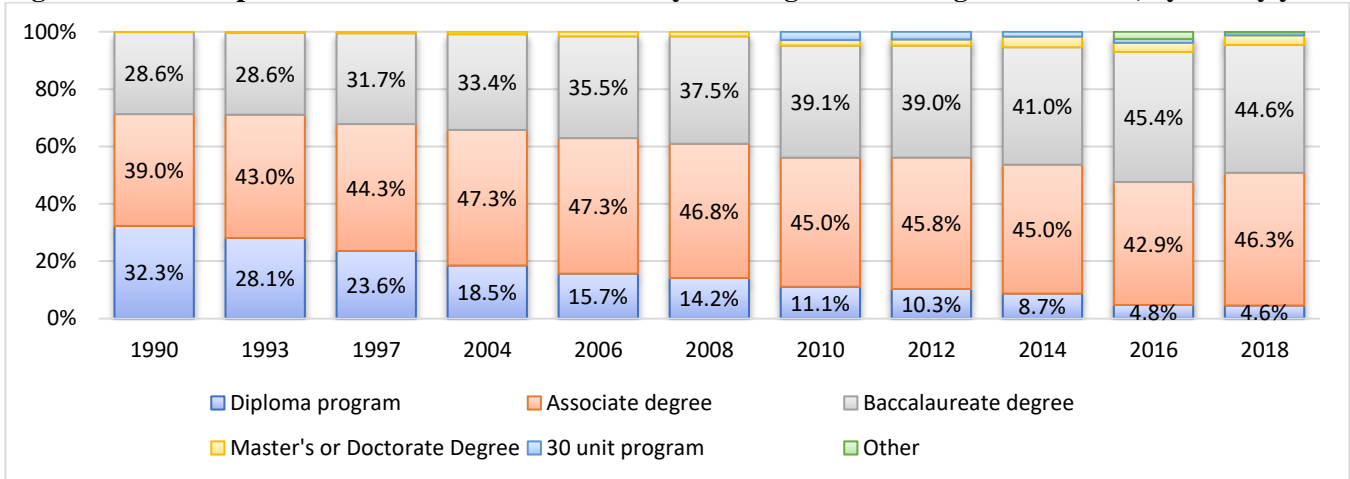
Note: Number of cases=3,944. Data are weighted to represent all RNs with active licenses.

As seen in Figure 2.13, 32.3% of working RNs in 1990 had received their pre-licensure education in a diploma program; this share decreased to 4.6% in 2018. Simultaneously, the shares of RNs whose pre-licensure education was in baccalaureate or graduate degree programs increased. The percentage of RNs who completed their initial education in an associate degree program has been stable over the past decade.<sup>2</sup>

<sup>2</sup> Blash, L, Spetz, J. 2019. 2017-2018 Annual School Report: Data Summary and Historical Trend Analysis. Sacramento, CA: California Board of Registered Nursing.



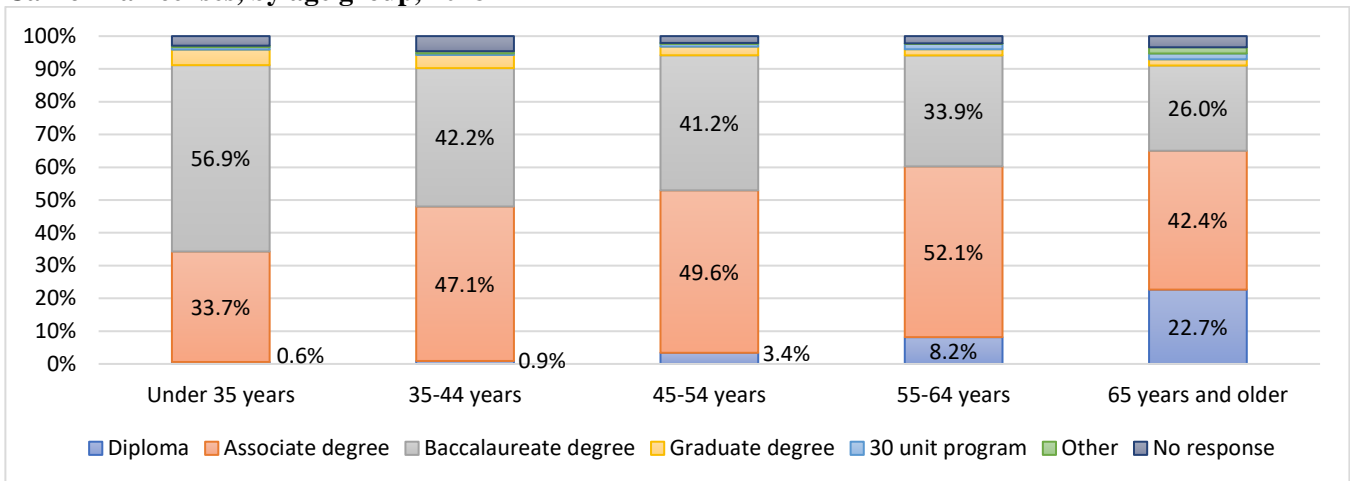
**Figure 2.13. Basic pre-licensure education of currently working RNs residing in California, by survey year**



Note: 2018 number of cases=3,179. Data (2006-2018) are weighted to represent all RNs with active licenses.

Figure 2.14 presents pre-licensure nursing education by age group for all nurses with active licenses residing in California in 2018. Unsurprisingly, older nurses were more likely to have received their initial nursing education in a diploma program, while only 0.6% of California’s nurses under 35 years old received a diploma. Nearly 57% of nurses under 35 years old reported a BSN for their pre-licensure education.

**Figure 2.14. Basic pre-licensure RN education completed by the statewide population of RNs with active California licenses, by age group, 2018**



Note: Number of cases=4,049. Data are weighted to represent all RNs with active licenses.

Table 2.17 presents the average age of nurses at the time they graduated from their pre-licensure RN education program from 1990 through 2018. The average age increased from 25.4 years in 1990 to 28.4 years in 2018.

**Table 2.17. Average age at the time of graduation from their pre-licensure education of currently working registered nurses residing in California, by survey year**

	1990	1993	1997	2004	2006	2008	2010	2012	2014	2016	2018
<b>Mean</b>	25.4	26.0	26.3	26.9	27.1	27.0	27.3	27.2	27.7	27.6	28.4
<b>Standard Deviation</b>	6.7	6.9	6.8	7.1	*	*	*	*	*	*	*
<b>Number of cases</b>	2,665	2,435	2,854	2,852	3,624	3,998	4,652	4,044	4,084	3,078	3,128

\*A standard deviation computation was not feasible with the weighting scheme used with the 2006-2018 data.

Note: Data (2006-2018) are weighted to represent all RNs with active licenses.

Table 2.18 presents the age distribution at graduation by the decade during which RNs graduated. RNs who completed their initial RN education in the 1950s, 1960s, and 1970s were mostly in their early 20s. This pattern changed in the 1980s, when only 62% of RN graduates were under 25 years. By the 2010s, less than one-quarter of pre-licensure graduates were under 25 years old, and 33.4% of pre-licensure graduates were 30 years or older.

**Table 2.18. Age distribution at time of graduation from pre-licensure RN education for RNs with active California licenses who reside in California, 2018**

Age at graduation	All nurses	Decade of graduation						
		1950s	1960s	1970s	1980s	1990s	2000s	2010s
<b>Under 25</b>	41.0%	100%	98.3%	85.9%	62.0%	46.8%	32.8%	24.5%
<b>25-29 years</b>	25.5%	0.0%	17.3%	10.4%	19.4%	24.8%	27.0%	32.6%
<b>30-34 years</b>	14.0%	0.0%	0.0%	21.2%	13.5%	15.3%	12.8%	17.8%
<b>35-39 years</b>	8.9%	0.0%	0.0%	0.7%	2.8%	7.1%	13.2%	10.1%
<b>40-44 years</b>	5.8%	0.0%	0.0%	0.8%	1.9%	4.5%	8.8%	6.9%
<b>45 and older</b>	4.8%	0.0%	0.0%	0.0%	0.5%	1.6%	5.4%	8.1%

Note: Number of 2018 cases=3,872. RNs who did not report a year of graduation were excluded from the calculation. Columns may not add to 100% due to rounding. Data are weighted to represent all RNs with active licenses.

More than 62% of California’s working RNs received their basic nursing education in California, as seen in Table 2.19. Approximately 19% were educated in other states and 18.6% were international graduates. There has been a substantial shift over time in the places where California’s RNs completed their initial RN education. Among RNs who graduated prior to the 1970s, over half were educated internationally or in other states. However, nearly 80% of working RNs who graduated in the 2010s were educated in California, and only 3.6% were educated internationally.

**Table 2.19. Locations where currently working registered nurses residing in California received basic nursing education, by decade of graduation**

Location of education	All nurses	Decade of graduation							
		1940s	1950s	1960s	1970s	1980s	1990s	2000s	2010s
<b>California</b>	62.2%	39.4%	0.0%	29.0%	35.7%	51.6%	51.7%	62.3%	78.9%
<b>Other States</b>	19.2%	14.2%	83.3%	56.0%	22.0%	22.4%	13.4%	22.1%	17.6%
<b>International</b>	18.6%	46.4%	16.7%	15.0%	42.3%	26.0%	34.9%	15.7%	3.6%

Note: Number of cases=3,200. RNs who did not report a year of graduation were excluded from the calculation. Columns may not add to 100% due to rounding. Data are weighted to represent all RNs with active licenses.

More than 36% of RNs with active licenses who resided in California in 2018 were born in the United States (36.4%) (Table 2.20). More than 31% of RNs indicated they were born in the Philippines. Between 2% and 3.5% were born in each of Mexico, India, China, and Vietnam.

Among RNs who reported they were born in the United States, 74.6% were educated in California, and 25.4% were educated in another U.S. location. Among RNs who reported they were born in the Philippines, 24.7% were educated in California, 4.6% were educated in another state, and 70.8% were educated

internationally. While most foreign-born RNs were educated outside of California, 80.4% of RNs born in Mexico and 80.6% of RNs born in Vietnam reported graduating from a California pre-licensure program.

**Table 2.20. Top five countries of birth and country of education for RNs residing in California, 2018**

	Share born in the country	Location of education		
		Educated in California	Educated in other U.S. location	Internationally educated
<b>United States</b>	36.4%	74.6%	25.4%	0.0%
<b>Philippines</b>	31.5%	24.7%	4.6%	70.8%
<b>Mexico</b>	3.5%	80.4%	11.2%	8.4%
<b>India</b>	2.8%	30.5%	12.6%	56.9%
<b>China</b>	2.5%	65.6%	2.9%	31.5%
<b>Vietnam</b>	2.4%	80.6%	12.6%	6.8%

Note: Number of cases where pre-licensure location is reported=2,770. Rows might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Some California nurses maintain licenses in other states. Table 2.21 presents the share of working nurses who resided in California in 2018 and had a nursing license in at least one other state. In 2018, 9.6% had at least one other license; this share has fluctuated substantially over the years, with notable a drop between 2006 and 2008. Nurses can easily maintain licenses in multiple states, regardless of whether they plan to work in those states. Some nurses maintain multiple licenses because they work as traveling nurses or telemedicine nurses; others want to maintain a license in the state in which they were first licensed for sentimental reasons. These issues are discussed later in this report.

**Table 2.21. Currently working registered nurses residing in California who also hold a nursing license in another state, by survey year**

	1990	1993	1997	2004	2006	2008	2010	2012	2014	2016	2018
<b>No</b>	86.6%	82.8%	85.3%	87.0%	80.6%	88.1%	90.0%	89.1%	91.3%	91.4%	90.4%
<b>Yes</b>	13.4%	17.2%	14.7%	13.0%	19.4%	11.9%	10.0%	10.9%	8.7%	8.6%	9.6%
<b>Number of cases</b>	2,251	2,194	2,468	2,906	3,699	4,052	4,726	4,100	4,129	3,108	3,156

Note: Columns might not total 100% due to rounding. Data (2006-2018) are weighted to represent all RNs with active licenses.

In addition to their nursing careers, some California nurses are also active in the United States Armed Forces (Table 2.22). Nurses who have served on active duty were somewhat more likely to have completed a baccalaureate pre-licensure program than civilian nurses in 2018 (53.3% versus 44.3%).

**Table 2.22. Basic pre-licensure RN education completed by the statewide population of RNs with active California licenses who also served on active duty in the U.S. Armed Forces**

	Diploma	AD	BSN	30-unit LVN-to-RN	Graduate degree	Number of cases
<b>Served on active duty in the U.S. Armed Forces</b>	3.8%	41.4%	53.3%	0.8%	0.7%	117
<b>Never served in the U.S. Armed Forces</b>	4.7%	46.3%	44.3%	1.1%	3.5%	2,950

Note: Number of cases=3,067. Data are weighted to represent all RNs with active licenses.

Many nurses pursue additional education after their pre-licensure education, as seen in Table 2.23. In 2018, the most commonly received post-licensure nursing degree was a baccalaureate of science in nursing (BSN); 8.4% of RNs received this after obtaining their RN license. About 6.5% of nurses completed a master's degree in nursing. Some nurses pursue additional education in non-nursing fields; for example, 20.8% of RNs who pursued additional education obtained a non-nursing baccalaureate degree, and 4% received a non-nursing master's degree. For many nurses, this education is in a field related to nursing such as public health or health management. In general, older RNs are more likely to have completed additional degrees. This is not surprising as older nurses have had more time to pursue additional education.

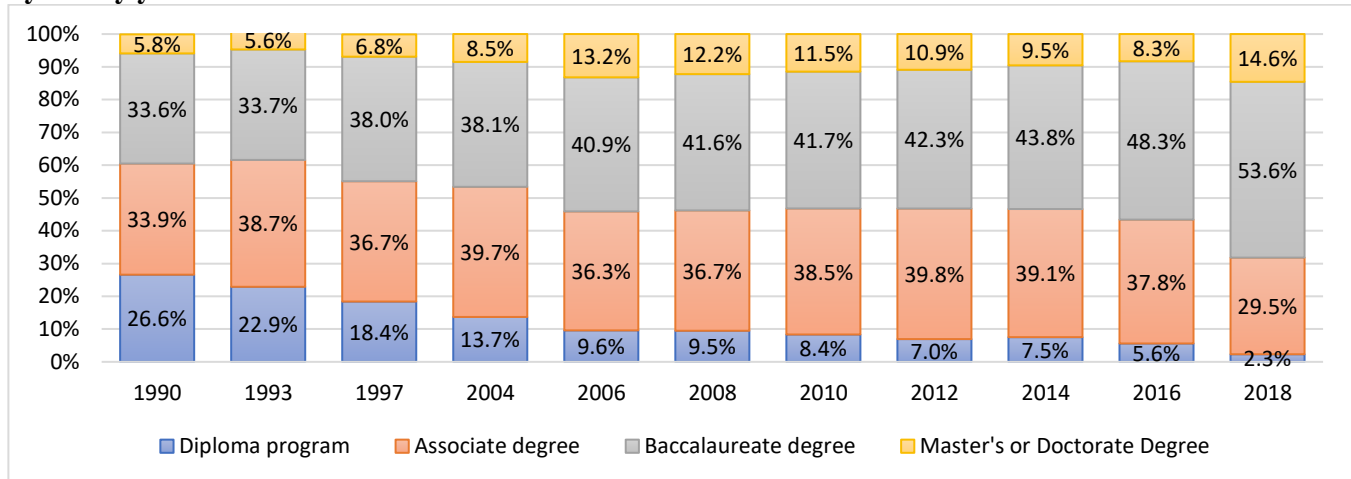
**Table 2.23. Additional degrees completed after pre-licensure education by RNs with active California licenses who reside in California, 2018**

	All	Under 35 years	35-44 years	45-54 years	55-64 years	65 years and older
No additional degrees	42.2%	45.9%	37.5%	43.6%	40.9%	47.0%
AD – Nursing	0.2%	0.0%	0.0%	0.2%	0.7%	0.7%
BSN	8.4%	5.6%	11.5%	7.9%	8.4%	7.9%
MSN	6.5%	4.0%	6.3%	5.9%	10.1%	7.7%
Practice-based doctorate in nursing (DNP)	0.5%	0.4%	0.1%	0.1%	1.4%	0.3%
Research-or education-focused doctorate in nursing (PhD, DNSc, etc.)	0.3%	0.0%	0.1%	0.5%	0.6%	0.2%
AD – Non-nursing	16.2%	16.6%	18.1%	15.0%	15.5%	13.4%
BS/BA – Non-nursing	20.8%	26.5%	22.3%	20.3%	14.9%	13.5%
MS/MA – Non-nursing	4.0%	1.0%	3.6%	5.6%	5.7%	6.2%
Doctorate – Non-nursing	0.9%	0.0%	0.5%	0.8%	2.0%	3.1%

Note: Number of cases=3,122. Data are weighted to represent all RNs with active licenses.

Figure 2.15 presents the highest level of nursing education received by working nurses, as reported from 1990 through 2018. The share of RNs with a graduate degree in nursing was 14.6% in 2018, the highest percentage reported since this survey began. Less than one-third of California’s nurses reported that their highest nursing education was an associate degree or diploma in 2018 (31.8%).

**Figure 2.15. Highest nursing degree earned by currently working registered nurses residing in California, by survey year**



Note: 2018 number of cases=3,175. Data (2006-2018) are weighted to represent all RNs with active licenses.

Table 2.24 describes the highest degree earned by California RNs who served on active duty in the United States Armed Forces. Nurses who served on active duty earned very similar degrees to those RNs who had never served in the Armed Forces. For example, 56.1% of RNs who served on active duty reported a baccalaureate of nursing degree as their highest level of nursing education, and 53.7% of non-military RNs reported this degree.

**Table 2.24. Highest nursing degree earned by the statewide population of RNs with active California licenses who also served on active duty in the U.S. Armed Forces**

	Diploma	AD	BSN	Graduate degree	Number of cases
Served on active duty in the U.S. Armed Forces	2.7%	26.7%	56.1%	14.5%	117
Never served in the U.S. Armed Forces	2.3%	29.3%	53.7%	14.7%	2,945

Note: Number of cases=3,062. Data are weighted to represent all RNs with active licenses.

Table 2.25 provides more detail about the trend toward higher education levels among California’s working RNs. Each column of the table presents the highest education level of RNs for a particular type of basic nursing education. The first column presents the educational attainment of nurses whose pre-licensure education was in a diploma program. In the 1990 survey, 82.4% of diploma graduates had not obtained additional nursing degrees, while 14.3% had baccalaureate degrees and 3.3% had graduate degrees. In 2018, a much higher share of employed diploma graduates had obtained additional nursing education; only 50.8% had not. The share of nurses whose initial education was an associate degree in nursing who obtained additional degrees increased from 6.6% in 1990 to 38.7% in 2018. The share of those with initial associate degree education that reported they had later received a baccalaureate degree increased between 2016 and 2018.

**Table 2.25. Highest level of nursing education obtained since initial licensure by currently working registered nurses residing in California, by basic nursing education, by survey year**

Highest Current Level of Nursing Education	Initial Pre-Licensure RN Education		
	Diploma program	Associate degree	Baccalaureate degree
<b>1990 Survey (Number of cases)</b>	721	869	637
Diploma program	82.4%	-----	-----
Associate degree	0.0%	87.0%	-----
Baccalaureate degree	14.3%	11.4%	86.0%
Master's or doctorate degree	3.3%	1.6%	14.0%
<b>1997 Survey (Number of cases)</b>	575	1,080	774
Diploma program	77.9%	-----	-----
Associate degree	1.4%	82.2%	-----
Baccalaureate degree	14.4%	14.4%	89.0%
Master's or Doctorate Degree	6.3%	3.3%	11.0%
<b>2004 Survey (Number of cases)</b>	414	1,147	755
Diploma program	65.9%	-----	-----
Associate degree	5.3%	78.1%	-----
Baccalaureate degree	21.3%	15.5%	83.8%
Master's or doctorate degree	7.5%	6.4%	16.2%
<b>2008 Survey (Number of cases)</b>	578	1,903	1,520
Diploma program	67.5%	-----	-----
Associate degree	6.1%	76.4%	-----
Baccalaureate degree	19.5%	15.9%	83.5%
Master's or doctorate degree	7.0%	7.8%	16.2%
<b>2012 Survey (Number of cases)</b>	637	2,494	2,078
Diploma program	75.7%	-----	-----
Associate degree	2.6%	80.5%	-----
Baccalaureate degree	14.0%	12.6%	88.1%
Master's or doctorate degree	7.7%	6.9%	12.0%
No response	0.0%	0.0%	0.0%
<b>2016 Survey (Number of cases)</b>	186	1,452	1,265
Diploma program	72.4%	-----	-----
Associate degree	4.8%	84.9%	-----
Baccalaureate degree	14.1%	11.3%	93.6%
Master's or doctorate degree	8.7%	3.8%	6.4%
No response	0.0%	0.0%	0.0%
<b>2018 Survey (Number of cases)</b>	145	1,508	1,547
Diploma program	50.8%	-----	-----
Associate degree	9.8%	61.3%	-----
Baccalaureate degree	23.0%	28.7%	80.0%
Master's or doctorate degree	16.4%	10.0%	18.6%
No response	0.0%	0.0%	1.4%

Note: Data (2006-2018) are weighted to represent all RNs with active licenses.

RNs were asked to indicate the year in which they graduated from their post-licensure degree programs. Table 2.26 shows the average number of years since initial RN education and the completion of an additional degree program. Among 2018 survey respondents, the average number of years for an RN holding an associate degree to achieve a baccalaureate in nursing was 8.2 years, and those who continued to a master's degree in nursing reported an average of 11.6 years after the initial associate degree. Nurses who entered the RN field with a baccalaureate degree and later completed a master's degree took an average of 7.5 years to do so. The average time for those with initial associate degrees to complete bachelor's or master's degrees declined between 2010 and 2018 from 9.5 to 8.2 years for the bachelor's degree and from 16.1 to 11.6 years for the master's degree (2010 data not shown in table).

**Table 2.26. Average years between initial nursing education and additional nursing education for all RNs, 2018**

Initial RN Education	Additional Degrees				
	ADN	BSN	MSN	DNP	PhD
Diploma	2.6	12.8	20.3	22.1	35.4
Associate Degree, Nursing	----	8.2	11.6	20.3	24.8
Baccalaureate Degree, Nursing	----	----	7.5	19.7	15.5

Note: Data are weighted to represent all RNs with active licenses.

Nurses can specialize in a variety of fields and they can obtain certification to demonstrate advanced practice or specialized knowledge. Table 2.27 presents information about certifications in various specializations received from the California Board of Registered Nursing by working RNs. The share of RNs who have such certification has risen over time. In 1993, fewer than 17% of working RNs reported they had additional certification, but by 2018, 28.7% had some sort of certification. The share of working RNs with a Nurse Practitioner certification has increased, from 3.5% in 1993 to 6.1% in 2018. There has also been growth in the percentage of nurses with certification in Public Health Nursing, from 11.1% in 1993 to 17.9% in 2018; this is likely due to the growth in the share of RNs with baccalaureate-level education that incorporates the requirements of Public Health Nursing certification.

**Table 2.27. Certifications received from the California Board of Registered Nursing by currently working registered nurses residing in California, by survey year**

	1993	1997	2004	2006	2008	2010	2012	2014	2016	2018
No additional certifications	83.6%	79.0%	75.6%	76.3%	77.9%	77.3%	75.9%	75.3%	76.5%	74.6%
Nurse Anesthetist	0.9%	0.5%	0.3%	0.6%	0.4%	0.4%	0.7%	1.2%	0.5%	0.8%
Nurse Midwife	1.2%	1.5%	0.2%	2.0%	0.6%	0.4%	0.4%	0.7%	0.5%	0.8%
Nurse Midwife with Furnishing Number	0.4%	0.1%	0.0%	*	*	*	*	*	*	*
Nurse Practitioner	2.2%	3.2%	1.5%	6.6%	7.1%	5.6%	5.6%	5.5%	5.4%	6.1%
Nurse Practitioner with Furnishing Number	1.3%	2.4%	2.3%	*	*	*	*	*	*	*
Public Health Nurse	11.1%	14.1%	15.7%	15.5%	16.9%	14.9%	16.2%	17.2%	17.5%	17.9%
Psychiatric/Mental Health Nurse	2.2%	2.2%	1.0%	3.4%	1.1%	1.2%	1.5%	1.0%	0.5%	1.5%
Clinical Nurse Specialist	*	*	3.4%	2.8%	2.7%	2.7%	2.6%	2.3%	1.9%	1.6%
Number of cases	2,212	2,489	2,698	3,282	3,532	4,368	3,842	4,129	3,112	3,200

\* Item was not requested in the survey year.

Note: Information about additional certifications was not obtained in the 1990 survey. Nurses can have more than one certification, so columns will not total 100%. Data (2006-2018) are weighted to represent all RNs with active licenses.

Some of California’s nurses are currently enrolled in a nursing degree or specialty certification program. Table 2.28 provides information about these nurses. In 2018, 10.8% of RNs reported being enrolled in school. Enrollment rates were highest among nurses under 44 years old, and declined with increased age. Of those enrolled, the largest share was working toward a baccalaureate degree (37.7%) or master’s degree (34.3%). Doctoral degrees were being pursued by 12.3% of respondents, with pursuit of the doctor of nursing practice (DNP) degree more common than research-focused doctorates (e.g., PhD) (10.2% vs. 2.1%). More than half of nurses under 35 years old who were enrolled were pursuing a post-licensure baccalaureate degree (51%). Pursuit of the DNP was much more common among nurses 55 to 64 years old (18.7%) as compared with younger age groups. Note that there were few RNs 65 years and older enrolled in education programs; thus, the data for this group should be interpreted with caution.

**Table 2.28. Current enrollment in nursing degree or specialty certification program among the statewide population of RNs with active California licenses, by age group, 2018**

	All nurses	Under 35 years	35-44 years	45-54 years	55-64 years	65 years and older
<b>Currently enrolled</b>	10.8%	15.7%	16.5%	10.5%	4.6%	1.8%
<b>Of those enrolled, objective is...</b>						
<b>Associate Degree</b>	0.9%	1.2%	0.5%	0.0%	2.0%	0.0%
<b>Baccalaureate Degree</b>	37.7%	51.0%	33.5%	33.2%	28.8%	53.3%
<b>Master’s Degree</b>	34.3%	37.7%	41.6%	42.2%	25.6%	2.0%
<b>Doctoral Degree (research-focused)</b>	2.1%	0.9%	3.5%	1.1%	3.3%	0.0%
<b>Doctoral Degree (DNP)</b>	10.2%	7.3%	7.5%	10.3%	18.7%	2.0%
<b>Non-degree specialty certification</b>	13.3%	6.7%	9.1%	10.0%	26.6%	17.1%

Note: Number of enrolled cases=382. Data are weighted to represent all RNs with active licenses.

Many nurses enrolled in education programs to obtain a degree or specialty certification were completing coursework online. As seen in Table 2.29, the average percentage of coursework offered online or through distance learning modalities ranged from 44.8% for research-focused doctoral programs to 85.2% for DNP programs.

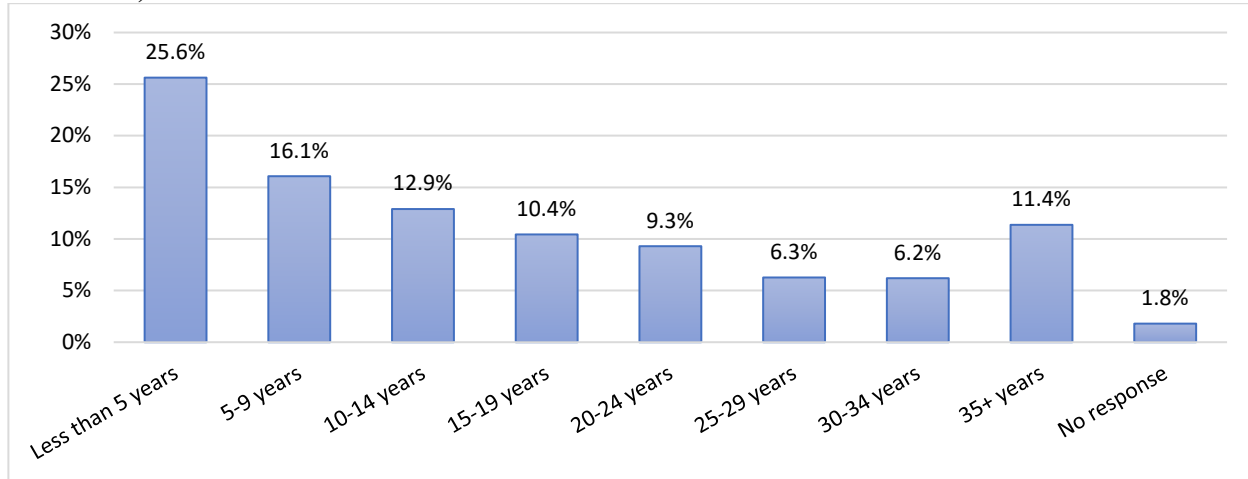
**Table 2.29. Percent of coursework from online or distance learning modalities for enrolled RNs with active California licenses, by program type**

	Bachelor’s Degree	Master’s Degree	Doctoral Degree (DNP)	Doctoral Degree (research-focused)	Non-degree specialty certification	Number of cases
<b>2018</b>	82.2%	64.1%	85.2%	44.8%	80.8%	358
<b>2016</b>	88.5%	78.2%	76.6%	36.1%	55.0%	120
<b>2014</b>	86.5%	68.4%	52.8%	65.6%	59.9%	432

Note: Data are weighted to represent all RNs with active licenses.

Nursing competency is achieved through both education and experience. Figure 2.16 presents reported years of experience, excluding years during which nurses did not work in nursing. More than 40% of California’s active nurses had less than 10 years of experience in 2018 (41.7%), while 33.1% had at least 20 years of experience.

**Figure 2.16. Years of experience in nursing among RNs with active California licenses who reside in California, 2018**



Note: Number of cases=4,049. Data are weighted to represent all RNs with active licenses.

***Regional and Interstate Mobility of California RNs***

Some nurses relocated between the date the sample frame was provided by the Board of Registered Nursing (February 14, 2018) and when they returned their survey. Table 2.30 estimates the numbers and percentages of people who changed regions within California and who moved out of California between March and when they responded. In total, an estimated 12,284 RNs changed regions and 5,631 left the state. Nurses who lived in the Central Coast and Border counties were more likely to have changed regions. Those residing in the Border counties, Northern counties, Los Angeles, and the San Francisco Bay Area were more likely to have moved out of California than licensed nurses in other regions.

**Table 2.30. Residence changes between February 2018 and time of response (April-September, 2018)**

BRN Region	Estimated number changing regions	% changing regions	Estimated number leaving California	% leaving California
Northern Counties	446	5.2%	181	2.1%
Sacramento	807	3.7%	389	1.8%
San Francisco Bay Area	3,406	5.3%	1,369	2.1%
Central Valley/Sierra	1,017	3.5%	293	1.0%
Central Coast	513	6.6%	144	1.9%
Los Angeles	2,739	2.8%	1,913	2.0%
Inland Empire	1,582	4.7%	372	1.1%
Border Counties	1,774	6.3%	970	3.5%

Note: Number of movers=182. Data are weighted to represent all RNs with active licenses. The file from which nurses were sampled was dated February 14, 2018. Surveys were first emailed on March 19, 2018, and data collection closed on October 5, 2018.

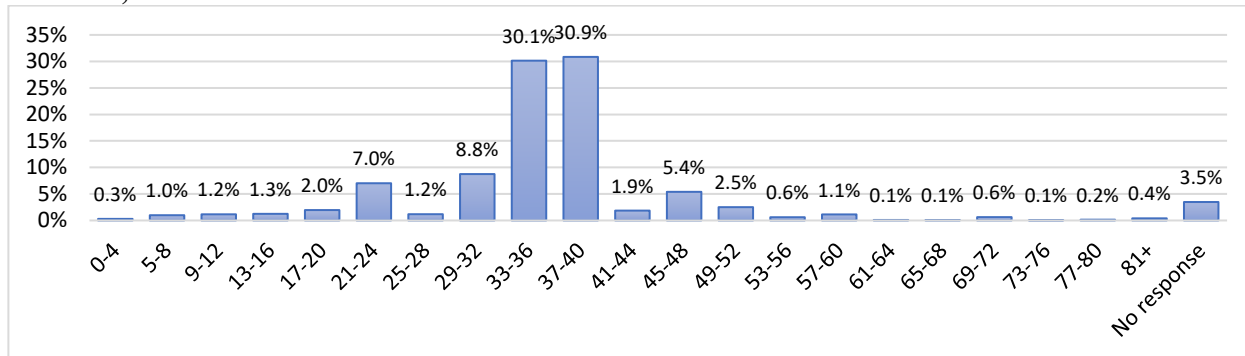


## Chapter 3. Employment, Wages, and Satisfaction of Registered Nurses

### How Much Do RNs Work?

As discussed in Chapter 2, most RNs work in the nursing field. Figure 3.1 presents the distribution of hours worked in a “normal” week for RNs holding California licenses, working in nursing, and residing in California. In 2018, nearly 74% of employed nurses worked 33 hours per week or more. The average number of hours worked per week has changed very little over time, as seen in Table 3.1. In 1990, the average number of hours worked per week was 36.1; in 2018, it was 36.8.

**Figure 3.1. Distribution of hours per week worked by nurses in all nursing positions for California residents, 2018**



Note: Number of cases=3,200. Data are weighted to represent all RNs with active licenses.

**Table 3.1. Number of hours per week usually worked by registered nurses residing in California, by survey year**

	1990	1993	1997	2004	2006	2008	2010	2012	2014	2016	2018
Mean number of hours	36.1	36.3	36.3	35.6	35.2	36.5	36.0	36.0	36.5	36.3	36.8
Standard deviation	12.9	12.3	11.0	11.9	*	*	*	*	*	*	*
Number of cases	2,251	2,212	2,470	3,064	3,510	3,984	4,605	3,953	3,542	3,018	3,086

\*A standard deviation computation was not feasible with the weighting scheme used with the 2006-2018 data.

Note: Data (2006-2018) are weighted to represent all RNs with active licenses.

Table 3.2 presents the shares of nurses working full-time versus part-time and the average number of hours per week worked by these groups. The share of California resident RNs who reported that they worked full-time has increased slightly between 2004 and 2018, from 58.8 to 60.2%. Over the same period, the average number of hours worked per week by full-time nurses dropped slightly from 41.8 hours in 2004 to 40.5 hours in 2018. Average hours for part-time nurses rose between 2006 and 2010 from 22.4 to 24.7 hours and were stable after 2010, with an average of 24.5 hours reported in 2018.

**Table 3.2. Number of hours per week usually worked by registered nurses residing in California, 2004-2018**

	2004	2006	2008	2010	2012	2014	2016	2018
Working full-time (more than 32 hours per week)	58.8%	61.9%	60.3%	60.9%	60.3%	60.4%	62.3%	60.2%
Mean hours per week	41.8	40.9	41.1	40.6	40.3	40.9	40.3	40.5
Working part-time (32 hours or less per week)	28.7%	24.8%	23.3%	24.1%	21.8%	20.5%	21.2%	18.4%
Mean hours per week	22.8	22.4	24.4	24.7	24.4	24.7	24.4	24.5
Working, unknown hours	*	*	3.4%	2.4%	3.0%	2.3%	2.7%	2.8%
Not working	12.5%	13.3%	13.1%	12.6%	14.9%	16.6%	13.8%	18.6%

\* Data not available.

Note: 2018 number of cases=4,049. Data (2006-2018) are weighted to represent all RNs with active licenses.

Nurses were asked to report the number of hours per day they usually worked; these data are presented in Table 3.3. In 2018, 44.3% of working RNs residing in California normally worked 12-hour shifts, and 38.5% worked 8-hour shifts. The share of RNs working 12-hour shifts increased significantly between 1997 and 2008, and remained relatively stable after then, with a slight increase from 2016 to 2018. There has been a trend since 1997 toward fewer RNs working shifts shorter than 8 hours or between 8.5 and 11.5 hours per week.

**Table 3.3. Number of hours per day usually worked by registered nurses residing in California, 1997-2018**

	1997	2006	2008	2010	2012	2014	2016	2018
<b>Under 5 hours</b>	2.5%	1.7%	0.7%	1.1%	0.6%	0.7%	0.7%	0.8%
<b>5-7.5 hours</b>	6.8%	4.0%	3.9%	3.8%	2.5%	2.8%	1.9%	2.7%
<b>8 hours</b>	45.0%	42.8%	39.5%	41.7%	44.4%	43.4%	42.2%	38.5%
<b>8.5-11.5 hours</b>	18.6%	15.3%	13.5%	11.6%	11.1%	11.9%	9.3%	10.9%
<b>12 hours</b>	24.4%	34.7%	40.8%	40.1%	40.3%	39.6%	44.4%	44.3%
<b>Over 12 hours</b>	2.6%	1.6%	1.5%	1.8%	1.2%	1.7%	1.5%	2.9%
<b>Number of cases</b>	2,433	3,109	3,559	3,986	3,313	3,338	2,442	2,618

Note: This question was not asked in 1990 or 1993. Columns might not total 100% due to rounding. Data (2006-2018) are weighted to represent all RNs with active licenses.

Survey respondents were asked to report the number of hours of overtime “normally” worked per week; the data are presented in Table 3.4. The share of RNs who worked one hour or more of overtime per week dropped between 2006 and 2012, from 49.1% to 31.5%, and then rose to reach 39% in 2016. The share that worked more than 8 hours of overtime per week dropped from 13.4% to 7.5% between 2006 and 2012, and then increased to 10.2%.

**Table 3.4. Number of overtime hours per week worked by registered nurses residing in California, 2006-2018**

	2006	2008	2010	2012	2014	2016	2018
<b>None or less than one hour</b>	50.9%	57.0%	65.5%	68.5%	64.7%	61.0%	62.3%
<b>1-2.5 hours</b>	14.6%	14.3%	11.8%	10.7%	12.3%	11.2%	12.6%
<b>3-4 hours</b>	10.6%	7.6%	6.6%	6.1%	6.7%	8.9%	7.0%
<b>5-6 hours</b>	6.4%	4.3%	3.4%	3.8%	2.9%	4.7%	4.6%
<b>7-8 hours</b>	4.1%	4.6%	4.0%	3.4%	4.3%	4.0%	4.2%
<b>More than 8 hours</b>	13.4%	12.2%	8.7%	7.5%	9.2%	10.2%	9.4%
<b>Number of cases</b>	3,313	3,952	4,605	3,953	3,728	2,789	2,953

Note: Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Some RNs make themselves available to work on-call. Nurses who are paid on a wage schedule usually are paid a nominal wage for on-call hours that are not worked, and then are paid their regular wage or a premium wage when they are called to work. Nurses who are salaried may consider some of their time on-call but are not paid specifically for on-call time. As seen in Table 3.5, 88.3% of RNs were not normally on-call in 2018, a decrease from 2016 when 90.7% reported no on-call hours. Among those who did normally have some on-call time, the number of hours per week on-call varied widely. Slightly more than 4% of RNs were on call up to 10 hours per week, while 1.9% were on call 30 or more hours per week.

**Table 3.5. Number of unworked on-call hours per week by registered nurses residing in California, 2008-2018**

	2008	2010	2012	2014	2016	2018
No on-call hours	86.2%	86.6%	89.3%	87.4%	90.7%	88.3%
Less than 10 hours	5.7%	6.0%	4.1%	4.7%	3.2%	4.2%
10-19 hours	4.3%	3.7%	3.9%	4.6%	2.8%	3.7%
20-29 hours	1.0%	1.4%	1.4%	1.4%	1.0%	1.9%
30 or more hours	2.9%	2.3%	1.4%	2.0%	2.3%	1.9%
Number of cases	3,951	4,615	3,960	4,129	3,113	3,200

Note: Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Most working RNs are employed the full year, as seen in Table 3.6. In 2006 and 2008, RNs were asked to report the number of weeks they worked per year, and after 2010 they were asked to report the number of months per year. Around 98% of employed RNs living in California worked a “full year” job in every year since 2010, defined as at least 46 weeks of work or 11 months per year (up to six weeks of vacation would be possible). The increase in the share of RNs working a “full year” position between 2008 and 2010 might have been the result of the change in the question from weeks per year to months per year, but could also represent a true change in the likelihood of RNs working full-year jobs.

**Table 3.6. Number of weeks per year registered nurses work as a registered nurse, California residents, 2006-2018**

	2006	2008	2010	2012	2014	2016	2018
46-52 weeks per year (11-12 months)	86.3%	85.3%	98.0%	98.2%	98.4%	98.9%	97.5%
36-45 weeks per year (9-10 months)	7.7%	10.6%	0.8%	0.7%	0.7%	0.5%	1.4%
Less than 36 weeks per year	4.6%	4.1%	1.1%	1.1%	0.9%	0.6%	1.2%

Note: 2018 number of cases=3,116. Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

### *Nurses’ Principal Nursing Positions*

Nurses were asked to provide information about their principal nursing position, which is the RN position in which they spend most of their working time. Table 3.7 presents the type of employment arrangement for nurses’ principal nursing positions in 2018 by residence within or outside California. Nearly 95% of working RNs residing in California were regular employees in their principal positions. Only 0.8% of California residents were employed through temporary agencies, 1.4% were self-employed, and 1.4% worked as a travel nurse. In contrast, 21.7% of employed, non-California resident RNs held their principal positions through travel nursing agencies in 2018. These data are consistent with data from previous years that indicated that a substantial fraction of RNs residing outside California who have California licenses worked in California on a traveling basis.

**Table 3.7. Employment status in principal nursing positions for currently working RNs, California residents and non-residents, 2018**

	California residents	Non-California residents
Regular employee	94.9%	70.7%
Employed through a temporary service agency	0.8%	3.3%
Self-employed	1.4%	1.6%
Travel nurse or employed through a traveling nurse agency	1.4%	21.7%
No response	1.5%	2.8%

Note: Number of cases for both residents (3,067) and non-residents (570) =3,637. Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

The job titles that best describe nurses' principal nursing positions are presented in Table 3.8. Note that in 2004, nurses were not given the option of reporting that they were a "staff nurse" as in previous years, and instead were asked if they were a "direct patient care provider." Many nurses thus selected "other" and wrote that they were staff nurses. This explains the lower share of nurses identified as staff nurses in 2004, and the correspondingly higher shares of "other" titles. In 2014, a new category was added to the survey "Direct care and charge nurse" because a growing number of respondents were indicating that they had both roles in their principal position. It is common for a direct patient care RN to take on charge nurse duties once or twice a week while continuing direct patient care duties. This category accounted for 15% of RNs in 2018, while 51.2% indicated they worked only as a staff nurse. The share of RNs in management positions, including full charge nurse positions, was 8.8% in 2018. The share of nurses reporting their title as patient care coordinator, case manager, or discharge planner was 3.1% in 2018, the lowest reported since 2006. No other job title accounted for more than 5% of the RN population, although in 2018, 4.8% reported their job title was Nurse Practitioner.

**Table 3.8. Job title that best describes the principal nursing position of working registered nurses residing in California, by survey year**

Job Title	1993	1997	2004	2006	2008	2010	2012	2014	2016	2018
Staff Nurse/Direct Patient Care Provider	59.5%	62.1%	53.3%	61.2%	58.5%	59.8%	56.1%	50.8%	51.3%	51.2%
Charge Nurse	*	*	*	*	7.6%	8.4%	10.8%	1.6%	1.9%	1.6%
Staff Nurse and Charge Nurse (both)	*	*	*	*	0.8%	*	*	16.6%	15.6%	15.0%
Senior management, any setting	*	*	*	1.0%	1.9%	1.5%	1.9%	1.5%	1.8%	1.2%
Senior management, service setting	3.5%	4.6%	1.7%	*	*	*	*	*	*	*
Middle management, any setting	*	*	*	7.7%	5.8%	6.0%	5.8%	5.0%	5.4%	3.9%
Middle management, service setting	14.5%	11.4%	6.3%	*	*	*	*	*	*	*
Front-line management	*	*	11.1%	5.9%	3.0%	2.9%	3.1%	4.9%	2.1%	2.1%
Management/Administration, academic setting	0.2%	0.3%	0.1%	*	*	*	*	*	*	*
Clinical Nurse Specialist	3.2%	3.1%	2.3%	1.6%	1.1%	0.8%	0.9%	0.5%	0.5%	0.5%
Certified Registered Nurse Anesthetist	0.5%	0.3%	0.4%	0.4%	0.4%	0.4%	0.6%	0.3%	0.4%	0.7%
Certified Nurse Midwife	0.2%	0.1%	0.2%	0.2%	0.3%	0.2%	0.2%	0.4%	0.2%	0.4%
Nurse Practitioner	1.8%	3.2%	3.6%	4.7%	4.1%	3.4%	3.5%	3.6%	3.9%	4.8%
Educator, service setting/Clinical Nurse Educator	2.0%	0.9%	2.0%	1.7%	1.6%	1.3%	1.1%	1.7%	1.0%	1.0%
Educator, academic setting	1.3%	1.0%	1.0%	2.5%	1.5%	1.4%	1.4%	1.3%	*	1.1%
School Nurse	1.2%	2.0%	1.9%	1.8%	1.8%	1.5%	1.1%	1.4%	1.2%	1.4%
Public Health Nurse	2.2%	1.5%	1.7%	1.9%	1.3%	1.5%	1.2%	1.5%	1.5%	1.6%
Patient Care Coordinator/Case Manager/Discharge Planner	*	*	*	3.9%	4.2%	4.0%	3.9%	5.0%	5.3%	3.1%
Discharge Planner	*	*	0.1%	*	*	*	*	*	*	*
Case Manager	4.5%	5.6%	3.9%	*	*	*	*	*	*	*
QI/Utilization Review Nurse	*	*	0.7%	1.7%	1.9%	1.3%	2.0%	2.1%	1.9%	1.9%
Occupational Health Nurse	*	*	*	0.3%	0.2%	0.2%	0.2%	0.1%	0.3%	0.3%
Telenursing	*	*	*	0.7%	1.3%	1.1%	1.0%	0.8%	1.0%	0.6%
Nurse Coordinator	*	*	*	*	0.2%	1.0%	1.1%	*	*	*
Consultant	0.9%	1.1%	0.7%	*	0.3%	*	*	*	*	*
Researcher	0.8%	0.4%	0.6%	*	0.2%	0.2%	0.3%	0.4%	0.5%	0.2%
Infection Control Nurse	*	*	*	*	*	*	3.1%	0.3%	0.3%	0.1%
Clinical Nurse Leader	*	*	*	*	*	*	0.3%	0.2%	0.3%	0.4%
Other	3.3%	2.6%	8.3%	2.9%	2.0%	2.7%	2.5%	2.4%	1.4%	5.9%
Number of cases	2,190	2,375	2,925	3,675	4,108	4,689	4,046	4,097	3,065	3,129

\* Question was not asked in the survey year.

Note: Columns might not total 100% due to rounding. Data (2006-2018) are weighted to represent all RNs with active licenses.

Hospitals are the dominant employers of RNs, as seen in Table 3.9. In 2018, nearly two-thirds of RNs reported that they worked in some department of a hospital; this share is similar to the percentage of RNs that worked in hospitals from 2008 to 2012 and a slight decrease from the shares reported in 2014 and 2016. Hospital-based ambulatory care departments saw the largest increase of RNs within the hospital setting, going from 4.8% in 2006 to 10.1% in 2014, and declining slightly after that to 7.1% in 2018. The next most common employment setting of RNs was ambulatory care settings, such as clinics and outpatient surgery centers (7.6% in 2018). The percentage of RNs who worked in extended care, skilled nursing facilities, or rehabilitation facilities was 5.4% in 2018. The percentage of RNs working in public/community health was 2.8% in 2018. Other common workplaces of RNs residing in California included home health agencies (3.0%), case management (2.2%), and mental health/drug and alcohol treatment (1.9%).

**Table 3.9. Types of organizations in which registered nurses residing in California work the most hours each month, by survey year**

	1990	1993	1997	2004	2006	2008	2010	2012	2014	2016	2018
<b>Acute hospital</b>	67.9%	64.3%	60.2%	60.9%	62.7%	64.4%	64.3%	63.6%	66.8%	66.3%	64.2%
Hospital, inpatient or emergency	*	*	*	*	55.6%	56.3%	53.4%	53.6%	50.5%	56.1%	52.8%
Hospital, nursing home unit	*	*	*	*	0.5%	0.5%	0.4%	0.7%	1.1%	1.1%	1.1%
Hospital, ambulatory unit	*	*	*	*	4.8%	5.5%	7.8%	7.9%	10.1%	8.1%	7.1%
Hospital, ancillary unit	*	*	*	*	1.8%	1.4%	2.3%	1.4%	0.7%	0.5%	0.4%
Hospital, other department	*	*	*	*	*	0.7%	0.4%	*	4.4%	2.1%	2.8%
<b>Skilled nursing/extended care/rehabilitation</b>	5.6%	5.1%	7.1%	4.4%	2.3%	3.0%	4.4%	6.1%	8.5%	5.1%	5.4%
<b>University or college</b>	*	*	*	*	3.3%	*	*	*	*	*	*
<b>Academic nursing program</b>	1.3%	1.5%	0.8%	0.9%	*	1.4%	1.6%	1.3%	1.6%	0.9%	1.1%
<b>Public health dept/community health agency</b>	3.4%	2.5%	2.7%	2.1%	2.5%	2.6%	1.7%	1.7%	1.5%	1.4%	2.8%
<b>Home health nursing agency/service</b>	3.8%	5.9%	6.8%	3.3%	3.0%	2.5%	3.3%	2.4%	3.7%	3.4%	3.0%
<b>Hospice</b>	*	*	*	1.3%	1.7%	1.4%	1.4%	1.6%	0.2%	0.3%	0.1%
<b>Ambulatory care setting (office, surgery center)</b>	11.8%	10.9%	9.0%	10.8%	6.3%	9.3%	8.1%	7.5%	5.4%	8.2%	7.6%
<b>Dialysis</b>	*	*	*	*	1.5%	1.2%	1.6%	1.4%	0.9%	1.0%	0.6%
<b>Telenursing organization/call center</b>	*	*	*	0.6%	*	1.1%	0.7%	0.8%	0.6%	0.6%	0.5%
<b>Occupational health/employee health</b>	1.5%	0.8%	0.7%	0.3%	0.5%	0.3%	0.3%	0.6%	0.1%	0.4%	0.4%
<b>School health (K-12 or college)</b>	2.1%	1.6%	1.5%	2.0%	1.8%	2.1%	1.7%	1.4%	1.5%	1.3%	1.4%
<b>Mental health/drug and alcohol treatment</b>	*	2.9%	1.8%	2.0%*	3.8%	0.8%	1.9%	2.3%	2.1%	1.6%	1.9%
<b>Forensic setting (correctional facility, prison, jail)</b>	*	*	*	1.1%	2.0%	1.2%	1.9%	1.6%	1.5%	1.5%	1.8%
<b>Government agency (local, state, federal)</b>	*	*	*	2.7%	1.4%	1.0%	1.7%	1.2%	1.4%	0.8%	0.8%
<b>Case management/disease management</b>	*	*	*	*	*	2.3%	2.2%	2.5%	2.1%	2.1%	2.2%
<b>Self-employed</b>	1.1%	0.7%	0.5%	0.8%	0.5%	0.7%	0.7%	0.5%	0.3%	0.3%	0.5%
<b>Other</b>	1.5%	3.8%	8.9%	6.9%	6.9%	4.7%	2.6%	3.0%	3.4%	2.5%	5.8%
<b>Number of cases</b>	<b>2,212</b>	<b>2,164</b>	<b>2,444</b>	<b>2,971</b>	<b>3,661</b>	<b>4,080</b>	<b>4,671</b>	<b>4,049</b>	<b>4,092</b>	<b>3,034</b>	<b>3,137</b>

\* Question was not asked in the survey year.

Note: Columns might not total 100% due to rounding. Data (2006-2018) are weighted to represent all RNs with active licenses. In 2008-2018, urgent care was included as part of ambulatory care, inpatient mental health facility (1.3%) was combined with outpatient mental health (0.6%), long term acute care settings were grouped with "other" in 2008, but in 2010, 2012, 2014, 2016, and 2018 were grouped with skilled nursing/extended care/rehabilitation.

More than 11% of RNs reported that they did not provide direct patient care at their principal place of employment (11.5%). Among those who provided patient care, a variety of clinical areas were represented, as seen in Table 3.10. Medical-surgical nursing was the most common clinical specialty of RNs (11.2%) in 2018; this share was similar to the levels reported from 2010 to 2014 and higher than the share reported in 2016. Critical care/ICU was the next most common clinical specialty for RNs (10.2%). Other common clinical areas included emergency/trauma/urgent care (8.4%), perioperative/post-anesthesia/anesthesia care (7.6%), and telemetry (5.8%). There has been a trend since 1990 toward a smaller share of RNs working in medical-surgical, critical care, public health, and geriatrics, with increasing shares working in emergency/trauma/urgent care and perioperative/post-anesthesia/anesthesia.

**Table 3.10. Clinical area in which working registered nurses residing in California most frequently provide care for those who provide direct patient care, by survey year.**

	1990	1993	1997	2004	2006	2008	2010	2012	2014	2016	2018
Medical/surgical	34.0%	31.0%	26.3%	16.0%	17.1%	13.1%	11.7%	11.2%	11.6%	8.8%	11.2%
Ambulatory care	*	*	*	*	*	11.6%	9.3%	9.4%	8.2%	*	*
Ambulatory care – primary	*	*	*	*	*	*	*	*	*	3.9%	3.6%
Ambulatory care - specialty	*	*	*	*	*	*	*	*	*	4.4%	4.4%
Cardiology	*	*	*	*	*	2.2%	2.6%	3.0%	2.3%	1.3%	2.4%
Corrections/forensic setting	*	*	*	*	1.4%	0.9%	1.6%	1.0%	1.2%	1.0%	1.3%
Critical care/ICU	15.9%	16.3%	17.1%	13.1%	11.8%	11.4%	10.7%	8.4%	8.9%	7.7%	10.2%
Dialysis	*	*	*	*	1.7%	1.4%	1.9%	1.9%	1.5%	1.8%	0.2%
Emergency/trauma/urgent care	5.4%	6.1%	5.8%	5.4%	6.4%	6.6%	6.8%	7.2%	7.4%	7.9%	8.4%
Geriatrics	5.6%	6.5%	10.3%	4.2%	2.5%	2.5%	2.7%	3.5%	4.1%	2.6%	2.3%
Home health	*	*	*	3.2%	2.8%	2.7%	2.9%	2.8%	2.7%	2.6%	2.6%
Hospice	*	*	*	1.4%	1.7%	1.6%	1.4%	2.0%	1.6%	1.5%	1.3%
Mother-baby/newborn nursery	*	*	*	*	*	3.1%	2.8%	3.2%	3.1%	2.8%	2.8%
Neonatal/newborn	*	*	*	4.3%	4.1%	3.8%	3.3%	3.6%	3.3%	3.6%	3.2%
Obstetrics/labor & delivery/reproductive health	9.4%	10.1%	9.7%	8.2%	6.9%	4.6%	5.5%	6.3%	5.5%	4.9%	4.4%
Oncology	*	*	*	*	*	2.4%	2.2%	2.6%	2.1%	4.4%	3.0%
Pediatrics	5.6%	4.5%	6.3%	4.9%	4.5%	3.3%	3.2%	3.0%	4.6%	3.6%	2.9%
Perioperative/post-anesthesia/anesthesia	6.3%	7.2%	8.4%	7.8%	9.1%	6.8%	7.8%	7.9%	9.3%	9.7%	7.6%
Public health/community health	7.7%	7.9%	3.7%	1.9%	1.8%	1.5%	1.3%	1.5%	1.5%	1.0%	1.5%
Psychiatric/mental health/substance abuse	5.8%	4.7%	3.9%	3.8%	6.0%	3.1%	3.6%	3.4%	3.3%	4.0%	3.2%
Rehabilitation	*	*	*	1.8%	2.1%	1.6%	1.6%	2.1%	1.6%	1.8%	1.8%
School health (K-12 or postsecondary)	*	*	*	1.7%	2.3%	2.2%	1.8%	1.3%	1.3%	1.3%	1.7%
Step-down or transitional bed unit	*	*	*	*	2.4%	1.9%	1.6%	1.9%	1.7%	1.4%	2.0%
Telemetry	*	*	*	*	*	5.1%	4.8%	3.6%	4.2%	6.0%	5.8%
Work in multiple areas, do not specialize	*	*	*	*	1.5%	2.3%	2.3%	1.4%	0.9%	2.0%	*
Other	4.2%	5.8%	8.5%	21.9%	13.9%	4.3%	6.6%	8.0%	6.6%	10.0%	6.5%
Number of cases	<b>2,233</b>	<b>2,186</b>	<b>2,347</b>	<b>2,841</b>	<b>3,248</b>	<b>3,546</b>	<b>4,044</b>	<b>3,498</b>	<b>3,486</b>	<b>2,682</b>	<b>2,773</b>

\* Question was not asked in the survey year.

Note: Columns might not total 100% due to rounding. Data (2006-2018) are weighted to represent all RNs with active licenses. In 2008 and prior years some clinical areas, such as mother-baby/neonatal, did not appear as a check box on the survey but occurred often enough in the handwritten “other” category to be given their own categories. Some clinical areas were grouped for this table because of very small numbers of RNs reporting the category. Starting in 2010, Labor & Delivery was combined with Obstetrics/Gynecology.

The job titles held by nurses vary by type of employer, as seen in Table 3.11. Each row of this table provides the percentages of RNs in each job title for the employment setting. In 2018, over two-thirds of nurses working in hospital acute care departments were staff nurses (68.1%), while 24% were in some type of management role (including joint charge nurse-direct care roles). In ambulatory departments of hospitals, 58.8% of RNs were staff nurses, while 18.1% were involved in management. There was a greater share of advanced practice nurses (8.3%) in hospital-based ambulatory departments than in hospital acute care departments (3%).

In skilled nursing and extended care facilities, 57.4% of RNs were in management positions, 3.6% were case managers/UR/QI, and 22.6% worked as staff nurses. In home health agencies, 22.4% were in a management role, 33.6% reported that they were staff nurses, and 16.2% reported they had case management/UR/QI roles. Approximately 32% of nurses in physician offices and clinics were advanced practice nurses, 21.9% were staff nurses, and 11.6% were in management positions.

**Table 3.11. Job title that best describes the principal nursing position of working registered nurses residing in California, by work setting, 2018**

	Staff nurse	Management (any level)	Advanced practice nurse	Case manager, UR, QI	Other	Number of cases
Hospital, acute care department	68.1%	24.0%	3.0%	0.6%	4.3%	1,581
Hospital-based ambulatory	58.8%	18.1%	8.3%	5.4%	9.4%	226
Skilled nursing/extended care	22.6%	57.4%	2.6%	3.6%	13.8%	63
Public health	8.2%	11.6%	0.0%	0.0%	80.2%	34
Home health agency	33.6%	22.4%	0.0%	16.2%	27.8%	94
Physician office/clinic	21.9%	11.6%	31.8%	2.9%	31.9%	231

Note: Advanced practice nursing includes nurse practitioners, nurse midwives, clinical nurse specialists, and nurse anesthetists. Case manager, UR, QI includes case manager, patient care coordinator, discharge planner, utilization review, infection control, and quality improvement nurse. Rows might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Nurses with different education levels exhibit some differences in their work settings. Table 3.12 presents the work settings of RNs residing in California by the highest nursing education received. Hospital inpatient care departments employed the majority of RNs with associate degrees (53.2%) and baccalaureate degrees (56.6%) in 2018. Hospital inpatient departments were the most common setting for diploma RNs and those with an MSN, accounting for 37% of diploma RNs and 40.4% of nurses with an MSN. Nearly 30% of RNs with a doctorate reported working in hospital inpatient departments, while over 32% reported universities and academic departments as their principal work setting. The next most common setting for RNs with a nursing diploma was in other settings (9.4%) and other clinic settings (7.4%). Nearly 4% of master’s-educated RNs worked in universities and colleges, 8.3% were in hospital-based ambulatory departments, and 10.5% were in private medical practices or private health centers – many of these are likely nurse practitioners. The work settings of associate degree and baccalaureate degree RNs were similar to each other.

**Table 3.12. Types of organizations in which registered nurses residing in California work the most hours each month, by highest level of nursing education, 2018**

	Diploma	ADN	BSN	MSN	Doctorate
Hospital, inpatient	37.0%	53.2%	56.6%	40.4%	29.4%
Hospital, ancillary	1.1%	0.4%	1.7%	0.5%	0.0%
Hospital, ambulatory	2.1%	8.3%	6.6%	8.3%	2.1%
Hospital, nursing home	0.0%	0.5%	0.2%	1.0%	0.0%
Hospital, other	4.1%	2.1%	3.3%	2.6%	0.0%
Nursing home	5.4%	2.0%	2.6%	2.4%	0.0%
Rehabilitation facility	2.2%	1.8%	1.5%	0.6%	4.0%
Inpatient mental health/substance	0.0%	2.8%	1.0%	0.4%	0.0%
Correctional facility	2.1%	2.3%	1.6%	1.6%	0.0%
Inpatient mental health/substance	0.0%	0.2%	0.1%	0.0%	0.0%
Other inpatient	0.0%	0.2%	0.3%	0.0%	0.0%
Private medical office	6.9%	3.3%	1.4%	10.5%	11.4%
Public clinic	4.2%	2.5%	2.0%	5.3%	17.9%
School health center	2.5%	0.7%	1.3%	3.5%	0.0%
Outpatient mental health/substance	0.0%	0.7%	0.5%	0.9%	0.0%
Urgent care	0.2%	0.5%	0.2%	0.9%	0.0%
Ambulatory surgery	1.3%	2.2%	0.9%	1.5%	0.0%
Other clinic	7.4%	1.3%	1.6%	2.8%	0.0%
Occupational health	0.0%	0.1%	0.6%	0.2%	0.0%
Public health	0.0%	0.3%	1.5%	0.4%	0.0%
Government agency	2.0%	0.3%	1.2%	0.4%	0.0%
Outpatient dialysis	0.6%	1.2%	1.6%	0.4%	0.0%
University / academic department	0.0%	0.4%	0.3%	3.8%	32.2%
Home health	3.4%	3.8%	3.3%	0.2%	0.0%
Case management	4.0%	2.6%	1.9%	1.6%	2.5%
Call center	0.3%	1.0%	0.5%	0.2%	0.0%
Self-employed	4.0%	0.8%	0.3%	0.3%	0.0%
Other	9.4%	4.6%	5.4%	9.5%	0.0%
<b>Number of cases</b>	<b>78</b>	<b>861</b>	<b>1,629</b>	<b>417</b>	<b>30</b>

Note: Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Table 3.13 presents analogous information for nurses with specific certifications. Large shares of respondents with public health certifications reported working in acute care departments in hospitals (41.2%), hospital-based ambulatory care departments (8%), home health (5%), school health centers (4.8%), and public health clinics (4.1%).

Nurse practitioners often worked in private medical offices (23.8%), acute care departments of hospitals (21.5%), public clinics (17.6%), hospital-based ambulatory care departments (10.5%), and correctional facilities (2.3%). Clinical nurse specialists were most often employed in acute care departments of hospitals (51.9%), school health centers (7.7%), government agencies (7.3%), university or college academic departments (5.2%), hospital-based nursing home units (4.8%) and ambulatory care units (4.4%), and private medical offices (4.2%).



**Table 3.13. Types of organizations in which registered nurses residing in California work the most hours each month, by specialty certification, 2018**

	Public health nurse (certified)	Nurse practitioner	Clinical nurse specialist
Hospital, inpatient unit or emergency	41.2%	21.5%	51.9%
Hospital, ancillary unit	1.4%	0.0%	1.7%
Hospital, ambulatory unit	8.0%	10.5%	4.4%
Hospital, nursing home unit	0.2%	0.4%	4.8%
Hospital, other unit/department	3.2%	0.9%	0.5%
Nursing home/skilled nursing facility	1.2%	1.1%	0.0%
Rehabilitation facility	1.3%	0.7%	0.0%
Inpatient mental health/substance use	0.1%	1.3%	0.0%
Correctional facility/prison/jail	2.7%	2.3%	0.0%
Inpatient hospice (free-standing)	0.2%	0.0%	0.0%
Other inpatient setting	0.2%	0.0%	0.0%
Private medical office	3.1%	23.8%	4.2%
Public clinic, FQHC, rural clinic, etc.	4.1%	17.6%	3.5%
School health center	4.8%	0.7%	7.7%
Outpatient mental health/substance use	1.2%	0.6%	0.0%
Urgent care	0.2%	1.8%	0.0%
Ambulatory surgery (free-standing)	1.2%	0.0%	0.0%
Other clinic/ambulatory	3.0%	4.0%	0.0%
Occupational health/employee health	1.1%	1.1%	0.0%
Public/community health agency	3.5%	0.0%	0.0%
Government agency (not public health)	1.0%	0.1%	7.3%
Outpatient dialysis center	0.0%	1.0%	1.3%
University / academic department	3.4%	2.0%	5.2%
Home health agency	5.0%	0.0%	0.4%
Case management/disease management	3.1%	0.5%	1.3%
Call center/telenursing center	0.1%	0.0%	2.0%
Self-employed	0.7%	0.1%	0.0%
Other	4.8%	8.1%	3.9%
Number of cases	558	191	48

Note: Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

### Tenure in Primary Nursing Position

Every survey of registered nurses has asked how long the respondent has been employed with their current principal employer (Table 3.14). The largest share of registered nurses who lived in California in 2018 had been with their current employer for less than five years (45.4%). Over the past two decades, this percentage dropped slightly, from 49.4% in 1990 to 45.5% in 2018. At the same time, there was a large increase in the share of RNs employed for more than 14 years with their current employer, rising from 14.1% in 1990 to 21.7% in 2018. Accordingly, the mean number of years nurses had worked with their current employer increased over time, from 7 years in 1990 to 8.7 years in 2018.

**Table 3.14. Length of time that working registered nurses residing in California have been employed in their principal nursing position, by survey year**

	1990	1993	1997	2004	2008	2012	2016	2018
Less than 5 years	49.4%	50.4%	40.8%	47.1%	46.1%	43.4%	39.0%	45.5%
5-9 years	22.1%	24.1%	24.8%	20.4%	19.4%	24.1%	23.4%	17.4%
10-14 years	14.4%	14.1%	13.9%	13.2%	8.2%	12.8%	14.8%	15.4%
More than 14 years	14.1%	11.3%	20.5%	19.3%	26.3%	19.7%	22.8%	21.7%
Mean number of years	7.0	6.5	8.2	8.1	8.7	8.9	9.4	8.7
Number of cases	2,222	2,168	2,424	3,016	4,020	3,842	3,033	3,120

Note: Columns might not total 100% due to rounding. Data (2006-2018) are weighted to represent all RNs with active licenses.

Tenure with an employer varies by employment setting. Each row of Table 3.15 presents the distribution of job tenure of nurses in a specific employment setting. Ambulatory care departments of hospitals had the highest share of nurses employed for 15 or more years in 2018 (34.2%). More than 20% of nurses had 15 or more years of tenure in hospital acute-care departments (23.8%), public/community health agencies (23.5%), and physician offices/clinics (22.1%). Skilled nursing facilities exhibited the lowest tenures, with 69.5% of RNs who worked in this setting having been with their employer for less than five years.

**Table 3.15. Length of time that working registered nurses residing in California have been employed in their principal nursing position, by work setting, 2018**

	Less than 5 years	5-9 years	10-14 years	15 or more years	Number of cases
Hospital, acute care department	43.5%	17.1%	15.7%	23.8%	1,579
Hospital-based ambulatory	27.2%	16.4%	22.3%	34.1%	225
Skilled nursing/extended care	69.5%	14.0%	14.7%	1.8%	67
Public/community health agency	47.0%	4.6%	25.0%	23.5%	92
Home health agency	70.9%	19.8%	5.7%	3.7%	33
Physician office/clinic	48.4%	14.9%	14.6%	22.1%	230

Note: Rows might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Job title is also associated with the length of time a nurse who lives in California has been with a current employer, as seen in Table 3.16. Nearly 54% of staff nurses and 51.5% of RNs with case management-related titles had been with their current employer for less than five years in 2018, as had 49.3% of advanced practice RNs. Nurses in management tended to have the longest tenures with their current employers, with 32.6% reporting tenures of 15 or more years. However, nearly 30% of nurses in these positions reported being with their current employer for less than five years (29.8%).

**Table 3.16. Length of time that working registered nurses residing in California have been employed with their principal nursing employer, by job title, 2018**

	Less than 5 years	5-9 years	10-14 years	15 or more years	Number of cases
Staff nurse	53.6%	15.1%	14.0%	17.3%	1,579
Management (any level)	29.8%	19.9%	17.8%	32.6%	734
Advanced practice nurse	49.3%	13.5%	16.7%	20.5%	198
Case manager, UR, QI	51.5%	22.3%	7.2%	18.9%	93
Other	39.1%	20.9%	18.2%	21.8%	461

Note: Advanced practice nursing includes nurse practitioners, nurse midwives, clinical nurse specialists, and nurse anesthetists. Case manager, UR, QI includes case manager, patient care coordinator, discharge planner, utilization review, infection control, and quality improvement nurse. Rows might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Hours and Weeks Worked in Primary Job

Table 3.17 presents the number of weeks per year that nurses worked in their principal position in 2018, by California residency. Nearly 93% of California residents worked a full-year job, and 5.9% worked in positions that were less than a full year. The share of non-California residents that worked part-year jobs was higher at 12.4%. Note that the jobs of non-California residents are likely to be outside California; non-California residents are discussed in more detail below.

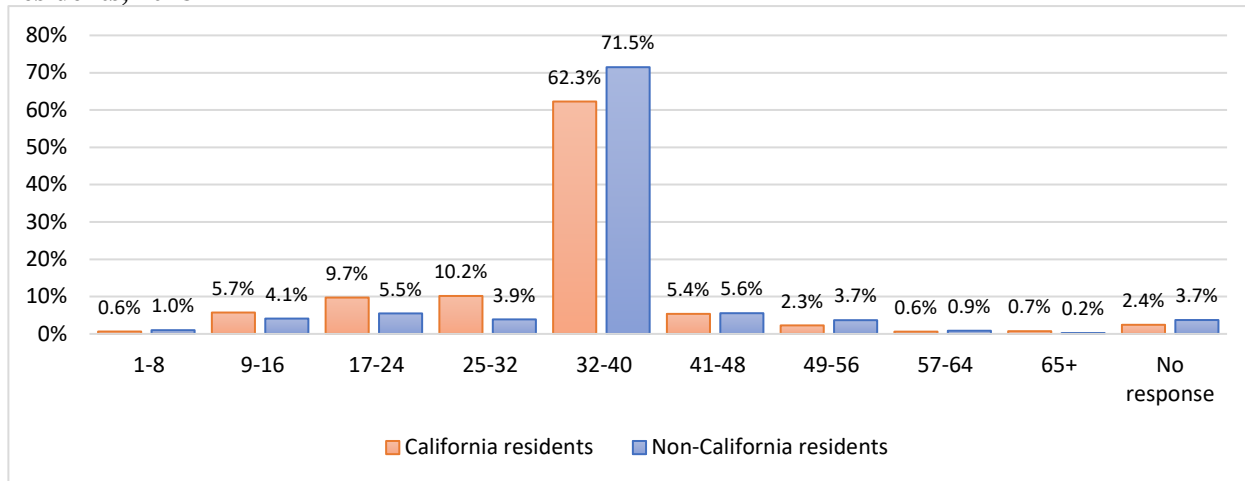
**Table 3.17. Number of weeks per year registered nurses work in their principal nursing position, California residents and non-residents, 2018**

	California residents	Non-California residents
46-52 weeks per year	92.6%	84.8%
36-45 weeks per year	3.7%	9.3%
Less than 36 weeks per year	1.2%	3.1%
No response	2.6%	2.8%

Note: Number of cases for residents (2,983) and non-residents (558) =3,541. Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Figure 3.2 presents the distribution of hours worked per week in a principal nursing job for RNs with active California licenses, by whether they reside in California. More than 71% of nurses who lived in California in 2018 worked more than 32 hours per week in their principal position. The proportion of non-resident RNs who worked more than 32 hours per week in a principal nursing position was higher, at 81.9%.

**Figure 3.2. Distribution of hours per week in principal nursing position for California residents and non-residents, 2018**



Note: Number of cases for residents=2,987; for non-residents=554. Data are weighted to represent all RNs with active licenses.

The number of hours worked per week and per day in a principal position varies with job title, as seen in Table 3.18. RNs in staff nurse positions averaged 10.7 hours per day in 2018, 35.9 hours per week, and 2.3 hours of overtime per week. Nurses in management positions worked an average of 10.2 hours per day and 38.3 hours per week, with 3.3 hours of overtime per week. Advanced practice nurses had a shorter workweek, averaging 37.7 hours, while RNs with case manager-type titles had a shorter workday, averaging 8.5 hours.

**Table 3.18. Average hours normally worked per day and per week in principal nursing positions by registered nurses residing in California, by job title, 2018**

	Hours per day	Hours per week	Overtime per week
Staff nurse	10.7	35.9	2.3
Management (any level)	10.2	38.3	3.3
Advanced practice nurse	9.2	37.7	2.4
Case manager, UR, QI	8.5	38.8	3.9
Other	8.4	36.6	2.1
Number of cases	2,570	3,031	2,895

Note: All job titles in this table have more than 50 observations. Data are weighted to represent all RNs with active licenses.

Table 3.19 presents the average number of hours normally worked by nurses living in California, by work setting. Nurses employed in home health agencies worked an average of 11.8 hours per day, which was the longest average workday of all the settings, followed by hospital-based acute care departments, with 11.1 hours per day. The other employment settings averaged close to 8 hours per day. RNs employed in public or community health agencies had the shortest average workweeks, at 33.6 hours, while those in home health agencies had the longest, at 41 hours. RNs employed in non-hospital ambulatory care settings averaged the most overtime per week (7.5 hours), while those in public health agencies averaged the least (1.0 hour).

**Table 3.19. Average hours normally worked per day and per week in principal nursing positions for registered nurses residing in California, by work setting, 2018**

	Hours per day	Hours per week	Overtime per week
Hospital, acute care department	11.1	36.5	2.3
Hospital-based ambulatory	9.1	36.7	3.5
Skilled nursing/extended care	8.3	36.3	5.0
Public/community health agency	8.4	33.6	1.0
Home health agency	11.8	41.0	6.8
Ambulatory care setting	9.9	38.5	7.5
Number of cases	1,710	1,987	1,928

Note: Data are weighted to represent all RNs with active licenses.

Nurses were asked to report the percentages of time spent on each of several functions: direct patient care and charting, indirect patient care (consultation, planning, evaluating care), teaching (including preparation time), supervision, patient education, non-nursing tasks (housekeeping, etc.), administration, and “other.” As seen in Table 3.20, there was wide variation in the percentage of time spent on direct patient care, with the largest share of RNs saying they spent 61% to 80% of their time on this activity (30.1%).

**Table 3.20. Percentage of time spent on specific job functions during a typical workweek in principal nursing positions for nurses residing in California, 2018**

	0%	1-20%	21-40%	41-60%	61-80%	81-100%
Direct patient care & charting	11.9%	10.0%	11.2%	22.5%	30.1%	14.4%
Patient education	20.0%	65.9%	11.5%	2.1%	0.4%	0.0%
Indirect patient care	40.0%	49.3%	6.1%	3.0%	0.9%	0.8%
Teaching	49.1%	46.3%	2.7%	0.5%	0.5%	1.0%
Supervision	65.6%	22.3%	3.6%	2.6%	2.7%	3.1%
Administration	77.2%	17.7%	2.1%	1.3%	0.4%	1.3%
Non-nursing tasks	86.6%	12.7%	0.3%	0.2%	0.0%	0.2%
Research	63.3%	35.9%	0.7%	0.1%	0.0%	0.1%
Other	93.3%	4.2%	0.8%	0.4%	0.2%	0.2%

Note: Number of cases=2,965. 6.5% of the sample of employed California residing RNs did not respond to these questions. Data are weighted to represent all RNs with active licenses.

## Geographic Location of Principal Position

Nurses were asked to provide the city, county, and zip code of their principal nursing position, and these were sorted by the urban nature of the location. As seen in Table 3.21, most RNs who lived in California reported their principal nursing position was in a consolidated metropolitan area with over one million residents (72.7%), such as the Los Angeles region. Another 18.2% worked in large metropolitan counties with over 400,000 residents, such as Monterey or Fresno. Just under 9% worked in smaller metropolitan counties. Only 0.5% of RNs worked in rural areas or small cities and towns with a population under 50,000. The share of RNs employed in large metropolitan counties has been rising over time, while the percentages employed in areas with a population under 50,000 or more than 1 million have declined since 2006.

**Table 3.21. Urban/rural status of locations where RNs residing in California were primarily employed, by survey year**

	1990	1993	1997	2004	2006	2008	2010	2012	2014	2016	2018
<b>Consolidated metropolitan area (over 1 million population)</b>	*	*	*	*	84.1%	84.0%	69.0%	68.5%	69.3%	70.6%	72.7%
<b>Large metropolitan county (400,000 to 1 million)</b>	*	*	*	*	7.6%	8.1%	18.7%	18.6%	20.9%	20.3%	18.2%
<b>Small metropolitan county (50,000 to 400,000)</b>	*	*	*	*	4.4%	5.1%	11.6%	12.6%	9.3%	8.7%	8.6%
<b>Large central city (over 250,000 population)</b>	38.8%	40.5%	41.4%	37.3%	*	*	*	*	*	*	*
<b>Suburbs of a large city</b>	17.6%	15.6%	14.1%	15.9%	*	*	*	*	*	*	*
<b>Medium sized city (50,000-250,000)</b>	28.7%	30.8%	31.0%	22.1%	*	*	*	*	*	*	*
<b>Suburbs of a medium sized city</b>	2.9%	3.1%	2.9%	5.7%	*	*	*	*	*	*	
<b>Population less than 49,999</b>	11.6%	9.8%	10.1%	18.1%	4.0%	2.8%	0.7%	0.4%	0.5%	0.4%	0.5%
<b>Other</b>	0.4%	0.1%	0.5%	0.9%	*	*	*	*	*	*	*
<b>Number of cases</b>	2,197	2,147	2,403	3,557	3,427	3,916	4,606	3,558	4,129	3,113	3,200

\* Data was not tabulated in this category.

Note: The 2004 data include nurses who do not reside in California. Columns might not total 100% due to rounding. Data (2006-2018) are weighted to represent all RNs with active licenses. Population less than 49,999 includes small cities, towns, and rural areas. In 2006 and 2008, geographic location for RNs was determined by consolidated metropolitan statistical areas (CMSAs). In 2010-2018, the estimated census population was used to perform the analysis.

Nearly 62% of California's working RNs commuted 10 miles or more each way to their jobs in 2018, as seen in Table 3.22. Very long commutes of over 40 miles each way were made by almost 7% of RNs. There has been little change in average commuting distance since 1997.

**Table 3.22. Number of miles that registered nurses residing in California commute one way to their principal nursing jobs, by survey year**

	1990	1993	1997	2004	2006	2008	2010	2012	2014	2016	2018
<b>Less than 5 miles</b>	21.5%	21.6%	16.4%	16.9%	16.5%	17.7%	17.7%	15.7%	16.7%	14.7%	14.8%
<b>5-9 miles</b>	24.0%	22.2%	20.5%	21.9%	23.0%	21.4%	20.7%	23.0%	21.2%	20.9%	23.4%
<b>10-19 miles</b>	31.8%	30.1%	31.7%	31.5%	30.7%	30.7%	31.8%	30.3%	30.7%	32.9%	31.7%
<b>20-39 miles</b>	18.4%	20.2%	24.2%	23.0%	22.7%	23.9%	22.7%	23.6%	24.4%	24.6%	23.3%
<b>40 or more miles</b>	4.3%	5.9%	7.2%	6.6%	7.2%	6.4%	7.1%	7.4%	7.0%	7.0%	6.9%
<b>Mean in miles</b>	13.1	14.4	15.9	15.9	15.8	15.8	15.6	16.0	16.6	16.9	15.9

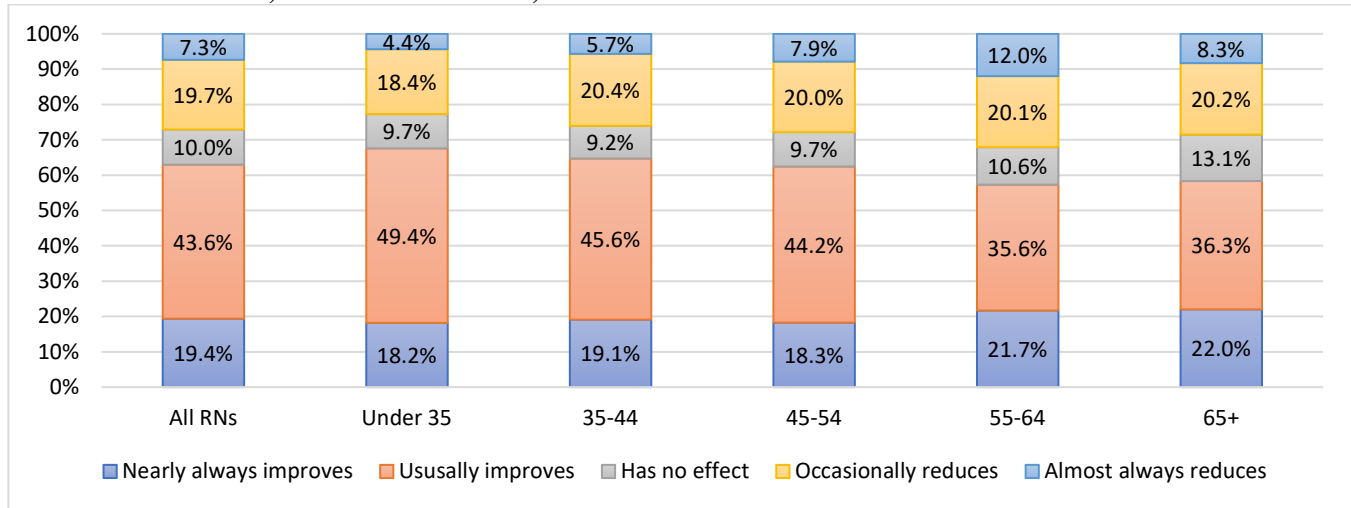
Note: Persons listing commutes greater than 150 miles were not considered to be making daily commutes in these surveys.

Note: 2018 number of cases=3,031. Columns might not total 100% due to rounding. Data (2006-2018) are weighted to represent all RNs with active licenses.

Use of Health Information Technologies

RNs who use electronic health record (EHR) or electronic medical record (EMR) systems in their principal nursing positions were asked about perceptions of whether health information systems improve quality of care. As presented in Figure 3.3, 63% of RNs thought that health information technology almost always improves or usually improves quality of care. This is nearly the same as the 63.1% who thought this in 2016. However, in 2018, 19.7% thought that technology occasionally reduces quality. Approximately 7.3% believed it almost always reduces quality of care, which is higher than the 0.2% who believed this in 2016, and somewhat higher than the 5.9% who believed this in 2014. There are notable differences across age groups. Younger RNs were more likely to believe that health information technology improves quality of care, while older nurses were more likely to think it reduces quality of care.

**Figure 3.3. Perceived impact of computerized health information systems on patient care, among working nurses who use them, California residents, 2018**

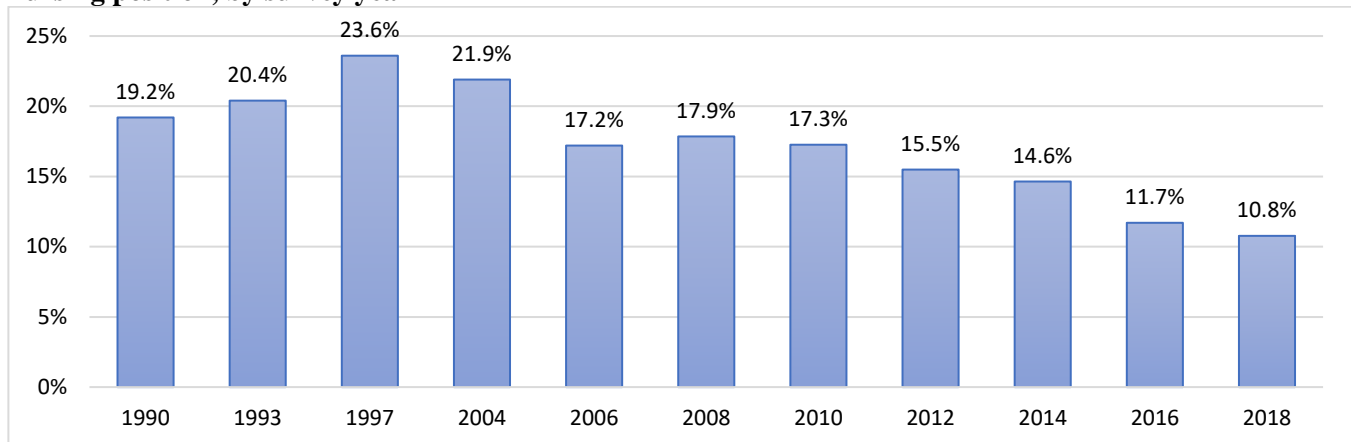


Note: Number of cases=2,843. Data are weighted to represent all RNs with active licenses.

**Additional Jobs Held by RNs**

In 2018, only 10.8% of RNs who worked and resided in California reported they held more than one nursing position (Figure 3.4). This rate of holding multiple positions is the lowest reported since the first BRN survey in 1990, and there has been a steady decline over the past decade. Among RNs who held additional positions, 22.6% had two or more additional positions, which was a decrease from the 29% who reported two or more additional positions in 2016; this share had previously been increasing every year since 2008 (Table 3.23).

**Figure 3.4. Percentage of working registered nurses residing in California that holds more than one nursing position, by survey year**



Note: 2018 number of cases=3,200. Data (2006-2018) are weighted to represent all RNs with active licenses.

**Table 3.23. Number of additional jobs held by RNs who hold multiple positions and reside in California, by survey year**

	1990	1993	1997	2004	2006	2008	2010	2012	2014	2016	2018
<b>One</b>	83.7%	88.4%	83.4%	84.8%	76.7%	80.3%	75.6%	76.2%	74.9%	71.0%	77.4%
<b>Two</b>	13.9%	10.3%	14.7%	12.3%	20.9%	18.7%	21.3%	21.3%	22.0%	25.6%	21.4%
<b>Three or more</b>	2.4%	1.3%	1.9%	2.9%	2.4%	1.0%	2.2%	1.5%	3.2%	3.4%	1.2%
<b>Number of cases</b>	424	447	518	784	627	652	696	548	529	347	310

Note: Columns might not total 100% due to rounding. Data (2006-2018) are weighted to represent all RNs with active licenses.

Nurses were asked to report the types of employment relationships they have in their additional nursing positions (Table 3.24). Most reported that they were regular employees in their additional nursing position(s). Nearly 11% of California residents were employed through a temporary agency for at least one of their additional positions (10.9%), and 10.4% were self-employed. The data for RNs residing outside California should be interpreted with caution due to the small number of out-of-state respondents to this question. Among RNs residing outside California, 7% were employed through a temporary agency, and 5% reported that they were self-employed. A larger fraction of nurses outside of California reported working as travel nurses at 7.7% compared with 2.6% of California-resident nurses.

**Table 3.24. Type of employment relationships for secondary nursing positions for California residents and non-residents, 2008-2018**

	California residents						Non-California residents					
	2008	2010	2012	2014	2016	2018	2008	2010	2012	2014	2016	2018
<b>Regular employee</b>	73.7%	77.1%	74.9%	72.4%	74.4%	77.6%	60.8%	50.3%	60.6%	64.4%	84.8%	80.3%
<b>Employed through a temporary service agency</b>	15.3%	13.3%	10.0%	16.3%	12.7%	10.9%	30.7%	33.8%	24.1%	19.4%	11.4%	7.0%
<b>Self-employed</b>	14.1%	11.4%	14.0%	12.3%	15.6%	10.4%	11.1%	11.9%	10.4%	12.7%	0.0%	5.0%
<b>Employed through traveling agency</b>	*	2.5%	2.2%	1.9%	2.7%	2.6%	*	12.7%	10.6%	5.1%	11.6%	7.7%

Note: The 2018 number of in-state cases=295. The number of out-of-state cases=73. Columns will not total 100% because respondents could select multiple categories, due to holding more than one additional job. Data are weighted to represent all RNs with active licenses.

\*Question not asked in this survey year.

A large share of RNs works as hospital staff for their additional nursing positions, as seen in Table 3.25. Nearly 42% of California residents and 53.6% of non-residents reported that at least one of their secondary nursing positions was in a hospital. More than 11% of California's resident nurses were engaged in teaching nursing or students in other health professions in a secondary position (11.2%), while only 6.8% of non-residents taught. Nearly 5% of residents worked in ambulatory care, and 8.7% did home health or hospice work.

**Table 3.25. Type of work done in secondary nursing positions for California residents and non-residents, 2008-2018**

	California Residents						Non-California Residents					
	2008	2010	2012	2014	2016	2018	2008	2010	2012	2014	2016	2018
Hospital staff	44.0%	40.4%	40.6%	38.5%	42.8%	41.5%	53.5%	53.2%	46.5%	30.8%	62.7%	53.6%
Public/community health	1.1%	1.4%	2.8%	2.1%	1.2%	2.4%	4.3%	0.8%	4.9%	1.4%	0.0%	2.9%
Mental health/substance abuse	3.1%	3.2%	2.4%	3.9%	2.4%	4.7%	2.9%	4.6%	2.2%	1.4%	2.5%	4.0%
Nursing home/skilled nursing facility staff	8.7%	6.5%	6.0%	6.0%	8.7%	7.8%	9.8%	7.0%	9.9%	13.0%	8.1%	7.2%
Home health or hospice	7.5%	7.6%	8.8%	9.6%	12.2%	8.7%	0.0%	5.7%	6.4%	3.0%	5.3%	4.0%
Teaching health professions / nursing students	9.4%	11.4%	11.4%	12.0%	10.4%	11.2%	3.6%	5.2%	7.2%	4.1%	4.9%	6.8%
Ambulatory care, school health, occupational health	8.9%	15.5%	12.0%	14.0%	12.9%	5.1%	6.3%	9.6%	13.5%	9.3%	9.2%	1.5%
Long term acute	*	2.5%	3.6%	0.8%	1.4%	1.6%	*	1.9%	3.8%	5.1%	12.5%	1.6%
School health	*	1.4%	1.6%	1.4%	0.5%	1.1%	*	0.0%	0.0%	1.4%	0.0%	1.5%
Telehealth	*	2.0%	2.3%	1.7%	0.5%	1.3%	*	4.9%	4.2%	3.3%	0.0%	8.3%
Self-employed	*	3.8%	2.9%	2.6%	5.6%	2.1%	*	4.1%	3.2%	4.8%	0.0%	1.5%
Other	26.8%	17.2%	15.7%	17.7%	11.9%	20.3%	25.9%	15.0%	12.9%	13.8%	5.7%	23.4%

Note: The 2018 number of in-state cases=295, and the number of out-of-state cases=74. Columns will not total 100% because respondents could select multiple categories, due to holding more than one additional job. Data are weighted to represent all RNs with active licenses.

\*No Data Available

### *Volunteering in Nursing*

A small share of RNs who are employed in nursing positions also volunteer as nurses. As seen in Table 3.26, 7.8% of RNs volunteered as RNs in 2018. Nurses with master’s degrees were more likely to volunteer than other RNs, with 14.1% volunteering compared with 7.1% for each of RNs with associate or bachelor’s degrees.

**Table 3.26. Rate of volunteering by highest educational attainment for all employed RNs, 2018**

	Diploma	Associate Degree	Bachelor’s Degree	Master’s Degree	Overall
2012	5.7%	7.6%	8.5%	15.3%	8.8%
2014	8.7%	7.1%	8.5%	13.2%	9.0%
2016	9.9%	7.1%	7.1%	14.1%	7.8%
2018	8.3%	6.2%	8.5%	6.5%	7.5%

Note: 2018 number of cases = 2,987. Data are weighted to represent all RNs with active licenses.

### *Employment through Temporary Agencies*

Nurses were asked whether they worked with a temporary agency, traveling agency, or registry, and were asked specific questions about their temporary/traveling work. This section of this chapter focuses on nurses who worked for temporary or traveling agencies and who resided in California. Nurses who lived outside California are described in detail later in this chapter.

Table 3.27 presents the shares of nurses with active California licenses who worked for temporary or traveling agencies. Only 2% of RNs residing in California worked for a temporary agency or registry in 2018, and



less than one percent worked for a traveling agency. In comparison, 21.1% of non-California resident RNs with active California licenses worked for traveling agencies, and 4.8% worked for temporary agencies or registries.

**Table 3.27. Shares of nurses that work with a temporary agency, traveling agency, or registry for any job, 2010-2018**

	California residents					Non-California residents				
	2010	2012	2014	2016	2018	2010	2012	2014	2016	2018
Temporary agency or registry	3.3%	2.2%	2.5%	1.6%	2.0%	7.8%	5.4%	6.5%	3.9%	4.8%
Traveling agency	0.6%	0.6%	0.5%	0.8%	0.8%	8.7%	10.8%	8.7%	10.7%	21.1%
Neither temporary nor traveling agency	96.3%	97.4%	97.0%	97.6%	97.3%	84.8%	84.1%	84.8%	85.5%	74.1%

Note: 2018 Total number of cases for residents=3,067 and non-residents=570. Data are weighted to represent all RNs with active licenses. Since 2010, respondents could select both a temporary and traveling agency so the total will not add to 100%. Columns might not total 100% due to rounding in 2008.

Nurses were asked the reasons they worked for a temporary agency, traveling agency, or registry; their responses are presented in Table 3.28. For nurses residing in California in 2018, control of their schedule was the dominant reason (56.4%), followed by wages (44.2%) and control of work location (37.5%). Other common reasons for temporary and traveling work were supplemental income (27.6%), to maintain skills or get experience (25.6%), and while waiting for a desirable permanent position (24.3%). Nearly 15% said they were doing agency/registry work to gain control of work conditions. Nearly 15% were doing temporary work because they were unable to find a permanent RN position or to work sufficient hours in their principal position (14.8%).

**Table 3.28. Reasons why working registered nurses residing in California chose to work for temporary agencies, traveling agencies, or registries, by survey year**

	1990	1993	1997	2004	2006	2008	2010	2012	2014	2016	2018
Wages	75.0%	68.5%	59.4%	58.4%	59.5%	58.6%	28.0%	38.7%	27.8%	40.5%	44.2%
Benefits	4.3%	2.1%	4.4%	3.1%	5.7%	7.9%	1.1%	0.0%	0.2%	0.3%	4.4%
Control of schedule	85.3%	68.5%	56.9%	60.1%	57.2%	56.9%	52.6%	49.2%	40.2%	46.9%	56.4%
Control of work location	58.6%	32.2%	30.6%	42.3%	54.1%	39.8%	31.1%	30.4%	19.7%	43.1%	37.5%
Supplemental income	*	*	*	48.2%	36.6%	42.6%	46.2%	40.9%	35.0%	33.1%	27.6%
Control of work conditions	*	*	*	26.3%	26.1%	24.2%	9.3%	15.2%	6.6%	29.9%	14.9%
Maintain skills/get experience	*	*	*	25.6%	27.3%	22.5%	25.9%	36.6%	25.0%	27.6%	25.6%
Waiting for a desirable permanent position	6.0%	14.4%	19.4%	15.0%	12.8%	16.1%	16.5%	25.5%	14.3%	13.9%	24.3%
Travel/see other parts of the country	*	*	*	*	15.4%	15.8%	6.7%	8.1%	10.1%	10.5%	14.6%
Unable to find permanent RN job/Insufficient primary work hours	*	*	*	*	*	*	13.8%	23.3%	17.5%	10.0%	14.8%
Other	24.1%	17.8%	21.9%	10.8%	16.1%	12.9%	5.3%	3.8%	12.8%	9.9%	9.4%
Number of cases	116	146	160	198	114	125	121	78	104	68	70

Note: Columns will not total 100% because respondents could select multiple items. Data (2006-2018) are weighted to represent all RNs with active licenses.

\*Data not available.

### *Income and Earnings of Registered Nurses*

Table 3.29 presents total annual income received from all nursing positions by currently working RNs residing in California, for each survey year, and Figure 3.5 depicts the 2018 data. Since 2006, RNs were asked to

report annual earnings from their principal position and from each of their additional nursing positions. In the prior surveys, nurses were asked to report their annual income by category. For those years, average earnings were estimated by assuming nurses earned the midpoint of the income category. The income categories changed for the 2004 survey to accommodate for income growth.

As seen in the table, average annual growth in RN earnings was over 10% between 1990 and 1993, and between 2004 and 2006. These were periods when severe nursing shortages were reported in California. Wage growth was under 2% per year between 1993 and 1997, and between 2008 and 2010, which were periods of perceived RN surplus. Between 2012 and 2016, average annual growth rates were between 2.2% and 2.7%. The wage growth rate was slightly higher in 2018, at 4.4%.

More than 44% of RNs reported they earned \$100,000 or more in 2018, compared with 41.2% in 2016, and 35.3% in 2014. In 2018, average earnings for nursing positions surpassed \$100,000 for the first time, reaching \$107,767. Nearly 43% of nurses reported earning between \$60,000 and \$100,000 in 2018, which is slightly less than the 45.2% of nurses that reported this range in 2016. The number of nurses reporting earning \$125,000 or more nearly doubled from 12.2% in 2012 to 23.5% in 2018, and the proportion of nurses reporting earnings of less than \$60,000 per year fell from 19.2% in 2012 to 12.5% in 2018.

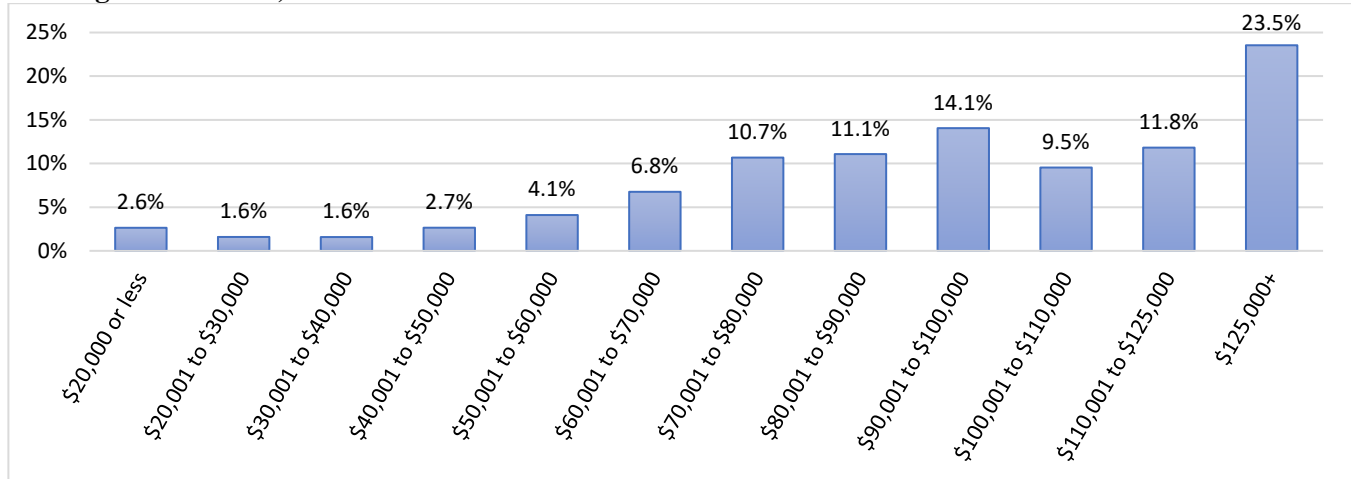
**Table 3.29. Annual income received from all nursing positions by currently working registered nurses residing in California, by survey year**

	1990	1993	1997	2004	2006	2008	2010	2012	2014	2016	2018
<b>\$20,000 or less</b>	18.0%	10.2%	10.0%	4.9%	4.6%	2.4%	3.1%	2.6%	2.1%	1.8%	2.5%
<b>\$20,001-\$30,000</b>	27.6%	11.1%	9.0%	3.5%	2.1%	1.8%	1.8%	2.0%	1.3%	1.7%	1.6%
<b>\$30,001-\$40,000</b>	33.2%	24.3%	20.0%	8.6%	5.5%	3.5%	3.1%	2.6%	2.3%	2.1%	1.6%
<b>\$40,001-\$55,000</b>	18.3%	35.9%	34.5%	*	*	*	*	*	*	*	*
<b>\$40,001-\$50,000</b>	*	*	*	14.2%	7.8%	6.0%	5.7%	3.8%	3.5%	3.0%	2.7%
<b>\$50,001-\$60,000</b>	*	*	*	20.2%	12.5%	10.0%	9.6%	8.1%	6.3%	5.1%	4.1%
<b>\$55,001-\$75,000</b>	2.3%	15.3%	22.6%	*	*	*	*	*	*	*	*
<b>\$60,001-\$70,000</b>	*	*	*	16.4%	17.8%	13.8%	12.3%	9.6%	10.3%	8.4%	6.8%
<b>\$70,001-\$80,000</b>	*	*	*	12.2%	15.6%	17.0%	16.8%	14.2%	13.3%	10.5%	10.7%
<b>&gt; \$75,000</b>	0.5%	3.3%	4.5%	*	*	*	*	*	*	*	*
<b>\$80,001-\$90,000</b>	*	*	*	8.5%	12.8%	14.1%	14.2%	12.4%	13.1%	11.7%	11.1%
<b>\$90,001-\$100,000</b>	*	*	*	4.5%	8.0%	11.6%	11.1%	13.5%	12.5%	14.6%	14.1%
<b>\$100,001-\$110,000</b>	*	*	*	2.2%	5.6%	6.6%	8.2%	9.8%	9.0%	10.5%	9.5%
<b>\$110,001-\$125,000</b>	*	*	*	1.4%	3.5%	6.6%	6.6%	9.3%	11.6%	12.0%	11.8%
<b>&gt; \$125,000</b>	*	*	*	1.1%	4.1%	6.6%	7.5%	12.2%	14.7%	18.7%	23.5%
<b>Mean Income</b>	\$31,504	\$42,163	\$45,073	\$59,937	\$73,542	\$81,428	\$82,134	\$89,940	\$93,911	\$99,008	\$107,767
<b>Annual Growth</b>	*	10.2%	1.7%	4.2%	10.8%	5.2%	0.4%	4.6%	2.2%	2.7%	4.4%
<b>Number of Cases</b>	2,186	2,141	2,420	2,885	3,447	3,728	3,738	3,692	3,823	2,850	2,933

\* Surveys in 1990, 1993, 1997, and 2004 asked nurses to report by income category. The categories changed in 2004. Since 2006 the survey has asked nurses to report exact income for each nursing position.

Note: Columns might not total 100% due to rounding. Data (2006-2018) are weighted to represent all RNs with active licenses.

**Figure 3.5. Annual income received from all nursing positions by currently working registered nurses residing in California, 2018**



Note: Number of cases=2,933. Data are weighted to represent all RNs with active licenses.

Annual nursing incomes vary by region of California, as seen in Table 3.30. In 2018, total nursing incomes were highest in the San Francisco Bay Area (\$122,170) and lowest for those residing outside California (\$81,611), followed by the Northern Counties (\$93,213). Annual earnings increased for nurses in all California regions between 2016 and 2018, with the smallest growth for those in the Border Counties region (\$91,940 in 2016 to \$94,478 in 2018) and the largest growth in the Central Valley (\$97,532 in 2016 to \$112,632 in 2018) and the Central Coast (\$94,035 in 2016 to \$105,794 in 2018). The earnings of RNs residing outside California increased between 2016 and 2018, although the highest reported earnings were in 2014.

**Table 3.30. Annual income received from nursing by currently working registered nurses, by region, 2010-2018**

	Principal nursing position					All nursing positions				
	2010	2012	2014	2016	2018	2010	2012	2014	2016	2018
<b>Northern Counties</b>	\$70,763	\$74,387	\$82,318	\$86,777	\$91,255	\$70,546	\$75,725	\$84,461	\$88,790	\$93,213
<b>Sacramento</b>	\$82,498	\$92,732	\$99,289	\$106,961	\$113,940	\$82,232	\$94,863	\$102,129	\$110,340	\$116,874
<b>San Francisco Bay Area</b>	\$93,406	\$98,075	\$102,539	\$111,213	\$120,081	\$93,547	\$101,568	\$106,180	\$112,751	\$122,170
<b>Central Valley &amp; Sierra</b>	\$81,973	\$82,908	\$89,111	\$96,026	\$110,026	\$81,553	\$85,077	\$90,881	\$97,532	\$112,632
<b>Central Coast</b>	\$76,563	\$83,096	\$90,601	\$90,940	\$103,463	\$76,536	\$84,933	\$93,928	\$94,035	\$105,794
<b>Los Angeles</b>	\$79,381	\$85,577	\$86,261	\$88,703	\$98,746	\$79,288	\$88,414	\$90,022	\$92,236	\$101,481
<b>Inland Empire</b>	\$77,913	\$81,805	\$84,071	\$91,025	\$102,531	\$77,786	\$83,655	\$86,578	\$94,393	\$104,363
<b>Border Counties</b>	\$76,008	\$79,842	\$84,056	\$89,121	\$91,907	\$75,895	\$82,399	\$86,516	\$91,940	\$94,478
<b>Out of State</b>	\$67,847	\$69,597	\$86,773	\$73,670	\$79,005	\$68,158	\$72,072	\$89,787	\$76,611	\$81,611

Note: 2018 number of cases=3,314. Data are weighted to represent all RNs with active licenses.

Nursing incomes for California residents vary with age, as seen in Table 3.31. Average total incomes were highest for the group of nurses between 55 and 64 years old in 2018 (\$130,010). Annual earnings were lowest for nurses 65 years or older (\$89,960), which is likely due to nurses in this age group beginning to retire and/or reduce their hours of work.

**Table 3.31. Total annual income received from all nursing positions by currently working registered nurses residing in California, by age group, 2006-2018**

	2006	2008	2010	2012	2014	2016	2018
Under 35 years	\$68,307	\$74,632	\$74,982	\$76,341	\$81,198	\$84,750	\$92,053
35-44 years	\$75,113	\$81,318	\$80,008	\$89,286	\$94,186	\$99,887	\$102,495
45-54 years	\$78,530	\$84,711	\$85,718	\$96,171	\$99,759	\$106,154	\$113,452
55-64 years	\$74,411	\$85,696	\$88,169	\$97,894	\$102,273	\$107,348	\$130,010
65 years and older	\$52,888	\$65,790	\$71,636	\$79,295	\$78,875	\$88,744	\$89,960

Note: 2018 number of cases=2,933. Data are weighted to represent all RNs with active licenses.

There is some variation in average annual nursing income by education. As seen in Table 3.32, nurses with associate or bachelor’s degrees enjoyed higher annual nursing income than RNs with diploma degrees in 2018, averaging \$106,123 and \$105,083 versus \$90,548. Master’s-educated nurses had the highest annual income, averaging \$124,412. This is associated with the income reported by nurse practitioners (\$121,806) and clinical nurse specialists (\$111,066).

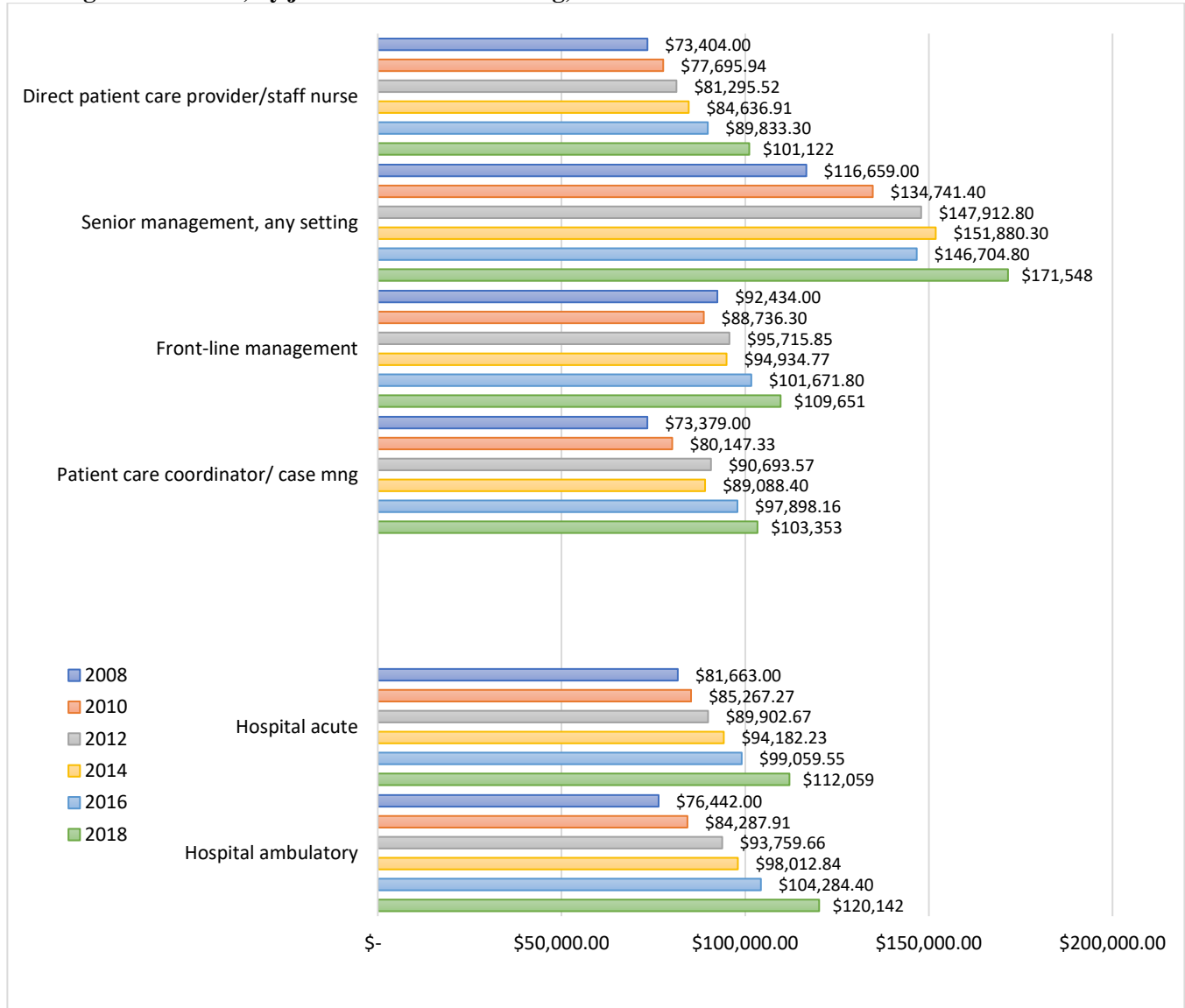
**Table 3.32. Total annual income received from all nursing positions by currently working registered nurses residing in California, by highest level of nursing education and specialty certification, 2006-2018**

	2006	2008	2010	2012	2014	2016	2018
Diploma	\$70,840	\$79,824	\$83,209	\$89,726	\$91,474	\$97,137	\$90,548
Associate Degree	\$70,804	\$76,995	\$78,228	\$84,839	\$88,316	\$92,684	\$106,123
Baccalaureate Degree	\$75,017	\$82,362	\$83,441	\$92,326	\$93,744	\$99,294	\$105,083
Master’s Degree/Doctoral	\$82,638	\$93,378	\$91,225	\$99,042	\$104,358	\$113,178	\$124,412
Public Health Nurse	\$72,285	\$81,413	\$83,746	\$90,715	\$93,103	\$97,822	\$106,938
Nurse Practitioner	\$73,138	\$88,135	\$88,087	\$93,493	\$105,644	\$108,401	\$121,806
Clinical Nurse Specialist	\$82,323	\$88,077	\$89,953	\$100,482	\$102,120	\$103,923	\$111,066

Note: 2018 number of cases=2,824. Data are weighted to represent all RNs with active licenses.

Job title and work setting are associated with differences in annual nursing income, as seen in Figure 3.6. For nurses residing in California, nurses in senior management (e.g., CEO, Vice President, Nurse Executive, Dean) had incomes from their principal nursing position averaging \$171,548 in 2018. Direct patient care nurses (also called staff nurses) reported annual earnings of \$101,122 and front-line managers (e.g., Head Nurse, Supervisor) reported average annual earnings of \$109,651. RNs employed in acute care departments of hospitals reported average income of \$112,059, while nurses in hospital ambulatory settings reported earning an average of \$120,142. Nurses working in hospital ambulatory care departments and nurses in senior management experienced the highest increases in earnings between 2008 and 2018, 57.2% and 47.1%, respectively.

**Figure 3.6. Income received from principal nursing position by currently working registered nurses residing in California, by job title and work setting, 2008-2018**



Note: 2018 number of cases=1,894. Data are weighted to represent all RNs with active licenses.

The total household incomes of employed RNs residing in California are examined in Table 3.33. The income categories were revised in 2006. The household incomes of nurses have risen since 1990 and, by 2018, 42.9% of working RNs who lived in California had household incomes over \$150,000 and 49% had household incomes between \$75,000 and \$150,000.

**Table 3.33. Total household incomes of working registered nurses residing in California, 2006-2018**

	2006	2008	2010	2012	2014	2016	2018
Less than \$30,000	1.0%	0.3%	0.7%	1.4%	0.4%	0.4%	0.3%
\$30,000 to \$44,999	3.9%	1.6%	1.4%	1.9%	1.2%	0.7%	1.0%
\$45,000 to \$59,999	6.6%	3.2%	3.0%	2.4%	2.1%	2.2%	1.9%
\$60,000 to \$75,000	13.8%	10.0%	9.0%	8.5%	6.6%	4.7%	5.0%
\$75,000 to \$99,999	20.5%	20.1%	18.6%	17.3%	17.8%	14.4%	14.3%
\$100,000 to \$124,999	21.8%	23.4%	22.6%	21.3%	20.9%	22.7%	19.5%
\$125,000 to \$149,999	13.5%	13.9%	14.4%	15.8%	15.4%	14.4%	15.2%
\$150,000 to \$174,999	8.6%	11.5%	11.1%	11.3%	12.0%	13.7%	13.2%
\$175,000 to \$199,999	4.3%	6.1%	6.9%	7.6%	7.9%	8.5%	7.8%
\$200,000 or more	6.0%	10.0%	12.2%	12.5%	15.6%	18.4%	21.9%
Number of cases	3,608	3,838	4,323	3,846	3,912	2,910	2,948

Note: Columns might not total 100% due to rounding. Data (2006-2018) are weighted to represent all RNs with active licenses.

Nurses' earnings are increasingly important to their households (Table 3.34). In 1990, 36.1% of RNs reported that their income accounted for more than 75% of their household's income. In 2018, over half of nurses said their nursing income comprised at least 80% of household income (50.2%). The share of RNs reporting that their nursing income was all of their household income increased from 32.7% in 2014 to 36.5% in 2018.

**Table 3.34. Percentage of total household income that was derived from nursing for currently working registered nurses residing in California, 2006-2018**

	2006	2008	2010	2012	2014	2016	2018
Less than 20%	4.1%	3.4%	3.9%	3.7%	3.6%	2.6%	4.9%
20 to 39%	9.7%	9.3%	7.7%	6.7%	7.1%	7.7%	7.4%
40 to 59%	23.9%	21.5%	20.0%	18.8%	20.3%	21.2%	20.0%
60 to 79%	17.7%	19.5%	20.4%	20.1%	20.4%	20.8%	17.6%
80 to 99%	14.6%	13.9%	13.8%	14.5%	15.3%	14.8%	13.7%
100%	30.1%	32.5%	34.3%	36.2%	33.4%	32.7%	36.5%
Number of cases	3,676	3,983	4,568	3,961	4,031	2,991	3,014

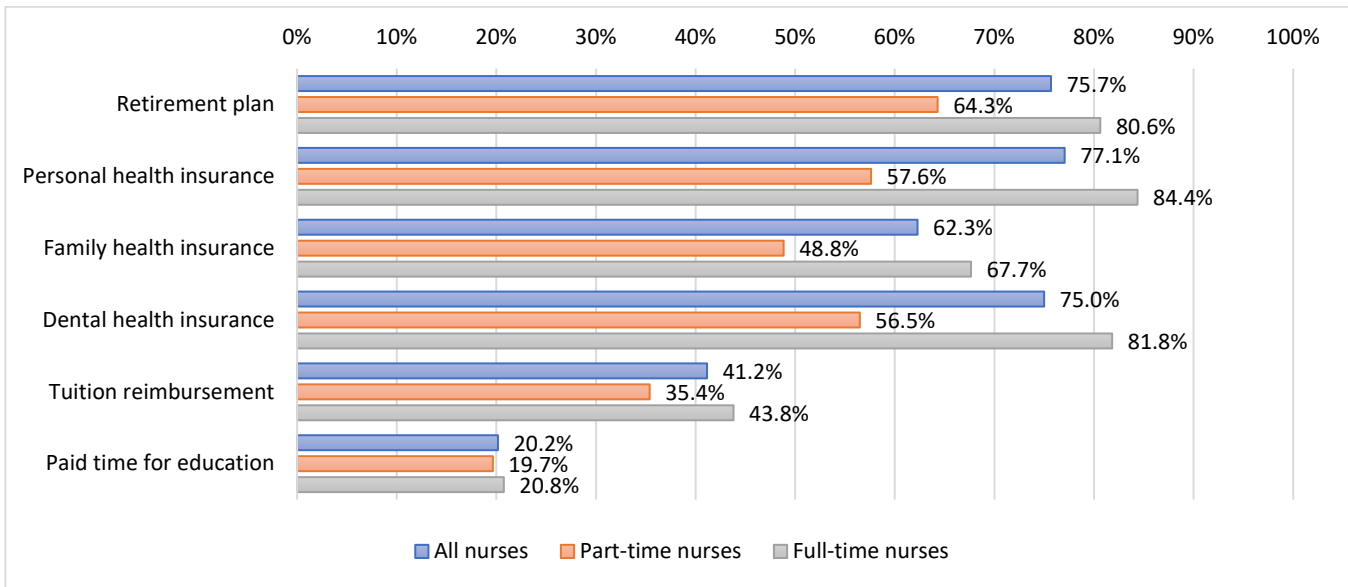
\*No Data Available

Note: Percent of income from nursing was reported by category. Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

### ***Benefits Received by Registered Nurses***

As seen in Figure 3.7, more than 75% of all RNs working full time received personal health insurance, dental insurance, and/or a retirement plan from their employer in 2018. Over 62% received family health insurance from their employer. Over 41% of RNs could receive tuition reimbursement from their employers, and 20.2% could take paid time off from work to pursue education. Nurses working part-time were much less likely to receive benefits than were full-time RNs.

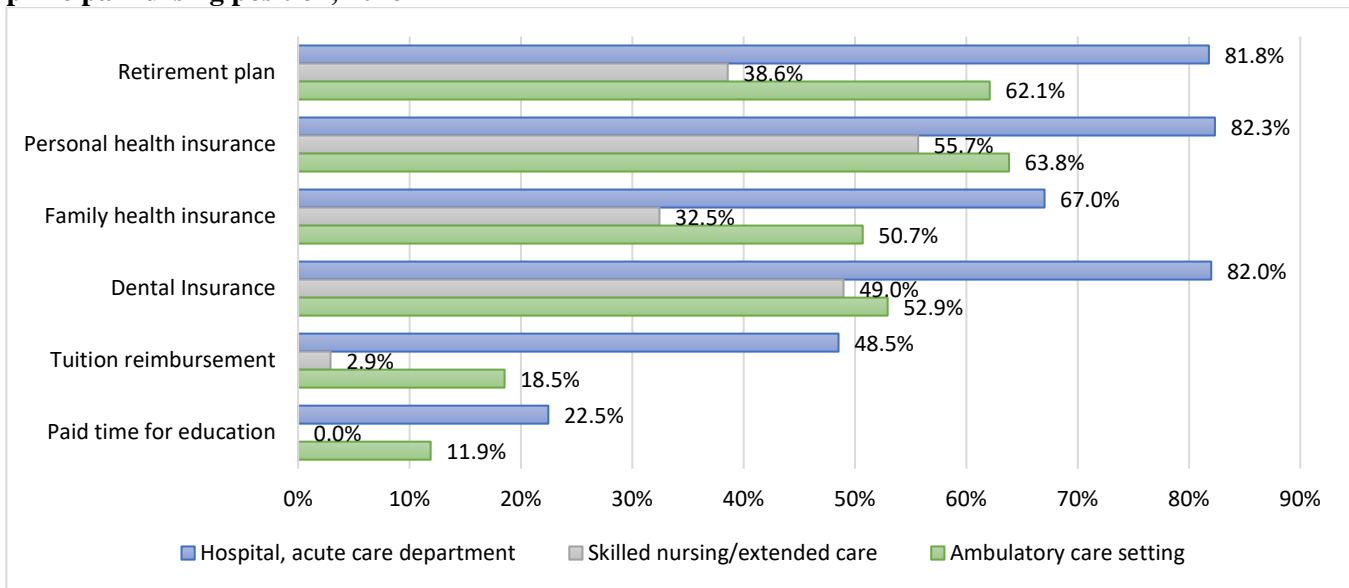
**Figure 3.7. Benefits received from all nursing positions by currently working registered nurses residing in California, 2018**



Note: Number of cases=3,098. Data are weighted to represent all RNs with active licenses.

Receipt of fringe benefits from employers varies by work setting, as seen for selected settings in Figure 3.8. Nurses in hospital acute care were most likely to receive most types of benefits in 2018, with 81.8% of acute care RNs having a retirement plan, and 82.3% being offered personal health insurance. Benefits were least likely to be offered in skilled nursing/extended care settings with only approximately 55% of nurses reporting that they were offered personal health insurance, 38.6% a retirement plan, and 49% dental insurance.

**Figure 3.8. Benefits received by currently working registered nurses residing in California, by setting of principal nursing position, 2018**



Note: Number of cases=3,098. Data are weighted to represent all RNs with active licenses.

### ***Nurses Who Live Outside California***

Fifteen percent of RNs with active California licenses lived in other states in 2018 (63,721 RNs, Table 1.1). Table 3.35 presents information about the employment of nurses with California licenses who lived outside the state from 2006 through 2018. In 2018, most out-of-state nurses (54.7%) did not work in California in the year prior to completing the survey. Over 7% had worked in California in the prior year, but subsequently moved out of state. Another 18.6% worked in California as a traveling nurse, which is higher than the rate in 2016 (15.3%). Nearly 8% worked for an out-of-state telenursing employer with California clients; this share has increased from

5.9% in 2006 to 7.8% in 2018. Almost 7% of non-California-resident RNs worked in telenursing for a California employer from their out-of-state residence. A growing share commutes to California from a neighboring state such as Nevada; 8.8% did so in 2018 compared with less than 4% in prior surveys.

**Table 3.35. Employment in California during the past twelve months of registered nurses with active California licenses who are currently employed and residing outside of California, 2006-2018**

	2006	2008	2010	2012	2014	2016	2018
Did not work as an RN in California	58.0%	59.3%	64.4%	58.5%	58.7%	59.8%	54.7%
Worked as an RN in California, but subsequently moved out of the state	15.7%	15.7%	11.4%	11.7%	14.0%	12.5%	7.4%
Worked as an RN in California for a temporary/traveling agency/registry	19.9%	19.5%	16.3%	17.1%	14.4%	15.3%	18.6%
Worked as RN for out-of-state telenursing/telemedicine employer w/ Calif. clients	5.9%	6.0%	7.4%	9.2%	10.2%	10.0%	7.8%
Worked as an RN for a California employer in a telenursing capacity	2.2%	1.4%	2.7%	5.0%	2.7%	4.5%	6.7%
Lived in a border state and commuted to California to work as an RN	3.2%	2.6%	2.0%	4.0%	3.4%	2.3%	8.8%

Note: 2018 number of cases=393. Columns may total more than 100% because respondents were allowed to select more than one category. Data (2006-2018) are weighted to represent all RNs with active licenses.

\* Question not asked in survey.

Nurses residing outside California who worked for temporary or traveling agencies in the previous 12 months reported that they worked in California an average of 6.2 months and 37.6 hours per week, as seen in Table 3.36. The number of months worked in California was higher than 2016, and similar to the number of months worked in 2006 and 2008 when widespread RN shortages were reported.

**Table 3.36. Average months per year and hours per week worked by RNs residing outside California who worked in California for a temporary agency in the previous year, 2006-2018**

	2006	2008	2010	2012	2014	2016	2018
Months worked in California	7.6	5.1	2.1	4.0	3.7	3.2	6.2
Hours worked in usual week (average)	37.4	41.0	39.7	39.0	35.8	40.2	37.6
Number of cases	82	95	74	53	49	39	99

Note: Data are weighted to represent all RNs with active licenses.

Among nurses who lived outside California and worked in California as a temporary or traveling nurse, 65.4% reported wages as a reason for working in California on a temporary basis (Table 3.37). Other reasons frequently noted included travel or seeing other parts of the country (74.5%), control of work location (63.8%), and control of work schedule (46.6%). Over 20% reported they were a temporary or traveling nurse because they were waiting for a desirable permanent position, and 1.3% were unable to find a permanent RN position.



**Table 3.37. Reasons why registered nurses who reside outside California and worked in California the previous year chose to work for temporary/traveling agencies or registries, 2006-2018**

	2006	2008	2010	2012	2014	2016	2018
Wages	58.8%	74.1%	58.8%	50.2%	54.3%	69.3%	65.4%
Benefits	16.0%	14.3%	12.0%	1.4%	1.4%	7.2%	3.6%
Control of schedule	42.7%	61.1%	57.6%	39.5%	52.9%	56.0%	46.6%
Control of work location	52.4%	64.3%	54.6%	43.8%	47.8%	65.3%	63.8%
Supplemental income	7.9%	25.1%	29.7%	24.3%	13.1%	9.8%	12.4%
Control of work conditions	21.3%	34.6%	31.4%	14.4%	27.9%	39.5%	21.7%
Maintain skills/get experience	22.0%	34.4%	41.8%	26.4%	29.4%	41.3%	25.2%
Waiting for a desirable permanent position	15.3%	17.7%	25.4%	26.9%	20.5%	6.9%	20.4%
Travel/see other parts of the country	65.7%	72.7%	49.0%	61.5%	66.6%	64.8%	74.5%
Unable to find RN position/not enough hours at primary job	*	*	16.0%	9.5%	6.7%	2.6%	1.3%
Other	15.1%	4.6%	6.4%	0.0%	13.5%	2.7%	5.3%
Number of cases	55	83	68	54	53	42	103

Note: Columns will not total 100% because respondents could select multiple items. Data are weighted to represent all RNs with active licenses.

\*Item was not included in the survey that year

Nurses who lived outside California were asked about their plans regarding work in California for the next five years, as seen in Table 3.38. In 2018, 34% reported that they plan to travel to California to work as an RN intermittently; this percentage stayed relatively stable between 2004 and 2018, ranging between 25% and 34%. However, the percentage of non-resident nurses who planned to perform telenursing for an out-of-state employer with California clients increased, from 1.3% in 2004 to 7.9% in 2018. Nearly one-quarter planned to relocate to California to work in 2018; this share declined somewhat from 25.8% in 2010. The number of RNs that planned to renew their California license but did not plan to work in California decreased from over 41% in 2016 to 30.9% in 2018.

**Table 3.38. Plans for the next five years for registered nurses with active California licenses who lived outside the state, 2004-2018**

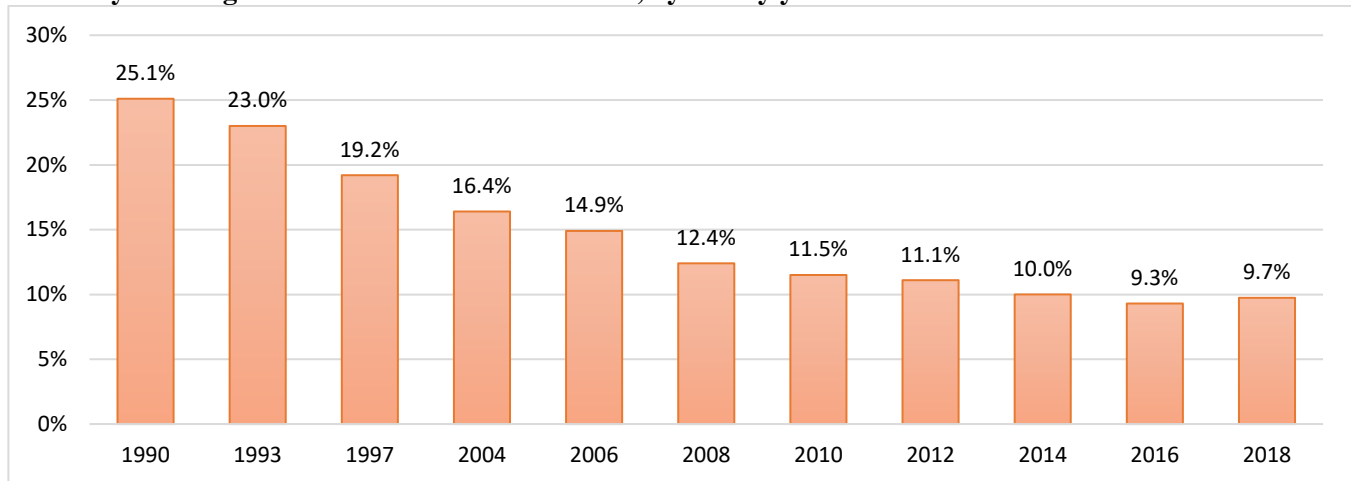
	2004	2006	2008	2010	2012	2014	2016	2018
Yes, I plan to travel to California to work as an RN intermittently	33.2%	30.6%	32.4%	30.5%	25.2%	26.9%	29.3%	34.0%
Yes, I plan to relocate to California and work as an RN	14.3%	14.3%	21.7%	25.9%	25.8%	22.0%	20.9%	24.0%
Yes, I plan to perform telenursing/telemedicine for a California employer	0.0%	6.1%	1.9%	3.2%	3.7%	1.4%	3.4%	5.4%
Yes, I plan to perform telenursing/telemedicine for an out-of-state employer with California clients	1.3%	0.6%	4.1%	6.4%	6.3%	7.3%	9.6%	7.9%
Yes, I plan to commute from a border state	1.3%	4.2%	2.2%	1.7%	3.2%	3.7%	1.9%	4.4%
No, I plan to keep my California RN license renewed, but have no plans to work there as an RN	40.8%	41.8%	39.3%	33.9%	41.1%	40.0%	41.1%	30.9%
No, I plan to let my California RN license lapse and have no plans to work there as an RN	7.0%	8.3%	6.5%	8.1%	4.4%	4.4%	4.5%	3.6%
Number of cases	385	407	413	457	371	301	253	369

Note: Columns will not total 100% because respondents could select multiple items. Data (2006-2018) are weighted to represent all RNs with active licenses. In 2006, there was a six-month gap between when the survey sample was identified and the survey was mailed; thus, a relatively large share of nurses had moved out of California during the interval.

## Breaks in Nursing Employment

In every survey since 1990, nurses were asked whether they had stopped working as a registered nurse for a period of more than one year. The proportion of California-resident RNs who stopped working as registered nurses for more than a year decreased continuously from 25.1% in 1990 to 9.3% in 2016, although a slight increase was reported in 2018 (9.7%), as seen in Figure 3.9.

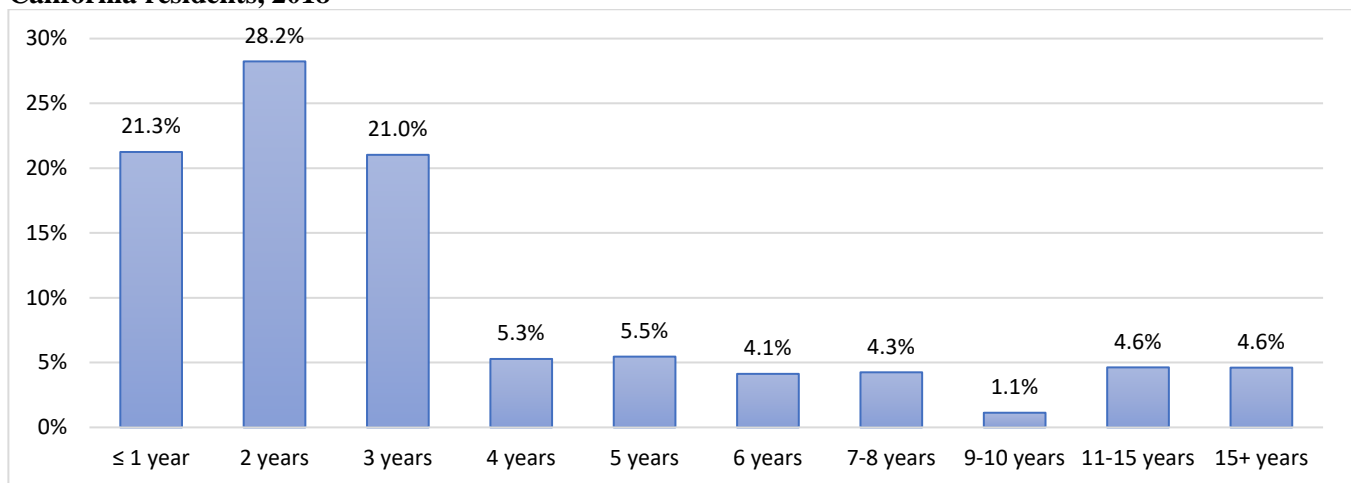
**Figure 3.9. Percent of nurses who stopped working as a registered nurse for more than one year, but are currently working as RNs and reside in California, by survey year**



Note: 2018 number of cases=3,089. Data (2006-2018) are weighted to represent all RNs with active licenses.

Figure 3.10 presents the length of time of nurses who lived and worked in California in 2018 but had temporarily stopped working were away from nursing. The largest share – 28.2% – was out of nursing for two years, and another 21.3% stopped working for less than one year. Approximately 24% of RNs with active California licenses stopped working for five years or more.

**Figure 3.10 Number of years nurses temporarily stopped working in nursing for currently working California residents, 2018**



Note: Number of cases=130. Data are weighted to represent all RNs with active licenses.

Nurses were asked about the factors that influenced their decision to leave nursing. Prior to the 2006 survey, RNs were asked to mark all the items that applied to their decision; starting in 2006 nurses were asked to rate the degree of importance of each item. In Table 3.39, the survey responses are presented over time, with the data for 2006 through 2018 representing the percentage of nurses who reported the item as being “important” or “very important.” Comparisons between data before and after 2004 should be made with caution due to changes

in the survey questions. It should also be noted that since 2012, a new item was added to the survey after a large number of nurses indicated that being unable to find work as an RN was an important factor for leaving nursing.

In 2018, childcare responsibilities were cited by 52.3% as an important or very important reason for leaving nursing for more than one year. This share increased between 2016 and 2018, and was similar to the share reported in most years, between 52% and 72%. The second most common reason for stopping work for one year or more was other family responsibilities (45.2 %). Other often-noted reasons included moving to a different area (35.6%), job stress (21.4%), and desire to try another occupation (19 %).

**Table 3.39. Reasons currently working registered nurses residing in California stopped working as registered nurses for a period of more than one year, by survey year**

	1990	1993	1997	2004	2006	2008	2010	2012	2014	2016	2018
Could not find work as an RN	*	*	*	*	*	*	*	12.6%	11.3%	14.1%	12.6%
Childcare responsibilities	71.9%	68.7%	62.7%	59.8%	52.5%	56.8%	58.8%	87.4%	59.1%	48.8%	52.3%
Other family responsibilities	19.0%	14.0%	10.8%	15.0%	39.5%	42.8%	44.6%	47.3%	46.0%	36.6%	45.2%
Moving to a different area	30.2%	31.5%	29.1%	24.3%	26.7%	27.1%	27.7%	32.8%	34.1%	26.8%	35.6%
Stress on the job	*	9.0%	10.5%	11.4%	27.8%	24.4%	26.7%	21.2%	18.2%	16.9%	21.4%
Job-related injury or illness	*	*	*	5.9%	16.0%	13.2%	11.7%	11.2%	8.0%	7.7%	10.4%
Non-job-related injury or illness	*	*	*	5.1%	11.3%	14.2%	12.6%	10.2%	9.4%	11.6%	13.2%
Injury or illness	9.8%	11.6%	9.1%	*	*	*	*	*	*	*	*
Salary	*	1.8%	2.3%	5.5%	14.8%	18.7%	14.5%	13.3%	10.9%	13.4%	15.6%
Decreased benefits	*	*	*	0.8%	*	*	*	*	*	*	*
Dissatisfied with benefits	*	*	*	*	11.0%	11.8%	8.0%	8.6%	6.1%	7.6%	10.1%
Laid off	*	*	1.7%	2.8%	5.9%	8.2%	5.3%	8.6%	6.3%	4.8%	5.0%
Return to school	10.0%	12.2%	14.8%	12.0%	17.5%	17.6%	14.9%	13.2%	11.7%	13.5%	15.0%
Travel	5.0%	6.4%	6.3%	4.4%	11.7%	9.8%	11.0%	11.8%	9.4%	8.2%	11.0%
To try another occupation	12.9%	14.2%	15.2%	14.0%	20.9%	19.9%	18.7%	18.9%	15.6%	14.1%	19.0%
Other dissatisfaction with your job	*	*	7.0%	10.2%	19.2%	14.1%	17.2%	15.0%	14.3%	10.5%	12.7%
Dissatisfaction with the nursing profession	16.6%	12.4%	8.4%	12.5%	26.8%	17.7%	13.0%	12.0%	13.1%	9.9%	14.8%
Retired	*	*	*	*	*	*	*	*	*	*	3.1%
Other	5.5%	2.8%	3.2%	13.1%	18.8%	7.3%	6.3%	9.7%	16.6%	4.0%	4.8%
Number of cases	559	501	474	527	569	572	606	513	473	346	300

\* Item was not included in the survey that year.

Note: In 1990, 1993, 1997, and 2004, respondents checked items that had any importance. From 2006 onward, they were asked to rate the degree of importance. The 2006-2018 columns present the share who reported the item was “important” or “very important.” Data (2006-2018) are weighted to represent all RNs with active licenses.

### ***Job Satisfaction of Working Registered Nurses***

Registered nurses with active California licenses were asked to indicate their degree of satisfaction with a variety of aspects of their principal nursing position on a five-point Likert-type scale ranging from “very dissatisfied” to “very satisfied.” Table 3.40 presents the responses for working RNs residing in California. A mean score for each item can be obtained by computing the average score, with one point given for “very dissatisfied” and five points for “very satisfied.” An average score of three would indicate neutrality: nurses were neither satisfied nor unsatisfied. Figure 3.11 presents the summary scores for all 30 items.

The five aspects of nursing that received the highest average satisfaction ratings in 2018 were the same items receiving the highest ratings in 2016. The five top-rated aspects of nursing work in 2018 were:

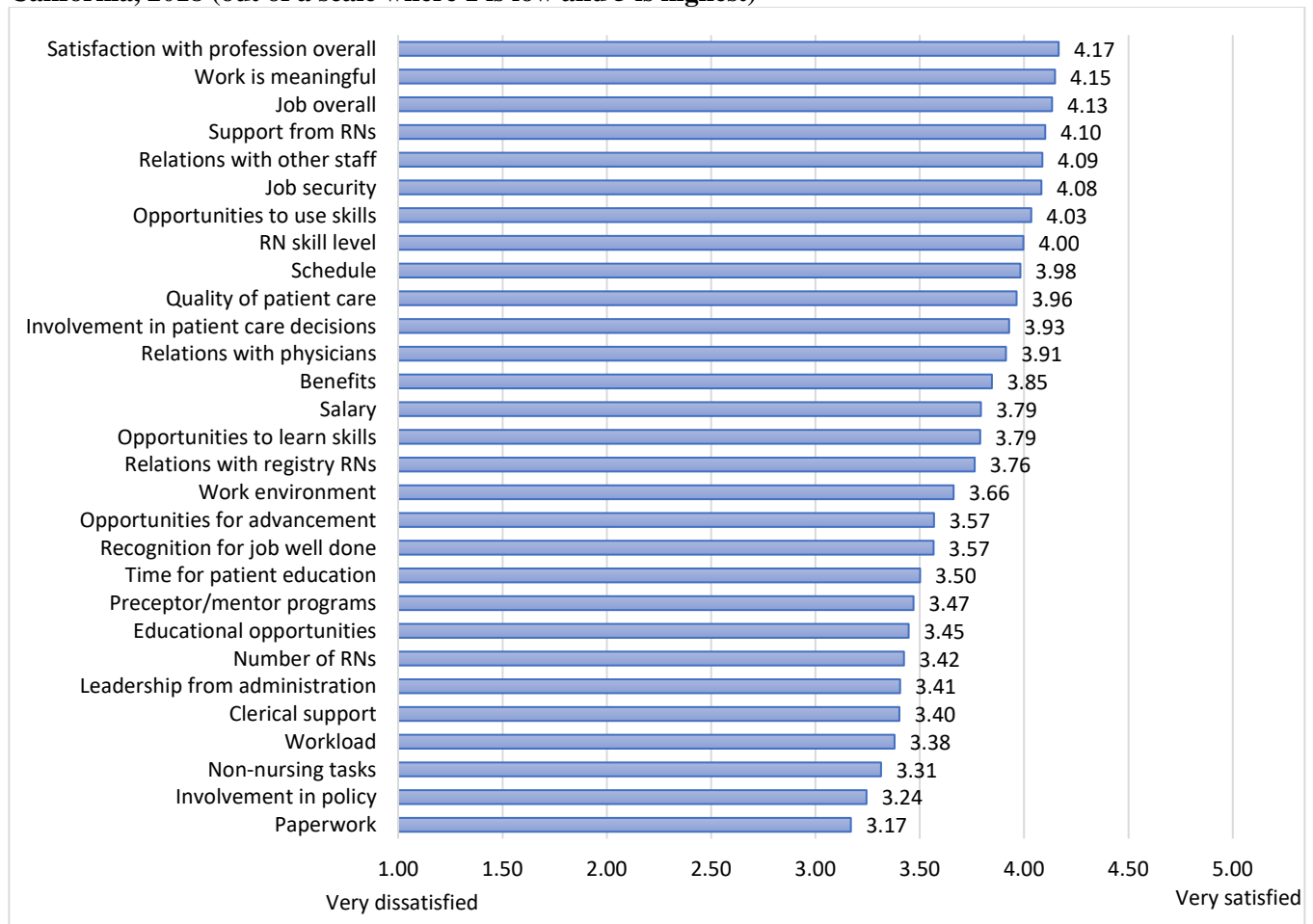
- Interaction with patients (4.24)
- Nursing profession overall (4.17)

- Teamwork (4.17)
- Feeling that work is meaningful (4.15)
- Your job overall (4.13)

Three of the five aspects of nursing receiving the lowest average ratings in 2018 also received the lowest ratings in 2016: amount of paperwork required, involvement in policy and management decisions, and non-nursing tasks required. In 2016, the lowest-rated items also included adequacy of the number of RN staff and leadership from nursing administration; these were the 7<sup>th</sup> and 9<sup>th</sup> ranked items, respectively, in 2018. The five aspects of nursing receiving the lowest average ratings in 2018 were:

- Amount of paperwork required (3.17)
- Involvement in policy and management decisions (3.25)
- Non-nursing tasks required (3.31)
- Workload (3.38)
- Clerical support (3.40)

**Figure 3.11. Overall satisfaction with principal nursing position for RNs currently working and residing in California, 2018 (out of a scale where 1 is low and 5 is highest)**



Note: Data are weighted to represent all RNs with active licenses. 1=very dissatisfied; 2=dissatisfied; 3=neither satisfied nor dissatisfied; 4=satisfied; 5=very satisfied.

**Table 3.40. Satisfaction or dissatisfaction with principal nursing position for RNs currently working and residing in California, 2018**

	Very dissatisfied	Dissatisfied	Neither satisfied nor unsatisfied	Satisfied	Very satisfied	No response
<b>Your job overall</b>	1.7%	4.4%	7.2%	48.7%	33.8%	4.3%
<b>Your salary</b>	3.0%	12.2%	11.0%	45.6%	24.3%	4.0%
<b>Employee benefits</b>	3.4%	7.6%	12.8%	42.6%	24.4%	9.0%
<b>Adequacy of RN skill level where you work</b>	1.5%	5.7%	9.9%	51.3%	25.5%	6.1%
<b>Adequacy of the number of RNs where you work</b>	4.8%	19.3%	14.8%	40.5%	13.9%	6.9%
<b>Adequacy of clerical support services</b>	4.3%	16.9%	20.8%	39.5%	11.8%	6.8%
<b>Non-nursing tasks required</b>	2.4%	15.7%	29.2%	35.9%	6.4%	10.4%
<b>Amount of paperwork required</b>	6.5%	20.5%	22.4%	37.3%	5.9%	7.5%
<b>Your workload</b>	4.9%	16.9%	20.4%	44.2%	9.4%	4.2%
<b>Physical work environment</b>	2.6%	11.0%	17.8%	47.9%	15.5%	5.2%
<b>Work schedule</b>	1.8%	6.2%	11.8%	48.5%	27.7%	4.2%
<b>Job security</b>	1.5%	3.9%	11.1%	47.6%	31.2%	4.8%
<b>Opportunities for advancement</b>	3.5%	11.1%	21.8%	41.8%	14.4%	7.5%
<b>Support from other nurses you work with</b>	1.4%	4.1%	10.2%	46.3%	32.1%	6.0%
<b>Teamwork between coworkers and yourself</b>	1.7%	3.4%	8.2%	46.0%	36.1%	4.6%
<b>Leadership from your nursing administration</b>	6.7%	17.1%	17.2%	36.3%	16.0%	6.7%
<b>Involvement in patient care decisions</b>	1.2%	4.5%	14.5%	52.0%	20.3%	7.6%
<b>Relations with physicians</b>	1.4%	4.9%	16.0%	48.8%	22.0%	6.9%
<b>Relations with other non-nursing staff</b>	0.8%	1.9%	10.5%	56.6%	25.0%	5.3%
<b>Relations with agency/registry nurses</b>	0.6%	2.1%	19.6%	36.6%	9.6%	31.5%
<b>Interaction with patients</b>	0.5%	1.4%	6.2%	50.7%	32.6%	8.7%
<b>Time available for patient education</b>	2.9%	15.7%	16.7%	42.1%	12.1%	10.5%
<b>Involvement in policy/management decisions</b>	6.0%	15.4%	28.2%	30.8%	9.1%	10.5%
<b>Opportunities to use your skills</b>	1.5%	4.7%	9.5%	53.1%	26.5%	4.7%
<b>Opportunities to learn new skills</b>	1.9%	9.8%	13.9%	49.8%	19.2%	5.5%
<b>Quality of preceptor and mentor programs</b>	3.4%	13.0%	21.1%	35.6%	12.2%	14.8%
<b>Employer-supported educational opportunities</b>	5.1%	13.9%	21.0%	38.1%	13.3%	8.6%
<b>Quality of patient care where you work</b>	1.5%	4.5%	12.6%	51.6%	22.6%	7.3%
<b>Feeling that work is meaningful</b>	1.5%	3.4%	9.9%	45.3%	35.4%	4.4%
<b>Recognition for a job well done</b>	4.8%	13.3%	19.8%	38.2%	19.3%	4.7%
<b>Satisfaction with the nursing profession overall</b>	4.3%	2.8%	6.9%	43.2%	41.9%	0.9%

Note: Number of cases=3,200. Rows may not add to 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Nearly all the job satisfaction components increased at least slightly between 1990 and 2018, as seen in Table 3.41. Compared with 1990, nurses were more satisfied in 2018 in nearly all areas, including salary, benefits, opportunities to learn new skills, involvement in policy and management decisions, leadership from administration, time available for patient education, opportunities for advancement, and even the amount of paperwork required. However, satisfaction with several factors dropped between 2016 and 2018, including salary, adequacy of clerical support services, relationship with physicians, the skill of RNs at work, work schedules, non-nursing tasks required, and the nursing profession overall. There were increases in satisfaction between 2016 and 2018 in most other areas, with the largest improvements in satisfaction with adequacy of RN staffing, recognition for a job well done, time available for patient education, teamwork, support from other RNs, quality of preceptor/mentor programs, and leadership from the nursing administration.

**Table 3.41. Satisfaction with principal nursing position for RNs currently working and residing in California, by survey year (out of a scale where 1 is low and 5 is highest)**

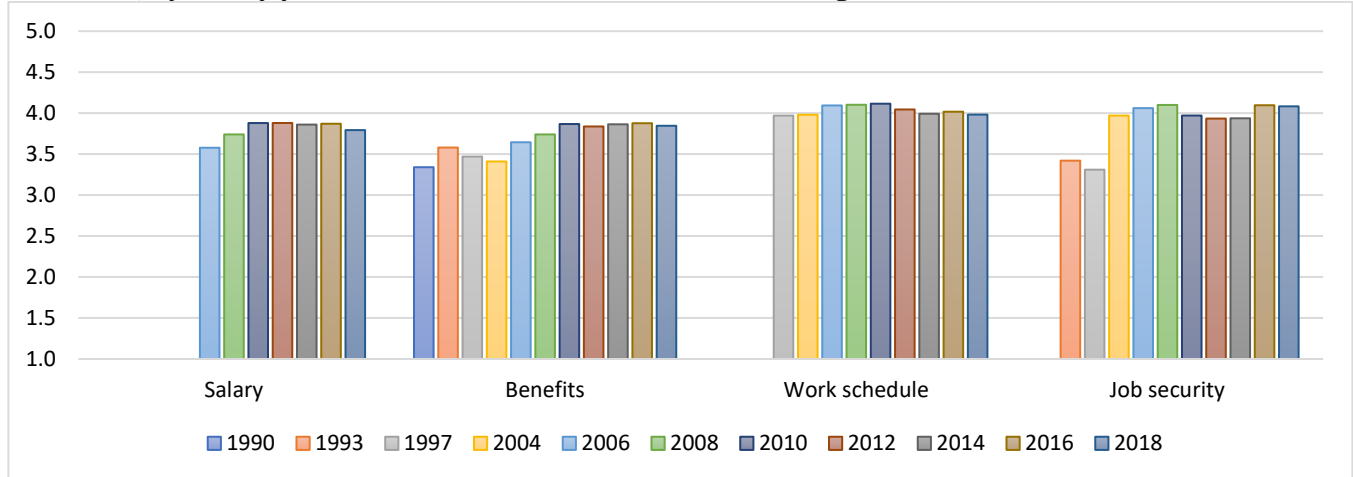
	1990	1993	1997	2004	2006	2008	2010	2012	2014	2016	2018
Your salary	*	*	*	*	3.58	3.74	3.88	3.88	3.86	3.87	3.79
Starting salary	3.04	3.42	3.39	3.26	*	*	*	*	*	*	*
The salary range for your position	2.91	3.34	3.19	3.24	*	*	*	*	*	*	*
Employee benefits	3.34	3.58	3.47	3.44	3.64	3.74	3.87	3.84	3.86	3.88	3.85
Skill of RNs where you work	3.88	3.94	3.96	3.90	3.94	4.00	4.07	4.08	4.04	4.04	4.00
Adequacy of RN staffing where you work	2.97	3.29	3.13	3.14	3.40	3.58	3.65	3.60	3.44	3.37	3.42
Adequacy of clerical support services	2.99	3.20	3.15	3.14	3.35	3.39	3.48	3.49	3.40	3.47	3.40
Non-nursing tasks required	2.78	3.05	3.09	3.11	3.18	3.13	3.31	3.33	3.31	3.35	3.31
Amount of paperwork required	*	*	*	2.69	2.87	2.88	3.00	3.04	3.19	3.18	3.17
Workload	*	*	*	*	3.41	3.41	3.46	3.40	3.39	3.40	3.38
Physical work environment	3.37	3.58	3.60	3.45	3.57	3.59	3.71	3.67	3.65	3.67	3.66
Work schedule	*	*	3.97	4.00	4.09	4.10	4.11	4.04	3.99	4.02	3.98
Job security	*	3.42	3.31	3.98	4.06	4.10	3.97	3.93	3.94	4.10	4.08
Opportunities for advancement	2.95	3.15	3.15	3.37	3.48	3.56	3.55	3.48	3.56	3.60	3.57
Support from other nurses with whom you work	3.92	4.00	4.01	3.95	3.95	4.02	4.09	4.08	3.88	4.08	4.10
Support from nursing administration	2.96	3.00	3.06	3.08	*	*	*	*	*	*	*
Leadership from nursing administration	*	*	*	*	3.18	3.23	3.30	3.31	3.48	3.39	3.41
Relations with physicians	3.65	3.70	3.86	3.79	3.84	3.85	3.93	3.89	3.97	3.96	3.91
Relations with other non-nursing staff	3.86	3.94	4.03	3.95	3.99	4.03	4.09	4.07	4.09	4.10	4.09
Relations with temporary agency/traveling staff	*	*	*	3.56	3.75	3.69	3.74	3.71	3.77	3.77	3.76
Teamwork between coworkers and yourself	*	*	*	*	4.01	4.06	4.15	4.13	4.08	4.14	4.17
Interaction with patients	*	*	4.31	4.27	4.29	4.34	4.34	4.31	4.28	4.25	4.24
Time available for patient education	*	*	*	3.23	3.39	3.42	3.46	3.51	3.50	3.47	3.50
Involvement in policy and management decisions	2.90	3.08	3.06	3.00	3.02	3.15	3.18	3.20	3.14	3.23	3.24
Opportunities to use your skills	3.85	3.98	3.98	3.99	3.99	4.04	4.06	4.01	4.03	4.02	4.03
Opportunities to learn new skills	3.58	3.75	3.74	3.68	3.65	3.78	3.79	3.74	3.72	3.80	3.79
Employer-supported educational/training programs	3.28	3.44	3.42	3.50	3.35	3.46	3.49	3.36	3.32	3.44	3.45
Quality of preceptor and mentor programs	*	*	*	*	3.34	3.41	3.46	3.48	3.38	3.45	3.47
Transition from school to first RN job	3.61	3.70	3.84	3.84	*	*	*	*	*	*	*
Orientation to new RN jobs	3.52	3.58	3.68	3.75	*	*	*	*	*	*	*
Quality of patient care	*	*	*	3.86	3.86	3.97	4.05	4.04	3.98	3.96	3.96
Feeling that work is meaningful	*	*	*	4.11	4.15	4.20	4.23	4.20	4.14	4.16	4.15
Recognition for a job well done	*	*	*	*	3.39	3.44	3.46	3.52	3.45	3.53	3.57
Your job overall	3.77	3.94	3.95	3.94	4.05	4.14	4.19	4.14	4.11	4.15	4.13
The nursing profession overall	*	*	*	*	3.83	3.96	4.10	4.12	4.18	4.21	4.17

\* Question not asked in the survey year. Note: Data (2006-2018) are weighted to represent all RNs with active licenses.

Figure 3.12 presents average satisfaction scores for job characteristics related to salary, benefits, and job security for currently working RNs residing in California. Satisfaction with job security showed marked improvement from 1997 to 2008, and then declined slightly through 2014 before returning to pre-recession levels in 2016 and 2018. It is worth noting that in 1997, California was ending a period during which many analysts thought there was a surplus of nurses, and in the previous five years, some employers had laid off nurses or reduced hiring dramatically. By 2004, a severe nursing shortage was underway in California, with employers offering generous bonuses to new hires and large salary increases. This may explain the increases in satisfaction

with salary and benefits between 2006 and 2010. In early 2008, the economy entered a severe recession, and unemployment rates in California increased substantially between 2008 and 2010. The decline between 2008 and 2014 in satisfaction with job security may have resulted from that economic recession. The recession also may have affected the work schedules available to RNs, accounting for the decline in satisfaction with this item between 2010 and 2014.

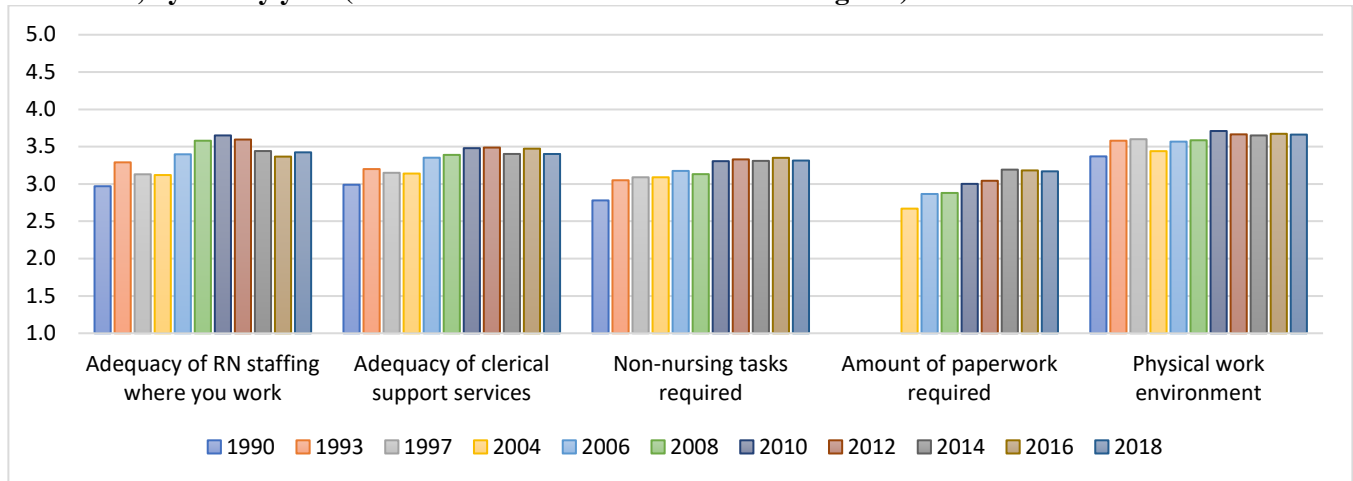
**Figure 3.12. Satisfaction with salary, benefits, and job security for RNs currently working and residing in California, by survey year (out of a scale where 1 is low and 5 is highest)**



Note: Data (2006-2018) are weighted to represent all RNs with active licenses. Some items were not included in all surveys. 1=very dissatisfied; 2=dissatisfied; 3=neither satisfied nor dissatisfied; 4=satisfied; 5=very satisfied.

Figure 3.13 presents average satisfaction over time for job aspects related to workplace resources and support. Satisfaction with most of these facets has improved over time. Satisfaction with the adequacy of RN staffing rose between 2004 and 2010, and then declined through 2016 before increasing slightly in 2018. Satisfaction with the adequacy of clerical support, non-nursing tasks, and the physical work environment has remained relatively stable between 2010 and 2018. There were improvements between 2004 and 2016 in satisfaction with required non-nursing tasks and, particularly, the amount of paperwork required. However, these two job aspects have consistently received the lowest satisfaction scores, and both experienced declines in satisfaction in 2018.

**Figure 3.13. Satisfaction with workplace resources and support for RNs currently working and residing in California, by survey year (out of a scale where 1 is low and 5 is highest)**

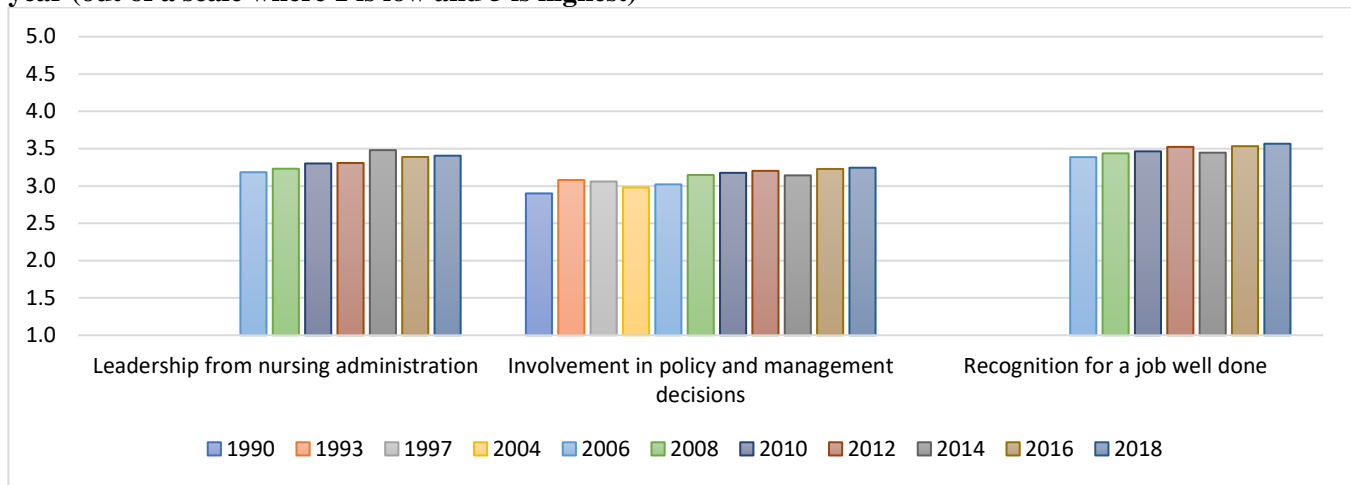


Note: Data (2006-2018) are weighted to represent all RNs with active licenses. Some items were not included in all surveys. 1=very dissatisfied; 2=dissatisfied; 3=neither satisfied nor dissatisfied; 4=satisfied; 5=very satisfied.

Figure 3.14 presents the average satisfaction of registered nurses with management at their current place of employment. This is an area of greater dissatisfaction among RNs in California, although there has been slow

improvement over time in satisfaction with recognition for a job well done and for involvement in policy and management decisions. Satisfaction with leadership from nursing administration rose between 2006 and 2014, but then declined slightly between 2014 and 2016.

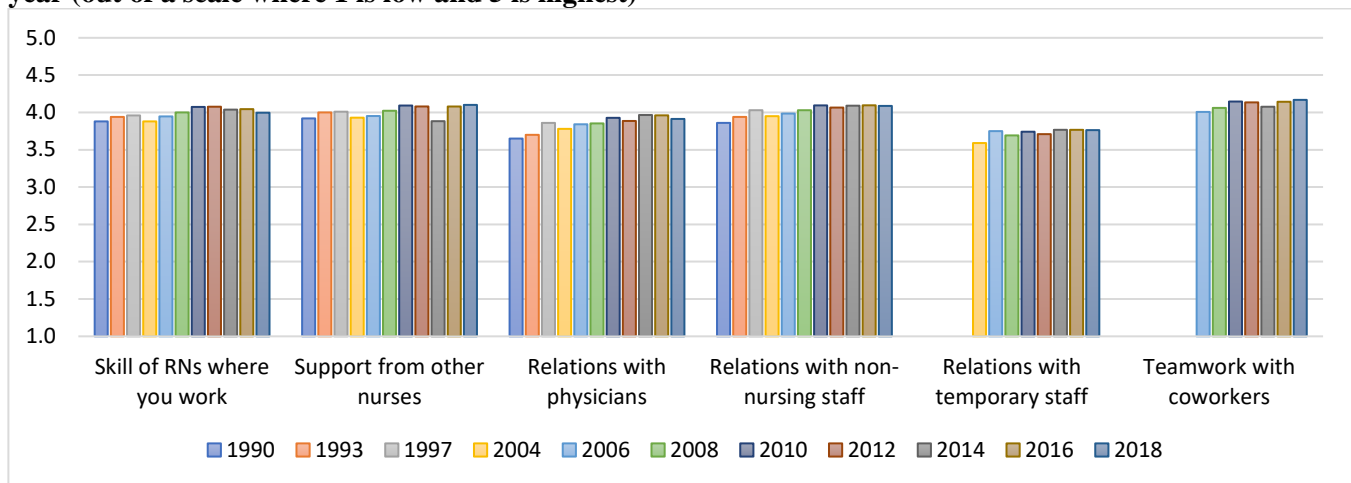
**Figure 3.14. Satisfaction with management for RNs currently working and residing in California, by survey year (out of a scale where 1 is low and 5 is highest)**



Note: Data (2006-2018) are weighted to represent all RNs with active licenses. Some items were not included in all surveys. 1=very dissatisfied; 2=dissatisfied; 3=neither satisfied nor dissatisfied; 4=satisfied; 5=very satisfied.

Figure 3.15 presents average satisfaction with collegial interactions in the workplace, by survey year. Nurses tend to be satisfied in this domain, and there has been a slight increase in average satisfaction over time in most specific areas. In general nurses rate their satisfaction as higher for support from other nurses, relations with non-nursing staff, and the skill of RNs in their workplace than they rate their relations with physicians and temporary staff. There was a small decrease in average satisfaction with the skills of RNs after 2010, which may reflect the retirement of expert Baby Boom nurses and entrance of novice new graduates.

**Figure 3.15. Satisfaction with colleagues for RNs currently working and residing in California, by survey year (out of a scale where 1 is low and 5 is highest)**

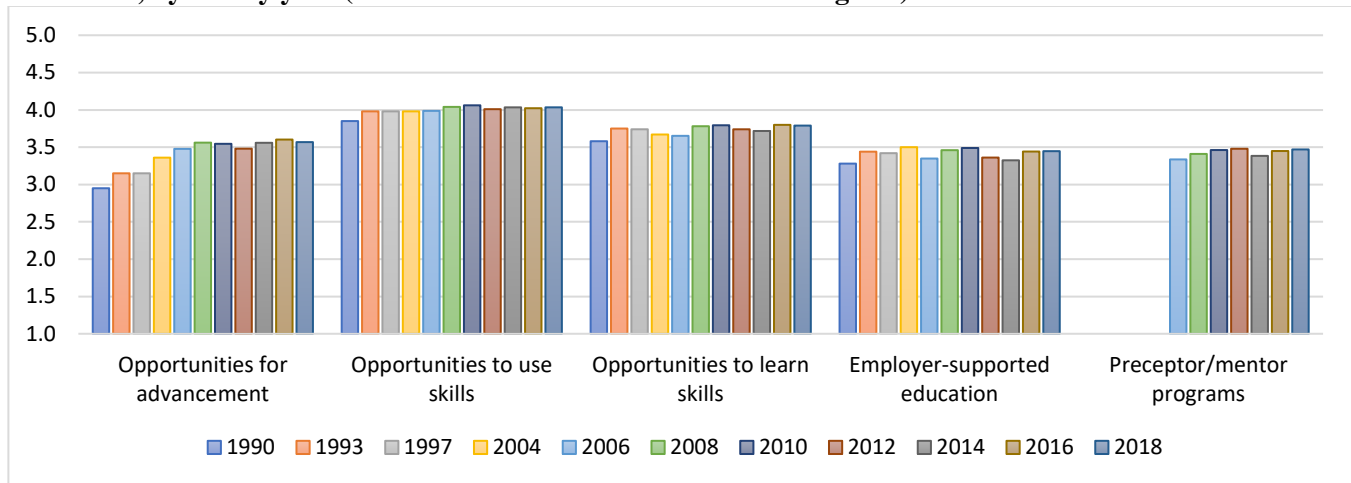


Note: Data (2006-2018) are weighted to represent all RNs with active licenses. Some items were not included in all surveys. 1=very dissatisfied; 2=dissatisfied; 3=neither satisfied nor dissatisfied; 4=satisfied; 5=very satisfied.

Satisfaction with opportunities for growth and advancement are presented in Figure 3.16. Nurses are generally satisfied with their opportunities to use their skills, and there has been little change in the rating of this job aspect over time. There has also been little change in average satisfaction with opportunities to learn new skills, employer-sponsored education, or preceptor/mentor programs. There was marked improvement between 1990 and 2008 and again between 2012 and 2016 in satisfaction with opportunities for advancement.



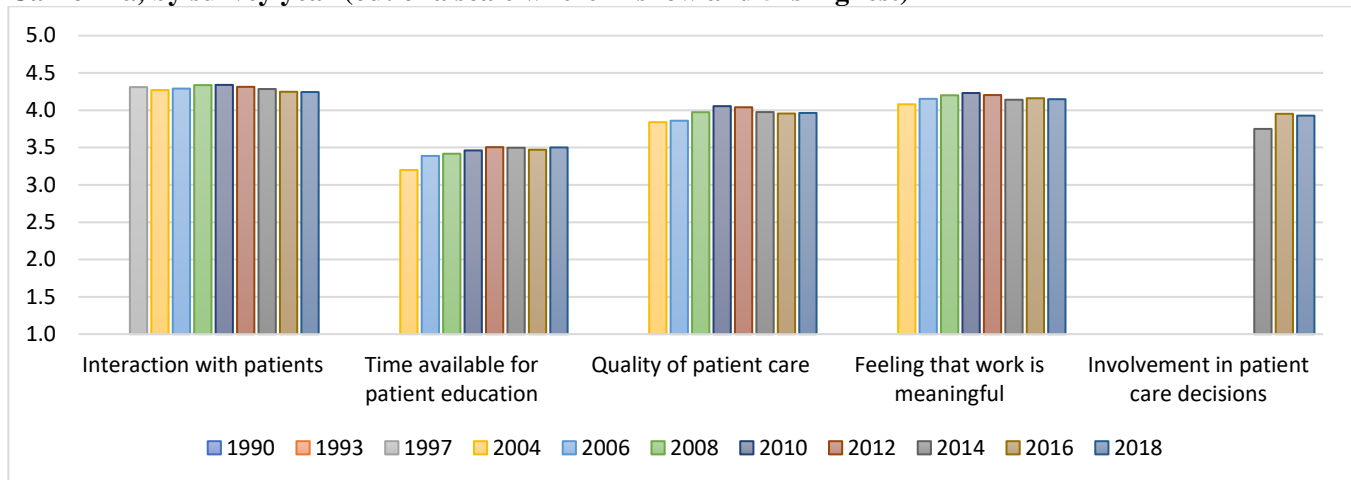
**Figure 3.16. Satisfaction with opportunities for growth for RNs currently working and residing in California, by survey year (out of a scale where 1 is low and 5 is highest)**



Note: Data (2006-2018) are weighted to represent all RNs with active licenses. Some items were not included in all surveys. 1=very dissatisfied; 2=dissatisfied; 3=neither satisfied nor dissatisfied; 4=satisfied; 5=very satisfied.

Figure 3.17 presents average satisfaction scores for factors associated with patient interactions and quality of care. Nurses were very satisfied with their interactions with patients and the feeling that their work is meaningful. These were among the highest-rated job factors in 2018. However, average satisfaction with interactions with patients declined between 2008 and 2018, falling from 4.34 to 4.24. Nurses were less satisfied with the time they have available for patient education, with a reported score of 3.50 in 2018.

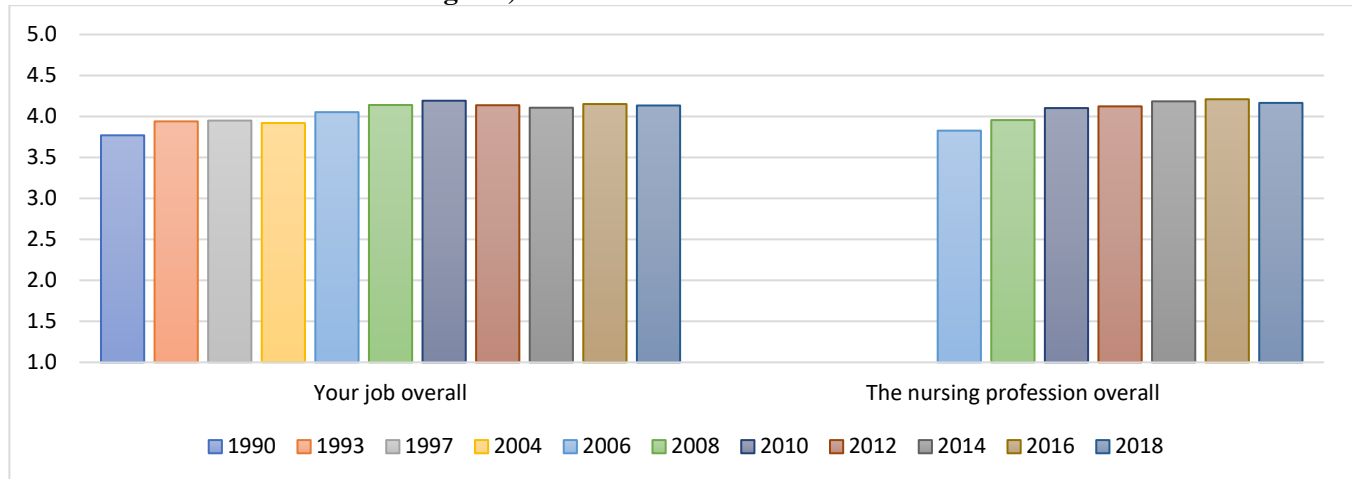
**Figure 3.17. Satisfaction with patient interactions and care for RNs currently working and residing in California, by survey year (out of a scale where 1 is low and 5 is highest)**



Note: Data (2006-2018) are weighted to represent all RNs with active licenses. Some items were not included in all surveys. 1=very dissatisfied; 2=dissatisfied; 3=neither satisfied nor dissatisfied; 4=satisfied; 5=very satisfied.

Figure 3.18 presents the overall satisfaction of working RNs residing in California. Average overall job satisfaction was quite high in 2018 (4.13), and this has been one of the highest rated items on the survey since 1993. Satisfaction with the nursing profession increased between 2006 and 2016, with a slight decrease between 2016 and 2018.

**Figure 3.18. Overall satisfaction of RNs currently working and residing in California, by survey year (out of a scale where 1 is low and 5 is highest)**



Note: Data (2006-2018) are weighted to represent all RNs with active licenses. Some items were not included in all surveys. 1=very dissatisfied; 2=dissatisfied; 3=neither satisfied nor dissatisfied; 4=satisfied; 5=very satisfied.

### Job Satisfaction by Age

Table 3.42 presents mean job satisfaction scores for selected items by age group in 2018. There is no consistent pattern of any one age group being more or less satisfied, with the exception of nurses who were 65 years and older, who were generally more satisfied than other RNs for most items. However, they were noticeably less satisfied than younger RNs with non-nursing tasks and support from other nurses. Nurses younger than 35 years were less satisfied with more items than those in other age groups, particularly with the amount of paperwork required, involvement in policy/management decisions, their workload, and the time available for patients. Nurses 55 to 64 years old reported low satisfaction with the amount of paperwork, the physical work environment, involvement in policy and management decisions, leadership from the nursing administration, and non-nursing tasks required.

### Job Satisfaction by Education

Table 3.43 presents average satisfaction with selected job factors by highest nursing education attained for working RNs who lived in California in 2018. In general, nurses with master’s degrees were more satisfied than were nurses whose highest education level was a diploma, associate or bachelor’s degree, and those with bachelor’s degrees were more satisfied than were associate degree RNs. Nurses with doctoral degrees were among the least satisfied group for many items including the amount of paperwork required, but also the most satisfied for some items including their job overall, interaction with patients, feeling that work is meaningful, and satisfaction with the profession overall. Nurses with master’s degrees were more satisfied than other RNs with their salary, the adequacy of RN skill level, job security, teamwork, interaction with patients, and their job overall.

### Job Satisfaction by Job Title

Table 3.44 explores the relationships between selected job satisfaction items and job title for working nurses who lived in California in 2018. This table compares staff nurses, senior management, front-line management, and patient care coordinators/case managers/discharge planners. With few exceptions, nurses working in senior management had higher satisfaction ratings than other nurses. They were less satisfied with the adequacy of clerical support, non-nursing tasks required, and paperwork. Staff nurses generally reported lower levels of satisfaction than nurses in management, except in the areas of employee benefits and their relationship with agency/registry nurses. Staff nurses were least satisfied in their involvement in patient care decisions, relationship with physicians, involvement in policy/management decisions, opportunities to use skills, and the quality of patient care. Patient care coordinators were more satisfied than other nurses with employee benefits and the time available for patient education. They were less satisfied than other nurses with their job overall, the

adequacy of the number of RNs at their work, the amount of paperwork required, their workload, opportunities for advancement, relationship with agency/registry nurses, and the quality of preceptor and mentorship programs. There are only small differences in the satisfaction of front-line managers as compared with patient-care coordinators. Front-line management were on average more dissatisfied than were nurses with other job titles in the amount of non-nursing tasks required, the adequacy of clerical support services, leadership from the nursing administration, time available for education, employer-supported educational opportunities, and recognition for a job well done.

**Table 3.42. Satisfaction with principal nursing position for RNs currently working and residing in California, by age group, 2018 (out of a scale where 1 is low and 5 is highest)**

1 through 5 scale; 1=very dissatisfied; 5=very satisfied	Under 35 years	35-44 years	45-54 years	55-64 years	65 years and older
Your job overall	4.09	4.10	4.14	4.16	4.33
Your salary	3.74	3.78	3.77	3.87	3.88
Employee benefits	3.85	3.75	3.86	3.91	3.96
Adequacy of RN skill level where you work	4.01	3.94	3.99	4.04	4.11
Adequacy of the number of RNs where you work	3.42	3.47	3.39	3.40	3.51
Adequacy of clerical support services	3.45	3.43	3.35	3.35	3.49
Non-nursing tasks required	3.37	3.37	3.27	3.24	3.26
Amount of paperwork required	3.15	3.16	3.21	3.14	3.25
Your workload	3.38	3.41	3.32	3.39	3.50
Physical work environment	3.63	3.65	3.68	3.64	3.88
Work schedule	3.88	4.01	4.00	4.00	4.11
Job security	4.15	4.08	4.03	4.07	4.08
Opportunities for advancement	3.62	3.63	3.52	3.48	3.56
Support from other nurses you work with	4.21	4.07	4.07	4.06	4.03
Teamwork between coworkers and yourself	4.25	4.13	4.16	4.13	4.19
Leadership from your nursing administration	3.56	3.44	3.32	3.26	3.53
Involvement in patient care decisions	3.91	3.92	3.95	3.93	3.93
Relations with physicians	3.76	3.86	3.98	4.01	4.13
Relations with other non-nursing staff	4.10	4.03	4.09	4.13	4.13
Relations with agency/registry nurses	3.80	3.71	3.78	3.75	3.83
Interaction with patients	4.13	4.18	4.27	4.39	4.38
Time available for patient education	3.41	3.44	3.56	3.55	3.75
Involvement in policy/management decisions	3.20	3.29	3.27	3.19	3.36
Opportunities to use your skills	3.98	4.01	4.02	4.10	4.15
Opportunities to learn new skills	3.87	3.75	3.74	3.78	3.92
Quality of preceptor and mentor programs	3.63	3.48	3.41	3.34	3.49
Employer-supported educational opportunities	3.51	3.48	3.38	3.39	3.55
Quality of patient care where you work	3.91	3.92	4.00	4.02	4.06
Feeling that work is meaningful	4.08	4.09	4.16	4.25	4.27
Recognition for a job well done	3.59	3.52	3.50	3.61	3.85
Satisfaction with the profession overall	4.16	4.17	4.15	4.17	4.23

Note: Data are weighted to represent all RNs with active licenses.

**Table 3.43. Satisfaction with principal nursing position for RNs currently working and residing in California, by highest nursing education, 2018 (out of a scale where 1 is low and 5 is highest)**

1 through 5 scale; 1=very dissatisfied; 5=very satisfied	Diploma	Associate Degree	Baccalaureate Degree	Master's Degree	Doctoral Degree
Your job overall	4.04	4.13	4.12	4.23	4.30
Your salary	3.51	3.83	3.77	3.86	3.75
Employee benefits	3.86	3.84	3.83	3.93	3.90
Adequacy of RN skill level where you work	3.81	4.01	3.98	4.06	4.01
Adequacy of the number of RNs where you work	3.20	3.37	3.44	3.53	3.46
Adequacy of clerical support services	3.18	3.41	3.42	3.34	3.65
Non-nursing tasks required	3.22	3.26	3.33	3.37	3.16
Amount of paperwork required	2.94	3.08	3.23	3.18	3.01
Your workload	3.38	3.33	3.39	3.44	3.36
Physical work environment	3.51	3.60	3.67	3.81	3.35
Work schedule	3.73	3.99	3.98	4.04	3.98
Job security	3.71	4.03	4.09	4.25	4.17
Opportunities for advancement	3.53	3.60	3.57	3.50	3.70
Support from other nurses you work with	4.03	4.13	4.09	4.13	4.06
Teamwork between coworkers and yourself	4.00	4.20	4.14	4.23	4.11
Leadership from your nursing administration	3.44	3.39	3.40	3.49	3.57
Involvement in patient care decisions	4.02	3.89	3.90	4.09	4.05
Relations with physicians	3.94	3.88	3.91	3.97	4.29
Relations with other non-nursing staff	4.02	4.10	4.08	4.13	4.11
Relations with agency/registry nurses	3.98	3.71	3.81	3.70	3.59
Interaction with patients	4.41	4.25	4.19	4.40	4.62
Time available for patient education	3.92	3.44	3.50	3.63	3.18
Involvement in policy/management decisions	3.14	3.12	3.26	3.48	3.36
Opportunities to use your skills	4.04	4.04	4.01	4.11	4.10
Opportunities to learn new skills	3.88	3.80	3.77	3.83	3.96
Quality of preceptor and mentor programs	3.54	3.44	3.48	3.46	3.54
Employer-supported educational opportunities	3.48	3.45	3.46	3.39	3.81
Quality of patient care where you work	3.85	3.96	3.95	4.09	4.03
Feeling that work is meaningful	4.30	4.15	4.10	4.28	4.48
Recognition for a job well done	3.73	3.54	3.54	3.68	3.93
Satisfaction with the profession overall	3.99	4.18	4.15	4.22	4.52

Note: Data are weighted to represent all RNs with active licenses.

**Table 3.44. Satisfaction with principal nursing position for RNs currently working and residing in California, by job title, 2018 (out of a scale where 1 is low and 5 is highest)**

1 through 5 scale; 1=very dissatisfied; 5=very satisfied	Staff nurse	Senior management	Front-line management	Patient care coordinator
Your job overall	4.09	4.53	4.04	4.04
Your salary	3.83	4.39	3.68	3.72
Employee benefits	3.84	3.83	3.71	3.87
Adequacy of RN skill level where you work	4.04	4.13	3.94	3.79
Adequacy of the number of RNs where you work	3.40	3.83	3.30	3.29
Adequacy of clerical support services	3.40	3.56	3.19	3.50
Non-nursing tasks required	3.26	3.33	3.22	3.33
Amount of paperwork required	3.09	3.12	3.08	3.06
Your workload	3.35	3.65	3.31	3.23
Physical work environment	3.57	4.00	3.51	3.65
Work schedule	3.96	4.20	3.94	3.90
Job security	4.04	4.35	4.03	4.00
Opportunities for advancement	3.59	4.11	3.48	3.40
Support from other nurses you work with	4.11	4.40	4.06	3.78
Teamwork between coworkers and yourself	4.17	4.57	4.14	3.81
Leadership from your nursing administration	3.42	4.48	3.16	3.33
Involvement in patient care decisions	3.87	4.51	3.88	3.83
Relations with physicians	3.84	4.42	3.96	3.90
Relations with other non-nursing staff	4.08	4.46	4.04	3.97
Relations with agency/registry nurses	3.80	3.74	3.69	3.44
Interaction with patients	4.23	4.34	4.17	4.20
Time available for patient education	3.43	3.63	3.39	3.69
Involvement in policy/management decisions	3.09	4.63	3.13	3.22
Opportunities to use your skills	4.03	4.50	4.03	3.92
Opportunities to learn new skills	3.81	4.15	3.73	3.58
Quality of preceptor and mentor programs	3.51	3.70	3.39	3.04
Employer-supported educational opportunities	3.49	3.74	3.27	3.37
Quality of patient care where you work	3.93	4.26	3.93	3.86
Feeling that work is meaningful	4.11	4.52	4.11	3.93
Recognition for a job well done	3.51	4.11	3.34	3.44
Satisfaction with the profession overall	4.15	4.63	4.09	3.99

Note: Data are weighted to represent all RNs with active licenses.

### Job Satisfaction by Work Setting

Table 3.45 presents nurse satisfaction with job factors by work setting, focusing on nurses who worked in acute-care hospital departments, hospital-based ambulatory care departments, skilled nursing facilities, home health agencies, and physician offices/clinics. Nurses in hospital-based settings – either in acute care or ambulatory care – had the highest satisfaction scores for many items. RNs in hospital acute settings were more satisfied than those in other settings with support from other nurses, teamwork, relationship with non-nursing staff, and opportunities to use and learn new skills. RNs in skilled nursing facilities and freestanding ambulatory care settings reported lower satisfaction than nurses in other settings. RNs in skilled nursing facilities were less satisfied with opportunities for advancement, the adequacy of the number of RNs, and the workload. RNs in home health agencies were more satisfied with their interactions with patient’s involvement in patient care decisions, and least satisfied with the amount of paperwork required and employee benefits. RNs in physician offices/clinics reported very high satisfaction with interactions with patients, but were much less satisfied with the quality of preceptor and mentor programs, employer-supported educational programs, and opportunities for advancement.

**Table 3.45. Satisfaction with principal nursing position for RNs currently working and residing in California, by work setting, 2018 (out of a scale where 1 is low and 5 is highest)**

1 through 5 scale; 1=very dissatisfied; 5=very satisfied	Hospital, acute care	Hospital, ambulatory	Skilled nursing facility	Home health agency	Physician office /clinic
Your job overall	4.14	4.13	3.96	4.04	4.23
Your salary	3.90	3.91	3.23	3.44	3.58
Employee benefits	3.91	4.03	3.12	2.90	3.62
Adequacy of RN skill level where you work	4.06	4.07	3.55	3.62	4.10
Adequacy of the number of RNs where you work	3.43	3.51	3.07	3.21	3.30
Adequacy of clerical support services	3.37	3.41	3.30	3.68	3.50
Non-nursing tasks required	3.26	3.23	3.35	3.28	3.36
Amount of paperwork required	3.03	3.47	3.32	2.88	3.39
Your workload	3.34	3.51	3.07	3.36	3.34
Physical work environment	3.57	3.67	3.59	3.67	3.72
Work schedule	3.99	3.95	3.79	3.68	4.08
Job security	4.10	4.11	3.80	3.83	4.19
Opportunities for advancement	3.69	3.49	3.25	3.52	3.29
Support from other nurses you work with	4.16	3.97	3.94	4.21	4.01
Teamwork between coworkers and yourself	4.24	4.01	3.99	4.29	4.14
Leadership from your nursing administration	3.39	3.40	3.46	3.90	3.32
Involvement in patient care decisions	3.90	3.92	4.05	4.25	4.07
Relations with physicians	3.88	3.84	3.75	4.07	4.05
Relations with other non-nursing staff	4.10	4.02	3.91	4.21	4.22
Relations with agency/registry nurses	3.82	3.80	3.57	3.71	3.69
Interaction with patients	4.22	4.27	4.21	4.41	4.46
Time available for patient education	3.35	3.72	3.37	4.06	3.72
Involvement in policy/management decisions	3.17	3.22	3.48	3.59	3.38
Opportunities to use your skills	4.12	3.94	3.76	4.07	4.07
Opportunities to learn new skills	3.89	3.71	3.35	3.76	3.61
Quality of preceptor and mentor programs	3.58	3.28	3.37	3.65	3.23
Employer-supported educational opportunities	3.54	3.38	3.01	3.36	3.24
Quality of patient care where you work	3.97	4.02	3.65	4.11	4.14
Feeling that work is meaningful	4.15	4.08	4.19	4.26	4.27
Recognition for a job well done	3.52	3.68	3.42	3.90	3.73
Satisfaction with the profession overall	4.19	4.11	4.13	4.08	4.14

Note: Data are weighted to represent all RNs with active licenses.

### *Future Nursing Work Plans*

RNs were asked about their plans for the next five years with regard to nursing. Table 3.46 presents the responses regarding plans in the next five years of currently working RNs who live in California for each survey year. Since 1993, over half of respondents planned to work approximately as much as they did at the time of the survey; this percentage increased from 53.1% in 2006 to 60.2% in 2010, but dropped afterward and was 55.7% in 2018. In 2018, 18% planned to reduce their hours of nursing work; this share has been relatively stable since 2008, ranging between 15.2% and 21.6%. Over 11% planned to increase their hours of nursing work in 2018, which is a similar percentage as reported since 2008. Only 2.2% planned to leave nursing entirely but not retire in 2018, which was a small increase relative to 2016 (1.7%). In 2018, 12.5% of working nurses said they planned to retire within five years; this rate has ranged between 9.5% and 13.2% since 2004.

**Table 3.46. Plans for the next five years of RNs who resided in California and were employed in nursing at the times of the surveys, by survey year**

	1990	1993	1997	2004	2006	2008	2010	2012	2014	2016	2018
Plan to work approximately as much as now	46.1%	60.1%	57.1%	56.7%	53.1%	54.6%	60.2%	53.1%	53.0%	53.5%	55.7%
Plan to reduce hours of nursing work	32.7%	21.8%	24.7%	22.1%	21.6%	19.8%	15.2%	21.0%	19.9%	21.6%	18.0%
Plan to increase hours of nursing work	6.7%	8.4%	8.5%	7.2%	9.5%	10.1%	13.1%	11.5%	11.2%	10.4%	11.6%
Plan to leave nursing entirely, but not retire	14.6%	9.8%	9.7%	3.4%	3.0%	3.1%	2.0%	3.0%	2.8%	1.7%	2.2%
Plan to retire	*	*	*	10.6%	12.8%	12.4%	9.5%	11.4%	13.2%	12.8%	12.5%
Number of cases	2,219	2,160	2,422	3,717	3,694	4,037	4,660	3,142	3,906	2,893	3,075

Note: Columns might not total 100% due to rounding. Data (2006-2018) are weighted to represent all RNs with active licenses.

\*Data not available

Since 2012 the survey asked RNs about their plans for the next two years; prior surveys did not ask about this time period. As seen in Table 3.47, RNs’ intentions for the next two years were similar in all four survey years. In 2018, 19.3% of RNs under 35 years old intended to increase their hours of nursing work in the next two years, while 10.3% planned to reduce their hours. Fewer than one percent of RNs under 55 years old planned to retire in the next two years, and fewer than one percent of those under 55 years old planned to leave nursing without retiring. In contrast, 35.2% of RNs 65 years and older planned to retire in the next two years.

**Table 3.47. Plans for next two years of RNs who resided in California and were employed in nursing, overall and by age group, 2012-2018**

	All respondents, 2012	All respondents, 2014	All respondents, 2016	All respondents, 2018	2018				
					Under 35 years	35-44 years	45-54 years	55-64 years	65 years and older
Plan to work approximately as much as now	73.3%	71.9%	73.9%	72.9%	69.8%	77.1%	80.1%	72.5%	38.1%
Plan to reduce hours of nursing work	10.1%	10.5%	10.2%	10.7%	10.3%	7.8%	9.3%	12.8%	23.5%
Plan to increase hours of nursing work	12.2%	11.6%	10.5%	11.4%	19.3%	14.7%	9.5%	3.4%	1.2%
Plan to leave nursing entirely, but not retire	0.8%	1.0%	0.6%	0.7%	0.5%	0.4%	0.7%	0.9%	2.0%
Plan to retire	3.7%	5.0%	4.7%	4.3%	0.0%	0.0%	0.4%	10.5%	35.2%

Note: Number of observations=3,124. Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

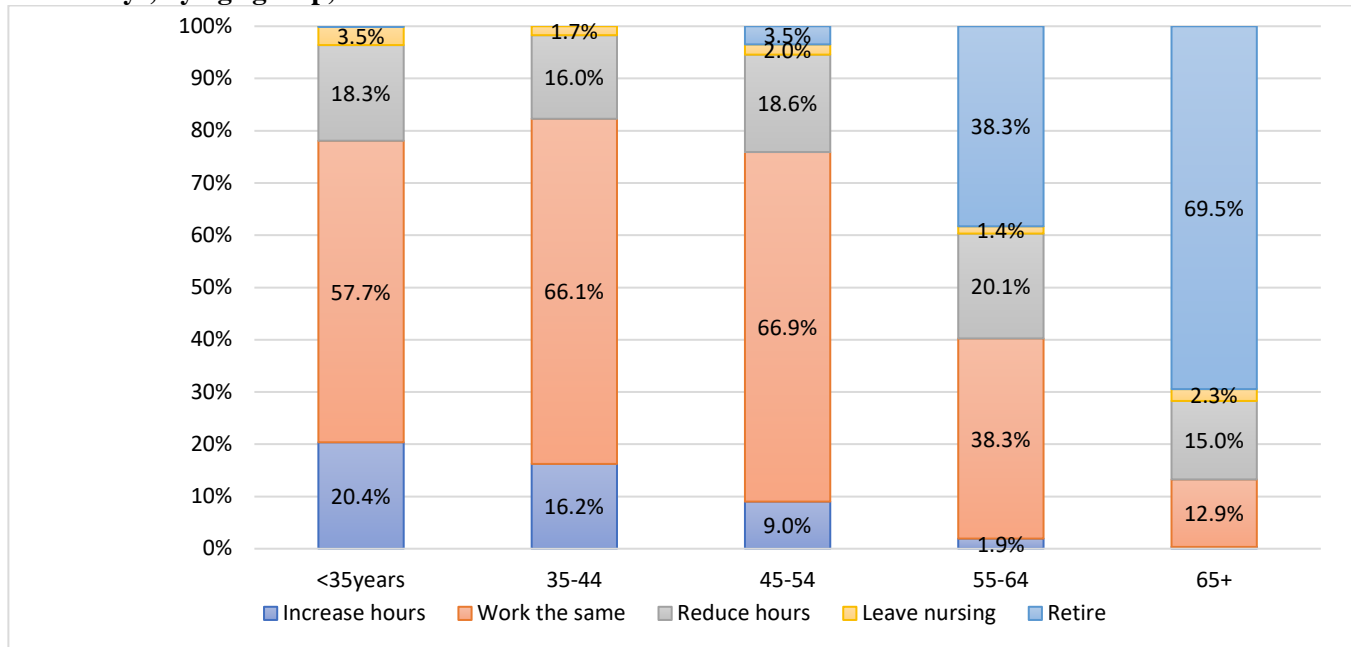
Table 3.48 and Figure 3.19 examine responses about plans for the next five years by age group. In every year, the share of nurses that planned to maintain the same number of hours of nursing work increases with age until about 54 years, and then declined precipitously afterward. The share of nurses that reported they “plan to increase hours of nursing work” is generally higher among younger nurses, likely reflecting the tendency of younger nurses with children to work less, with plans to increase hours as their children get older. In 2018, over two-thirds of RNs over 65 years old planned to retire within five years, and 38.3% of nurses between 55 and 64 years old planned to retire within five years. The share of RNs in older age groups who planned to retire within five years dropped notably between 2008 and 2010, but returned to 2008 levels by 2012.

**Table 3.48. Plans for the next five years for RNs who resided in California and were employed in nursing at the times of the surveys, by age group, 2008-2018**

		Plan to increase hours of nursing work	Plan to work approximately as much as now	Plan to reduce hours of nursing work	Plan to leave nursing entirely, but not retire	Plan to retire
Under 35 years	2008	19.3%	54.8%	21.1%	4.7%	0.0%
	2012	23.4%	50.0%	24.0%	2.5%	0.0%
	2016	18.9%	53.5%	25.2%	2.0%	0.4%
	2018	20.4%	57.7%	18.3%	3.5%	0.1%
35-44 years	2008	15.6%	62.1%	19.5%	2.3%	0.5%
	2012	13.6%	61.2%	21.1%	3.1%	1.0%
	2016	13.9%	64.8%	19.5%	1.5%	0.4%
	2018	16.2%	66.1%	16.0%	1.7%	0.0%
45-54 years	2008	8.0%	65.4%	19.9%	2.8%	3.9%
	2012	9.5%	61.7%	20.9%	3.6%	4.2%
	2016	9.1%	66.4%	19.6%	1.6%	3.4%
	2018	9.0%	66.9%	18.6%	2.0%	3.5%
55-64 years	2008	2.3%	41.2%	20.8%	3.3%	32.5%
	2012	2.7%	43.4%	18.9%	2.9%	32.1%
	2016	1.4%	35.2%	23.8%	1.8%	37.8%
	2018	1.9%	38.3%	20.1%	1.4%	38.3%
65 years and older	2008	0.6%	14.9%	12.8%	2.1%	69.8%
	2012	0.2%	16.9%	16.5%	1.7%	64.8%
	2016	1.2%	15.9%	15.0%	1.3%	66.6%
	2018	0.3%	12.9%	15.0%	2.3%	69.5%

Note: Rows might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

**Figure 3.19. Future plans of RNs who resided in California and were employed in nursing at the times of the surveys, by age group, 2018**



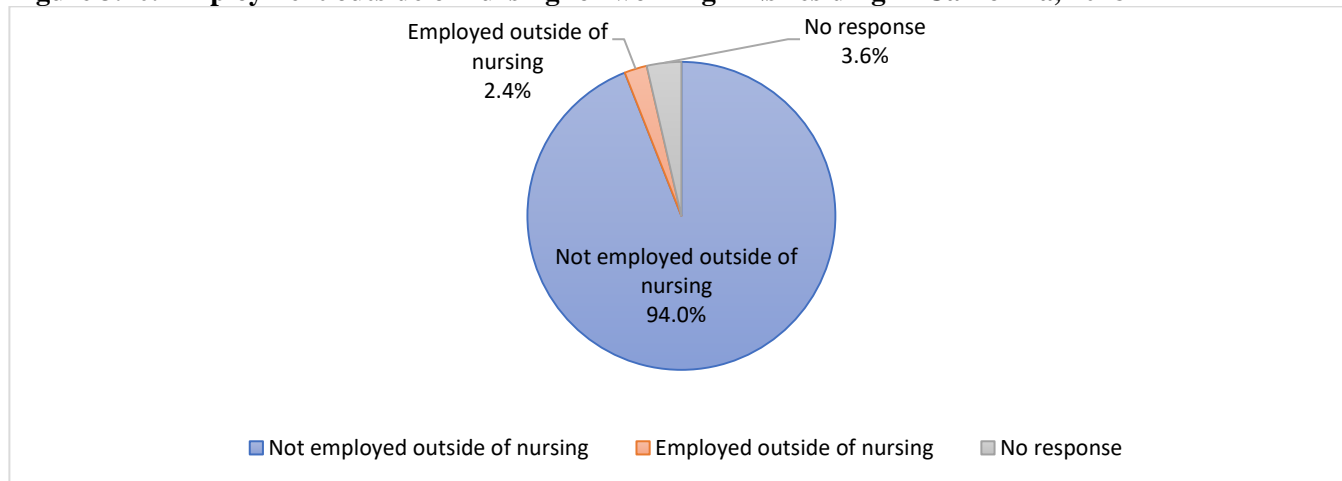
Note: Number of cases=3,075. Data are weighted to represent all RNs with active licenses.



## Employment Outside of Nursing

RNs were asked to report if they were employed outside nursing, regardless of whether they were employed in nursing. Ninety-four percent of working RNs residing in California reported they did not hold a non-nursing job (Figure 3.20). Of the 2.4% that indicated they held a non-nursing job, 51.9% reported the additional job required their nursing knowledge (Table 3.49). Most non-nursing jobs were in health services (39.2%) and financial services (13.1%) (Table 3.50). Over 46% of working RNs with a non-nursing job indicated that their non-nursing job was in an “other” category.

**Figure 3.20. Employment outside of nursing for working RNs residing in California, 2018**



Note: Number of cases=3,200. Data are weighted to represent all RNs with active licenses.

**Table 3.49. Employment outside of nursing requires nursing knowledge as reported by working RNs residing in California who have a position outside of nursing, 2012-2018**

	2012	2014	2016	2018
Does not require nursing knowledge	26.6%	24.1%	40.9%	26.7%
Requires nursing knowledge	69.8%	70.1%	55.1%	51.9%
No response	3.6%	5.7%	3.8%	21.3%
Number of cases	118	220	181	81

Note: Data are weighted to represent all RNs with active licenses.

**Table 3.50 Field outside of nursing as reported by working RNs residing in California who have a position outside of nursing, 2012-2018**

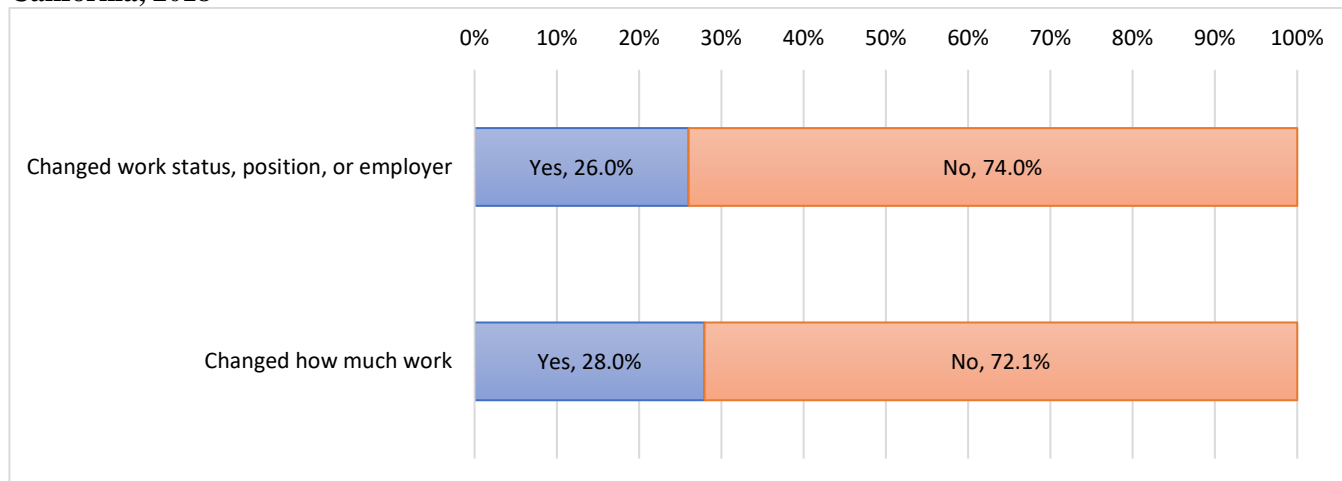
	2012	2014	2016	2018
Health services	50.7%	44.8%	33.1%	39.2%
Pharmaceutical or biotech medical services	*	*	5.8%	3.5%
Retail sales	11.6%	22.2%	19.8%	5.4%
Education	10.1%	13.7%	4.7%	7.6%
Financial services	4.4%	12.4%	5.9%	13.1%
Consulting	5.2%	4.6%	5.1%	3.2%
Other	29.3%	23.3%	38.5%	46.2%
Number of cases	121	108	65	77

Note: Data are weighted to represent all RNs with active licenses.

## Changes in Employment Status

In 2018, 26% of RNs residing in California reported a change over the prior year in their employment status, position, or employer (Figure 3.21). Changes in how much they worked were reported by 28% of RNs, such as increasing or decreasing hours per week.

**Figure 3.21. Change in employer or position as reported by all RNs and employed RNs residing in California, 2018**



Note: Number of cases=3,200. Data are weighted to represent all RNs with active licenses.

Table 3.51 presents the types of work status, employer, and position changes reported by RNs. A new position with the same employer (23.7%), retired (18%), and a new position with a new employer (17.9%) were the most common changes reported by RNs. There was a decrease in the percentage of RNs indicating they were not working at the time of the survey but worked earlier in the year, from 6.5% in 2012 to 3.4% in 2018. The percentage reporting that they were working at the time of the survey but had not been working earlier in the year also decreased from 7.5% in 2012 to 4% in 2018.

**Table 3.51. Type of change for RNs who experienced a change in work status, employer or position, and reside in California, 2012-2018**

	Percent of RNs who experienced a change, 2012	Percent of RNs who experienced a change, 2014	Percent of RNs who experience a change, 2016	Percent of RNs who experience a change, 2018
Added secondary nursing job	14.3%	18.1%	13.5%	11.4%
Added secondary non-nursing job	1.2%	2.0%	0.7%	1.6%
Stopped secondary nursing job	*	8.9%	6.5%	5.9%
Stopped secondary non-nursing job	*	2.0%	1.3%	2.5%
Not working as RN now, but was earlier this year	6.5%	4.4%	4.2%	3.4%
Working as an RN now, but was not working earlier this year	7.5%	7.4%	3.4%	4.0%
New position, same employer	29.5%	27.4%	26.8%	23.7%
Same position, new employer	14.3%	11.8%	13.7%	13.2%
New position, new employer	20.6%	27.0%	19.4%	17.9%
Retired	*	*	13.2%	18.0%
Other	17.2%	6.8%	9.2%	4.5%
Number of cases	1,230	1,066	1,078	1,150

Note: Data are weighted to represent all RNs with active licenses.

RNs were asked what factors may have played a role in their change in work status, employer, or position during the previous year (Table 3.52). The factors most often rated as very important were salary (40.5%), desire to use or learn new skills (39.6%), benefits (38.2%), wanting more convenient hours (35.5%), other family responsibilities (34.8%), retirement (34.6%), promotion and career advancement (33.6%), stress on the job (33%), and dissatisfaction with previous job (29.5%).

**Table 3.52. Factors important to changes in employment status as reported by RNs residing in California who experienced a change in work status, employer, or position, 2018**

	Not at all Important	Somewhat Important	Important	Very Important
Retired	42.8%	7.8%	14.8%	34.6%
Childcare responsibilities	54.5%	3.5%	12.7%	29.2%
Other family responsibilities	38.2%	6.1%	20.9%	34.8%
Salary	29.1%	9.8%	20.6%	40.5%
Benefits	34.8%	7.3%	19.7%	38.2%
Laid off	75.4%	2.2%	11.4%	11.0%
Employer reduced hours	66.5%	5.8%	14.8%	12.9%
Change spouse/partner work situation	59.5%	4.7%	19.1%	16.7%
Change in financial status	42.6%	6.6%	22.4%	28.4%
Relocation	53.3%	4.3%	16.6%	25.9%
Promotion/career advancement	41.1%	5.0%	20.2%	33.6%
Change in health status	55.2%	5.9%	14.4%	24.5%
Wanted more convenient hours	38.8%	6.0%	19.6%	35.5%
Dissatisfied with previous job	42.0%	10.3%	18.2%	29.5%
Stress on the job	34.3%	11.0%	21.7%	33.0%
Desire to use current/learn new skills	32.0%	5.5%	22.8%	39.6%

Note: Number of cases=1,286. Data are weighted to represent all RNs with active licenses.

Nurses who reported that the hours they had worked over the previous year had changed provided information about the types of changes experienced (Table 3.53). The most common change was a decrease in their hours by choice (31.6%). At the same time, 28.1% reported they increased their hours by choice. Nearly 7% reported that their employer imposed a decrease in work hours; this percentage has declined each year since 2012. Twelve percent of respondents said they experienced an increase in work hours imposed by their employer.

**Table 3.53. Types of change for RNs who experienced a change in hours worked and reside in California 2012-2018**

	Percent of RNs who experienced a change, 2012	Percent of RNs who experienced a change, 2014	Percent of RNs who experienced a change, 2016	Percent of RNs who experienced a change, 2018
Did not work in past year	19.8%	17.3%	17.3%	19.9%
Increase in hours, imposed by employer	11.0%	13.6%	14.0%	12.0%
Increase in hours, by choice	28.9%	28.1%	32.3%	28.1%
Decrease in hours, imposed by employer	14.1%	12.6%	7.0%	6.9%
Decrease in hours, by choice	21.4%	28.7%	28.3%	31.6%
Other	11.1%	18.1%	8.3%	4.8%
Number of cases	1,870	1,821	1,296	1,476

Note: Data are weighted to represent all RNs with active licenses.

RNs were asked what factors may have played a role in the change of their hours worked during the previous year (Table 3.54). Respondents were asked to rank each item on a four-point scale, with one point given

for “not at all important” and four points for “very important.” The factors most often rated as very important among RNs who changed work hours were wanting more convenient hours (46.4%), other family responsibilities (43.4%), desire to use or learn new skills (43.4%), and salary (43%).

**Table 3.54. Factors important to change in hours worked as reported by RNs residing in California who experienced a change in work status, employer, or position, 2018**

	Not at all Important	Somewhat Important	Important	Very Important
Retired	43.6%	10.9%	15.7%	29.9%
Childcare responsibilities	41.2%	4.3%	11.7%	42.8%
Other family responsibilities	26.0%	8.7%	21.9%	43.4%
Salary	21.1%	10.6%	25.4%	43.0%
Benefits	29.1%	10.1%	23.3%	37.5%
Laid off	72.4%	2.0%	9.3%	16.2%
Employer reduced hours	51.5%	6.8%	18.6%	23.1%
Change spouse/partner work situation	49.0%	5.9%	21.1%	24.0%
Change in financial status	31.8%	9.0%	23.4%	35.8%
Relocation	49.7%	5.1%	15.9%	29.4%
Promotion	35.8%	5.7%	21.6%	37.0%
Change in health status	43.8%	8.2%	15.9%	32.1%
Wanted more convenient hours	24.6%	8.5%	20.5%	46.4%
Dissatisfied with previous job	37.9%	10.4%	21.9%	29.8%
Stress on the job	24.4%	11.0%	24.9%	39.7%
Desire to use my skills/learn new skills	26.2%	6.9%	23.6%	43.4%
Other	91.5%	0.2%	2.2%	6.1%

Note: Number of cases=1,225. Data are weighted to represent all RNs with active licenses.

A mean score for each item can be obtained by computing the average score, with one point given for “not at all important” and four points for “very important.” Higher mean scores thus indicate greater importance of the factor for RNs. The mean scores for each factor affecting work status changes are summarized in Table 3.55, by type of change. Salary ranked highest among the group of nurses who increased their hours, and ranked moderately high for nurses who changed RN positions. Other important reasons for increasing hours were a desire to use or learn new skills, wanting more convenient hours, benefits, and other family responsibilities. The top reasons for nurses to decrease hours included wanting more convenient hours, other family responsibilities, stress on the job, and childcare responsibilities. Among RNs who found new positions, the top reasons for this change were a desire to use or learn new skills, salary, benefits, and promotion. Those who stopped working as an RN rated retirement, family responsibilities, stress on the job, wanting to use or learn new skills, and salary as the most important reasons.

**Table 3.55. Factors important to changing employment status by type of change as reported by RNs residing in California who experienced a change in employment status, 2018**

<b>1 through 4 scale; 1=not at all important; 4=very important</b>	<b>Increased Hours</b>	<b>Decreased hours</b>	<b>New RN position</b>	<b>Stopped Working as RN</b>
<b>Retired</b>	2.46	2.53	2.37	3.47
<b>Childcare responsibilities</b>	2.75	2.83	2.77	1.79
<b>Other family responsibilities</b>	3.02	2.96	2.97	2.23
<b>Salary</b>	3.30	2.70	3.21	2.09
<b>Benefits</b>	3.02	2.66	3.20	1.98
<b>Laid off</b>	2.09	1.66	2.00	1.24
<b>Employer reduced hours</b>	2.16	2.44	2.29	1.45
<b>Change spouse/partner work situation</b>	2.56	2.17	2.50	1.45
<b>Change in financial status</b>	3.01	2.59	2.96	1.78
<b>Relocation</b>	2.50	2.18	2.79	1.61
<b>Promotion</b>	3.01	2.44	3.19	1.79
<b>Change in health status</b>	2.60	2.52	2.62	1.77
<b>Wanted more convenient hours</b>	3.06	2.96	3.15	2.07
<b>Dissatisfied with previous job</b>	2.59	2.51	2.99	1.80
<b>Stress on the job</b>	2.95	2.88	3.09	2.17
<b>Desire to use my skills/learn new skills</b>	3.22	2.69	3.33	2.10
<b>Other</b>	1.22	1.29	1.25	1.25
<b>Number of cases</b>	403	409	366	262

Note: Data are weighted to represent all RNs with active licenses.

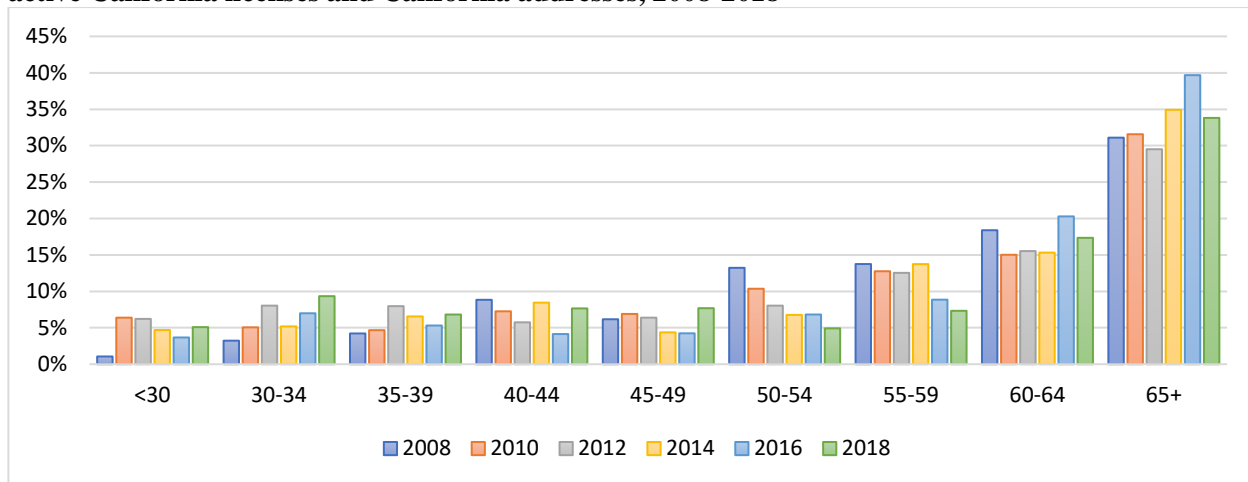
## Chapter 4. Profile of Registered Nurses with Active Licenses Not Working in Nursing

Nearly 19% of nurses with active California licenses who lived in California were not working in nursing jobs in 2018 (Chapter 2, Table 2.1). Because these nurses had active California licenses at the time the survey sample was selected, they were qualified to obtain a nursing position in this state. In this chapter, we examine the education of RNs who did not work in nursing in 2018 and analyze their responses to a series of survey questions specifically directed to better understand the reasons they were not working in nursing. These nurses are of particular interest because they could potentially be recruited to return to nursing.

### *Demographic Characteristics*

RNs who had active licenses but were not working in nursing tended to be older than working nurses, as seen in Figure 4.1. The average age of RNs who were not working in nursing was 55.2 whereas the average age of working RNs was 45.3 years (Chapter 2, Table 2.5). The share of licensed RNs not working in nursing increased with age as shown in Figure 4.1 and Table 4.1. Almost 59% of RNs who were not working as nurses were 55 years and older. The largest age group of RNs who were not working in nursing was 65 years and older (33.8%). The share of nurses under 40 years old not working in nursing positions increased between 2016 and 2018, as did the share between 40 and 50 years old. However, the percentage of nurses over 50 years old not working in nursing decreased between 2016 and 2018.

**Figure 4.1. Age distribution of registered nurses who are not working in nursing positions for RNs with active California licenses and California addresses, 2008-2018**



Note: 2018 number of cases=849. Data might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

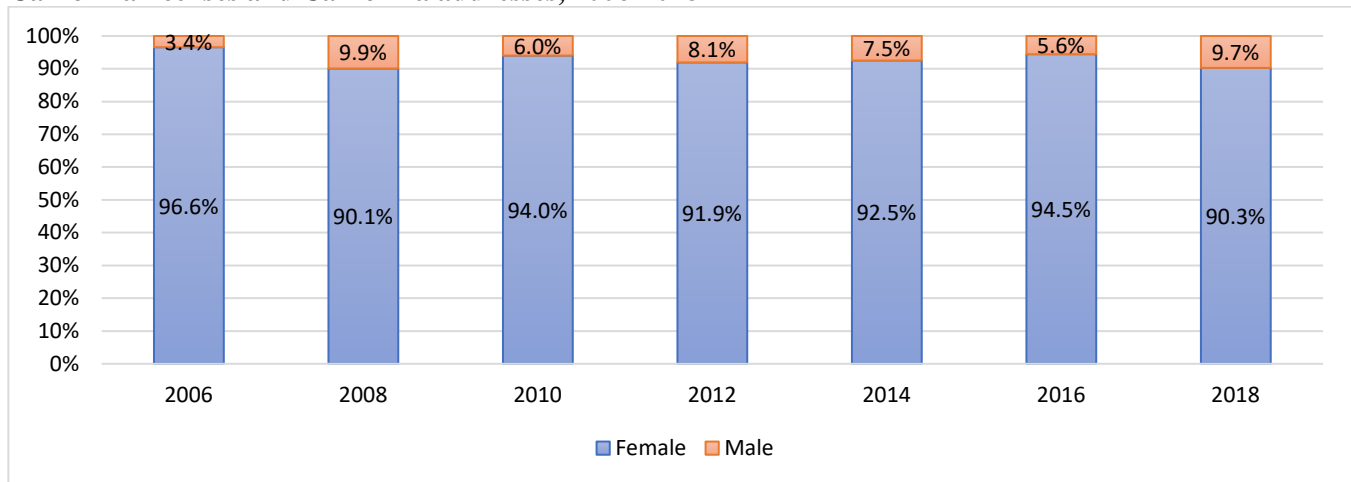
**Table 4.1. Age distribution of registered nurses who are not working in nursing positions for RNs with active California licenses and California addresses, 2008-2018**

	2008	2010	2012	2014	2016	2018
<b>Less than 30</b>	1.1%	6.4%	6.2%	4.7%	3.7%	5.1%
<b>30-34</b>	3.2%	5.1%	8.0%	5.2%	7.0%	9.3%
<b>35-39</b>	4.2%	4.7%	8.0%	6.6%	5.3%	6.8%
<b>40-44</b>	8.8%	7.3%	5.8%	8.5%	4.1%	7.7%
<b>45-49</b>	6.2%	6.9%	6.4%	4.4%	4.2%	7.7%
<b>50-54</b>	13.2%	10.4%	8.0%	6.8%	6.8%	4.9%
<b>55-59</b>	13.8%	12.8%	12.5%	13.7%	8.9%	7.3%
<b>60-64</b>	18.4%	15.0%	15.5%	15.3%	20.3%	17.4%
<b>65 years or older</b>	31.1%	31.6%	29.5%	34.9%	39.7%	33.8%

Note: 2018 number of cases=849. Data might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Nearly 10% of RNs not working in nursing in 2018 were male, as seen in Figure 4.2, which is the highest reported share since 2008. Statewide, 13% of RNs with active licenses were male in 2018 (Chapter 2, Figure 2.3).

**Figure 4.2. Gender of registered nurses who are not working in nursing positions for RNs with active California licenses and California addresses, 2006-2018**



Note: 2018 number of cases=735. Data are weighted to represent all RNs with active licenses.

The ethnic and racial distribution of RNs who were not working in 2018 was similar to that of the RN population as a whole (Table 4.2 and Chapter 2, Figure 2.4). Over 56% of RNs who were not working in nursing positions were White (56.5%), which is notably higher than the share of the statewide RN population that was White (40.7%). Nearly 19% of California’s RNs were Filipino, while 16.1% of non-working RNs were Filipino.

**Table 4.2. Racial/ethnic backgrounds of registered nurses who are not working in nursing positions for RNs with active California licenses and California addresses, 2006-2018**

	2006	2008	2010	2012	2014	2016	2018
<b>White, not Hispanic</b>	81.7%	78.6%	69.1%	63.5%	66.8%	64.7%	56.5%
<b>Black/African American</b>	2.4%	3.8%	5.2%	4.2%	4.5%	5.6%	4.5%
<b>Hispanic</b>	1.7%	2.3%	5.0%	5.8%	3.7%	5.8%	5.2%
<b>Filipino</b>	6.5%	7.5%	8.8%	13.7%	10.7%	10.1%	16.1%
<b>Other Asian</b>	3.8%	5.4%	8.2%	8.8%	8.7%	6.3%	9.1%
<b>Native Hawaiian or Other Pacific Islander</b>	<0.1%	<0.1%	0.3%	0.8%	0.5%	0.1%	0.4%
<b>Native American/American Eskimo</b>	0.1%	0.4%	0.2%	0.7%	0.8%	1.7%	0.2%
<b>Mixed</b>	3.5%	1.5%	3.1%	2.6%	4.4%	7.5%	8.0%
<b>Other</b>	0.4%	0.4%	0.1%				
<b>Number of cases</b>	644	707	807	833	910	656	711

Note: Column might not total 100% due to rounding. Data are weighted to represent all RNs who are not working in nursing with active licenses.

RNs not working in nursing were less likely to speak other languages than the RN population as a whole (Table 4.3 and Chapter 2, Table 2.12). In 2018, among all nurses, 43.4% spoke at least one other language. However, only 28.1% of non-working RNs spoke a language other than English.

**Table 4.3. Language fluency of registered nurses who are not working in nursing positions for RNs with active California licenses and California addresses, 2006-2018**

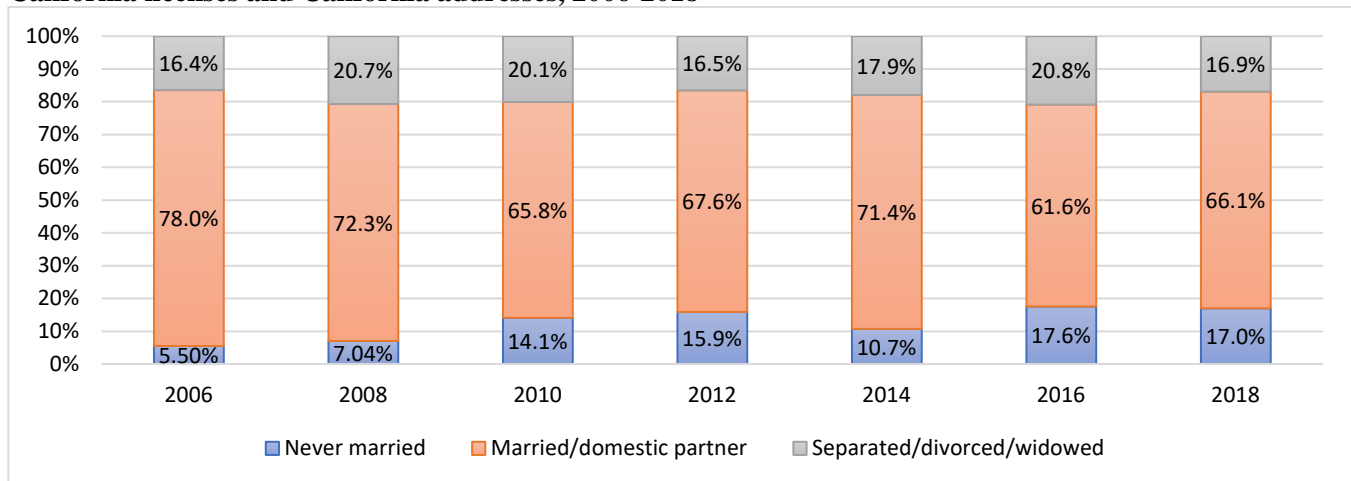
	Working RNs						Non-working RNs					
	2008	2010	2012	2014	2016	2018	2008	2010	2012	2014	2016	2018
Tagalog or other Filipino language	18.1%	18.9%	18.2%	19.0%	19.2%	17.8%	6.1%	6.9%	12.2%	10.9%	9.5%	11.4%
Spanish	12.1%	10.8%	11.3%	12.1%	10.7%	13.0%	7.1%	10.1%	9.9%	7.9%	8.5%	7.7%
Mandarin	2.3%	1.9%	1.5%	1.3%	2.3%	2.5%	1.5%	1.4%	1.0%	2.1%	0.1%	1.1%
Korean	1.3%	1.5%	1.8%	1.4%	1.2%	1.2%	0.1%	1.9%	1.9%	1.8%	1.6%	1.4%
Hindi or other South Asian language	1.5%	1.6%	1.4%	1.4%	1.9%	2.3%	0.1%	0.2%	1.8%	1.5%	0.9%	1.2%
Cantonese	1.6%	1.1%	1.5%	0.9%	1.9%	1.3%	0.8%	0.3%	0.5%	1.3%	1.0%	0.7%
Vietnamese	0.7%	0.8%	0.9%	1.2%	1.0%	1.5%	0.0%	0.6%	0.5%	0.1%	0.4%	1.0%
French	*	1.3%	0.9%	1.6%	1.0%	1.0%	*	1.7%	0.9%	1.5%	2.2%	1.2%
German	*	0.7%	0.6%	*	*	*	*	0.6%	0.8%	*	*	*
Other	8.0%	6.1%	1.2%	6.9%	4.9%	4.9%	7.9%	3.9%	0.6%	5.3%	3.7%	2.4%

\* Category was not offered in the survey.

Note: Number of cases in 2018 = 849. RNs could indicate fluency in more than one language. Data are weighted to represent all RNs with active licenses who are not working.

The share of non-working RNs that was married was 66.1% in 2018 (Figure 4.3), which is higher than the share in the overall RN population (63.8%, Chapter 2, Figure 2.7).

**Figure 4.3. Marital status of registered nurses who are not working in nursing positions for RNs with active California licenses and California addresses, 2006-2018**



Note: 2018 number of cases=733. Data might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses who are not working.

As seen in Table 4.4, nurses who were not working in nursing were less likely than the statewide active RN population to have children living at home (Chapter 2, Table 2.14). Among the statewide working RN population, about 51% had some children living at home, but only 31.9% of non-working RNs had children at home.



**Table 4.4. Number of children living in the homes of registered nurses who are not working in nursing positions for RNs with active California licenses and California addresses, 2006-2018**

	Working RNs							Non-working RNs						
	2006	2008	2010	2012	2014	2016	2018	2006	2008	2010	2012	2014	2016	2018
<b>None</b>	53.1%	49.2%	47.5%	57.8%	48.2%	48.0%	48.9%	47.3%	68.7%	67.3%	72.7%	63.1%	69.6%	68.1%
<b>One</b>	18.4%	22.0%	22.3%	23.8%	20.7%	20.2%	18.8%	17.5%	12.2%	15.9%	16.2%	16.4%	16.9%	13.1%
<b>Two</b>	20.0%	19.7%	21.4%	13.1%	19.6%	20.9%	21.8%	25.0%	12.2%	13.2%	6.0%	12.8%	9.4%	11.6%
<b>Three</b>	6.4%	6.5%	6.6%	4.2%	8.7%	7.9%	7.8%	7.4%	3.9%	2.4%	3.7%	6.1%	3.1%	5.4%
<b>Four or more</b>	2.1%	2.6%	2.2%	1.2%	2.8%	2.9%	2.8%	2.8%	3.0%	1.2%	1.5%	1.7%	1.0%	1.8%
<b>Number of cases</b>	3,406	4,153	4,531	3,242	3,982	2,960	3,020	579	737	793	750	897	641	718

Note: Column might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Nurses who were not working in nursing positions were more likely to have children who are older as opposed to younger (Table 4.5 and Chapter 2, Table 2.15). This is consistent with non-working RNs being older themselves. The percentage of RNs not working in nursing with children living in the home that were over the age of 18 increased from 34.3% in 2010 to 47.7% in 2018.

**Table 4.5. Percent of registered nurses who are not working in nursing positions with children living at home who have children in specified age groups for RNs with active California licenses and California addresses, 2006-2018**

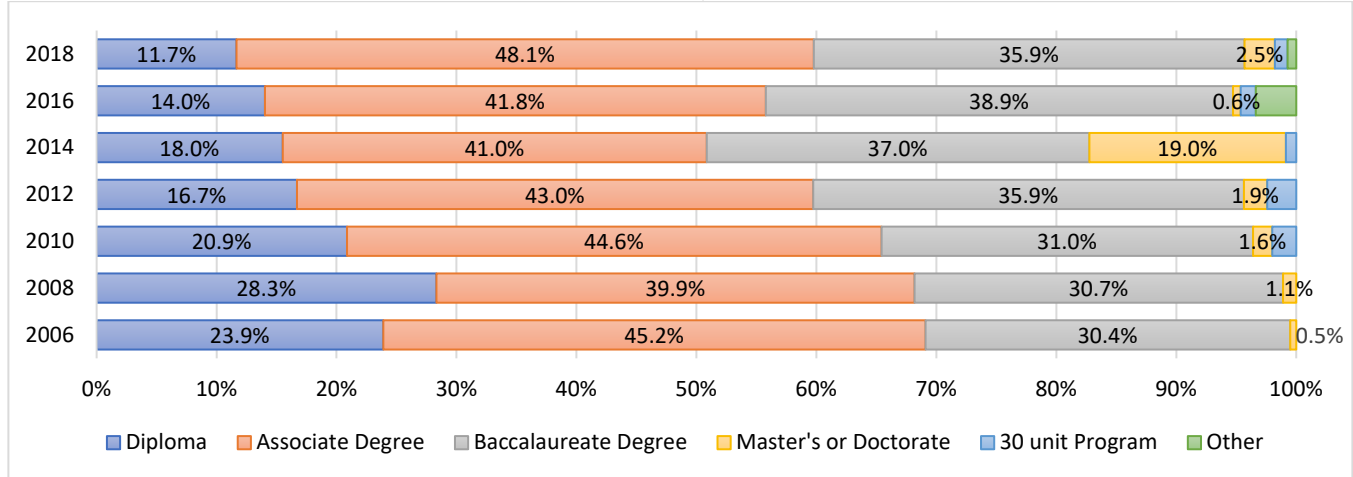
Ages of children	Working RNs							Non-working RNs						
	2006	2008	2010	2012	2014	2016	2018	2006	2008	2010	2012	2014	2016	2018
<b>Birth to 2 years</b>	16.9%	18.9%	16.9%	19.3%	18.6%	22.9%	21.4%	20.4%	16.7%	22.1%	13.8%	14.1%	12.2%	19.8%
<b>3-5 years</b>	16.8%	16.3%	16.3%	18.1%	18.1%	18.0%	19.8%	15.3%	20.5%	14.7%	19.5%	11.6%	7.0%	14.3%
<b>6-12 years</b>	32.8%	33.5%	36.8%	5.4%	32.1%	30.0%	33.8%	30.9%	36.1%	28.0%	4.7%	20.1%	16.5%	19.6%
<b>13-18 years</b>	33.1%	37.4%	32.2%	8.0%	28.4%	26.5%	29.2%	35.6%	40.3%	27.5%	9.5%	22.0%	15.8%	19.7%
<b>Over 18</b>	38.3%	34.7%	31.0%	30.2%	37.0%	34.1%	32.4%	38.4%	38.5%	34.3%	40.5%	53.5%	52.6%	47.7%

Note: 2018 working RN number of cases=1,604. 2018 non-working RN number of cases=219. Some nurses have children in more than one age group, so columns will not total 100%. Data are weighted to represent all RNs with active licenses.

### ***Educational Preparation***

Most RNs who were not working in nursing positions received their initial RN education in an associate degree program, as seen in Figure 4.4. Diploma-educated RNs were over-represented in the population of RNs not working in nursing in 2018; 11.2% of RNs not working in nursing were diploma-educated, as compared with 4.6% of working RNs (Chapter 2, Figure 2.13). This is not surprising because diploma education was more common among older RNs, who are less likely to hold nursing positions. The proportion of RNs not working in nursing holding diploma degrees decreased from 23.9% in 2006.

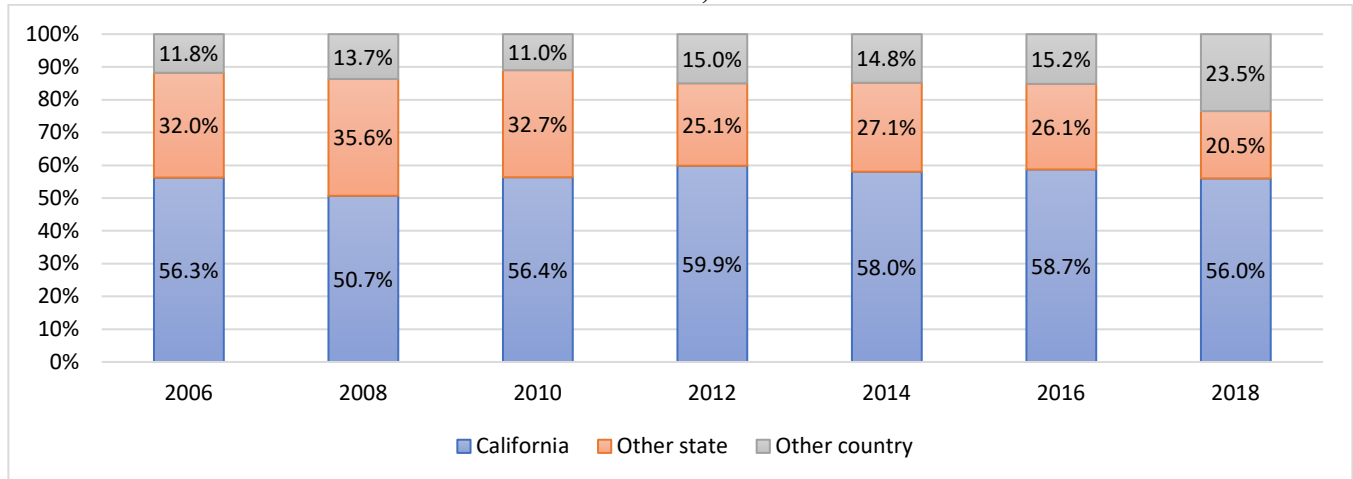
**Figure 4.4. Pre-licensure education of registered nurses who are not working in nursing positions for RNs with active California licenses and California addresses, 2006-2018**



Note: 2018 number of cases=762. Data might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses. "Other" category was new in the 2016 analysis.

The majority of RNs not working in nursing positions received their initial nursing education in California (56.0%), as seen in Figure 4.5. Over 23% of RNs not working in nursing were educated in another country, as compared with 18.6% of working RNs (Chapter 2, Table 2.19).

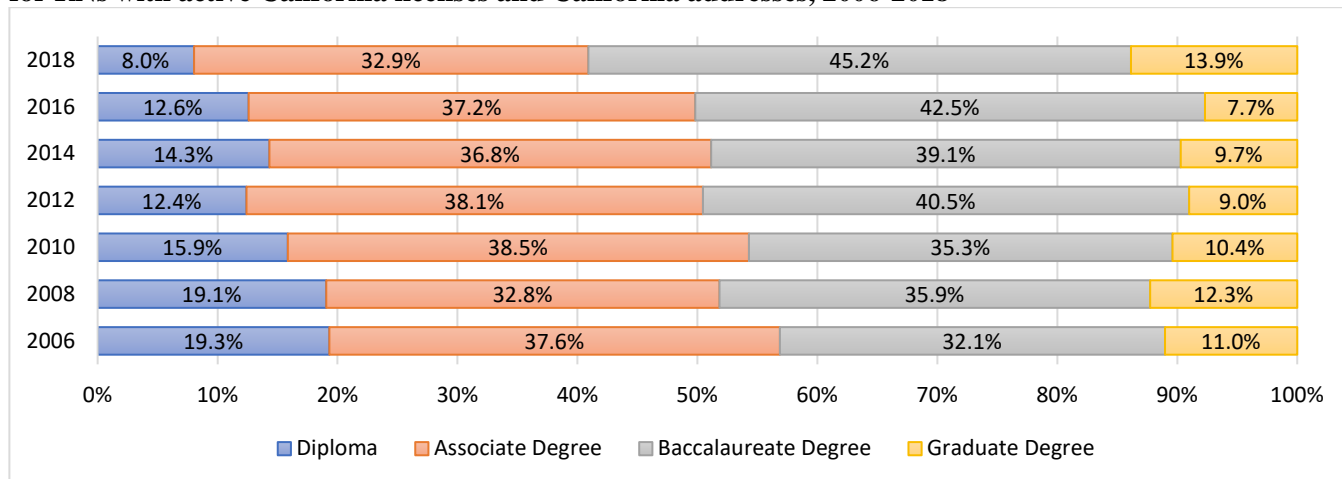
**Figure 4.5. Location of education of registered nurses who are not working in nursing positions for RNs with active California licenses and California addresses, 2006-2018**



Note: 2018 number of cases= 384. Data might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Figure 4.6 presents the highest nursing education received by RNs who were not working in nursing positions. In 2018, 68.2% of working RNs reported that their highest education was at least a baccalaureate degree (Chapter 2, Figure 2.15), compared with 59.1% of non-working RNs.

**Figure 4.6. Highest level of nursing education of registered nurses who are not working in nursing positions for RNs with active California licenses and California addresses, 2006-2018**



Note: 2018 number of cases=756. Data might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

RNs not working in nursing were about as likely to have additional BRN certifications as RNs employed in nursing jobs. Non-working RNs were slightly more likely than working RNs to not have additional certifications (78.2% versus 74.6%; see Table 4.6 and Chapter 2, Table 2.27).

**Table 4.6. Certifications received from the California Board of Registered Nursing by registered nurses who are not working in nursing positions for RNs with active California licenses and California addresses, 2006-2018**

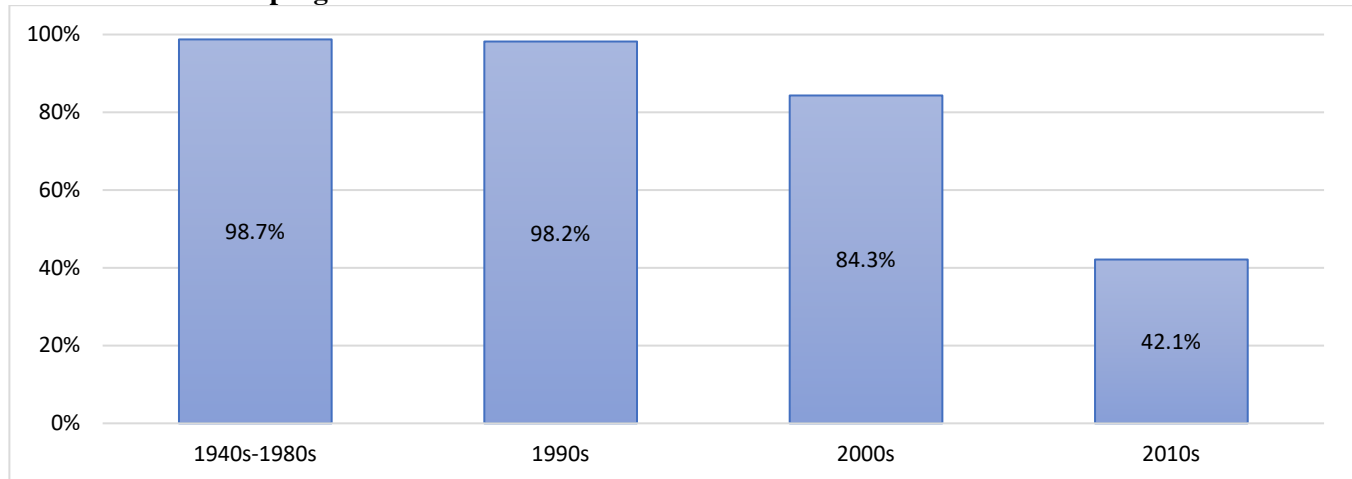
	Working RNs							Non-working RNs						
	2006	2008	2010	2012	2014	2016	2018	2006	2008	2010	2012	2014	2016	2018
No additional certifications	76.3%	77.9%	77.3%	75.9%	75.3%	76.5%	74.6%	78.9%	69.2%	73.6%	74.9%	74.1%	75.4%	78.2%
Nurse Anesthetist	0.6%	0.4%	0.4%	0.7%	1.2%	0.5%	0.8%	0.6%	0.3%	0.2%	0.3%	0.7%	0.0%	0.0%
Nurse Midwife	2.0%	0.6%	0.4%	0.4%	0.7%	0.5%	0.8%	1.0%	0.1%	0.5%	0.8%	0.4%	0.7%	1.1%
Nurse Practitioner	6.6%	7.1%	5.6%	5.6%	5.5%	5.4%	6.1%	5.4%	9.2%	6.1%	4.0%	5.0%	4.8%	5.7%
Public Health Nurse	15.5%	16.9%	14.9%	16.2%	17.2%	17.5%	17.9%	16.7%	21.0%	16.9%	18.8%	18.9%	18.5%	15.4%
Psychiatric/Mental Health Nurse	3.4%	1.1%	1.2%	1.5%	1.0%	0.5%	1.5%	0.5%	1.5%	2.1%	1.8%	1.2%	0.7%	1.7%
Clinical Nurse Specialist	2.8%	2.7%	2.7%	2.6%	2.3%	1.9%	1.6%	2.7%	5.6%	3.5%	3.5%	1.5%	2.0%	1.6%
Number of cases	3,282	3,532	4,368	3,842	4,129	3,112	3,200	549	737	774	815	918	677	849

Note: Columns may not total to 100% because respondents could report more than one certification. Data are weighted to represent all RNs with active licenses.

### ***Last Job in the Nursing Field***

Nurses with active licenses who were not working in nursing positions were asked about the last time they worked in nursing. Figure 4.7 presents the percentages of non-working RNs who previously worked in registered nursing, by decade of graduation. Nearly all non-working RNs who graduated in the 1990s or earlier had worked as RNs previously, while the remainder never worked as an RN. However, only 84.3% of non-working RNs who graduated in the 2000s, and only 42.1% of non-working RNs who graduated in the 2010s have worked in nursing previously.

**Figure 4.7. Percent of registered nurses who worked as a registered nurse, by decade of graduation from initial RN education program**



Note: Number of cases=641. Data are weighted to represent all RNs with active licenses.

Among RNs not working in the nursing profession in 2018, but who had previously worked in nursing, 25.6% of them last worked when they were under 45 years old. This is a notable decrease from 2016, when 51.8% were under 45 years old when they last worked in nursing. Between 2008 and 2014, the percentage that last worked when they were under 45 years old averaged between 30% and 35%. In 2018, 51% of non-working RNs were 60 years or older when they stopped working in nursing.

**Table 4.7. Age at which registered nurses with active California licenses last worked in the profession for registered nurses who are not working in nursing positions and have active California licenses and reside in California, by survey year**

	1990	1993	1997	2004	2006	2008	2010	2012	2014	2016	2018
<b>Under 35</b>	36.3%	28.0%	29.8%	18.6%	25.2%	13.7%	15.9%	14.3%	18.3%	28.1%	13.3%
<b>35-44</b>	28.6%	33.7%	38.2%	21.6%	32.8%	19.3%	17.4%	18.2%	14.7%	23.7%	12.3%
<b>45-54</b>	15.9%	21.0%	22.1%	22.2%	23.5%	20.5%	19.2%	13.7%	13.4%	19.3%	11.1%
<b>55-59</b>	8.8%	7.0%	6.3%	13.6%	9.9%	13.8%	14.0%	9.7%	12.8%	12.1%	12.4%
<b>60-64</b>	8.3%	5.8%	2.2%	14.4%	6.0%	17.1%	17.2%	16.7%	19.6%	10.1%	22.1%
<b>65 and older</b>	2.1%	4.5%	1.5%	9.6%	2.7%	15.7%	16.3%	16.7%	21.3%	6.7%	28.9%
<b>Mean</b>	41.4	42.5	40.6	48.2	43.3	51.2	50.9	51.0	51.9	45.2	54.7
<b>Number of cases</b>	444	245	274	500	568	617	733	740	762	579	590

Note: In the 1990, 1993, 1997, and 2004 surveys, the question requested the year in which the nurse last worked as an RN for at least six months. The 2006, 2008, 2010, 2012, 2014, 2016, and 2018 surveys asked for the year in which the nurse last worked for pay as an RN. Columns might not total 100% due to rounding. Data (2006-2018) are weighted to represent all RNs with active licenses.

About 56% of RNs who had active licenses and lived in California but did not work in nursing in 2018 had been out of nursing for less than five years, as seen in Table 4.8. The mean number of years that nurses had not been working in nursing was 6.4 years in 2018.

**Table 4.8. Length of time since registered nurses with active California licenses last worked as a registered nurse for registered nurses who are not working in nursing positions and have active California licenses and California addresses, by survey year**

	1990	1993	1997	2004	2006	2008	2010	2012	2014	2016	2018
One year ago or less	11.7%	19.2%	25.5%	13.1%	32.3%	22.1%	26.4%	21.9%	29.1%	27.5%	30.1%
2-4 years ago	25.9%	3.6%	25.2%	31.2%	27.8%	27.2%	24.7%	23.3%	27.2%	31.9%	26.0%
5-9 years ago	21.4%	27.3%	22.6%	30.8%	18.6%	21.4%	22.0%	17.6%	18.8%	17.4%	21.5%
10-14 years	16.9%	13.9%	14.2%	9.8%	11.5%	13.4%	11.4%	10.8%	9.4%	7.3%	9.9%
15-24 years	14.6%	6.1%	9.1%	11.2%	8.2%	12.5%	11.9%	10.6%	10.7%	6.4%	8.0%
25 or more years	9.5%	2.8%	3.3%	3.9%	1.7%	3.5%	3.7%	5.0%	4.7%	4.6%	4.4%
Mean	10.0	6.7	6.7	7.5	5.6	7.4	7.0	7.7	6.7	4.9	6.4
Number of cases	444	245	274	519	568	617	733	740	762	598	590

Note: Columns might not total 100% due to rounding. Data (2006-2018) are weighted to represent all RNs with active licenses.

Nearly 54% of RNs with active licenses who did not hold nursing positions in 2018 worked in the field for at least 15 years, as seen in Table 4.9. Nearly 30% of those working as nurses in 2018 reported less than five years of experience, which is a larger percentage than in prior years of the survey.

**Table 4.9. Number of years nurses practiced registered nursing before stopping work for registered nurses who have active California licenses and have California addresses, by survey year**

	1990	1993	1997	2004	2006	2008	2010	2012	2014	2016	2018
Less than 5 years	14.9%	10.8%	14.9%	8.0%	14.9%	9.3%	11.4%	13.9%	13.8%	15.0%	29.7%
5-9 years	22.5%	26.4%	22.1%	16.4%	20.3%	12.2%	11.5%	13.0%	14.4%	13.1%	7.9%
10-14 years	23.9%	23.6%	25.4%	14.7%	20.2%	14.1%	13.2%	12.3%	10.5%	8.1%	8.6%
15-24 years	22.8%	24.0%	25.4%	25.4%	26.1%	22.4%	22.0%	20.6%	15.7%	19.0%	17.8%
25 or more years	16.0%	15.2%	12.3%	35.5%	18.5%	41.9%	41.9%	40.2%	45.6%	44.8%	36.0%
Mean	14.4	14.2	13.3	19.9	15.1	21.6	21.6	20.73	21.9	22.2	18.45
Number of cases	457	250	276	524	568	689	744	779	866	660	807

Note: Columns might not total 100% due to rounding. Data (2006-2018) are weighted to represent all RNs with active licenses.

### ***Volunteering by RNs Not Working in Nursing***

Nurses with active licenses who were not working in nursing positions were asked if they were volunteering in an RN or APRN role. As presented in Table 4.10, 11.5% of non-working RNs indicated they were volunteering in nursing in 2018. This was lower than in 2014, when 15.5% were volunteering, and in 2016, when 12.1% were volunteering. Volunteering was most common in 2018 among nurses 55 to 64 years old (15.9%), followed by equal shares of nurses 45 to 54 years old and nurses 65 years or older (13.1% for each). No respondents reported being in an internship or unpaid transition-to-practice program.

**Table 4.10. Percent of RNs volunteering among registered nurses with active licenses who are not working, by age group**

	Total	Under 35 years	35-44 years	45-54 years	55-64 years	65 years and older
2018	11.5%	10.9%	6.9%	13.1%	15.9%	13.1%
2016	12.1%	4.8%	17.1%	7.3%	11.2%	15.0%
2014	15.5%	19.0%	12.5%	19.4%	9.8%	18.9%

Note: Number of cases=700. Data are weighted to represent all RNs with active licenses.

## ***Reasons for Not Working in Nursing***

Nurses with active licenses who were not working in nursing positions were asked to rate the importance of factors in their decision to not hold a nursing position. As seen in Table 4.11, the factors most frequently identified as “very important” in 2018 were retirement (31.1%), stress on the job (20.2%), family responsibilities (17.6%), childcare responsibilities (17.4%), and difficulty finding a desired nursing position (15.5%). The most important reasons in 2016 also included retirement (37.5%), stress on the job (21.8%), difficulty finding desired nursing position (15.9%), family responsibilities (15.5%) and childcare responsibilities (14.0%). But, in 2016, other important reasons for not working in nursing included other job dissatisfaction (16.4%) and non-job-related illness/injury (12.1%). Between 2014 and 2018, there was a decline in the share who said they are not working because they were laid off (11.9% in 2014, 3.9% in 2016, and 4.5% in 2018). The share that reported that it was difficult to find a nursing position has been stable since 2014 at 8.4%, while there was an increase in the share reporting that it was difficult to find a desired position (6.1% in 2014, 15.9% in 2016, and 15.5% in 2018).

Table 4.12 examines these responses by the number of years since the nurse last worked in nursing and by age. For each year, the first column presents the share of nurses who rated a factor as important or very important among those who last worked in nursing within the previous five years, and the second column presents the share that rated a factor as important or very important for nurses who had been out of nursing work for more than five years. In 2018, the most important reasons among nurses who last held a nursing position within the past five years were retirement (58.6%), stress on the job (32.8%), other dissatisfaction with job (25.5%), and family responsibilities (23.5%). The most important reasons for not working in nursing among nurses who had not held a nursing position for more than five years were retirement (41.0%), other family responsibilities (36.0%), stress on the job (30.8%), childcare responsibilities (30.0%), and salary (25.2%).

The importance of factors that influence a nurse’s decision not to work in a nursing position varies with the age of the nurse, as seen in the last six columns of Table 4.12. In 2018 among nurses younger than 55 years, the most important factors for not working in nursing were childcare responsibilities (44.7%), other family responsibilities (44.4%), difficulty finding a desired nursing position (42.8%), stress on the job (39.7%), and inconvenient schedules in their nursing jobs (39.0%). The most important reasons for not working in nursing among nurses 55 years and older were retirement (64.8%), stress on the job (28.0%), and other family responsibilities (22.0%).

**Table 4.11. Importance of factors in the decision to not hold a nursing position for registered nurses who have active California licenses, and reside in California, 2010-2018**

	Not at all important/Does not apply				Somewhat important				Important				Very important			
	2012	2014	2016	2018	2012	2014	2016	2018	2012	2014	2016	2018	2012	2014	2016	2018
<b>Retired</b>	62.0%	76.7%	50.5%	49.5%	2.1%	3.9%	3.4%	3.2%	9.6%	5.0%	8.6%	16.2%	26.3%	14.4%	37.5%	31.1%
<b>Childcare responsibilities</b>	78.6%	66.9%	79.4%	75.8%	2.8%	7.0%	3.1%	1.1%	3.2%	7.9%	3.5%	5.8%	15.3%	18.2%	14.0%	17.4%
<b>Other family responsibilities</b>	67.8%	57.9%	70.3%	65.8%	8.4%	2.5%	6.4%	5.4%	6.2%	6.1%	7.8%	11.3%	17.6%	33.5%	15.5%	17.6%
<b>Moving to a different area</b>	86.6%	79.4%	86.9%	80.9%	3.2%	1.5%	1.9%	2.4%	2.2%	3.4%	4.1%	7.3%	8.0%	15.8%	7.1%	9.4%
<b>Stress on the job</b>	59.2%	68.3%	57.2%	60.4%	8.6%	5.8%	6.4%	8.0%	11.1%	9.0%	14.6%	11.4%	21.1%	16.9%	21.8%	20.2%
<b>Job-related illness/injury</b>	82.9%	83.4%	84.3%	84.7%	2.7%	3.6%	3.9%	2.9%	4.4%	4.7%	4.1%	4.4%	10.0%	8.3%	7.8%	8.0%
<b>Non-job-related illness / injury</b>	80.9%	61.2%	80.6%	78.7%	2.7%	8.5%	4.0%	4.7%	4.1%	10.3%	3.3%	7.2%	12.4%	20.0%	12.1%	9.4%
<b>Salary</b>	71.9%	83.1%	70.9%	70.2%	8.0%	2.3%	5.9%	6.4%	8.4%	3.7%	12.7%	10.8%	11.7%	11.0%	10.6%	12.6%
<b>Dissatisfied with benefits</b>	80.6%	83.5%	82.6%	78.9%	5.7%	1.9%	3.5%	5.0%	6.4%	4.4%	9.1%	9.5%	7.3%	10.2%	4.7%	6.7%
<b>Other job dissatisfaction</b>	64.7%	73.0%	65.3%	66.8%	6.8%	8.1%	7.3%	9.4%	12.9%	9.0%	11.0%	14.3%	15.6%	9.9%	16.4%	9.5%
<b>Dissatisfaction with nursing profession</b>	70.6%	81.8%	73.1%	75.1%	9.9%	5.0%	7.9%	11.4%	8.0%	7.9%	10.1%	7.4%	11.5%	5.4%	9.0%	6.1%
<b>Travel</b>	82.4%	70.1%	84.0%	79.2%	3.1%	5.5%	3.6%	3.8%	6.1%	9.9%	6.6%	10.0%	8.4%	14.5%	5.7%	7.0%
<b>Wanted to try another occupation</b>	76.5%	74.3%	83.3%	80.8%	5.1%	9.5%	3.5%	5.7%	8.0%	8.0%	5.4%	5.3%	10.4%	8.3%	7.8%	8.2%
<b>Inconvenient schedules</b>	69.3%	81.8%	78.0%	74.5%	7.1%	5.7%	5.2%	6.4%	8.2%	8.4%	7.8%	7.8%	15.4%	4.2%	9.0%	11.3%
<b>Difficult to find a nursing position</b>	75.6%	81.8%	83.4%	83.7%	3.6%	3.9%	2.9%	3.1%	4.9%	5.9%	5.3%	4.9%	15.9%	8.4%	8.4%	8.4%
<b>Laid off</b>	92.0%	73.4%	93.5%	92.7%	0.2%	7.4%	0.5%	0.1%	1.9%	7.2%	2.1%	2.7%	5.9%	11.9%	3.9%	4.5%
<b>Difficult to find desired position</b>	65.8%	89.2%	70.6%	71.4%	5.8%	1.4%	4.1%	4.9%	7.6%	3.3%	9.4%	8.2%	20.7%	6.1%	15.9%	15.5%
<b>Returned to school</b>	85.8%	93.5%	88.5%	88.2%	1.5%	0.6%	1.8%	1.6%	2.4%	1.3%	2.5%	4.5%	10.3%	4.6%	7.1%	5.6%
<b>Other</b>	83.4%	78.6%	87.1%	84.1%	0.1%	0.0%	0.1%	0.0%	3.8%	7.9%	1.8%	6.8%	12.7%	13.5%	11.1%	9.1%

Note: 2018 number of cases=659. Rows might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

\*Question not asked in this year.

**Table 4.12. Share of nurses rating factors as “important” or “very important” in the decision to not work in nursing for registered nurses with active California licenses residing in California, by how long since they last worked as an RN and by age, 2012-2018**

	Years since last worked in nursing								Age of nurse							
	2012		2014		2016		2018		2012		2014		2016		2018	
	5 yrs or less	More than 5 yrs	5 yrs or less	More than 5 yrs	5 yrs or less	More than 5 yrs	5 yrs or less	More than 5 yrs	Under 55 yrs	55 yrs and older	Under 55 yrs	55 yrs and older	Under 55 yrs	55 yrs and older	Under 55 yrs	55 yrs and older
<b>Retired</b>	43.1%	34.5%	48.5%	35.8%	55.0%	42.3%	58.6%	41.0%	8.0%	52.2%	1.7%	58.6%	6.1%	61.9%	7.7%	64.8%
<b>Childcare responsibilities</b>	11.2%	26.7%	13.7%	28.5%	16.1%	17.4%	19.3%	30.0%	36.9%	7.8%	42.0%	7.8%	40.9%	8.3%	44.7%	13.6%
<b>Other family responsibilities</b>	21.1%	27.0%	25.4%	32.2%	23.9%	21.7%	23.5%	36.0%	34.0%	17.8%	36.1%	20.8%	37.0%	17.9%	44.4%	22.0%
<b>Moving to a different area</b>	11.7%	4.1%	14.3%	8.2%	8.6%	11.8%	15.1%	14.9%	18.6%	5.3%	24.0%	7.5%	24.8%	5.8%	29.7%	10.9%
<b>Stress on the job</b>	37.7%	29.4%	36.1%	28.2%	41.1%	33.0%	32.8%	30.8%	35.3%	30.4%	30.1%	30.3%	39.9%	35.0%	39.7%	28.0%
<b>Job-related illness/injury</b>	16.6%	11.9%	17.5%	13.8%	9.1%	12.7%	10.9%	12.6%	17.3%	12.8%	13.9%	15.0%	16.3%	10.1%	18.0%	9.8%
<b>Non-job-related illness/injury</b>	19.6%	14.2%	16.3%	15.7%	18.4%	11.4%	18.9%	12.0%	21.9%	13.3%	9.7%	17.0%	21.8%	12.9%	20.0%	15.2%
<b>Salary</b>	22.8%	18.1%	19.1%	18.5%	18.2%	23.5%	21.8%	25.2%	26.0%	16.6%	27.5%	14.5%	34.8%	18.7%	38.8%	16.6%
<b>Dissatisfied with benefits</b>	14.0%	13.2%	13.7%	13.2%	11.0%	14.4%	18.2%	10.8%	17.0%	11.8%	18.5%	10.6%	21.4%	10.9%	27.4%	11.2%
<b>Other dissatisfaction with your job</b>	33.7%	22.9%	31.3%	21.1%	30.0%	26.3%	25.5%	23.3%	28.9%	28.3%	22.1%	25.5%	30.5%	26.2%	30.1%	20.9%
<b>Dissatisfaction with the nursing profession</b>	23.3%	17.6%	20.4%	15.0%	20.5%	17.3%	11.8%	14.7%	22.6%	17.6%	13.7%	17.5%	26.9%	16.0%	23.4%	9.1%
<b>Travel</b>	14.0%	12.2%	16.2%	9.1%	12.1%	10.9%	15.1%	15.2%	18.3%	12.3%	11.7%	13.0%	15.9%	11.0%	24.8%	13.5%
<b>Wanted to try another occupation</b>	14.0%	22.4%	10.5%	23.6%	8.0%	18.9%	11.1%	19.9%	23.1%	15.6%	14.5%	14.2%	16.2%	12.0%	17.3%	11.7%
<b>Inconvenient schedules in nursing jobs</b>	21.2%	28.5%	18.0%	25.7%	15.1%	19.1%	14.5%	24.7%	29.3%	20.3%	24.2%	16.6%	24.1%	13.9%	39.0%	10.2%
<b>Difficult to find a nursing position</b>	22.5%	5.9%	17.8%	7.6%	8.0%	12.3%	8.7%	10.4%	35.5%	12.2%	39.9%	9.3%	30.2%	7.2%	27.7%	6.8%
<b>Laid off</b>	13.9%	1.3%	8.7%	3.3%	7.1%	5.1%	6.8%	7.0%	7.0%	8.2%	4.1%	6.8%	8.0%	5.2%	11.3%	5.4%
<b>Difficult to find desired nursing position</b>	31.5%	17.0%	28.9%	15.7%	25.4%	19.6%	22.9%	16.4%	40.6%	21.2%	43.5%	17.4%	48.2%	16.3%	42.8%	15.3%
<b>Returned to school</b>	12.0%	10.1%	6.8%	11.1%	3.2%	10.3%	7.6%	8.4%	23.1%	6.6%	4.1%	6.8%	25.0%	3.6%	21.9%	4.9%
<b>Other</b>	16.2%	17.5%	22.9%	19.9%	11.6%	15.1%	16.8%	17.8%	21.9%	13.5%	21.4%	21.4%	12.7%	12.9%	9.2%	18.9%
<b>Number of cases</b>	682	682	750	750	569	569	580	580	746	746	836	836	613	613	659	659

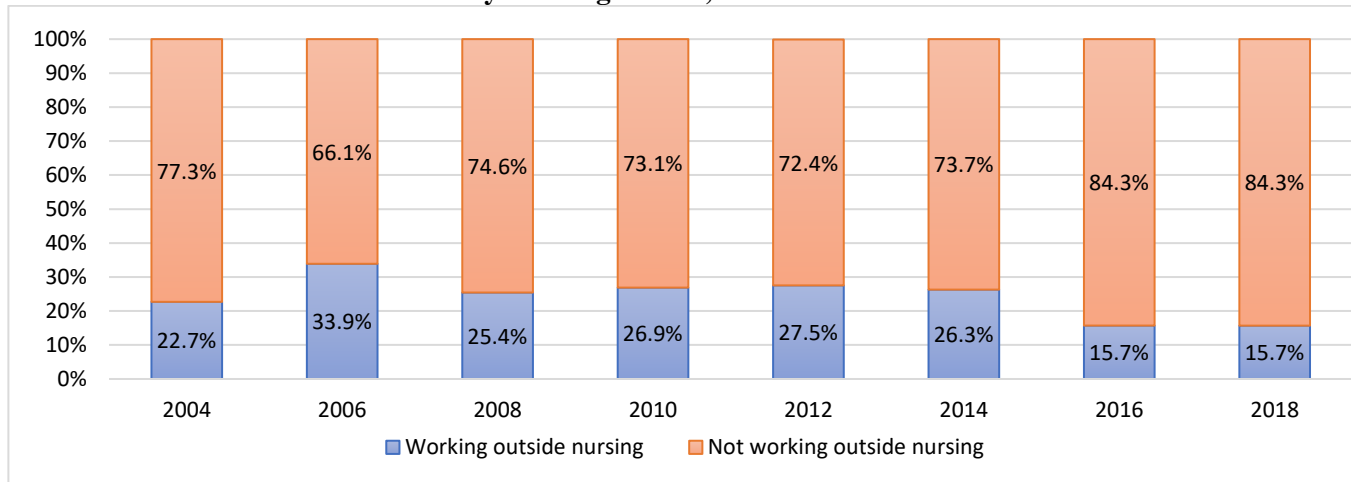
Note: Items that were omitted by respondents who answered at least one of these items were assumed not to apply. Data are weighted to represent all RNs with active licenses.



**Employment Status of Nurses Not Working in Nursing**

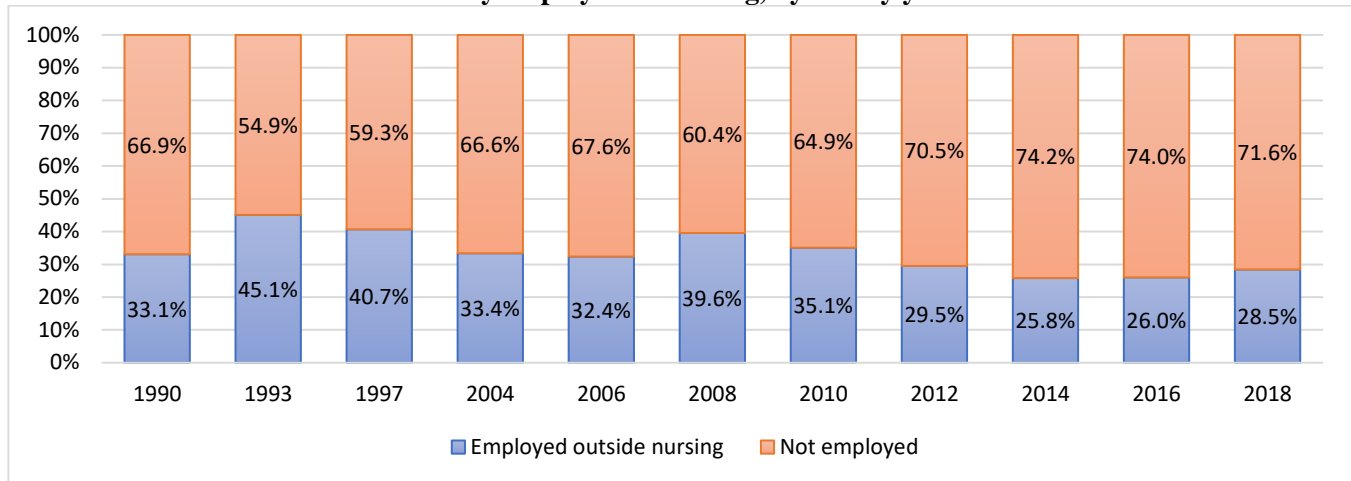
Some nurses who are not employed in nursing positions are employed outside nursing. Figure 4.8 presents the non-nursing employment status of RNs residing in California who did not work in nursing. In 2018, 15.7% of RNs residing in California who were not employed in nursing were working in another field; this is a decrease from 2006 when the share was the highest reported (34%) and from 2014 when the share was 26.3%. Figure 4.9 refines these data by focusing on RNs who reported that they were not working in nursing but were not retired. Of these RNs, 28.5% of non-retired RNs not working in nursing were employed outside of nursing in 2018, which is an increase from the rates reported in 2014 and 2016 (25.8% and 26%). The rates since 2014 have been lower than prior to 2014.

**Figure 4.8. Current employment status of registered nurses whose California licenses are active and who live in California but who are not currently working as RNs, 2004-2018**



Note: Data (2006-2018) are weighted to represent all RNs with active licenses.

**Figure 4.9. Current employment status of non-retired registered nurses with active California licenses who live in California and are not currently employed in nursing, by survey year**



Note: Data (2006-2018) are weighted to represent all RNs with active licenses.

Table 4.13 presents the number of hours per week worked by nurses with licenses who were not working in nursing and were employed in non-nursing positions. The average number of hours worked per week was 31.6 in 2018. The most-often reported range in 2018 was between 33 and 40 hours per week. Aside from 2016, in every prior year of the RN survey, the most common working schedule outside of nursing was 33 to 40 hours per week.

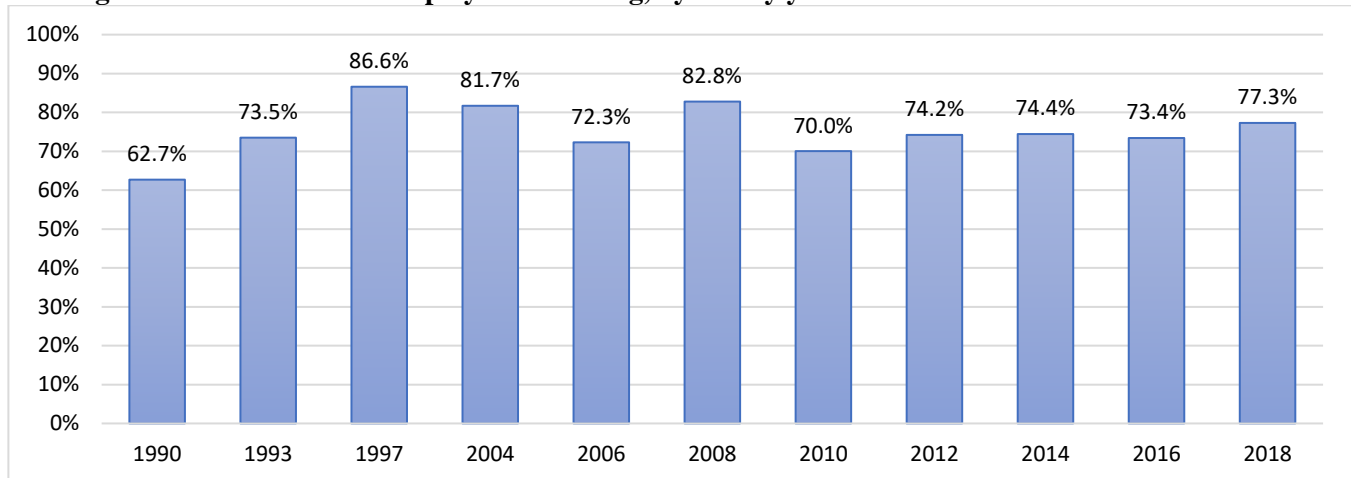
**Table 4.13. Number of hours per week worked by nurses not employed as nurses and working outside the nursing profession for RNs with active licenses residing in California, by survey year**

	1990	1997	2004	2006	2008	2010	2012	2014	2016	2018
8 hours or less	6.0%	4.5%	2.6%	4.2%	1.8%	7.3%	5.4%	9.3%	5.5%	22.3%
9-16 hours	6.6%	6.3%	12.3%	14.4%	8.5%	10.5%	11.7%	12.7%	7.3%	4.9%
17-24 hours	11.3%	12.5%	14.9%	15.3%	9.5%	11.6%	15.4%	11.4%	6.7%	12.4%
25-32 hours	8.6%	13.4%	8.8%	14.4%	17.0%	8.7%	5.4%	10.1%	15.0%	11.3%
33-40 hours	43.0%	35.7%	37.7%	37.5%	36.2%	32.2%	40.1%	34.0%	26.6%	33.1%
41-48 hours	8.6%	8.9%	9.7%	4.0%	9.5%	6.3%	1.7%	4.0%	9.3%	2.3%
More than 48 hours	15.9%	18.8%	14.0%	10.2%	17.8%	23.4%	20.3%	18.6%	29.6%	13.7%
Mean	35.8	36.0	34.7	33.6	35.8	40.7	39.3	35.1	40.3	31.6
Number of cases	151	112	114	200	156	198	173	170	74	94

Note: This question was not asked in 1993. Columns might not total 100% due to rounding. Data (2006-2018) are weighted to represent all RNs with active licenses.

Nurses who worked in non-nursing positions were asked if their jobs used their nursing knowledge. As shown in Figure 4.10, 77.3% said their non-nursing job used their nursing knowledge.

**Figure 4.10. Utilization of nursing knowledge in non-nursing jobs for nurses with active California licenses residing in California and not employed in nursing, by survey year**



Note: 2018 number of cases=93. Data (2006-2018) are weighted to represent all RNs with active licenses.

As shown in Table 4.14, most non-nursing jobs held by RNs not employed in nursing were in health services (46.0%), as was true among RNs working in nursing (Table 3.9). For RNs not working in nursing, other common areas of employment reported included “other” fields (44.5%) and education (14.0%).

**Table 4.14. Field outside of nursing as reported by RNs not working in nursing and residing in California who have a position outside of nursing, 2012-2018**

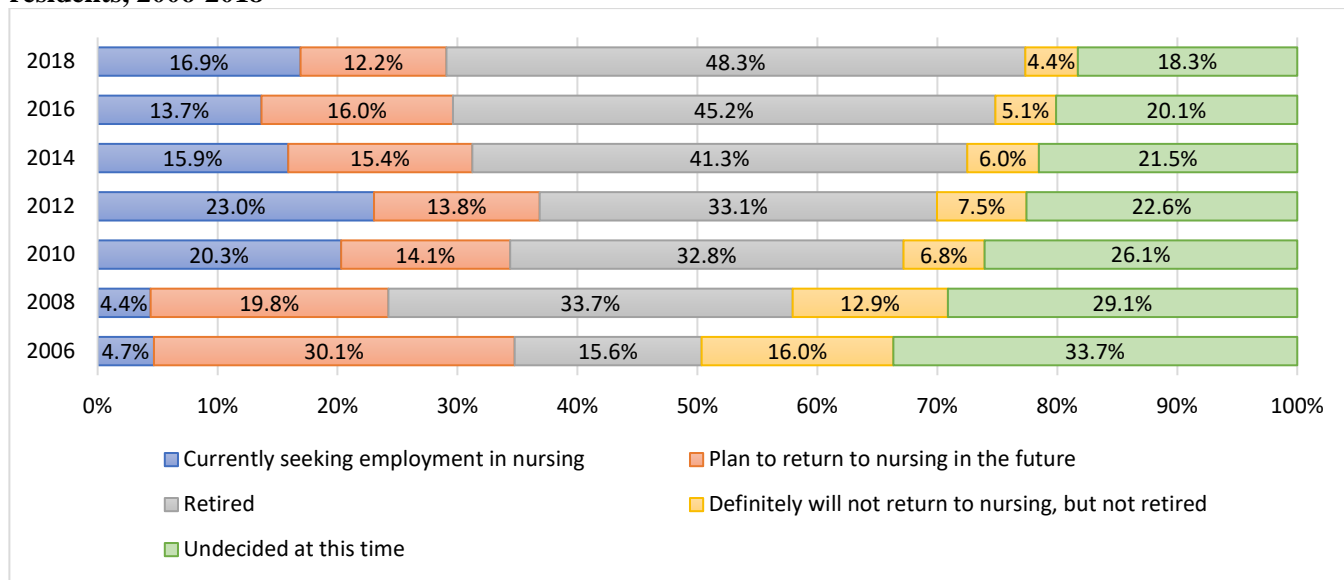
	2012	2014	2016	2018
Health services	54.7%	44.8%	52.4%	46.0%
Retail sales	8.6%	22.2%	5.0%	7.7%
Education	11.9%	13.7%	9.5%	14.0%
Financial services	7.7%	12.4%	15.3%	3.7%
Consulting	4.4%	4.6%	3.7%	7.7%
Other	24.4%	23.3%	9.4%	44.5%
Number of cases	207	108	92	105

Note: Data are weighted to represent all RNs with licenses

### Future Plans of Nurses with Active Licenses Not Working in the Profession

Registered nurses with active California licenses who were not employed in nursing positions were asked about their future plans. Their responses are summarized in Figure 4.11. Over 29% said they planned to return to nursing or were currently seeking employment. Forty-eight percent were retired, and 4.4% said they would definitely not return to nursing. About 18% were undecided about their future plans. The share of RNs currently seeking nursing work or definitely planning to return to nursing was similar in 2018 compared with 2016, and the share that was retired has increased over time. The proportion of RNs not working in the profession but currently seeking employment in nursing was nearly four times larger in 2018 compared with 2006 and 2008.

**Figure 4.11. Future plans of California nurses with active licenses not working in the profession for California residents, 2006-2018**



Note: 2018 number of cases=651. Data are weighted to represent all RNs with active licenses.

Table 4.15 examines the plans of nurses who were not working in nursing by survey year and age. In 2018, 67.3% of non-working California RNs under 35 years of age were seeking nursing work and an additional 22.4% were planning to return to nursing in the future. The share of nurses seeking nursing work increased across nearly all age groups between 2008 and 2012, dropped slightly between 2012 and 2014, and then declined further in 2016 and 2018, reflecting the cycle of recession and economic recovery.

**Table 4.15. Future plans of all California nurses with active licenses not working in the profession and not retired for California residents, by survey year and age**

Survey year	Intentions regarding returning to nursing	All non-retired RNs not working in nursing	Age at time of survey					
			Under 35	35-44	45-54	55-59	60-64	Over 64
1990	Definitely will not return	36.9%	17.9%	20.5%	34.5%	35.8%	47.6%	69.2%
	May return	53.8%	71.4%	62.2%	56.9%	60.4%	47.6%	28.2%
	Plan to return	9.2%	10.7%	17.3%	8.6%	3.8%	4.8%	2.6%
1993	Definitely will not return	32.3%	36.0%	27.3%	21.8%	32.4%	50.0%	51.9%
	May return	52.6%	40.0%	52.3%	58.2%	61.8%	45.5%	48.1%
	Plan to return	15.1%	24.0%	20.5%	20.0%	5.9%	4.5%	0.0%
1997	Definitely will not return	31.1%	4.2%	28.1%	32.1%	37.1%	60.1%	33.3%
	May return	42.0%	33.3%	47.2%	41.5%	45.7%	30.0%	33.3%
	Plan to return	26.9%	62.5%	24.7%	26.5%	17.1%	10.0%	33.3%
2004	Definitely will not return	35.6%	0.0%	13.6%	28.9%	35.7%	45.3%	59.1%
	May return	38.4%	20.8%	37.5%	42.2%	37.5%	44.0%	35.4%
	Currently seeking work	5.5%	33.3%	3.4%	4.4%	7.1%	6.7%	1.6%
	Plan to return	20.4%	45.8%	45.5%	24.4%	19.6%	4.0%	3.9%
2006	Definitely will not return	19.7%	17.5%	12.8%	21.0%	25.9%	36.8%	8.0%
	May return	41.6%	8.7%	29.0%	52.0%	49.4%	43.5%	70.0%
	Currently seeking work	5.7%	23.3%	<0.1%	3.7%	7.8%	2.1%	7.4%
	Plan to return	33.0%	50.4%	58.2%	23.3%	16.9%	17.6%	14.6%
2008	Definitely will not return	17.5%	6.9%	8.4%	24.2%	26.7%	35.0%	8.8%
	May return	40.2%	31.5%	36.6%	41.1%	46.2%	51.5%	83.4%
	Currently seeking work	7.6%	22.0%	2.4%	4.7%	9.6%	1.8%	6.1%
	Plan to return	34.7%	39.6%	52.6%	30.1%	17.5%	11.7%	1.8%
2010	Definitely will not return	10.2%	0.8%	8.0%	15.7%	14.6%	16.4%	5.0%
	May return	35.7%	12.6%	32.8%	44.0%	41.6%	57.1%	54.2%
	Currently seeking work	32.8%	62.0%	32.4%	23.7%	23.8%	13.7%	16.1%
	Plan to return	21.3%	24.6%	26.9%	16.6%	20.0%	12.8%	24.8%
2012	Definitely will not return	8.8%	0.0%	5.3%	7.5%	13.6%	34.9%	11.6%
	May return	29.6%	9.9%	25.5%	38.5%	59.2%	31.6%	46.9%
	Currently seeking work	38.0%	70.2%	35.5%	31.1%	14.6%	15.5%	25.1%
	Plan to return	23.6%	19.9%	33.7%	22.9%	12.6%	18.0%	16.4%
2014	Definitely will not return	7.7%	0.0%	4.9%	14.1%	9.5%	13.7%	20.2%
	May return	29.9%	13.2%	21.6%	28.2%	61.8%	57.7%	48.0%
	Currently seeking work	33.8%	60.5%	32.3%	30.8%	13.7%	13.6%	4.4%
	Plan to return	28.6%	26.3%	41.2%	26.9%	15.0%	15.1%	27.4%
2016	Definitely will not return	10.5%	0.0%	4.7%	13.0%	9.3%	15.7%	20.0%
	May return	38.6%	13.0%	21.4%	29.2%	61.5%	55.6%	48.9%
	Currently seeking work	24.7%	62.1%	33.7%	27.8%	14.2%	13.3%	4.1%
	Plan to return	26.2%	25.0%	40.2%	30.0%	15.1%	15.4%	27.1%
2018	Definitely will not return	8.5%	1.7%	0.5%	9.6%	22.4%	9.0%	17.6%
	May return	35.3%	8.7%	25.0%	29.0%	36.1%	60.1%	65.0%
	Currently seeking work	32.7%	67.3%	34.8%	29.9%	26.0%	17.2%	6.0%
	Plan to return	23.5%	22.4%	39.7%	31.5%	15.5%	13.7%	11.5%

Note: Columns might not total 100% due to rounding. Data (2006-2018) are weighted to represent all RNs with active licenses.

Table 4.16 presents the time frame in which nurses who said they planned to return to nursing expected to do so. Nearly 37% say they expected to return to nursing within the year and another 35.3% planned to return in one to two years. Some RNs had longer-term plans, with 15.5% planning to return in five or more years.

**Table 4.16. Time frame within which nurses who are not working in nursing positions but plan to return to nursing plan to do so for California residents, 2006-2018**

	2006	2008	2010	2012	2014	2016	2018
than one year	39.9%	36.7%	40.4%	49.4%	41.0%	47.7%	36.8%
1 to 2 years	28.3%	33.9%	34.7%	37.1%	37.2%	41.3%	35.3%
3 to 4 years	14.3%	18.8%	18.1%	4.2%	13.0%	8.8%	12.4%
5 or more years	17.5%	10.5%	6.8%	9.3%	8.8%	2.2%	15.5%
Number of cases	99	103	87	86	102	82	90

\*Data not available

Note: Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Nurses who were not working in a nursing position and were undecided about their future nursing plans were asked to rate the importance of factors that might affect their decision to return to nursing. Table 4.17 summarizes their responses. The factors most often rated as very important were availability of re-entry programs and mentoring (66.7%), better nurse-to-patient ratios (65.1%), flexible work hours (63.2%), and adequate support staff for non-nursing tasks (61.5%).

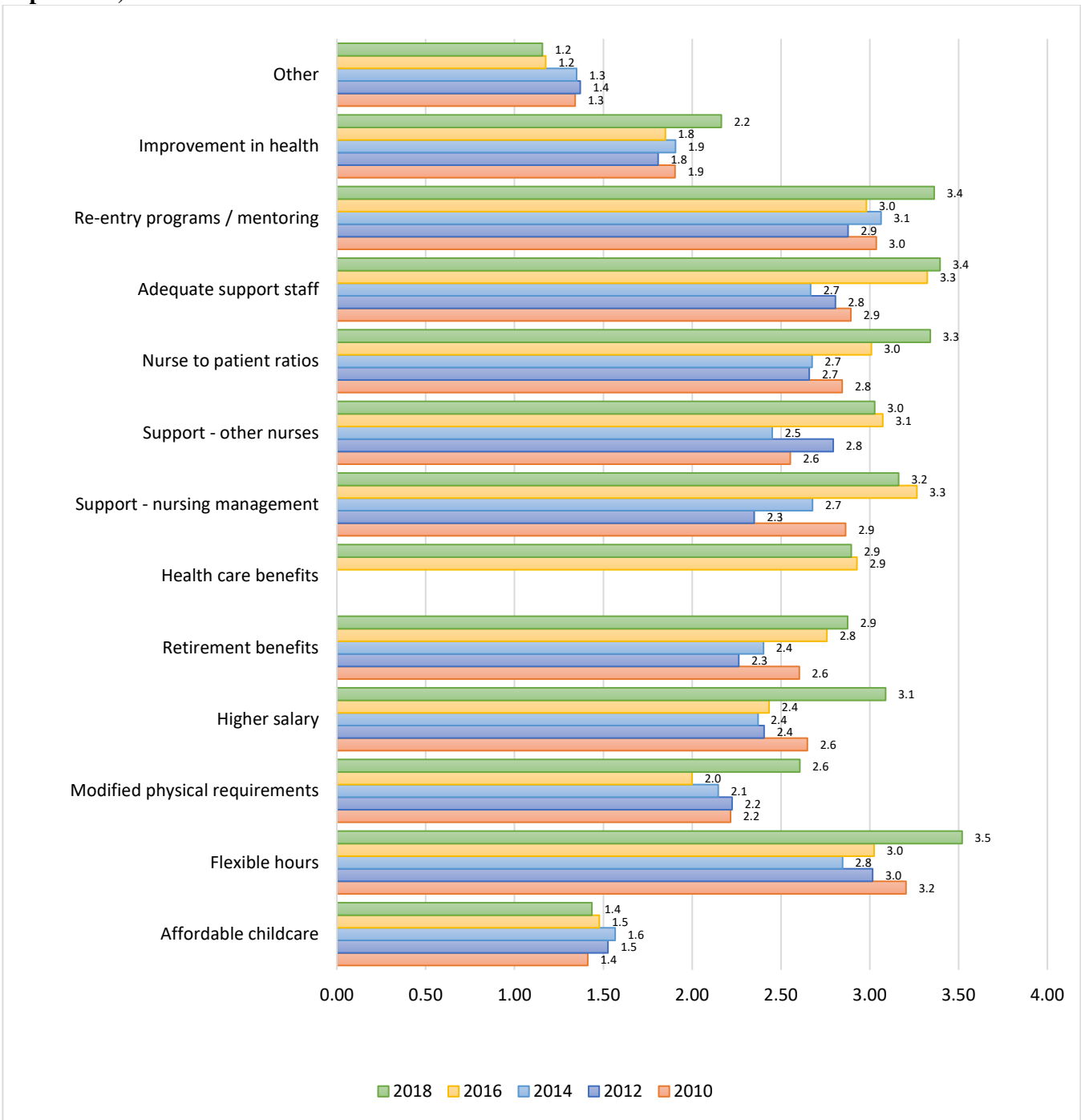
**Table 4.17. Importance of factors in the decision to return to nursing for RNs who live in California, have active licenses, but are not working in nursing and are undecided about their future plans, 2018**

	Not at all important /Does not apply	Somewhat important	Important	Very Important
Affordable childcare at or near work	80.5%	4.3%	6.4%	8.8%
Flexible work hours	3.5%	4.2%	29.1%	63.2%
Modified physical requirements of job	34.6%	10.2%	15.1%	40.1%
Higher nursing salary	15.6%	8.5%	27.3%	48.6%
Better retirement benefits	24.1%	11.0%	18.2%	46.7%
Better health care benefits	23.0%	8.8%	23.9%	44.4%
Better support from nursing management	17.7%	7.9%	14.9%	59.5%
More support from other nurses	19.1%	8.0%	24.0%	48.9%
Better nurse to patient ratios	14.8%	1.3%	18.8%	65.1%
Adequate support staff for non-nursing tasks	10.9%	0.1%	27.6%	61.5%
Availability of re-entry programs/mentoring	13.3%	3.9%	16.1%	66.7%
Improvement in my health status	50.6%	8.2%	15.2%	25.9%

Note: Number of cases=96. Rows might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Figure 4.12 summarizes these factors from 2010 through 2018 by scoring them on a four-point Likert scale ranging from “not at all important/does not apply,” scored as one point, to “very important,” scored as four points. Between 2010 and 2018, higher salary, nurse-to-patient ratios, adequate support staff, and support from other nurses became more important factors in the decision to return to nursing. Over the same period, affordable childcare and improvement in health became less important.

**Figure 4.12. Importance of factors in encouraging RNs with active licenses who live in California but are not working in nursing to return to nursing, 2010-2018 (1-4 scale with higher numbers indicating more importance)**



Note: Data are weighted to represent all RNs with active licenses. A value of 1 indicates “not at all important” and a value of 4 indicates “very important.”

Table 4.18 uses the same scoring scheme to examine the responses of nurses who were without a nursing position for five or less years as compared with those who were outside nursing more than five years. Nurses who were out of nursing work for five or less years rated flexible work hours, adequate support staff for non-nursing tasks, and availability of re-entry programs/mentoring as highly important to their decision to return to nursing work. Those who were out of nursing for more than five years indicated that flexible work hours, better nurse-to-patient ratios, adequate support staff, availability of re-entry programs, and better support from nursing management were most important to their decision to return to nursing.

**Table 4.18. Importance of factors in the decision to return to nursing for RNs who live in California, have active licenses, but are not working in nursing, by years since last worked in nursing, 2018**

	Years since last worked in nursing	
	5 years or less	More than 5 years
Affordable childcare at or near work	1.1	1.3
Flexible work hours	3.5	3.6
Modified physical requirements of job	2.6	2.5
Higher nursing salary	3.1	2.9
Better retirement benefits	2.7	2.8
Better health care benefits	2.7	2.9
Better support from nursing management	3.0	3.1
More support from other nurses	3.0	2.8
Better nurse to patient ratios	3.2	3.4
Adequate support staff for non-nursing tasks	3.4	3.3
Availability of re-entry programs/mentoring	3.3	3.3
Improvement in my health status	1.8	2.0

Note: Number of cases=88. Data are weighted to represent all RNs with active licenses. A value of 1 indicates “not at all important” and a value of 4 indicates “very important.”

All nurses who responded to the surveys since 2012 were asked about their satisfaction with the nursing profession as a whole. Table 4.19 compares the satisfaction of RNs who were employed in nursing with those who were not employed in nursing. Unsurprisingly, nurses who were not employed in nursing were less satisfied with the nursing profession overall than were RNs who were working in the profession. Nearly 11% of nurses not employed in nursing reported that they were dissatisfied or very dissatisfied with the profession.

**Table 4.19. Satisfaction with nursing profession of registered nurses residing in California, by employment in the nursing profession, 2012-2018**

	2012		2014		2016		2018	
	Employed in nursing	Not employed in nursing	Employed in nursing	Not employed in nursing	Employed in nursing	Not employed in nursing	Employed in nursing	Not employed in nursing
Very satisfied	38.1%	27.8%	42.1%	30.9%	43.2%	29.7%	42.3%	36.8%
Satisfied	47.1%	35.7%	43.9%	39.2%	45.0%	47.6%	43.5%	41.0%
Neither satisfied nor dissatisfied	6.6%	21.9%	5.8%	15.7%	5.3%	9.8%	7.0%	11.5%
Dissatisfied	5.3%	10.9%	3.7%	9.1%	2.6%	9.7%	2.8%	5.0%
Very dissatisfied	2.9%	3.7%	3.6%	3.4%	3.9%	3.3%	4.4%	5.8%

Note: 2018 number of cases=3,167. Data are weighted to represent all RNs with active licenses.

## **Chapter 5. Thematic Analysis of Nurses' Comments**

### ***Introduction***

All respondents, to both the online and mailed survey, were invited to offer “additional thoughts or ideas about the nursing profession in California” in the comment area of the survey. Comments were received in this area from 868 respondents, representing 18.8% of the total survey responses. A total of 826 responses included contact information so that they can be notified when this report is available.

The survey respondents who entered narrative comments are slightly older than those who did not comment and were less likely to be ethnic minorities (Table 5.1).

**Table 5.1 Characteristics of respondents who commented and all survey respondents**

	<b>Respondents who Commented</b>	<b>All Survey Respondents</b>
<b>Age (years)</b>	47.5	47.2
<b>Ethnicity (% White)</b>	47.1%	43.9%

Note: All survey respondents' number of cases=4,049. Respondents who commented number of cases=864. Data in table are not weighted.

Online respondents were less likely to leave narrative comments than were hard-copy respondents (16.9% online versus 22.9% hard-copy) (Table 5.2). The online narrative respondents were slightly younger and included more non-White respondents than the hard-copy respondents.

**Table 5.2 Characteristics of online narrative respondents versus hard-copy narrative respondents**

	<b>Hard-Copy Respondents</b>	<b>Online Respondents</b>
<b>Number of respondents</b>	379	497
<b>Average Age (yrs)</b>	47.7	47.5
<b>Ethnicity (% White)</b>	48.9%	48.5%

Note: Number of total hard copy and online respondent cases=876. Data in table is not weighted.

The comments made may not reflect the opinions of the whole sample of surveyed RNs or the whole of the California nursing workforce. Nonetheless, many of the issues, opinions and concerns noted by respondents were shared by a considerable number of respondents, and many of the same issues have been mentioned in prior surveys' narrative responses. Thus, the comments provide insight as to the perspectives and experiences of RNs in California.

Not all respondents' comments were included in this thematic analysis; some respondents merely wanted to express thanks for having the opportunity to participate in the survey while others used the comment space to clarify responses to other survey questions. Several respondents offered suggestions to improve the survey in the future. The majority of the comments concerned the practice of nursing in the hospital setting, although there were comments regarding home health settings, nursing homes, public clinics, private practice, correctional facilities, and other primary-care settings.

This analysis focuses on five themes consistently identified in this and prior BRN Surveys of Registered Nurses: (1) the culture of nursing, (2) work relationships, (3) job-related concerns, (4) nursing education, and (5) compensation for work. Overall, the tone and content of the 2018 survey comments were very similar to past surveys. In particular, the survey comments highlight the challenges associated with the integration of technological innovation and pressures to maintain a streamlined, cost-efficient organization.

### ***Theme 1: Culture of Nursing***

A common theme among the narrative comments of the 2018 Survey of RNs was the changing culture of nursing. Two key sub-themes emerged: (1) pride in and appreciation of nursing, and (2) concern about how the changing health care environment is changing the profession. Pride and appreciation of the profession was one of the most frequently mentioned themes in 2018 (15% of all comments).



## Pride and Dissatisfaction in the Nursing Profession

The most prevalent topic among narrative responses was pride and/or appreciation of the nursing profession. Nurses used words like “love,” “passion,” and “calling” to describe their careers. Many nurses expressed emphatic gratitude for everything that the profession has given them.

*I am in a New Graduate Training Program and I love it. I love being a nurse.*

*I have been a California RN for 25 years and I'm almost at the end of my journey on the paid job but planning to continue to be a nurse for the rest of my life. I would like to volunteer and work for RN because at the end of the day, I realize that nurses are special people that have skills and knowledge on top of all the core nurse values of caring, compassion, advocacy that can mitigate the suffering in our communities.*

*Now that I have retired, just 4 months ago, I am looking back on my 33-year hospital RN career and smiling...*

Some nurses spoke with pride about how nursing had become a family profession.

*My decision to become an RN was the best ever! As a result, my wife will graduate Dec. 2018- she will have her DNP and my 19-year-old son is also pursuing a career as a Doctor of Nursing Practice.*

*Nursing is the most noble and dignified and very stable profession. I'm so thankful that my daughter followed my footsteps by being an RN too. She's now an OR nurse.*

Although most responses related to the nursing profession as a whole expressed a high degree of satisfaction, some respondents expressed frustration with the profession and/or an intention to leave nursing.

*Nursing is a tough gig. I chose it for the scheduling flexibility, many options/specialties, and pay and other benefits. It is a mentally, physically, and emotionally- demanding job. I do not plan on ever working in a hospital again, most definitely not in direct patient care. I might change professions entirely when my kids are older.*

## State of Nursing Today

Despite their pride in the profession, many respondents expressed concern for how nursing is practiced today and how it is changing. A majority of the negative comments surrounded electronic documentation, a topic which is visited in more depth in *Theme 3: Job-related Concerns*. Many perceived that increasing workload, limited resources, and cost-cutting practices are turning nursing into a “business” rather than a profession, detracting from nurses’ ability to provide high quality, patient-centered care.

*I have always loved my nursing positions. However, much has changed over the 46 years I've been in practice; lots of it great, some of it challenging. I've been able to enthusiastically keep up with and embrace the new interventions over the years. I worked in the same hospital my entire career; 35 years being in the ICU. I think the last 8 to 10 years of my practice became less patient-focused and more corporate-focused. I understand the need from financial aspect but really see a decline in nursing as a profession. I never thought I'd say that but it's true. Critical thinking has been lost, for the most part, buried in standards, protocols, and pathways. The newly graduated nurses lack this important piece and are entirely task-oriented and rewarded by management as the “best practice”. The care that I've always been so proud of has deteriorated due to multiple aspects of current health care policies.*

*EMR and government regulations and interference ruining healthcare. I spend at least 50% of my time taking care of a computer instead of my patient or assisting other nurses. Our colleges are not teaching nursing skills or critical thinking. They are turning out people with initials after their names. The profession is filled with young people who are tech savvy but have no passion for people.*

*I see many nurses, myself included, feeling very dissatisfied with jobs in the hospitals. I believe the amount of charting and policies along with decrease in ancillary staff is negatively affecting the profession. We chose this to care for people, not to be task-driven busy bodies.*

### New Graduates in the Nursing Profession

Some survey respondents commented on new graduates' role in shaping the nursing profession. Negative comments focused on a lack of adequate preparation for clinical work, a lack of work ethic, and a perception that some people are entering nursing for the "wrong" reasons.

*PLEASE reduce/get rid of the online programs. A certain amount of online classes may be ok, but nurses graduating need MUCH MORE hands on experience. Look for the people who want to be admitted to nursing programs that have a passion for the profession, not just a paycheck. I would rather have a nurse that can, and will do great patient care versus the nurse that can write a 23-page care plan. I recently had a new grad RN who didn't know if the IVPB went above or below the main IV. Someone graduated her?*

*There are many wonderful, competent RNs out there - some who see nursing as a calling but as many students have said to me in various way, and I quote one in particular- "In what else can I graduate and make as much money as I will make as a nurse - not as a history major or any other major. In many ways this is the beginning of cautionary tale.*

Some respondents commented that without welcoming these new nurses into the workforce, the nursing profession might be in danger. Several respondents recommended more clinical experience and mentorship opportunities during nursing school to address some of these missing competencies. Some older nurses were concerned about the ability of new nurses to find first jobs and adequate new graduate training.

*Nursing is a great career. New nurses need to have a buddy after initial orientation. There is a lot of responsibility in nursing - more than ever. Older nurses need to mentor new nurses. New nurses often have a different mentality regarding nursing. Some things aren't learned in textbook or clinical but actual experience. Important we share our knowledge and support new nurses in our profession.*

*Nursing has changed so very much through the years and I do not envy the nurses of today. It seems they come out of school unequipped to face what is demanded of them, especially as I see the new ones who come to the skilled facilities. It is so hard and there is so much demanded of them. They have very little support from some of the leadership. It seems we set many of them up to fail. Makes me so sad.*

### Quality of Patient Care

Concern about quality of care and patient safety were raised frequently, especially in relationship to electronic charting, but also in regard to cost-cutting practices, overworked staff, nursing attitudes, and resources. Frequently, nurses felt that they were forced to provide substandard care due to pressure from external forces and noted that they perceived health care in general was becoming less patient-focused.

*I've enjoyed a long and fulfilling career in various capacities as a nurse... that said it can be very stressful and at times political. Currently insurance companies seem to rule what issues and outcomes are in the medical world. Need a new paradigm for cost containment and greater accountability and responsibility for consumers. Healthcare should never be FOR PROFIT business mode!*

*The only thoughts or ideas that I have for the profession is hire more nurses!!! If quality of care is what we want to provide and promote, then hire more nurses so our patients and families get the care they need and deserve. It's a terrible feeling leaving after a shift and knowing that you couldn't give the care the patients need because you have a heavy workload and are under-staffed. It's not fair to the patients and also it's not fair to the nurses who strive to give kindness and compassion but are unable to because of understaffing.*

*(My) dissatisfaction is the EMR and regulating agencies that seem to care more if the box was checked than the patient cared for. I see patients not bathed, no oral care. Physicians and nursing missing the whole point of their patient's issues. Tunnel vision; the whole patient is missed. Nursing, have nurses caring for people and after 12 hours have no idea if the patient can walk, or even why they are here. No critical thinking skills. No heart for the profession. It has become a job only. I find myself very fortunate to be at the end of my career than the beginning. I fear for all of us.*

## **Theme 2: Work Relationships**

Many nurses reported that they do not feel fully appreciated and respected for all the work they do. In continuation of a trend observed in the 2014 and 2016 surveys, these negative experiences were most often associated with management and employer relationships. In past surveys, relationships with physicians were more frequently cited as problematic, but few commented on this in 2018. Strong patient relationships remain a common motivator and inspiration for nurses; these relationships continue to represent what nurses often specify as the reason they originally chose, and remain in, the nursing profession. However, this primary relationship appears to be more strained due to changes in the patient population and patient expectations.

### Relationships with Patients

Relationships with patients are one of the most highly valued and satisfying components of nurses' work. But a number of factors create challenges in nurses' relationships with patients. Over the last several surveys, respondents reported on a changing patient population that requires higher acuity care but demonstrates less respect for nurses and other medical professionals. A number of nurses expressed concerns about personal safety and a feeling that some patients and their families treated them as servants. Many nurses reiterated that they nonetheless loved patient care, but felt they were being pushed to the breaking point. These comments comprised roughly 4% of all comments (n=39).

*Nursing has become more stressful over the years, technology for us older nurses; less time at bedside and interactions with patients and family. Patients and family more demanding not showing the same respect to physicians and staff. In spite of that nursing is also rewarding and I would do it all over again.*

*I think nurses deserve protection from abusive patients. Nurses get verbal and physical abuse as well. If patients can report abuse from providers then I believe providers should have the same right.*

A growing concern seems to be that the push to get high patient satisfaction scores is undermining the ability of nurses to do quality work and jeopardizing their relationships with patients.

*Patient satisfaction surveys are dictating and becoming a detriment to healthcare. Of course, we as healthcare professionals, want our patients to be satisfied with their care. If we didn't care about people, first and foremost, we would not have chosen and stayed with this career path. But, as a RN in the ED, I have witnessed that patients are mostly dissatisfied with wait times. However, many of those who are dissatisfied, did not have life threatening emergencies and could have otherwise been seen at a clinic, primary care or urgent care. But, we have been forced to change care areas in the ED and even the way we triage based on the dissatisfaction of the less urgent masses.*

*The nursing profession as a whole has become a profit driven, sales/retail-like environment, where the patients come first and the staff comes last. Unfortunately, administrators lose sight in the reality that it's the frontline staff that puts the patients first and when your frontline staff is not happy that will directly negatively impact patient care. Furthermore, with the sales/retail-like environment, society has developed a Burger King-like philosophy with medicine, "you can have it your way". This contributes to unnecessary added stress to the patient/family/MD/staff interaction and unrealistic uneducated expectations.*

## Relationships with Physicians

There were a few comments that addressed the sometimes-strained relationship between nurses and physicians; some nurses feel that they receive little respect from physicians, while others are happy with their working relationships.

*Your survey doesn't touch upon how nurses/NPs are treated by doctors and supervisors as well as by the patients. I clearly remember being threatened to be fired if I didn't prescribe/refill narcotics for patients.*

*I happen to be working in an area where doctors truly respect and value the input my nursing team has to offer and are being allowed to work almost at the top of their license. When I talk to other nurses that work in hospitals or specialty clinics they do not get the same respect or capacity to provide significant changes to their work environment or duties and are often times very overworked with an unbalance of nurse to patient ratios. We may get higher pay in California, but the work seems like it's more and nurses are afraid to speak up or challenge because of the fear of losing a good paying job in a high cost of living state.*

## Relationships with Management and Employers

Many complaints about management stemmed from managers' lack of experience and time spent in the field. In organizations that emphasize patient satisfaction scores and profit margins, management is often described as not listening to or meeting the needs of nursing staff. Respondents believe the consequences of this are an increased workload and threats to patient safety and nursing satisfaction.

*...healthcare administration is different now than 12 years ago when I started. Today it feels very "corporate", very impersonal. It did not used to be this way. I remember seeing the hospital president often, asking our opinions, checking in. Now, I never see anyone and I feel like I am measured with a number and can be easily removed if I don't meet the hospital matrix. This feeling as well could push me out of nursing.*

*...What I don't miss: The pay, the rudeness, the demands, the abuse... all from an administration that paid themselves millions of dollars a year and had no idea what your scope of practice is. There was constant demanding of working unsafe double shifts, no breaks and no lunch without responsibility to patient care.*

However, some respondents reported feeling respected and valued on the job:

*My working experience as an RN in CA has been very positive. Overall, the hospitals I have worked at have much more respect for employees and have been very accommodating. The people here are much more compassionate, patient, and good-spirited as compared with FL and other states I have worked in!*

## Relationships among Nurses

Although a majority of comments on relationships with other nurses were critical, some were appreciative of their nursing counterparts. However, these positive comments were mostly overshadowed by critiques of nurses' attitudes and support. About 3% (n=28) of all comments were about relationships with other nurses.

*The nurses I worked with were a pleasure to work with, very professional, and the best at what they did. (Retired nurse.)*

*The nursing profession is dominated by small minded, mean-spirited souls. Rarely does a nice person appear. The profession is out of touch and dated. It is too authoritarian.*

*I am so glad I was able to continue to work, be supported by my peers, be employed by a different facility that recognizes what type of nurse I really am, before I retire. (Nurse who had been disciplined.)*

*I feel strongly that nursing education needs to include communication role play such as CUS or DESC non-conflict communication. Lateral and top down "bullying" continues to permeate in the Nursing Profession. Loss of new graduates within 2 years is a disgrace to the profession. How can we "take care" of others when we don't "take care" of our own?*

### Relationships with other Colleagues

Some nurses also commented on relationships with other staff, although these comments were few. There were many comments about lack of ancillary staff, and a few expressed concern that ancillary staff roles were encroaching on what were perceived to be nursing territory, both of which are explored under *Theme 3: Job-related Concerns*. Comments on working with other staff were generally vague, referencing appreciation of working with a “good team” or lamenting a lack of teamwork.

*I feel however that nurses are not always the best team players to non-nurses. I've been fortunate to have good teams working for me and with me made up of great nurses and non-nurses, but I noticed this prior to getting my RN and even in my nursing program. Nursing education is great but so are the educations of others in the field. Luckily, I've worked in cardiac fields that included a variety of team players that got along, but it varies by facility. It shouldn't be this way. Nurses are important but so is everyone else on the team.....they are not better.*

*Teamwork and collaboration need to be operationalized, not just put forth as a QSEN standard. On some units, there is still disrespect for fellow RNs, nursing students, and LVNs. The BRN needs to stop making such a distinction between RNs and LVNs and start actively and vocally speaking out for mutual respect. RNs are not better or more important team members than LVNs. I once had a BRN nursing education consultant tell me that teaching in an LVN Program did not constitute professional experience. If our leaders don't show respect and appreciation for different levels of nursing education and practice, we will be hindered in our efforts to be recognized as a profession, and rather seen as petty and ignorant.*

Several nurses also expressed frustration with perceived discrimination in nursing based on gender, and age, and two respondents raised concerns about discrimination on the basis of race/ethnicity or immigrant status. Several non-immigrants RNs noted their discomfort with or disapproval of foreign-born nurses.

*While I notice a marked increase in the number of nurses who are males when compared to when I started in 2007, I believe the profession could be doing more to increase diversity by addressing anti-male discrimination and latent sexism in the civilian nursing workforce. Across the armed services nurse corps, the ratio of female to male nurses approximates 50/50. In the civilian sector, the ratio is still around 90/10, with most male nurses gravitating to ICU, OR, and ED roles versus predominantly female Med-Surg roles. Based on the positive reception I receive from patients, particularly older males, I believe that this lack of diversity (or choice, as patients see it) unfavorably impacts patient dignity in addition to care and safety.*

*I feel working in the hospital has become a very punitive environment. I feel older nurses are not valued, and hospital looks for reasons to replace us with new (cheap) nurses.*

*As a very new nurse, I had a horrible experience from the older nurses. I vowed to stick around long enough to change the "nurses eat their young" culture. I am excited to say I believe I am able to make a difference and thoroughly enjoy working with new young nurses in the Perioperative area!*

### ***Theme 3: Job-related Concerns***

Alongside their investment in nursing culture, respondents also cited working conditions as a topic of great concern. Similar to surveys dating back to 2010, the main issues described were (1) lack of adequate job opportunities, (2) increased documentation requirements, (3) staffing or workload, (4) scheduling, and (5) quality of care. The first four were generally cited as negatively affecting the last – the ability to properly care for patients.

## Lack of Adequate Job Opportunities

Both new graduates and returning nurses described difficulty in finding desired jobs (2% of comments, n=21). This is in contrast to the nearly identical number (n=22) who felt that there was a nursing shortage, at least in some areas. Often, these issues were attributed to the problems surrounding lack of clinical experience during nursing school and shortages of preceptorships and mentorships. These disadvantages were perceived as forcing newer graduates into lower-paying jobs. Some nurses recounted with regret taking jobs as new graduates that were not ideal, setting them on a career path that did not allow them to reach their full potential.

*After graduating from nursing school, it was extremely difficult to find an RN position. Everyone required experience, but you are unable to gain experience if you cannot find a job. I know new grads who are having the same difficulty. Everyone needs nurses but no one will give you a chance.*

*As a new graduate nurse, I feel that nursing programs are over-selling the idea of a "nursing shortage".*

Older nurses also spoke of difficulty in re-entering the field and sometimes faced challenges finding employment based both on lack of recent experience and age.

*I graduated in 2009 at the height of the economic downturn. New grad nurse positions were very rare and I never obtained acute care nursing experience. This has been a very frustrating situation for me as I get older; it's less likely to be hired in the acute care experience, which diminishes my career opportunities.*

*I found difficulty finding a job with Adventist Health, although I am quite capable and interview well. I feel they are prejudiced against older workers and especially to train!*

## Paperwork and Documentation

A common theme among nurses' comments included the demands of charting, especially with the advent of electronic medical and health records. The lack of time that nurses have to provide quality patient care is often attributed to the time-consuming nature of charting. This was one of the most common themes amongst survey responses, comprising 13% of all comments.

*A lot of time spent on charting has really taken away from actual nursing care from the patient. Please be aware that most nurses understand the value and importance of leaving a paper trail to justify payment or rationale for nosocomial infections however, the amount of charting and expectations of a nurse will surely burn out and skilled/ experienced nurses. At this point I truly feel that it is literally my job to chart.*

*The art of nursing has been lost and substituted with computer nursing. It is viewed as a job, not a profession and I'm embarrassed and angered. The patient needs to be the priority, not checking boxes on a computer leaving the patient unattended. Nursing skills such as patient assessment are no longer practiced. Charting is not applicable to individual patients.*

## Staffing and Workload

Staffing and workload issues were the most commonly reported concern, appearing in 21% (n=182) of comments. Nurses share that they are burdened with too much work and lack adequate support staff, which can result in long days, preventable errors and injuries, and considerable stress.

*There should be a CNA-to-patient [certified nursing assistant] ratio because hospitals chronically short staff ancillary staff such as CNAs which makes the workload impossible to carry and uphold to standards of practice. Most patients in acute care setting are not getting their bed baths, teeth brushed, turned on time, and taken to the bathroom on time because there is simply not enough help. I feel like corporations cut corners to save money, and this is truly despicable in healthcare.*

*... Hospitals are so concerned about their "budget" yet they refuse to hire more nurses. The lack of nurses in our hospitals is unsafe and results in harm or negligence. Nurses are overworked and*

*underpaid. We work long hours, take a huge amount of call and are required to be right back at work without adequate rest. I take call and am the only RN in my unit when I get called on. I think it's extremely dangerous and no one else does. I wish there were more laws put into place regarding how many nurses are staffed on call and how much rest is needed before we start our second shift.*

*I have seen nurses cry and melt on the floor due to stress and heavy workload. Because of this situation they make mistake. The do not report due to fear of penalty or they believe nobody care...*

Nurses generally reported that they were grateful for patient-to-nurse ratio regulations, often comparing their experiences to settings outside of the hospital and in other states. Comments about staffing ratios made up about 10% of all comments above and beyond other comments about staffing and workload. A number of comments related to the high workloads at skilled nursing facilities (SNFs) and suggested that SNFs should also have minimum staffing ratios.

*I started out as an RN in AZ. They had no limits on RN: patient ratios and no unions. I must say HANDS DOWN my RN experience in CA (CNA union, FYI) is 1,000 times better! I would never go back to what I experienced in AZ.*

*The nurse to patient ratio requirements in acute care were my primary incentive to work in California.*

*Coming from Ohio to California as a nurse is very different. California nurses take pride in their unions and have people believe they (care?) for the patients. Yet all I have seen are nurses who complain about work conditions. Compared to the eastern states they have it easy. Yes, nurses deserve high wages because we do what no one else will, but to complain about a 4:1 ratio is terrible*

While most nurses were grateful for staffing ratios, they noted that the amount of charting they were required to do almost negated the benefit of increased staffing ratios, especially when some employers made staffing ratios an excuse to cut back on ancillary staff. Some felt that with the increases in charting, patient acuity, mental health issues, and substance use disorders amongst their patients, hospital staffing ratios needed to be adjusted.

*Expectation of "real time" charting limits and to some extent interferes with direct patient care/actual face-to-face time with patients. Increasing job duties makes 5:1 ratio on med/surg units very difficult to meet patient needs without overtime or compromised quality of care.*

*With increase mental health and drug/alcohol abuse with our patient population, nursing staff safety is a huge concern. Nursing staff ratio needs to be reevaluated due to increase in workload because patients are coming in sicker and with more health issues than before. High acuity patients require more nursing hours to deliver safe patient care.*

*Coming from working in Arkansas with no patient ratios, I appreciate that California has ratios for nurses. Although there are ratios, I feel that it's not that much of a help when more than 50% of my shifts, I have full primary patients. With no aides, I feel that my 6 patients on a step down unit in AR with aids were more manageable than 4 patients on telemetry with no aides.*

## Scheduling

Compared with prior years, few nurses (11) commented on the issue of 12-hour shifts. Several mentioned that 12-hour shifts were difficult or impossible for older workers, and/or that it was one of the reasons they chose to leave the profession. Some argued that these shifts are dangerous to patients as well as employees.

*12 hour shifts in hospitals has contributed to a significant decline in good, patient care. Many nurses I speak will agree with me on this issue.*

*Many older nurses are also unable to work the 12 hr. shifts that are standard so many of the experienced nurses leave hospital nursing leaving a gap in patient care.*

Unlike the 2014 and 2016 surveys, few respondents mentioned being forced to take time off due to low patient census. However, some (9) commented on being forced to work through breaks—while others spoke with appreciation about the fact that they had protected breaks.

*Most of the registered nurses where I have worked over the years rarely get breaks and they are forced to work through lunch or get interrupted repeatedly during lunch.*

*From my personal experience. I have found that taking a break can give the nurse time to reset. Especially after dealing with a hard situation for like a patient's death, a code, an aggressive patient or family member, a rude doctor or nurse. Having those extra 10-15 minutes to step away and breathe helps reduce the stress. I have spoken with traveling nurses and FT staff nurses. The biggest job satisfaction nurses have been the ones who have worked at facilities that provide them with their breaks. Primarily because they felt that they were cared for.*

## Unions

A number of respondents provided comments on the role of unions in their workplace, some of them negative (13), some of them positive (13), and eight neutral or ambiguous statements of fact.

*I get increasingly concerned that there is not consistent partnership between the nursing unions and management. The unions do not always prioritize patient care over the individual nurse, and accept mediocracy when accountability is important. They do not always represent the caring values of the front-line staff, and do not consistently seem to support increasing the professionalism of nursing through higher competencies, technology and innovation.*

*...My hospital started a nursing union to protect our rights because we are so underpaid and so taxed as nurses that many are leaving to find jobs outside the nursing profession. I can see a lot of burn-out in nurses and can honestly say I was going to look for a new job as a realtor and quit nursing. I have found a new job in the emergency room for the last 1.5 yrs. I love my coworkers and director and since starting the union I have felt a new joy for nursing. It's made me want to go back to school and get my BSN...*

## **Theme 4: Nursing Education**

Nursing education was a common theme (8% of comments n=73) described in terms of the following areas: (1) inadequate preparatory education, (2) lack of available nursing re-entry programs, (3) workplace training or orientation, and (4) general availability of nursing education programs and admission spaces. The first three themes were similar to those observed in 2016; however, comments on the burden of school tuition were less common in the 2018 survey, and comments on the availability of nursing education were more common.

### Preparation of New Graduate Nurses

Many (about 3%) respondents indicated that available preparatory education was inadequate. Most criticism centered on new graduates' lack of hands-on experience, which they felt impacted patient safety.

*...I am concerned however, with the level of skills that I observe of new RNs coming into the field; more administrative and theory (which is necessary) than actual patient care critical thinking. I note that we used to have more middle management mentors for these new ones as they grew (in my earlier nursing career)...*

*New grads--No experience in starting IVs, etc. and, no critical thinking skills! New RNs can't read cursive--can't function in SNF, NF as they can't read physician orders, msg. notes. Their lack of skills is tragic and lack of sense regarding an aseptic environment or field is deplorable.*

*Increased focus (FUNDING) at the educational level at mastering BASIC skills PRIOR to nursing licensure. My school was proud to prioritize "critical thinking." However, I found that the thought processes, in terms of anticipating needs and prioritization, developed naturally, once I began working at the hospital. "Critical thinking" didn't need to be prioritized at the beginning level. It would have been FAR more useful to focus more on mastering IV insertion, blood draws, hanging multiple lines, understanding IV med compatibilities, and catheter. Even at the RN I level (beginning nurse), it was expected that I came in, already proficient at these skills. It was incredibly stressful to begin a nursing career, on a very busy unit, without this skill set. While I had taken*



*advantage of EVERY opportunity to practice during my education (even taking on 2 additional 3-month preceptorships), there simply wasn't enough focus on basic skills.*

Many respondents (3%) offered opinions on the 2010 Institute of Medicine Future of Nursing report's recommendation that 80% of the nursing workforce possess baccalaureate degrees by 2020 and its implication for nursing practice.

*Eliminating the ADN degree is creating book smart nurses but not skills smart. It is a scary world watching these new grads not know what to do.*

*We should go forward to encourage bachelor's degree as our basic requirement for nursing as it makes a HUGE difference + for patient safety. Thank you.*

*While I agree that degree-based nursing is important there is a marked level of lack of ability in the clinical setting both with new 2 year and BSN grads- More clinical hands on is necessary to produce safe competent bedside nurses.*

### New Graduate Programs

Many respondents (about 4%) noted the dilemma of new graduate nurses seeking employment. Without experience, they could not get a job in an acute care setting, but without the job, they could not get the required experience. A number of respondents spoke of having to take jobs in skilled nursing facilities as a result. Many felt that new graduate programs were necessary to obtain work in hospital settings, and yet these programs were few and in high demand. Many commented on the importance of the role of on-the-job mentors to help make sure new nurses succeeded and did not jeopardize patient safety.

*It is a great challenge for new grad nurses to find a placement in hospitals. While there are many RN positions available, they all require over a year experience in a specialty, so hospitals prefer to pay top dollar to bring travel nurses that are experienced instead of investing in training their local nurses. The New grad NURSE program in some hospitals opens once or twice a year and they give very little positions to new grads. I believe that there should be more incentives for hospitals to hire and train local nurses and new grads...*

*We need more nurses overall. We need to help facilitate new grad training as many employers won't hire nurses without at least a minimum of two-year's experience in acute care. The problem is no employer wants to train in acute care making it hard for new grads to obtain adequate experience for their "dream job" leading to nursing dissatisfaction and contributing to nurses leaving the profession.*

### Re-entry Programs

Some nurses (1% n=13) reported that they would like to re-enter the field after taking some time off from the profession—or to change fields midstream. However, program requirements and general lack of availability were cited as barriers to enrolling in re-entry programs. Issues associated with re-entering even after taking a refresher course were noted.

*I would love to see more options for nurses who have been out of the hospital workplace for a duration to go thru a class to re-learn skills and refresh knowledge base to improve patient safety and care.*

*I got married & have three children. I quit from my nursing job for a year to take care of my 3 children. After one year of no work I really tried to go back to my nursing profession, but I just cannot find a job. No hospital in CA was willing to offer a job because my experience was no longer recent neither willing to train me since I already have an experience. I was told that I was half-baked by a Nurse Recruiter. So I took a Nursing Refresher Program first in Union City & then in the Jewish Vocational Services (JVS) & the City College of San Francisco for a total of 500 plus hours both academically & clinically. My applications were turned down by the hospitals here in CA saying it's just a refresher, not a work hospital experience.*

## Availability of Nursing Education

A number of respondents (n=15) felt that more nursing programs were needed because there was high demand for admission spaces. This is interesting in comparison with the responses of the 21 respondents who felt it was difficult to obtain a job, and the 22 respondents who felt that there was a nursing shortage.

*We need more nursing schools in the state of California. There are many great students who would make excellent nurses if only they could get into a nursing program. The nursing schools are impacted and some students have to go out of states to complete school. Schools need to open up more spots to allow more students into a program.*

*It's imperative to have more educational programs for people that would like to become nurses. I've seen many people with a passion for nursing and helping others that are unable to fulfill these dreams due to impacted nursing programs or lack of programs in general.*

## **Theme 5: Compensation for Work**

Many RNs commented about their compensation. Comments about salary were about 13% (n=111) of all comments. While a majority of comments focused on dissatisfaction with salary and benefits, some nurses who have had experiences working in multiple states commented on the benefits that Californian nurses might be taking for granted.

### Salary

Nurses who have worked in California as well as other states commented that California wages and benefits are better than what is offered elsewhere in the country, while some still say that California nurses are not adequately compensated given the cost of living. Some worried that California's high salaries drew in nurses from all around the country, making it harder for long term residents to find jobs and creating a perverse incentive for employment based only on the profit motive. Finally, some comments suggested that the high nurse salary was inducing hospitals to lay off nurses and delegate more nursing tasks to non-nursing staff or to lay off support staff, leaving nurses to fend for themselves.

*Nursing in California is an ideal way to work as a nurse, equality, pay is good and nurse to patient ratio is protected.*

*I am concerned about a true commitment from California nurses. Because of our great salaries I see many people entering the profession without the real desire to function in the role.*

Many nurses' comments expressed their dissatisfaction with their pay, especially when put in context of all that they are responsible for while on the job. Regional differences in pay scale were also acknowledged, as were generational differences that impacted the salary/cost-of-living balance.

*Nurses in California, especially Humboldt County are overworked, underpaid, and lack crucial support systems necessary for retention and job satisfaction.*

*I live in the Bay Area with the highest wages in the country. I also own my home which I bought in 1985 so my income is fabulous. Not so for my other 3 kids that are nurses as housing is so expensive!*

*I do not mind working hard for my salary but salary for SOME nurses in SOME HOSPITALS needs to be increased. If HOSPITALS do not want to pay MORE MONEY, they should at least lower the NURSE TO PATIENT RATIO.*

Patients who work in skilled nursing facilities made a number of comments about low pay and low nurse-to-patient ratio.

*I wish that you can be an advocate for increasing the salaries of nurses working in a skilled nursing facility setting. I used to work on that kind of setting and just blessed to get a job for a big hospital company now. They do 200% more work than hospital nurses and yet they get paid way less. No wonder why the quality of care and staff retention in SNF's are low. The regulation only requires nursing home of a minimum of 3.2 ppd hours/ day so nurses have up to 28 patients to take care of*

*during the day and up to 50 patients at noc shift. The skilled nursing facility has now evolved and getting sicker patients requiring more care. It is now considered a medical-surgical facility due to the type of patients they get. And yet, the nurses are underpaid and overworked.*

### Benefits

About 4% (n=37) of comments had to do with job benefits. Many noted that their benefits were good, but some expressed concern for those nurses who were not as fortunate. Most notable were calls for better retirement benefits to allow nurses to retire comfortably and on time given the physical demands of the job. Some called for improved sick-time and healthcare coverage, noting the irony of not being well-covered while providing healthcare to others. Nurses suggested that better benefits could improve job satisfaction and help prevent burnout.

*I think that the fact that I have a retirement has made it possible for me to retire and enjoy my life. I wish that Nursing would have a system like the CA teachers and that all nurses could have a retirement no matter where they worked. Medical insurance is also such a problem and expensive for everyone except those that work for the State of CA.*

*I am a cancer survivor apparently for 2 times already. I had treatment because of my medical insurance provided where I work but my concern is what if I didn't have a good insurance. How about other nurses who get sick and cannot get any good medical treatment. Nurses care for the sick but who will take care of nurses when we get sick.*

### **Respondents' Suggestions for Improving Nursing**

More than 16% of survey comments contained suggestions for improving the field of nursing. Suggestions included improving educational practices, regulating and improving nursing ratios in all care settings, more support staff (especially certified nursing assistants), more of a focus on nurse safety and health, improving and simplifying documentation strategies, more autonomy for APRNs, and higher salaries in some areas such as rural hospitals, outpatient settings, and skilled nursing facilities. Some additional suggestions about whether or not the minimum degree for nursing should be the BSN or the ADN, preparation for nursing practice, the need for reentry/refresher programs, and new grad programs are covered under *Theme 4: Nursing Education*.

*There is really a big gap between working in a SNF vs. hospital especially in pay and benefits that is why a lot of nurses are leaving Long term care. I hope this will be fixed.*

*We need better protection against assaultive patients or at least new laws that will regulate care if our safety is compromised. We need better compensation based on merit and skills and hospitals regulated in giving competitive pay and better benefits. We need less charting so we can increase patient care. We need better nursing and healthcare interventions for mental health issues. The list goes on and on.*

*Not enough quality nursing programs to meet the demands of students considering a career in nursing. Too many students give up on a career in nursing because they cannot get admitted into a nursing program due to high student demand/impacted nursing programs at colleges. Possible solution: Increased funding to create more nursing programs for students attending colleges and universities in California rather than recruiting nurses from foreign countries. Lower admission standards. Is chemistry, physics, or trigonometry really necessary as a pre-requisite for nursing school? Consider bringing back the old diploma programs which focused on teaching good bedside nursing. Limit the useless administrative and political activist component taught at university programs.*

*Reentry programs for nurses wanting to enter the hospital setting would be great. Reentry programs for various specialty areas like dialysis, cardiology, home health etc. would be appealing. Subsidized housing for high cost areas (like SF) would also be appealing (like for travel nurses). Better universal web site for posting nursing opportunities would be helpful.*

*APRN's, specifically CNM's need to be categorized as independent licensed providers of care in the state of California. The Department of Defense recognizes CNM and NP's as independent practitioners. It's time for the state of California to do the same.*

*...If a nurse is placed on probation, there is no help to ensure the experience is better for patients once that nurse returns to the field. IF she is able to find a job...again, there should be support for nurses willing and able to show the effort and put the work in to become a better nurse.*

Additionally, about 6% of comments regarded the Board of Registered Nursing itself. Many were complaints, some were kudos, and some were suggestions. Suggestions in the 2018 survey often centered on improving communication channels and expediting the licensure process. One specific suggestion raised by nine respondents was that California join the Nursing Licensure Compact (NLC), an agreement between states that allows nurses to have one license but practice in other states that are part of the agreement.

*The board of nursing can improve on its processes. It took 6 months to obtain my license and in the process, my documents were lost by the board so I had to pay and resend everything. During the entire 6-month process, I could never reach anyone on the phone even once! My agent had to do all the leg work on my behalf. It's a frustrating board to deal with and it would be beneficial to everyone if the California board considered joining the eNLC compact or figured out a way (maybe more staff) to make your licensing processes smoother.*

### **Summary of Thematic Findings**

The comments provided here are self-selected, yet offer a glimpse into the experiences, thoughts, and concerns of nurses with active California licenses. Many similar themes have prevailed from surveys dating to 2004 until this 2018 survey, indicating that the issues discussed are pervasive within the field of nursing.

There were many comments conveying frustration with the way the nursing profession was changing due to a shifting health care environment that was beyond nurses' control. Many feared that the caring ethic of nursing was being lost in the push to contain costs and produce profit, which resulted in increased workloads and less support staff. As in prior surveys, many respondents reported on the perceived negative impact of electronic documentation on patient care and their own satisfaction.

The many comments on nursing education illustrate nurses' investment in their profession. Nurses continue to grapple with the type and amount of education necessary to produce high quality and well-prepared new graduates. Many lamented insufficient hands-on clinical training and the paucity of new graduate programs that would better prepare these new nurses for work. Some nurses expressed hostility towards inexperienced new nurses, whom they perceived as incompetent, lacking in empathy, and motivated by greed. Others expressed grave concern about the lack of opportunity for these new nurses, who faced a job market that required experience but was generally unwilling to provide them that experience. Some suggested that older nurses be able to provide mentorship to these new hires while they gained the necessary hands-on experience on the job. At the same time, there was concern about programs for nurses who needed to re-enter the workforce after taking time off.

Despite many complaints about workload and charting, pride in and love of the nursing profession were amongst the most prevalent themes expressed. The relationship with patients was a central aspect of many respondents' stated professional identities, although changes to patient populations and attitudes and the expectation that facilities achieve high patient satisfaction scores were creating some strains.

Respondents provided many suggestions about how to improve the profession, from very broad-brush policy suggestions to more targeted, practical solutions to everyday problems. These included commentary on educational and licensing practices as well as working environment. These comments reflect the opinions of new nurses, mid-career nurses, and retired nurses on the current state of the nursing profession. Given the result of an overall more demanding workplace, many nurses are re-evaluating, and even re-considering, their place in the nursing profession. However, nurses' passion to do what they love – provide compassionate and quality care to patients – stands out as a clear motivator to overcome current professional barriers.

## **Chapter 6. Conclusions**

Registered nurses in California enjoy high rates of satisfaction with their jobs, the nursing profession, and finding meaning in their work. The employment rate of California RNs has changed over the past decade as Baby Boom nurses are beginning to retire. At the same time, younger nurses may be experiencing some difficulty finding nursing positions, with decreased rates of employment reported in every age group under 50 years old. With one-quarter of California's nursing workforce having less than five years of nursing experience, it is important that these newer entrants to the profession develop their skills to maintain a stable workforce as older nurses retire. Regionally, the employment status of California RNs has dropped in the San Francisco Bay Area, Los Angeles, Sacramento, the Border counties, and the Inland Empire.

In 2018, California's RN workforce continued its trajectory toward more diversity, with about nearly 60% of RNs identifying as non-White, compared with about 46% in 2010. At 20.6%, Filipino RNs comprise the highest non-White group in California, and there is a growing share of Hispanic-identifying RNs, increasing from 5.7% in 2006 to 9.6% in 2018. Younger nurses are more diverse, with fewer than 35% of RNs under 35 years old identifying as White non-Hispanic, compared with over 56% of RNs 55 years and older. The share of RNs identifying as Hispanic/Latino is much higher among RNs under 45 years old at around 11%, compared with only 3.9% of RNs 65 years and older. There also has been a growing share of men in the workforce, with the proportion increasing from 10.7% in 2010 to 13% in 2018. Male nurses are more racially and ethnically diverse than female RNs in California, with about one-third of men identifying as Filipino, compared with about 18% of female RNs.

Nursing compensation continues to rise, from an average of \$31,504 in 1990, \$99,008 in 2016, to \$107,676 in 2018. Earnings from nursing are very important to the households of the nurses, with over half of RNs reporting that their nursing income contributed to at least 80% of household income. The employment settings and job titles of RNs have been relatively stable over the past decade, with most nurses working in staff nurse positions, and most working in acute care hospitals. Between 2014 and 2018, the proportion of RNs working in ambulatory care settings increased from 5.4% to 7.6%. Medical-surgical nursing was the most common clinical specialty for RNs (11.2%), followed closely by critical care/ICU (10.2%). Across different work settings, nurses can perform a variety of roles, including management, advanced practice care, case manager, and others. The share of RNs holding more than one nursing position has continued to fall, with the lowest rate ever reported in 2018 (10.8%).

Rising shares of California RNs are completing additional education after nursing licensure, with about 53% of nurses with active California licenses in 2018 indicating they completed additional education after their licensure. Between 2012 and 2018, the share of employed RNs reporting they had a baccalaureate or higher degree in nursing rose from 53.2% to 68.2%. Nurses have a wide range of job opportunities available and can take advantage of even more with appropriate educational advancement. However, the pattern of long gaps between initial RN education and completion of additional education has not changed. In 2018, RNs who had entered the profession with an associate degree took an average of 8.2 years before completing a baccalaureate degree, and those whose initial education was a baccalaureate degree took an average of 7.5 years to complete a master's degree.

In 2018, nurses were highly satisfied with their jobs, the nursing profession overall, the feeling that their work is meaningful, and feeling supported by other RNs and staff. The lowest-rated aspects of nursing in 2018 were very similar to items reported in 2016 and 2014, including the amount of paperwork required, their involvement in policy and management decisions, non-nursing tasks required, workload, clerical support, and leadership from nursing administration. Satisfaction fell between 2016 and 2018 for several factors, including salary, adequacy of RN staffing, work schedules, benefits, recognition for a job well done, and time available for patient education. These changes may require attention by employers to ensure that nurses are able to provide the high-quality patient care that is the hallmark of the profession.

Nearly 13% of currently employed RNs plan to retire in the next five years, which is similar to the shares reported in 2014 (13.2%) and 2016 (12.8%). About 4% of RNs indicated they plan to retire in the next two years, which is a total of approximately 11,725 employed RNs. Among nurses 35 years old to 44 years old, 14.7% plans to increase their hours, and for nurses 35 years old and under, 19.3% intend to increase their hours. Ten percent of RNs under 35 plan to reduce their hours within two years, and nearly 13% of RNs under 65 plan to do the same. Among nurses younger than 55 years, the most important reasons for not working were childcare responsibilities (44.7%), other family responsibilities (44.4%), difficulty finding a desirable position (42.8%), and stress on the job (39.7%).

Nearly one-fifth of all survey respondents (18.8%) offered comments with their survey responses. Most comments included positive remarks, with many nurses describing the pride and/or appreciation they felt for the nursing profession. However, many comments were tempered by a short or long list of conditions at their job or in the profession that they believed need fixing. Many respondents feel concern for how nursing is practiced today and how it is changing, with negative comments often focusing on electronic documentation, increased workloads, lack of job opportunities, excessive documentation, and demanding schedules. Some respondents offered solutions to improve nursing in California as well as suggestions to improve the next biennial BRN survey of RNs.

Nursing continues to be a strong profession in California and employment rates are high among both younger and older RNs. The nursing workforce in California is becoming increasingly diverse and thus is even better positioned to meet the health care needs of Californians. RNs remain dedicated to improving their skills, and their ongoing commitment to education is one of the strengths of the nursing workforce. However, RNs indicated increasing dissatisfaction between 2016 and 2018 in the adequacy of salary, staffing, and the time they have available for patients. Many nurses expressed frustration at increasing documentation requirements and electronic health records that are cumbersome. The lack of adequate support staff and heavy workloads may be of particular concern, as nurses expressed frustration and worry about preventable injuries or errors and expressed considerable associated stress. Employers and health care leaders need to be attentive to these issues in order to support nurses' ability to provide high-quality care now and in the future.

## Appendices

### *Appendix A. Tabulations of Responses, 2006-2018*

#### 1. In what kind of program did you receive your initial, pre-licensure RN education?

	2006	2008	2010	2012	2014	2016	2018
Diploma	16.9%	16.0%	12.4%	10.3%	10.2%	6.1%	5.1%
Associates Degree Program	47.4%	45.9%	45.0%	45.8%	44.3%	42.7%	43.9%
Baccalaureate Program	34.9%	36.6%	38.0%	2.7%	40.1%	44.5%	43.1%
Master's Program	0.1%	0.3%	1.5%	39.0%	0.6%	0.8%	1.3%
Entry Level Master Program	0.6%	1.2%	0.2%	2.1%	1.9%	1.9%	2.2%
Doctoral Program	0.0%	0.1%	0.2%	0.0%	0.1%	0.1%	0.7%
30-Unit Option Program	*	*	2.8%	0.0%	1.6%	1.3%	3.0%
Foreign	*	*	*	*	*	2.3%	*
Other	*	*	*	*	*	0.4%	1.5%
Number of cases	4,440	4,773	5,476	4,913	5,032	3,784	3,921

\* Question was not asked in this survey year.

Note: Data are weighted to represent all RNs with active licenses.

#### 2. In what state or country did you complete your pre-licensure RN education?

	2006	2008	2010	2012	2014	2016	2018
California	60.1%	54.6%	56.2%	59.7%	60.6%	61.5%	56.4%
Other U.S. state	22.0%	23.2%	22.3%	20.4%	18.5%	19.0%	17.7%
Australia	0.1%	0.0%	0.2%	0.1%	0.1%	0.1%	0.1%
Canada	1.4%	1.2%	1.0%	0.8%	0.9%	1.0%	1.0%
China	0.2%	0.2%	0.4%	0.4%	0.2%	0.2%	0.6%
England	0.8%	0.9%	0.8%	0.3%	0.7%	0.5%	0.7%
India	0.5%	0.7%	0.6%	0.6%	0.6%	0.7%	1.2%
Ireland	0.1%	0.1%	0.0%	0.0%	0.0%	0.1%	0.0%
Korea	0.9%	1.0%	1.3%	1.0%	1.0%	0.6%	0.7%
Philippines	11.1%	13.7%	14.0%	13.7%	13.6%	14.0%	17.8%
Other Country	3.0%	4.4%	3.3%	2.7%	3.8%	2.4%	3.7%
Number of cases	4,351	4,775	5,480	4,905	5,047	3,756	2,312

Note: Data are weighted to represent all RNs with active licenses.

3. In what year did you graduate from that program?

	2006	2008	2010	2012	2014	2016	2018
1940s	0.2%	0.2%	0.2%	0.0%	0.0%	0.0%	2.0%
1950s	2.7%	2.3%	1.3%	1.0%	0.7%	0.4%	0.3%
1960s	8.3%	8.3%	6.1%	4.3%	4.3%	3.2%	2.1%
1970s	23.3%	21.7%	17.4%	16.1%	15.3%	12.7%	8.9%
1980s	25.1%	22.7%	20.4%	19.1%	18.0%	15.1%	14.3%
1990s	25.8%	25.2%	24.1%	23.5%	21.1%	17.5%	18.0%
2000s	14.6%	19.8%	30.3%	28.7%	27.2%	26.0%	24.4%
2010s	*	*	0.1%	7.0%	13.3%	25.2%	30.0%
Number of cases	4,375	4,688	5,463	4,900	4,993	3,747	3,964

\* Question was not asked in this survey year.

Note: Data are weighted to represent all RNs with active licenses.

4. Immediately prior to starting your basic RN nursing education, were you employed in a health occupation?

	2006	2008	2010	2012	2014	2016	2018
No	57.0%	58.1%	57.9%	57.3%	58.7%	61.2%	58.3%
Clerical or Administrative	*	5.0%	5.1%	5.4%	5.1%	5.5%	6.2%
Military Medical Corps	*	0.7%	0.6%	0.9%	0.9%	0.5%	0.9%
Nursing Aide	19.3%	17.3%	15.7%	14.5%	13.6%	14.8%	14.7%
Other Health Technician	*	3.7%	5.5%	4.4%	3.8%	4.9%	3.9%
Medical Assistant	*	2.8%	2.7%	3.0%	2.9%	2.9%	2.9%
LPN/LVN	10.2%	8.1%	9.2%	9.7%	8.8%	7.1%	8.7%
Other	13.5%	4.4%	3.2%	4.8%	6.1%	2.2%	0.4%
EMT	*	*	*	*	*	0.9%	0.9%
Number of cases	4,461	4,807	5,495	4,942	5,038	3,784	3,925

\* Question was not asked in this survey year.

Note: Data are weighted to represent all RNs with active licenses.

5. Since graduating from the basic RN nursing program, have you earned any additional degrees?

In what year was it completed?

	% received	Year received							Number of cases
		1950s	1960s	1970s	1980s	1990s	2000s	2010s	
ASN	1.0%	0.0%	0.0%	1.4%	11.6%	32.8%	20.8%	33.5%	38
BSN	11.2%	0.0%	0.4%	3.4%	6.5%	13.8%	19.7%	56.2%	412
MSN	6.2%	0.0%	0.0%	2.4%	8.3%	10.2%	26.3%	52.9%	228
Doctorate, nursing (DNP)	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	3.2%	96.8%	9
Doctorate, nursing (PhD)	0.5%	0.0%	0.0%	0.0%	0.5%	0.5%	14.3%	76.5%	13
Associate, non-nursing	12.1%	0.0%	1.3%	9.2%	12.5%	20.8%	33.6%	22.6%	545
Bachelor's, non-nursing	18.2%	0.1%	1.1%	10.6%	18.8%	20.9%	32.2%	16.2%	712
Master's, non-nursing	4.5%	0.0%	0.5%	2.0%	6.9%	16.1%	33.9%	40.6%	192
Doctorate, non-nursing	0.6%	0.0%	0.0%	3.9%	41.2%	13.9%	39.4%	1.7%	27

Note: Respondents could report obtaining multiple additional degrees, so columns will not add to 100%. Data are weighted to represent all RNs with active licenses.



6. Are you currently enrolled in a nursing degree program or specialty certification program?

	2006	2008	2010	2012	2014	2016	2018
No	93.5%	93.0%	91.8%	88.1%	90.0%	90.5%	88.7%
Yes	6.5%	7.0%	8.3%	11.9%	10.0%	9.5%	11.3%
Number of cases	4,440	4,814	5,444	4,854	5,047	3,694	3,903

Note: Data are weighted to represent all RNs with active licenses.

7. What is your degree objective?

	2006	2008	2010	2012	2014	2016	2018
Associates Degree	0.3%	1.0%	0.3%	5.2%	5.0%	0.9%	0.8%
Baccalaureate Degree	33.7%	34.4%	31.2%	33.0%	42.3%	37.6%	40.1%
Master's Degree	44.1%	38.5%	44.1%	29.3%	34.8%	30.5%	39.1%
Non-degree Specialty Certification	17.4%	21.2%	17.6%	27.1%	11.3%	11.5%	8.8%
Doctoral Degree	4.4%	4.9%	6.8%	5.4%	*	0.0%	*
Doctoral Degree (DNP)	*	*	*	*	5.8%	6.4%	8.4%
Doctoral Degree (Research)	*	*	*	*	4.1%	2.9%	1.5%
Non-nursing Associate	*	*	*	*	*	0.5%	0.3%
Non-nursing Baccalaureate	*	*	*	*	*	1.3%	0.8%
Non-nursing Master's	*	*	*	*	*	6.7%	4.1%
Non-nursing Doctoral	*	*	*	*	*	1.8%	0.6%
Non-nursing Certification	*	*	*	*	*	3.2%	4.1%
Number of cases	242	285	360	472	444	296	382

Note: Data are weighted to represent all RNs with active licenses.

8. What percent of coursework is through online or distance learning?

	2016	2018
0%	17.8%	13.8%
1-25%	6.1%	8.6%
26-50%	8.9%	7.0%
51%-75%	2.6%	3.7%
75%-100%	64.5%	66.9%
Number of cases	350	367

Note: Data are weighted to represent all RNs with active licenses.

9. In what state/country were you first licensed as an RN?

	2006	2008	2010	2012	2014	2016	2018
California	63.9%	60.1%	61.7%	64.1%	65.3%	68.3%	66.3%
Other U.S.	20.1%	21.5%	20.5%	18.7%	18.0%	18.0%	17.2%
Australia	0.1%	0.0%	0.2%	0.1%	0.1%	0.1%	0.0%
Canada	1.6%	1.1%	1.0%	0.8%	0.8%	1.0%	0.7%
China	0.1%	0.3%	0.3%	0.3%	0.0%	0.1%	0.6%
England	0.7%	1.0%	0.6%	0.4%	0.6%	0.5%	0.5%
India	0.4%	0.6%	0.5%	0.5%	0.4%	0.5%	0.7%
Ireland	0.1%	0.1%	0.0%	0.0%	0.0%	0.1%	0.0%
Korea	0.8%	0.8%	1.1%	0.9%	0.6%	0.5%	0.5%
Philippines	9.6%	10.9%	11.7%	11.7%	9.4%	9.2%	11.3%
Other Country	2.7%	3.7%	2.6%	2.4%	4.8%	2.0%	2.1%
Number of cases	4,447	4,790	5,480	4,914	5,047	3,662	3,904

Note: Data are weighted to represent all RNs with active licenses.

10. In what year were you first licensed as an RN?

	2006	2008	2010	2012	2014	2016	2018
1940s	0.1%	0.2%	0.2%	0.0%	0.0%	0.0%	2.0%
1950s	2.5%	2.1%	1.1%	0.9%	0.6%	0.4%	0.3%
1960s	7.9%	7.8%	5.8%	4.0%	3.5%	3.2%	2.1%
1970s	21.3%	19.8%	16.4%	14.6%	12.4%	12.7%	8.9%
1980s	25.1%	22.8%	20.2%	18.2%	17.1%	15.1%	14.3%
1990s	26.5%	24.8%	23.4%	24.1%	18.0%	17.5%	18.0%
2000s	16.5%	22.3%	31.8%	29.3%	32.0%	26.0%	24.4%
2010s	*	*	1.1%	8.8%	16.3%	25.2%	30.0%
Number of cases	4,448	4,767	5,551	4,967	5,047	3,747	3,964

\* Question was not asked in this survey year.

Note: Data are weighted to represent all RNs with active licenses.

11. In what year were you first licensed as an RN in California?

	2006	2008	2010	2012	2014	2016	2018
1940s	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%
1950s	1.2%	1.0%	0.6%	0.5%	0.3%	0.2%	0.0%
1960s	5.2%	5.3%	3.9%	2.5%	2.9%	2.0%	1.2%
1970s	16.9%	14.6%	11.9%	11.1%	10.4%	7.7%	5.9%
1980s	26.5%	23.6%	20.3%	17.7%	16.9%	14.0%	12.8%
1990s	26.2%	22.2%	20.1%	19.1%	16.9%	17.3%	15.4%
2000s	23.9%	33.2%	42.0%	37.8%	33.7%	31.7%	27.7%
2010s	*	*	1.2%	11.3%	18.9%	27.1%	36.8%
Number of cases	4,459	4,765	5,490	4,967	5,047	3,793	4,049

\* Question was not asked in this survey year.

Note: Data are weighted to represent all RNs with active licenses.

12. Do you presently have an active RN license in California?

Asked first in 2010; all reported respondents had to be actively licensed.

13. In how many states, other than California, do you hold an active RN license?

	2006	2008	2010	2012	2014	2016	2018
0	88.2%	88.0%	90.0%	89.5%	91.6%	91.7%	90.7%
1	8.5%	8.4%	7.0%	7.9%	6.3%	7.0%	9.1%
2	2.3%	2.5%	2.2%	1.9%	1.4%	0.8%	0.3%
3	0.7%	0.5%	0.4%	0.6%	0.5%	0.1%	0.0%
4	0.2%	0.3%	0.2%	0.1%	0.0%	0.1%	0.0%
5 or more	0.1%	0.3%	0.2%	0.1%	0.0%	0.2%	0.0%
Number of cases	4,456	4,746	5,551	4,967	5,047	3,793	3,911

Note: Data are weighted to represent all RNs with active licenses.

14. Which of the following certifications, if any, have you received from the California Board of Registered Nursing since your initial licensure as an RN?

	2006	2008	2010	2012	2014	2016	2018
Nurse Anesthetist	0.8%	0.4%	0.4%	0.6%	1.1%	0.4%	0.6%
Public Health Nurse	16.1%	17.5%	15.2%	16.6%	17.5%	17.6%	17.4%
Nurse Midwife	1.3%	0.6%	0.4%	0.5%	0.6%	0.5%	0.8%
Psychiatric/Mental Health Nurse	3.2%	1.1%	1.3%	1.5%	1.1%	0.6%	1.5%
Nurse Practitioner	5.6%	7.4%	5.7%	5.4%	5.4%	5.3%	6.0%
Clinical Nurse Specialist	3.2%	3.0%	2.8%	2.8%	2.2%	1.9%	1.6%
None	77.2%	76.7%	76.8%	75.7%	75.1%	76.4%	75.2%
Number of cases	*	*	5,142	4,657	5,047	3,793	4,049

\* Question was not asked in this survey year.

Note: Nurses can have more than one certification, so columns will not total 100%. Data are weighted to represent all RNs with active licenses.

15. **How long have you practiced as an RN? Exclude years since graduation during which you did not work as an RN.**

	2006	2008	2010	2012	2014	2016	2018
<b>Less than 5 years</b>	14.1%	15.7%	19.2%	19.9%	20.8%	21.9%	26.5%
<b>5 to 9 years</b>	15.5%	14.7%	16.4%	17.2%	16.9%	19.9%	16.5%
<b>10 to 14 years</b>	14.5%	13.8%	13.5%	12.8%	13.3%	12.4%	13.1%
<b>15-19 years</b>	12.3%	11.8%	12.0%	11.9%	10.8%	11.0%	10.6%
<b>20-24 years</b>	13.5%	12.2%	9.7%	10.0%	9.2%	8.6%	9.4%
<b>25-29 years</b>	12.2%	11.7%	9.7%	9.3%	7.2%	7.4%	6.3%
<b>30-34 years</b>	9.3%	9.4%	8.9%	8.4%	8.8%	6.3%	6.2%
<b>35+ years</b>	8.7%	10.8%	10.6%	10.4%	13.1%	12.4%	11.4%
<b>Number of cases</b>	4,345	4,754	5,242	4,691	4,971	3,757	3,988

Note: Data are weighted to represent all RNs with active licenses.

16. **How satisfied are you with the nursing profession overall?**

	2006	2008	2010	2012	2014	2016	2018
<b>Very Dissatisfied</b>	2.4%	1.6%	2.3%	3.0%	3.6%	3.8%	4.6%
<b>Dissatisfied</b>	10.6%	8.4%	6.0%	6.1%	4.6%	3.5%	3.2%
<b>Neither satisfied nor dissatisfied</b>	12.4%	12.8%	9.3%	8.9%	7.5%	5.9%	7.7%
<b>Satisfied</b>	54.2%	52.7%	50.6%	45.4%	43.6%	45.4%	43.1%
<b>Very satisfied</b>	20.4%	24.5%	31.8%	36.6%	40.7%	41.3%	41.4%
<b>Number of cases</b>	*	*	5,404	4,764	4,998	3,705	3,911

\* Question was not asked in this survey year.

Note: Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

17. **Are you currently employed in registered nursing?**

	2006	2008	2010	2012	2014	2016	2018
<b>Employed in nursing</b>	86.7%	86.9%	87.4%	85.1%	83.4%	86.2%	81.4%
<b>Not employed in nursing</b>	13.3%	13.1%	12.6%	14.9%	16.6%	13.8%	18.6%
<b>Number of cases</b>	4,346	4,890	5,551	4,967	5,047	3,789	4,049

Note: Data are weighted to represent all RNs with active licenses.

18. **How many hours do you normally work as an RN?**

**A. Hours per day**

	2006	2008	2010	2012	2014	2016	2018
<b>Under 5 hours</b>	1.7%	0.7%	1.1%	0.7%	0.8%	0.8%	1.0%
<b>5-7.5 hours</b>	4.0%	3.9%	3.8%	2.8%	3.5%	2.4%	3.0%
<b>8 hours</b>	42.8%	39.5%	41.7%	45.3%	44.7%	43.3%	39.1%
<b>8.5-11.5 hours</b>	15.3%	13.5%	11.6%	11.4%	12.0%	9.8%	10.9%
<b>12 hours</b>	34.7%	40.8%	40.1%	38.5%	37.5%	42.3%	43.2%
<b>More than 12 hours</b>	1.6%	1.5%	1.8%	1.2%	1.6%	1.4%	2.8%
<b>Number of cases</b>	3,109	3,559	3,986	3,313	3,334	2,441	2,618

Note: Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

**B. Hours per week**

	2006	2008	2010	2012	2014	2016	2018
Less than 1 Hour	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%
1 to 20 Hours	8.9%	7.2%	6.8%	7.8%	7.0%	5.9%	5.3%
21 to 30 Hours	14.0%	13.3%	13.4%	12.4%	12.2%	11.3%	10.4%
31 to 40 hours	62.7%	63.9%	65.7%	68.0%	66.5%	39.5%	40.6%
41 to 60 hours	13.2%	13.6%	12.6%	10.8%	12.2%	40.9%	41.1%
60+ hours	1.2%	2.0%	1.5%	1.1%	2.0%	2.4%	2.6%
Number of cases	3,649	3,984	4,603	3,953	4,034	3,402	3,086

Note: Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

**C. Overtime hours per week**

	Any Overtime						
	2006	2008	2010	2012	2014	2016	2018
None or less than one hour	50.9%	57.0%	65.5%	69.3%	65.2%	61.7%	62.8%
1-2 hours	14.6%	14.3%	11.8%	10.5%	12.3%	11.1%	12.5%
3-4 hours	10.6%	7.6%	6.6%	5.9%	6.6%	8.7%	7.0%
5-6 hours	6.4%	4.3%	3.4%	3.7%	2.8%	4.5%	4.4%
7-8 hours	4.1%	4.6%	4.0%	3.4%	4.2%	3.8%	4.0%
8+ hours	13.4%	12.2%	8.7%	7.2%	8.9%	10.2%	9.2%
Number of cases	3,313	3,952	4,605	3,953	3,728	2,788	2,953

Note: Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

**D. On Call hours per week**

	2006	2008	2010	2012	2014	2016	2018
No on-call hours	*	86.2%	86.6%	89.5%	89.5%	92.0%	90.4%
0.5-9 hours	*	5.7%	6.0%	3.9%	3.9%	2.8%	3.5%
10-19 hours	*	4.3%	3.7%	3.8%	3.8%	2.4%	3.0%
20-29 hours	*	1.0%	1.4%	1.3%	1.2%	0.9%	15.2%
30 or more hours	*	2.9%	2.3%	1.4%	1.6%	2.0%	15.8%
Number of cases	*	3,951	4,615	3,960	5,047	3,793	4,049

\* Question was not asked in this survey year.

Note: Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

**19. How many months per year do you work as an RN?**

In prior years, the question was “how many weeks” rather than months.

	2012	2014	2016	2018
Less than 8 months	1.3%	1.1%	0.8%	1.5%
8-10 months	0.8%	0.8%	0.5%	1.5%
11-12 months	98.0%	98.1%	98.8%	97.0%
Number of cases	3,983	4,020	2,984	3,116

Note: Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

20. What are your intentions regarding your nursing employment in the next...

A. ...two years:

	2012	2014	2016	2018
Plan to increase hours of nursing work	11.6%	11.0%	9.9%	10.7%
Plan to work approximately as much as now	72.0%	70.6%	72.3%	70.9%
Plan to reduce hours of nursing work	10.5%	10.7%	10.7%	11.4%
Plan to leave nursing entirely, but not retire	0.9%	1.0%	0.7%	0.7%
Plan to retire	5.1%	6.7%	6.4%	6.3%
Number of cases	3,180	4,005	2,985	3,124

Note: This question was asked for the first time in 2012.

Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

B. ...five years:

	2006	2008	2010	2012	2014	2016	2018
Plan to increase hours of nursing work	9.5%	10.1%	13.1%	10.8%	10.4%	9.7%	10.8%
Plan to work approximately as much as now	53.1%	54.6%	60.2%	50.9%	50.2%	50.9%	52.8%
Plan to reduce hours of nursing work	21.6%	19.8%	15.2%	20.8%	20.0%	21.2%	17.7%
Plan to leave nursing entirely, but not retire	3.0%	3.1%	2.0%	3.0%	2.7%	1.7%	2.1%
Plan to retire	12.8%	12.4%	9.5%	14.5%	16.7%	16.6%	16.6%
Number of cases	3,694	4,037	4,660	3,142	3,906	2,892	3,075

Note: Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

21. In your principal nursing position, are you...?

	2006	2008	2010	2012	2014	2016	2018
Regular Employee	96.0%	95.8%	96.2%	96.2%	96.6%	97.1%	95.9%
Temp or Agency	2.4%	2.6%	1.3%	1.2%	1.1%	1.0%	1.0%
Self-Employed	1.7%	1.6%	2.0%	2.2%	1.7%	1.2%	1.8%
Traveling RN	*	*	0.5%	0.5%	0.7%	0.6%	1.4%
Number of cases	3,800	4,032	4,652	4,015	4,096	3,042	3,145

\* Question was not asked in this survey year.

Note: Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

22. How long have you been employed with your principal employer?

	2006	2008	2010	2012	2014	2016	2018
Less than 5 years	46.3%	46.1%	42.8%	42.0%	48.5%	37.4%	43.4%
5-9 years	21.4%	19.4%	24.0%	23.8%	20.8%	22.8%	17.2%
10-14 years	8.7%	8.2%	12.5%	11.8%	13.1%	14.7%	15.3%
More than 14 years	23.6%	26.3%	20.8%	22.3%	17.7%	25.2%	24.1%
Number of cases	3,598	4,020	4,617	4,034	5,046	3,032	3,120

Note: Data are weighted to represent all RNs with active licenses.

23. **How many hours per week do you normally work in your principal nursing position?**

	2006	2008	2010	2012	2014	2016	2018
<b>0 to 20 Hours</b>	10.5%	10.0%	7.6%	8.0%	9.4%	7.4%	8.1%
<b>21 to 30 Hours</b>	15.1%	13.5%	14.4%	12.6%	12.2%	12.0%	11.0%
<b>31 to 40 hours</b>	61.6%	63.4%	66.4%	69.2%	68.8%	40.5%	41.9%
<b>41 to 60 hours</b>	11.1%	10.2%	10.3%	9.3%	8.3%	38.5%	37.7%
<b>60+ hours</b>	1.7%	3.0%	1.3%	0.9%	1.2%	1.6%	1.3%
<b>Number of cases</b>	3,778	4,031	4,644	4,000	4,079	3,052	3,122

Note: Data are weighted to represent all RNs with active licenses.

24. **How many months per year do you normally work in your principal nursing position?**

In prior years, the question was “how many weeks” rather than months.

	2012	2014	2016	2018
<b>Less than 8 months</b>	1.1%	1.3%	1.5%	1.6%
<b>8-10 months</b>	2.6%	3.1%	2.5%	3.9%
<b>11-12 months</b>	96.3%	95.6%	96.0%	94.6%
<b>Number of cases</b>	3,946	4,038	3,019	3,117

Note: Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

25. **Where is your principal nursing position located?**

This question was excluded for confidentiality.

26. **How many miles is it from your home to your principal nursing position? If you work for an agency or registry, write the average one-way distance to your employment.**

	2006	2008	2010	2012	2014	2016	2018
<b>Less than 5 miles</b>	16.5%	17.7%	17.7%	15.9%	16.8%	14.6%	14.8%
<b>5-9 miles</b>	23.0%	21.4%	20.6%	23.2%	21.5%	20.9%	22.9%
<b>10-19 miles</b>	30.7%	30.7%	31.8%	30.3%	30.8%	33.1%	32.1%
<b>20-39 miles</b>	22.7%	23.9%	22.7%	23.3%	23.8%	24.4%	23.1%
<b>40 or more miles</b>	7.2%	6.4%	7.1%	7.4%	7.1%	7.1%	7.0%
<b>Number of cases</b>	3,750	3,961	4,210	3,950	4,008	2,952	3,031

Note: Data are weighted to represent all RNs with active licenses.

27. Which one of the following best describes the job title of your principal nursing position?

	2006	2008	2010	2012	2014	2016	2018
Direct Patient Care Provider/Staff Nurse	61.2%	58.5%	59.8%	54.8%	50.0%	50.1%	49.9%
Senior management, any setting	1.0%	1.9%	1.5%	2.1%	1.6%	1.8%	1.3%
Middle management, any setting	7.7%	5.8%	6.0%	6.1%	5.1%	5.6%	3.9%
Front-line management	5.9%	3.0%	2.9%	3.1%	2.1%	2.1%	2.2%
Charge Nurse/Team Leader	*	7.6%	8.4%	10.9%	1.7%	1.8%	1.6%
Direct care and Charge Nurse (both)	*	0.8%	*	*	16.1%	15.3%	15.0%
Clinical Nurse Specialist	1.6%	1.1%	0.8%	0.9%	0.5%	0.6%	0.5%
Certified Registered Nurse Anesthetist	0.4%	0.4%	0.4%	0.7%	0.3%	0.5%	0.6%
Certified Nurse Midwife	0.2%	0.3%	0.2%	0.2%	0.4%	0.2%	0.4%
Nurse Practitioner	4.7%	4.1%	3.4%	3.6%	3.7%	4.0%	4.9%
School Nurse	1.8%	1.8%	1.5%	1.2%	1.6%	1.4%	1.5%
Public Health Nurse	1.9%	1.3%	1.5%	1.2%	1.5%	1.6%	1.6%
Educator, academic setting	2.5%	1.5%	1.4%	1.6%	1.5%	1.0%	1.2%
Educator, service setting/clinical nurse educator	1.7%	1.6%	1.3%	1.1%	1.1%	1.1%	0.9%
Patient Care Coordinator/Case Manager/Discharge Planner	3.9%	4.2%	4.0%	4.0%	5.3%	5.5%	3.1%
Infection Control Nurse	0.3%	0.3%	0.2%	0.2%	0.3%	0.3%	0.0%
Quality Improvement Nurse/Utilization Review	1.7%	1.9%	1.3%	2.1%	2.3%	2.0%	2.0%
Occupational Health Nurse	0.3%	0.2%	0.2%	0.2%	0.1%	0.3%	0.3%
Telenursing	0.7%	1.3%	1.1%	1.0%	0.9%	1.2%	0.7%
Nurse Coordinator	*	0.2%	1.0%	1.0%	*	0.2%	0.2%
Consultant	*	0.3%	*	*	0.5%	*	*
Researcher	*	0.2%	0.2%	0.3%	0.4%	0.5%	0.3%
Patient Educator	*	*	0.5%	0.4%	0.8%	0.6%	0.4%
Clinical Nurse Leader	*	*	*	0.3%	0.2%	0.3%	0.4%
Other	2.6%	1.7%	2.5%	3.0%	2.3%	1.7%	6.5%
Number of cases	3,675	4,108	4,689	4,046	4,097	3,065	3,129

\* Question was not asked in this survey year.

Note: Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.



28. Mark the clinical area in which you most frequently provide direct patient care in your principal nursing position.

	2006	2008	2010	2012	2014	2016	2018
Not involved in direct patient care	10.4%	12.0%	11.9%	12.3%	13.6%	12.0%	11.2%
Ambulatory/outpatient	*	10.2%	8.2%	8.6%	*	*	*
Ambulatory/outpatient (primary care)	*	*	*	*	3.9%	3.7%	3.3%
Ambulatory/outpatient (specialty care)	*	*	*	*	3.7%	3.8%	4.1%
Cardiology	*	2.0%	2.3%	2.6%	2.0%	1.3%	2.1%
Community/public health	1.6%	1.3%	1.2%	1.4%	1.3%	0.9%	1.4%
Corrections	1.3%	0.8%	1.4%	0.9%	1.0%	1.0%	1.3%
Dialysis	1.4%	1.3%	1.7%	1.6%	1.4%	1.8%	1.7%
Emergency trauma	6.3%	5.8%	5.9%	6.2%	6.3%	6.9%	7.2%
Geriatrics	2.3%	2.2%	2.4%	3.1%	3.6%	2.6%	2.0%
Home health care	2.6%	2.4%	2.6%	2.6%	2.5%	2.2%	2.4%
Hospice	1.6%	1.4%	1.3%	1.7%	1.5%	1.5%	1.1%
Intensive care	10.8%	9.8%	9.4%	7.2%	7.5%	7.8%	9.1%
Labor & delivery	*	3.6%	3.5%	4.1%	2.9%	2.9%	4.0%
Medical/surgical	15.3%	11.5%	10.3%	9.7%	9.9%	8.3%	9.6%
Mother-baby or normal newborn nursery	*	2.5%	2.5%	2.9%	2.6%	2.8%	2.6%
Neonatal care	3.8%	3.4%	2.9%	3.1%	2.8%	3.2%	2.7%
Obstetrics	6.3%	0.2%	1.3%	1.2%	1.7%	1.3%	0.6%
Oncology	*	2.1%	1.9%	2.3%	1.8%	3.1%	2.7%
Pediatrics	3.9%	2.9%	2.9%	2.6%	3.9%	0.7%	2.6%
Peri-operative/Surgery/PACU/Anesthesia	6.6%	6.0%	6.9%	7.0%	8.1%	7.5%	6.8%
Psych/Mental health	2.8%	2.8%	3.1%	3.1%	3.0%	3.4%	2.9%
Rehabilitation	2.1%	1.4%	1.4%	1.8%	1.3%	1.8%	1.5%
School (K-12)	2.2%	2.0%	1.5%	1.2%	1.3%	1.2%	1.5%
Step down unit	2.7%	1.7%	1.4%	1.6%	1.5%	1.4%	1.6%
Telemetry	*	4.5%	4.2%	3.0%	3.5%	4.4%	5.0%
Multiple area	1.4%	2.0%	2.0%	1.3%	0.8%	1.6%	*
Endoscopic	*	0.1%	*	*	0.2%	*	0.5%
Radiology	*	0.2%	*	*	0.6%	0.2%	0.3%
Orthopedics	*	0.2%	*	*	1.0%	0.7%	0.8%
Other	14.5%	2.9%	5.8%	7.0%	5.0%	7.1%	6.2%
Number of cases	3,812	4,100	4,633	4,005	4,040	3,056	3,102

\* Question was not asked in this survey year.

Note: Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

29. Which of the following **best** describes the type of setting of your principal nursing position? If you work for a temporary employment agency, in which setting do you most often work?

	2006	2008	2010	2012	2014	2016	2018
Hospital, acute care or emergency department	55.6%	56.3%	53.4%	52.2%	48.9%	54.6%	51.5%
Hospital, nursing home unit	0.5%	0.5%	0.4%	0.7%	1.0%	0.5%	0.4%
Hospital-based ambulatory care department	4.8%	5.5%	7.8%	8.0%	10.3%	8.3%	7.0%
Hospital-based ancillary department	1.8%	1.4%	2.3%	1.4%	0.8%	1.1%	1.1%
Hospital, other department	*	0.7%	*	*	4.6%	2.2%	2.8%
Skilled nursing/extended care/nursing home	2.3%	3.0%	2.8%	4.0%	4.0%	2.9%	2.4%
University or college	3.3%	*	1.6%	1.4%	1.8%	1.0%	1.2%
Academic nursing program	*	1.4%	*	*	*	*	*
Public health dept/community health agency	2.5%	2.6%	1.7%	1.8%	3.6%	2.0%	
Home health nursing agency or service	3.0%	2.5%	3.3%	2.6%	3.9%	3.6%	3.1%
Hospice	1.7%	1.4%	1.4%	1.7%	0.2%	0.3%	0.1%
Ambulatory care setting (office, surgery center)	6.3%	9.3%	7.3%	7.2%	5.3%	1.2%	1.5%
Other clinic/ambulatory	*	*	*	*	*	0.7%	1.8%
Public health (not clinic)	*	*	*	*	*	1.5%	
Dialysis	1.5%	1.2%	1.6%	1.3%	0.9%	1.0%	
Telenursing organization/call center	*	1.1%	0.7%	0.8%	0.7%	0.6%	
Occupational health/employee health	0.5%	0.3%	0.3%	0.6%	0.1%	0.5%	
School health (K-12 or college)	1.8%	2.1%	1.7%	1.5%	1.7%	1.5%	
Mental health/drug and alcohol treatment	3.8%	0.8%	1.9%	*	*	*	
Outpatient mental health/substance abuse	*	*	*	0.9%	0.4%	0.4%	
Inpatient mental health/substance abuse	*	*	*	1.5%	1.7%	1.8%	
Insurance organization	*	0.6%	*	*	0.6%		
Forensic setting (correctional facility, prison, jail)	2.0%	1.2%	1.9%	1.6%	1.5%	1.5%	
Other inpatient setting	*	*	*	*	*	0.3%	
Private medical practice clinic, physician office	*	*	*	*	*	4.7%	
Government agency (local, state, federal)	1.4%	1.0%	1.7%	1.2%	1.5%	0.8%	
Case management/disease management	*	2.3%	2.2%	2.6%	2.2%	2.2%	
Self-employed	0.5%	0.7%	0.7%	0.6%	0.4%	0.3%	
Long term care	*	*	0.4%	*	*	*	
Rehabilitation	*	*	1.2%	2.2%	*	1.3%	
Urgent care	*	*	0.8%	0.4%	0.3%	0.5%	
Other	6.9%	4.1%	3.0%	3.8%	3.8%	2.7%	
Number of cases	3,661	4,080	4,671	4,049	4,092	3,033	

\* Question was not asked in this survey year.

Note: Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

30. Approximately what percentage of your time is spent on each of the following functions during a typical week in your principal position?

**A. Direct patient care & charting**

Direct patient care & charting	2006	2008	2010	2012	2014	2016	2018
0 to 25 percent of time	*	*	26.3%	28.3%	27.7%	27.4%	24.9%
26 to 50 percent of time	*	*	19.6%	17.4%	18.9%	18.8%	21.0%
51 to 75 percent of time	*	*	26.7%	27.4%	26.8%	27.6%	28.5%
76 to 100 percent of time	*	*	27.5%	27.0%	26.6%	26.2%	25.6%
Number of cases	*	*	4,484	3,880	3,943	2,899	2,965

\* Question was not asked in this survey year.

Note: Data are weighted to represent all RNs with active licenses.

**B. Patient education**

Patient education	2006	2008	2010	2012	2014	2016	2018
0 to 25 percent of time	93.3%	93.4%	90.6%	89.7%	88.9%	90.5%	91.1%
26 to 50 percent of time	5.5%	5.2%	8.4%	9.4%	10.0%	8.5%	8.2%
51 to 75 percent of time	0.7%	0.6%	0.6%	0.7%	0.7%	0.4%	0.5%
76 to 100 percent of time	0.6%	0.8%	0.4%	0.3%	0.4%	0.7%	0.2%
Number of cases	3,320	4,018	4,484	3,880	3,943	2,899	2,965

Note: Data are weighted to represent all RNs with active licenses.

**C. Indirect patient/client care (consultation, planning, evaluating care)**

Indirect patient/client care (consultation, planning, evaluating care)	2006	2008	2010	2012	2014	2016	2018
0 to 25 percent of time	86.3%	93.1%	91.2%	91.3%	90.6%	89.4%	92.0%
26 to 50 percent of time	8.2%	4.0%	5.3%	4.5%	5.6%	6.3%	5.6%
51 to 75 percent of time	2.0%	1.4%	1.6%	1.6%	1.7%	1.8%	1.2%
76 to 100 percent of time	3.5%	1.4%	2.0%	2.5%	2.1%	2.4%	1.2%
Number of cases	3,320	4,018	4,484	3,880	3,943	2,899	2,965

Note: Data are weighted to represent all RNs with active licenses.

**D. Education of students in health care occupations (including preparation time)**

Education of students in health care occupations (including preparation time)	2006	2008	2010	2012	2014	2016	2018
0 to 25 percent of time	97.7%	97.3%	95.9%	96.7%	96.7%	97.0%	96.9%
26 to 50 percent of time	0.9%	1.1%	1.9%	1.9%	1.7%	1.7%	1.5%
51 to 75 percent of time	0.4%	0.6%	0.5%	0.4%	0.6%	0.5%	0.3%
76 to 100 percent of time	0.9%	1.0%	1.7%	1.0%	1.0%	0.9%	1.4%
Number of cases	3,320	4,018	4,484	3,880	3,943	2,899	2,965

Note: Data are weighted to represent all RNs with active licenses.

### E. Supervision

Supervision	2006	2008	2010	2012	2014	2016	2018
0 to 25 percent of time	91.5%	91.7%	89.6%	88.1%	88.5%	87.9%	89.4%
26 to 50 percent of time	5.4%	5.0%	5.1%	6.3%	5.7%	6.1%	3.9%
51 to 75 percent of time	1.5%	1.3%	2.6%	2.6%	2.8%	2.8%	2.2%
76 to 100 percent of time	1.6%	1.9%	2.7%	3.1%	2.9%	3.2%	4.6%
Number of cases	3,320	4,018	4,484	3,880	3,943	2,899	2,965

Note: Data are weighted to represent all RNs with active licenses.

### F. Administration

Administration	2006	2008	2010	2012	2014	2016	2018
0 to 25 percent of time	93.8%	92.7%	96.5%	94.7%	95.4%	94.8%	95.5%
26 to 50 percent of time	2.4%	3.8%	2.1%	3.1%	2.4%	2.7%	2.5%
51 to 75 percent of time	0.9%	1.3%	0.5%	0.7%	0.9%	0.9%	0.4%
76 to 100 percent of time	2.9%	2.1%	1.0%	1.6%	1.3%	1.6%	1.6%
Number of cases	3,320	4,018	4,484	3,880	3,943	2,899	2,965

Note: Data are weighted to represent all RNs with active licenses.

### G. Research

Research	2006	2008	2010	2012	2014	2016	2018
0 to 25 percent of time	*	*	99.5%	99.3%	99.2%	99.5%	99.4%
26 to 50 percent of time	*	*	0.3%	0.3%	0.4%	0.3%	0.4%
51 to 75 percent of time	*	*	0.1%	0.0%	0.2%	0.2%	0.0%
76 to 100 percent of time	*	*	0.1%	0.3%	0.2%	0.1%	0.2%
Number of cases	*	*	4,484	3,880	3,943	2,899	2,965

\* Question was not asked in this survey year.

Note: Data are weighted to represent all RNs with active licenses.

### H. Non-nursing tasks (housekeeping, etc.)

Non-nursing tasks (housekeeping, etc.)	2006	2008	2010	2012	2014	2016	2018
0 to 25 percent of time	*	99.0%	99.2%	99.4%	99.7%	99.5%	99.6%
26 to 50 percent of time	*	0.8%	0.6%	0.5%	0.3%	0.4%	0.3%
51 to 75 percent of time	*	0.1%	0.1%	0.1%	0.0%	0.1%	0.1%
75 to 100 percent of time	*	0.1%	0.0%	0.0%	0.0%	0.1%	0.0%
Number of cases	*	4,018	4,484	3,880	3,943	2,899	2,965

\* Question was not asked in this survey year.

Note: Data are weighted to represent all RNs with active licenses.

**I. Other**

Other	2006	2008	2010	2012	2014	2016	2018
0 to 25 percent of time	*	96.7%	96.2%	96.2%	96.3%	98.5%	97.2%
26 to 50 percent of time	*	1.1%	1.5%	1.2%	1.1%	0.6%	0.9%
51 to 75 percent of time	*	0.6%	0.4%	0.5%	0.4%	0.2%	0.4%
75 to 100 percent of time	*	1.6%	1.9%	2.2%	2.2%	0.7%	1.5%
Number of cases	*	4,018	4,484	3,880	3,943	2,899	2,965

\* Question was not asked in this survey year.

Note: Data are weighted to represent all RNs with active licenses.

**31. How does your electronic health/medical record affect the quality of care you provide to patients?**

	2016	2018
The system nearly always improves quality of care	16.1%	19.6%
The system usually improves the quality of care	45.7%	42.7%
The system has no effect on quality of care	12.5%	10.0%
The system occasionally reduces the quality of care	19.9%	20.0%
The system almost always reduces the quality of care	5.7%	7.7%
Number of cases	2,652	2,843

Note: Data are weighted to represent all RNs with active licenses.

**32. Please specify the annual earnings for your principal position only, before deductions for taxes, social security, etc. If you do not have a set annual salary, please estimate your annual earnings for last year.**

	2006	2008	2010	2012	2014	2016	2018
Less than 25,000	3.7%	2.9%	3.1%	3.5%	3.3%	2.8%	3.9%
25,000 to 49,999	12.9%	9.3%	7.4%	6.9%	6.2%	5.3%	4.6%
50,000 to 74,999	41.0%	32.3%	29.1%	23.4%	21.1%	17.4%	14.8%
75,000 to 99,999	30.9%	34.7%	33.4%	31.5%	31.8%	29.8%	27.3%
100,000 to 124,999	9.4%	15.4%	19.0%	23.8%	24.2%	26.7%	26.6%
over 125,000	2.1%	5.4%	8.0%	10.9%	13.4%	18.0%	23.0%
Number of cases	3,567	3,711	3,707	3,692	3,824	2,849	2,928

Note: Data are weighted to represent all RNs with active licenses.

**33. Does your compensation from your principal position include:**

	2008	2010	2012	2014	2016	2018
Retirement plan	84.8%	84.2%	85.1%	87.3%	78.4%	76.9%
Personal health insurance	83.6%	84.5%	87.6%	88.1%	79.9%	78.5%
Dental insurance	88.5%	88.6%	88.5%	87.3%	78.7%	76.1%
Family health insurance	70.0%	68.7%	70.7%	71.0%	66.2%	62.8%
Tuition reimbursement	*	*	43.2%	44.7%	41.4%	41.9%
Paid time off for education	*	*	20.2%	20.7%	20.4%	20.4%
None	*	*	*	*	11.5%	12.8%

\* Question was not asked in the survey year.

Note: Data are weighted to represent all RNs with active licenses.

34. Please rate each of the following factors of your most recent nursing position:

This question was asked about current position, only for those working as nurses, in 2010 through 2018.

	2006				
	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
Your job overall	1.0%	7.0%	8.7%	47.5%	35.9%
Your salary	2.8%	16.2%	14.3%	47.3%	19.5%
Employee benefits	3.8%	16.1%	13.8%	45.5%	20.9%
Adequacy of RN skill level where you work	1.1%	8.8%	11.8%	51.0%	27.2%
Adequacy of the number of RNs where you work	4.7%	21.8%	14.7%	41.2%	17.6%
Adequacy of clerical support services	5.7%	20.7%	17.9%	43.2%	12.5%
Non-nursing tasks required	6.4%	23.8%	28.5%	34.8%	6.6%
Amount of paperwork required	11.9%	32.7%	20.0%	30.0%	5.5%
Your workload	5.4%	18.2%	19.6%	47.4%	9.4%
Physical work environment	3.7%	15.4%	17.8%	47.2%	15.8%
Work schedule	1.7%	6.5%	9.3%	48.8%	33.6%
Job security	2.1%	6.0%	10.6%	43.9%	37.3%
Opportunities for advancement	3.8%	14.0%	26.6%	39.0%	16.6%
Support from other nurses you work with	1.8%	7.5%	12.4%	44.8%	33.6%
Teamwork between coworkers and yourself	1.7%	8.4%	10.9%	43.2%	35.9%
Leadership from your nursing administration	10.5%	22.0%	20.5%	31.4%	15.7%
Relations with physicians	2.3%	7.5%	16.3%	40.5%	23.4%
Relations with other non-nursing staff	1.1%	3.9%	12.5%	59.2%	23.4%
Relations with agency/registry nurses	0.9%	5.6%	27.7%	53.9%	11.9%
Interaction with patients	0.4%	1.5%	7.7%	46.8%	43.7%
Time available for patient education	4.6%	23.6%	17.2%	38.3%	16.3%
Involvement in policy/management decisions	7.6%	23.7%	28.6%	31.1%	9.0%
Opportunities to use your skills	0.9%	5.4%	11.0%	54.4%	28.3%
Opportunities to learn new skills	1.7%	11.9%	17.6%	47.4%	21.3%
Quality of preceptor and mentor programs	4.8%	18.5%	24.7%	39.1%	12.9%
Employer-supported educational opportunities	5.3%	19.2%	20.4%	37.9%	17.3%
Quality of patient care where you work	1.3%	8.8%	13.2%	49.4%	27.4%
Feeling that work is meaningful	1.5%	4.9%	9.5%	43.6%	40.5%
Recognition for a job well done	6.9%	18.8%	19.8%	36.3%	18.2%

Note: In 2010 this question was asked only of employed CA RNs. In prior years it was asked of all RNs, and the responses of employed and non-employed RNs were tabulated. 2006 and 2008 percentages for this table have therefore changed to represent only employed RNs. Data are weighted to represent all RNs with active licenses. Rows might not total 100% due to rounding.

	2008				
	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
Your job overall	1.4%	6.3%	8.6%	47.3%	36.3%
Your salary	2.3%	15.5%	12.5%	46.9%	22.8%
Employee benefits	2.8%	13.9%	14.2%	44.1%	25.1%
Adequacy of RN skill level where you work	1.0%	7.4%	11.7%	50.4%	29.5%
Adequacy of the number of RNs where you work	3.9%	19.0%	14.1%	43.5%	19.5%
Adequacy of clerical support services	5.4%	21.0%	17.6%	41.8%	14.2%
Non-nursing tasks required	6.4%	22.3%	29.1%	35.3%	6.9%
Amount of paperwork required	11.1%	31.6%	20.6%	31.3%	5.5%
Your workload	4.4%	19.9%	17.6%	48.3%	9.8%
Physical work environment	3.8%	15.3%	16.9%	47.1%	17.0%
Work schedule	1.7%	5.8%	9.6%	48.1%	34.7%
Job security	2.0%	6.2%	10.4%	44.9%	36.5%
Opportunities for advancement	3.7%	13.2%	25.7%	39.8%	17.6%
Support from other nurses you work with	2.1%	6.8%	13.1%	45.3%	32.7%
Teamwork between coworkers and yourself	1.7%	7.7%	11.4%	43.3%	35.8%
Leadership from your nursing administration	10.2%	21.8%	19.2%	33.5%	15.4%
Relations with physicians	1.7%	7.6%	17.8%	49.0%	23.8%
Relations with other non-nursing staff	0.7%	3.8%	12.1%	58.2%	25.1%
Relations with agency/registry nurses	1.1%	4.9%	29.4%	52.3%	12.2%
Interaction with patients	0.3%	1.7%	6.2%	45.9%	45.8%
Time available for patient education	4.4%	21.4%	17.8%	40.2%	16.2%
Involvement in policy/management decisions	7.3%	23.8%	26.5%	32.3%	10.1%
Opportunities to use your skills	1.1%	5.4%	10.8%	54.7%	28.1%
Opportunities to learn new skills	2.1%	10.9%	16.9%	48.0%	22.2%
Quality of preceptor and mentor programs	5.3%	17.7%	23.7%	39.1%	14.2%
Employer-supported educational opportunities	5.9%	16.9%	20.2%	40.3%	16.7%
Quality of patient care where you work	1.4%	7.5%	12.8%	49.9%	28.4%
Feeling that work is meaningful	1.4%	4.3%	8.4%	44.6%	41.2%
Recognition for a job well done	7.2%	17.3%	19.4%	36.4%	19.8%

Note: In 2010 this question was asked only of employed CA RNs. In prior years it was asked of all RNs, and the responses of employed and non-employed RNs were tabulated. 2006 and 2008 percentages for this table have therefore changed to represent only employed RNs. Data are weighted to represent all RNs with active licenses. Rows might not total 100% due to rounding.

	2010						
	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied	Does not Apply	Number of cases
Your job overall	0.9%	5.1%	7.1%	47.8%	39.1%	0.1%	4,657
Your salary	1.4%	11.9%	11.5%	47.6%	27.4%	0.2%	4,666
Employee benefits	2.3%	10.1%	12.7%	41.7%	27.2%	6.0%	4,613
Adequacy of RN skill level where you work	0.7%	6.3%	10.2%	48.9%	32.0%	1.9%	4,665
Adequacy of the number of RNs where you work	3.0%	17.1%	13.2%	40.6%	22.5%	3.5%	4,666
Adequacy of clerical support services	4.2%	18.6%	17.5%	40.7%	16.5%	2.5%	4,663
Non-nursing tasks required	3.9%	17.0%	27.8%	35.9%	8.7%	6.7%	4,617
Amount of paperwork required	9.9%	27.9%	20.5%	32.9%	7.4%	1.5%	4,648
Your workload	4.2%	17.9%	18.0%	47.2%	12.4%	0.3%	4,664
Physical work environment	2.8%	11.8%	16.3%	49.1%	19.4%	0.7%	4,676
Work schedule	1.2%	5.9%	9.1%	47.9%	35.8%	0.2%	4,679
Job security	2.5%	7.5%	12.2%	45.5%	31.8%	0.6%	4,673
Opportunities for advancement	3.2%	14.0%	23.1%	38.4%	17.2%	4.0%	4,664
Support from other nurses you work with	1.5%	5.9%	11.0%	42.2%	36.4%	3.0%	4,679
Teamwork between coworkers and yourself	1.5%	5.7%	9.8%	41.2%	40.3%	1.4%	4,687
Leadership from your nursing administration	9.0%	19.9%	17.4%	32.1%	17.1%	4.5%	4,678
Relations with physicians	1.3%	6.1%	16.0%	48.5%	24.8%	3.3%	4,683
Relations with other non-nursing staff	0.4%	3.0%	11.2%	56.7%	27.6%	1.2%	4,682
Relations with agency/registry nurses	0.2%	2.3%	18.5%	32.8%	7.9%	38.4%	4,653
Interaction with patients	0.3%	1.1%	6.5%	45.3%	41.9%	4.9%	4,680
Time available for patient education	3.5%	19.4%	15.8%	39.4%	14.8%	7.0%	4,684
Involvement in policy/management decisions	6.5%	20.5%	27.2%	28.9%	10.5%	6.4%	4,651
Opportunities to use your skills	1.0%	5.6%	10.2%	52.4%	30.5%	0.4%	4,628
Opportunities to learn new skills	2.1%	11.5%	16.0%	45.1%	24.6%	0.8%	4,642
Quality of preceptor and mentor programs	4.3%	13.2%	20.8%	32.6%	14.3%	14.9%	4,640
Employer-supported educational opportunities	6.3%	15.7%	17.7%	38.1%	18.7%	3.5%	4,655
Quality of patient care where you work	0.7%	5.8%	12.6%	45.8%	31.4%	3.8%	4,662
Feeling that work is meaningful	1.1%	3.9%	9.5%	41.7%	43.6%	0.2%	4,628
Recognition for a job well done	7.2%	16.6%	19.1%	36.2%	20.5%	0.4%	4,591

Note: 2010 total potential number of cases=4,726. Rows might not total 100% due to rounding. From 2010-2018, this question was asked only of employed CA RNs. In prior years it was asked of all RNs, and the responses of employed and non-employed RNs were tabulated. 2006 and 2008 percentages for this table have therefore changed to represent only employed RNs. Data are weighted to represent all RNs with active licenses. Rows might not total 100% due to rounding.



	2012						
	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied	Does not Apply	Number of cases
Your job overall	1.3%	5.4%	8.2%	47.9%	37.1%	0.0%	3,987
Your salary	2.2%	10.4%	12.9%	45.1%	29.1%	0.2%	4,027
Employee benefits	3.1%	10.0%	13.3%	39.1%	28.2%	6.3%	3,771
Adequacy of RN skill level where you work	1.0%	5.1%	11.4%	48.7%	32.3%	1.6%	4,025
Adequacy of the number of RNs where you work	3.8%	17.2%	14.0%	41.0%	20.8%	3.3%	3,989
Adequacy of clerical support services	4.2%	17.5%	18.6%	40.3%	16.5%	3.0%	4,025
Non-nursing tasks required	3.9%	16.7%	27.3%	36.5%	9.5%	6.1%	3,949
Amount of paperwork required	8.5%	26.1%	23.5%	33.2%	7.3%	1.4%	4,015
Your workload	4.8%	19.5%	18.2%	45.0%	12.4%	0.2%	3,979
Physical work environment	2.8%	11.9%	19.1%	46.8%	18.8%	0.6%	4,022
Your IT system	5.1%	14.7%	24.2%	39.4%	12.1%	4.6%	3,958
Work schedule	1.7%	6.5%	10.6%	47.4%	33.6%	0.3%	4,033
Job security	2.2%	7.0%	15.5%	44.7%	29.9%	0.6%	3,979
Opportunities for advancement	4.7%	14.0%	24.3%	36.8%	16.3%	3.9%	4,022
Support from other nurses you work with	1.7%	5.2%	10.8%	45.1%	35.0%	2.2%	4,020
Teamwork between coworkers and yourself	1.5%	5.4%	9.7%	43.9%	38.6%	0.9%	4,033
Leadership from your nursing administration	9.2%	18.1%	18.5%	34.0%	16.1%	4.2%	4,015
Relations with physicians	1.8%	6.0%	16.1%	49.8%	23.3%	3.1%	4,028
Relations with other non-nursing staff	0.5%	2.6%	12.0%	57.8%	25.8%	1.3%	4,019
Relations with agency/registry nurses	0.7%	2.7%	19.0%	31.5%	8.6%	37.6%	3,984
Interaction with patients	0.7%	1.5%	6.0%	45.1%	41.4%	5.3%	3,991
Time available for patient education	3.4%	17.5%	16.7%	38.6%	16.6%	7.3%	4,027
Involvement in policy/management decisions	7.4%	17.6%	27.0%	30.9%	10.7%	6.3%	4,011
Opportunities to use your skills	2.0%	5.9%	10.7%	51.2%	29.7%	0.5%	4,026
Opportunities to learn new skills	3.1%	10.6%	17.8%	44.2%	23.1%	1.2%	3,998
Quality of preceptor and mentor programs	4.6%	12.4%	20.9%	33.4%	14.7%	13.9%	4,021
Employer-supported educational opportunities	7.2%	15.6%	22.7%	34.7%	15.2%	4.6%	4,022
Quality of patient care where you work	1.0%	5.5%	12.3%	46.8%	30.3%	4.1%	4,032
Feeling that work is meaningful	1.0%	5.0%	8.5%	42.5%	42.6%	0.4%	3,929
Recognition for a job well done	6.2%	15.3%	18.5%	38.6%	21.2%	0.3%	4,015

Note: From 2010-2018, this question was asked only of employed CA RNs. In prior years it was asked of all RNs, and the responses of employed and non-employed RNs were tabulated. 2006 and 2008 percentages for this table have therefore changed to represent only employed RNs. Data are weighted to represent all RNs with active licenses. Rows might not total 100% due to rounding.

	2014					
	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied	Number of cases
Your job overall	1.2%	5.1%	8.7%	51.1%	33.9%	4,069
Your salary	2.4%	11.3%	11.6%	47.0%	27.7%	4,068
Employee benefits	3.3%	9.2%	14.0%	44.3%	29.1%	3,751
Adequacy of RN skill level where you work	0.8%	5.3%	11.1%	54.1%	28.7%	3,956
Adequacy of the number of RNs where you work	4.8%	21.0%	15.9%	40.7%	17.6%	3,915
Adequacy of clerical support services	5.1%	18.1%	20.1%	43.5%	13.2%	3,943
Non-nursing tasks required	3.7%	16.8%	31.9%	39.6%	8.0%	3,727
Amount of paperwork required	6.3%	22.6%	23.1%	41.1%	6.9%	3,895
Your workload	4.7%	18.7%	19.8%	45.5%	11.3%	4,047
Physical work environment	3.1%	12.1%	18.1%	49.8%	16.9%	4,048
Work schedule	1.2%	6.4%	11.3%	54.0%	27.2%	4,020
Job security	2.1%	7.4%	13.6%	48.3%	28.6%	4,059
Opportunities for advancement	4.2%	13.2%	24.2%	40.0%	18.5%	3,912
Support from other nurses you work with	2.6%	7.1%	15.8%	47.8%	26.8%	3,962
Teamwork between coworkers and yourself	1.6%	5.0%	11.1%	48.2%	34.2%	4,035
Leadership from your nursing administration	7.8%	16.2%	17.0%	38.1%	20.9%	3,965
Involvement in patient care decisions	3.9%	8.2%	16.4%	50.9%	20.5%	3,868
Relations with physicians	1.1%	5.1%	14.9%	53.1%	25.8%	3,932
Relations with other non-nursing staff	0.6%	2.4%	10.5%	59.9%	26.7%	4,014
Relations with agency/registry nurses	0.7%	3.5%	27.2%	55.7%	12.8%	2,519
Interaction with patients	0.3%	1.4%	6.3%	53.3%	38.8%	3,852
Time available for patient education	3.0%	18.2%	19.4%	43.7%	15.7%	3,753
Involvement in policy/management decisions	8.0%	20.1%	30.8%	31.7%	9.5%	3,780
Opportunities to use your skills	1.0%	5.3%	11.0%	53.9%	28.8%	4,034
Opportunities to learn new skills	2.3%	11.3%	18.8%	46.4%	21.2%	3,992
Quality of preceptor and mentor programs	5.3%	15.9%	27.6%	37.4%	13.7%	3,399
Employer-supported educational opportunities	6.1%	19.1%	23.9%	37.2%	13.7%	3,840
Quality of patient care where you work	1.2%	6.2%	12.5%	53.0%	27.0%	3,889
Feeling that work is meaningful	1.2%	5.2%	9.3%	45.4%	38.8%	4,062
Recognition for a job well done	7.0%	15.9%	19.9%	38.1%	19.0%	4,049

From 2010-2018, this question was asked only of employed CA RNs. In prior years it was asked of all RNs, and the responses of employed and non-employed RNs were tabulated. 2006 and 2008 percentages for this table have therefore changed to represent only employed RNs. Data are weighted to represent all RNs with active licenses. Rows might not total 100% due to rounding.

	2016					
	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied	Number of cases
Your job overall	0.9%	4.8%	6.6%	53.2%	34.4%	3,045
Your salary	1.7%	11.2%	12.1%	48.0%	27.0%	3,053
Employee benefits	2.6%	9.9%	13.2%	45.8%	28.4%	2,832
Adequacy of RN skill level where you work	0.7%	5.8%	11.4%	52.7%	29.4%	2,988
Adequacy of the number of RNs where you work	5.5%	23.8%	16.3%	37.8%	16.6%	2,952
Adequacy of clerical support services	4.1%	18.5%	19.3%	42.4%	15.8%	2,979
Non-nursing tasks required	2.7%	16.9%	32.3%	39.1%	9.0%	2,839
Amount of paperwork required	5.9%	24.0%	23.9%	38.6%	7.6%	2,954
Your workload	4.5%	18.6%	19.9%	46.2%	10.8%	3,030
Physical work environment	2.6%	11.4%	18.6%	51.0%	16.5%	3,023
Work schedule	1.2%	6.5%	10.2%	53.0%	29.1%	3,048
Job security	1.3%	4.3%	12.1%	48.7%	33.6%	3,036
Opportunities for advancement	3.4%	10.9%	27.2%	40.0%	18.6%	2,925
Support from other nurses you work with	1.3%	5.7%	11.0%	47.6%	34.4%	2,981
Teamwork between coworkers and yourself	1.2%	5.5%	9.9%	44.5%	38.9%	3,028
Leadership from your nursing administration	8.1%	18.3%	19.2%	35.6%	18.8%	2,951
Involvement in patient care decisions	1.1%	5.1%	15.6%	54.3%	23.9%	2,899
Relations with physicians	1.2%	5.0%	15.2%	53.2%	25.4%	2,958
Relations with other non-nursing staff	0.6%	1.8%	11.5%	58.9%	27.3%	3,016
Relations with agency/registry nurses	0.9%	4.1%	27.0%	54.0%	14.0%	2,051
Interaction with patients	0.2%	1.7%	7.9%	53.3%	37.0%	2,914
Time available for patient education	3.5%	19.2%	19.0%	42.3%	16.0%	2,853
Involvement in policy/management decisions	6.0%	19.0%	30.7%	35.2%	9.2%	2,871
Opportunities to use your skills	1.3%	5.0%	9.6%	58.1%	26.1%	3,034
Opportunities to learn new skills	2.1%	9.1%	17.2%	49.9%	21.7%	3,000
Quality of preceptor and mentor programs	4.6%	15.7%	24.3%	41.5%	13.9%	2,615
Employer-supported educational opportunities	5.1%	16.1%	24.1%	39.5%	15.3%	2,886
Quality of patient care where you work	1.4%	6.2%	13.7%	52.6%	26.1%	2,934
Feeling that work is meaningful	1.3%	3.9%	10.1%	46.7%	38.0%	3,045
Recognition for a job well done	5.8%	13.6%	21.8%	38.7%	20.1%	3,044

From 2010-2018, this question was asked only of employed CA RNs. In prior years it was asked of all RNs, and the responses of employed and non-employed RNs were tabulated. 2006 and 2008 percentages for this table have therefore changed to represent only employed RNs. Data are weighted to represent all RNs with active licenses. Rows might not total 100% due to rounding.

	2018					
	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied	Number of cases
Your job overall	1.7%	4.6%	7.4%	50.4%	35.9%	3,056
Your salary	2.9%	12.6%	11.8%	47.1%	25.6%	3,059
Employee benefits	3.8%	8.2%	13.9%	46.8%	27.2%	2,867
Adequacy of RN skill level where you work	1.6%	5.9%	10.7%	54.1%	27.7%	2,980
Adequacy of the number of RNs where you work	5.2%	20.6%	15.7%	43.6%	14.9%	2,947
Adequacy of clerical support services	4.6%	18.4%	22.1%	42.4%	12.5%	2,966
Non-nursing tasks required	2.8%	17.9%	32.7%	39.4%	7.3%	2,842
Amount of paperwork required	7.3%	21.8%	24.1%	40.4%	6.4%	2,946
Your workload	5.2%	17.4%	20.9%	46.6%	10.0%	3,056
Physical work environment	2.7%	11.3%	18.5%	50.9%	16.6%	3,031
Work schedule	1.8%	6.3%	12.0%	50.6%	29.3%	3,059
Job security	1.6%	4.0%	11.6%	50.1%	32.7%	3,044
Opportunities for advancement	3.9%	11.8%	24.0%	44.7%	15.6%	2,927
Support from other nurses you work with	1.5%	4.5%	10.9%	49.1%	34.0%	3,001
Teamwork between coworkers and yourself	1.8%	3.6%	8.7%	47.5%	38.4%	3,045
Leadership from your nursing administration	7.3%	18.4%	18.2%	38.7%	17.5%	2,955
Involvement in patient care decisions	1.4%	4.8%	15.5%	56.3%	22.1%	2,939
Relations with physicians	1.5%	5.1%	16.8%	52.3%	24.3%	2,965
Relations with other non-nursing staff	0.8%	2.0%	10.9%	59.8%	26.4%	3,025
Relations with agency/registry nurses	0.8%	3.1%	28.4%	54.3%	13.4%	2,139
Interaction with patients	0.5%	1.5%	6.6%	54.7%	36.6%	2,921
Time available for patient education	3.2%	17.2%	18.6%	47.1%	13.8%	2,859
Involvement in policy/management decisions	7.0%	16.7%	31.2%	34.6%	10.4%	2,839
Opportunities to use your skills	1.6%	4.8%	9.8%	55.4%	28.4%	3,044
Opportunities to learn new skills	2.0%	10.3%	14.6%	52.9%	20.3%	3,004
Quality of preceptor and mentor programs	4.0%	15.4%	25.1%	41.6%	14.0%	2,688
Employer-supported educational opportunities	5.4%	15.2%	23.1%	41.7%	14.6%	2,919
Quality of patient care where you work	1.6%	5.1%	13.2%	55.5%	24.6%	2,950
Feeling that work is meaningful	1.6%	3.6%	10.1%	47.2%	37.6%	3,054
Recognition for a job well done	4.9%	13.7%	20.5%	39.9%	20.9%	3,047

From 2010-2018, this question was asked only of employed CA RNs. In prior years it was asked of all RNs, and the responses of employed and non-employed RNs were tabulated. 2006 and 2008 percentages for this table have therefore changed to represent only employed RNs. Data are weighted to represent all RNs with active licenses. Rows might not total 100% due to rounding.

35. Do you currently hold more than one nursing job?

	2006	2008	2010	2012	2014	2016	2018
No	82.0%	82.2%	82.7%	84.9%	85.6%	88.2%	88.8%
Yes	18.0%	17.8%	17.3%	15.1%	14.4%	11.8%	11.2%
Number of cases	3,826	4,047	4,628	4,031	4,086	3,066	2,982

Note: Data are weighted to represent all RNs with active licenses.

36. How many nursing positions do you hold in addition to your principal job?

	2006	2008	2010	2012	2014	2016	2018
One	76.7%	80.3%	75.6%	76.7%	75.6%	72.2%	77.4%
Two	20.9%	18.7%	21.3%	19.8%	20.9%	24.4%	21.4%
Three or more	2.4%	1.0%	*	*	*	*	*
Three	*	*	2.2%	1.8%	3.0%	2.5%	1.1%
Four or more	*	*	0.8%	1.7%	0.3%	1.0%	0.1%
Number of cases	627	652	696	548	529	347	310

\* Question was not asked in this survey year.

Note: Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

37. In your other nursing positions, are you...

	2006	2008	2010	2012	2014	2016	2018
Regular employee	72.0%	73.7%	77.1%	73.7%	72.5%	72.7%	77.6%
Employed through a temporary service agency	17.4%	15.3%	13.3%	8.7%	14.7%	11.5%	10.9%
Self-employed	17.1%	14.1%	11.4%	16.5%	14.1%	13.9%	10.4%
Travel nurse or employed through a travel agency	*	*	2.5%	2.1%	1.9%	1.9%	2.6%
Number of cases	*	*	668	537	515	340	308

\* Question was not asked in this survey year.

Note: Columns will not total 100% because respondents could select multiple categories, due to holding more than one additional job. Data are weighted to represent all RNs with active licenses.

38. What type of work do you do in your other nursing positions?

	2006	2008	2010	2012	2014	2016	2018
Hospital staff	45.2%	44.0%	40.4%	37.5%	37.9%	40.4%	41.5%
Public health/community health	2.1%	1.1%	1.4%	2.5%	1.9%	1.1%	2.4%
Long term acute care	*	2.0%	2.5%	3.2%	0.6%	1.3%	1.6%
School Health	*	*	1.4%	1.8%	1.3%	0.5%	1.1%
Nursing home/skilled nursing facility staff	5.7%	6.7%	6.5%	5.6%	5.8%	8.5%	7.8%
Mental health/substance abuse	3.4%	3.1%	3.2%	2.5%	4.5%	2.8%	4.7%
Home health or hospice	9.4%	7.4%	7.6%	11.1%	8.9%	11.8%	8.7%
Telehealth/telenursing	*	*	2.0%	2.1%	1.4%	0.6%	1.3%
Teaching health professions/nursing students	11.0%	9.4%	11.4%	10.7%	12.4%	10.6%	11.2%
Ambulatory care, school health, occupational health	9.2%	8.9%	15.5%	13.1%	14.4%	14.3%	5.1%
Self-employed	5.9%	3.7%	3.8%	3.9%	3.1%	4.7%	2.1%
Other	31.1%	23.1%	17.2%	16.1%	18.4%	13.5%	20.3%
Number of cases	*	*	690	539	528	348	308

\* Question was not asked in this survey year.

Note: Columns will not total 100% because respondents could select multiple categories, due to holding more than one additional job. 2006-2018 data are weighted to represent all RNs with active licenses. No cases – check all that apply.

39. Please indicate the following for your other nursing positions.

A. Hours worked per week

Hours worked per week	2010		2012		2014		2016		2018	
	Add'l Job 1	Add'l Job 2	Add'l Job 1	Add'l Job 2	Add'l Job 1	Add'l Job 2	Add'l Job 1	Add'l Job 2	Add'l Job 1	Add'l Job 2
8 or less	35.8%	51.2%	23.3%	42.3%	37.8%	70.0%	30.8%	66.0%	34.7%	62.8%
9-16	41.8%	44.0%	57.1%	32.0%	38.7%	11.9%	46.0%	26.6%	43.4%	20.5%
17-24	15.7%	4.5%	13.4%	20.4%	15.8%	14.3%	16.8%	6.5%	13.9%	13.9%
25-32	3.5%	0.3%	3.3%	4.7%	2.4%	3.2%	1.7%	0.0%	2.5%	1.8%
33-40	3.0%	0.0%	2.3%	0.7%	5.1%	0.5%	1.2%	0.9%	5.5%	1.0%
More than 40	0.2%	0.0%	0.7%	0.0%	0.3%	0.0%	3.6%	0.0%	0.0%	0.0%
Number of cases	629	80	458	45	472	60	314	39	268	31

There were not enough respondents to report data for 3<sup>rd</sup> or more jobs.

Note: Data are weighted to represent all RNs with active licenses.

**B. Months worked per year**

Months worked per year	2010		2012		2014		2016		2018	
	Add'l Job 1	Add'l Job 2	Add'l Job 1	Add'l Job 2	Add'l Job 1	Add'l Job 2	Add'l Job 1	Add'l Job 2	Add'l Job 1	Add'l Job 2
Less than 4	5.9%	16.2%	8.8%	6.3%	6.3%	19.7%	8.7%	17.8%	15.9%	18.8%
4-6	6.5%	4.6%	8.0%	2.7%	9.4%	8.2%	11.1%	19.7%	34.5%	46.1%
7-9	7.8%	4.9%	5.0%	18.4%	6.3%	10.4%	7.1%	15.9%	31.1%	21.4%
10-12	79.8%	74.3%	78.2%	72.6%	78.0%	61.7%	73.1%	46.5%	18.5	13.7%
Number of cases	573	77	436	40	420	54	287	36	82	11

Note: Data are weighted to represent all RNs with active licenses.

**C. Estimated pre-tax annual income: Job 1**

Job 1	2006	2008	2010	2012	2014	2016	2018
Less than 25,000	72.5%	68.3%	97.5%	70.3%	63.8%	56.6%	58.0%
25,000 to 49,999	18.5%	23.0%	1.7%	20.4%	22.6%	27.4%	28.2%
50,000 to 74,999	6.9%	7.0%	0.9%	6.4%	7.6%	9.2%	9.0%
75,000 to 99,999	1.6%	1.0%	0.0%	2.3%	3.4%	5.8%	2.9%
100,000 to 124,999	0.5%	0.6%	0.0%	0.6%	2.3%	0.9%	0.6%
Over 125,0000	0.1%	0.1%	0.0%	0.0%	0.3%	0.2%	1.5%
Number of cases	582	549	521	386	405	282	239

Note: Data are weighted to represent all RNs with active licenses.

**D. Estimated pre-tax annual income: Job 2**

Job 2	2006	2008	2010	2012	2014	2016	2018
Less than 25,000	87.0%	100%	98.6%	83.1%	73.4%	91.9%	91.3%
25,000 to 49,999	6.4%	0.0%	1.4%	11.6%	10.8%	8.1%	1.6%
50,000 to 74,999	3.6%	0.0%	0.0%	5.3%	14.7%	0.0%	0.8%
75,000 to 99,999	1.3%	0.0%	0.0%	0.0%	0.0%	0.0%	6.4%
100,000 to 124,999	0.0%	0.0%	0.0%	0.0%	1.0%	0.0%	0.0%
Over 125,0000	1.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Number of cases	110	3	65	42	49	36	26

Note: Data are weighted to represent all RNs with active licenses.

**40. Are you doing volunteer work as an RN or APRN (working in an unpaid capacity as an RN or APRN)?**

**A. Are you in an internship/transition residency program? Question was first asked in 2012.**

	2012	2014	2016	2018
Yes, volunteering	9.0%	9.0%	7.9%	7.8%
Number of cases	3,316	4,014	3,029	3,064
If volunteering, in internship/residency	7.8%	4.6%	6.1%	3.4%
Number of cases	375	512	341	303

Note: Data are weighted to represent all RNs with active licenses.

41. Are you currently employed through a temporary agency, traveling agency, or registry?

	2006	2008	2010	2012	2014	2016	2018
Temporary agency or registry	3.4%	2.9%	3.3%	2.2%	2.1%	1.4%	1.6%
Traveling agency	1.2%	1.2%	0.6%	0.6%	0.4%	0.6%	0.6%
Neither temporary nor traveling agency	95.4%	95.9%	96.3%	97.4%	97.5%	97.9%	97.8%
Number of cases	3,820	4,032	4,500	3,907	5,047	3,793	4,049

Note: Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

42. Please indicate which of the following reasons describe why you work for a temporary agency, traveling agency, or registry.

	2006	2008	2010	2012	2014	2016	2018
Wages	59.5%	58.6%	28.0%	33.3%	26.8%	37.4%	44.2%
Control of work location	54.1%	39.8%	31.1%	24.3%	18.5%	40.5%	37.5%
Maintain skills/get experience	27.3%	22.5%	25.9%	36.0%	27.3%	27.2%	25.6%
Unable to find a permanent RN job	*	*	13.8%	30.7%	17.9%	4.7%	14.8%
Unable to find enough hours at my primary job	*	*	*	*	4.0%	1.8%	14.8%
Benefits	5.7%	7.9%	1.1%	0.0%	0.2%	0.5%	4.4%
Control of work conditions	26.1%	24.2%	9.3%	16.4%	7.8%	25.8%	14.9%
Waiting for a desirable permanent position	12.8%	16.1%	16.5%	24.9%	11.9%	15.2%	24.3%
Control of schedule	57.2%	56.9%	52.6%	39.8%	38.5%	46.0%	56.4%
Supplemental income	36.6%	42.6%	46.2%	45.1%	35.7%	28.9%	27.6%
Travel/see other parts of the country	15.4%	15.8%	6.7%	6.8%	10.0%	5.2%	14.6%
Other	16.1%	12.9%	5.3%	2.9%	15.9%	15.7%	9.4%
Number of cases	114	125	121	78	104	68	70

\* Question was not asked in this survey year.

Note: Columns will not total 100% because respondents could select multiple items. Data are weighted to represent all RNs with active licenses.

43. Have you ever stopped working as a registered nurse for a period of more than one year?

	2006	2008	2010	2012	2014	2016	2018
No	85.1%	87.6%	88.5%	88.1%	88.9%	89.7%	89.2%
Yes	14.9%	12.4%	11.5%	11.9%	11.1%	10.3%	10.8%
Number of cases	3,855	4,117	4,561	3,937	4,082	3,062	3,089

Note: Data are weighted to represent all RNs with active licenses.

44. How long did you stop working as a registered nurse?

	2006	2008	2010	2012	2014	2016	2018
Less than 5 years	62.3%	62.9%	59.4%	72.4%	81.4%	86.6%	77.2%
5 to 9 years	19.8%	20.5%	21.0%	16.6%	13.5%	8.0%	11.7%
10 to 14 years	10.3%	11.9%	10.6%	7.0%	4.5%	4.3%	6.6%
15 or more years	7.7%	4.7%	8.9%	4.1%	0.7%	1.1%	4.6%
Number of cases	556	567	612	511	242	183	133

Note: Data are weighted to represent all RNs with active licenses.



45. How important are each of the following reasons you stopped working as a registered nurse for a period of more than one year.

	2006			2008		
	Important	Very important	Not at all important/ Does not apply	Somewhat important	Important	Very important
Child care responsibilities	5.9%	76.9%	41.5%	1.2%	4.7%	52.6%
Other family responsibilities	16.3%	55.0%	49.1%	7.7%	11.3%	31.9%
Moving to a different area	10.9%	49.2%	68.8%	3.9%	7.7%	19.6%
Stress on the job	25.4%	36.0%	67.8%	7.7%	6.6%	17.9%
Job-related injury or illness	7.7%	36.4%	84.8%	1.8%	4.5%	8.8%
Non-job-related injury or illness	7.7%	26.4%	84.3%	1.4%	5.1%	9.3%
Salary	19.1%	19.3%	78.1%	3.0%	7.1%	11.8%
Dissatisfied with benefits	11.2%	16.0%	84.7%	3.3%	6.8%	5.2%
Laid off	7.9%	7.3%	91.3%	0.5%	2.3%	5.9%
Return to school	10.1%	38.9%	78.9%	3.3%	5.0%	12.7%
Travel	13.4%	21.7%	86.1%	4.0%	4.0%	5.9%
To try another occupation	16.4%	40.9%	75.3%	4.7%	7.8%	12.3%
Other dissatisfactions with your job	24.9%	29.8%	81.0%	4.8%	7.0%	7.1%
Dissatisfaction with the nursing profession	18.6%	34.5%	75.7%	6.5%	7.6%	10.2%
Other	18.3%	45.2%	92.0%	0.6%	2.7%	4.7%

Note: Data are weighted to represent all RNs with active licenses.

	2010					
	Not at all important	Somewhat important	Important	Very important	Does not Apply	Number of cases
Child care responsibilities	8.2%	2.0%	4.7%	61.1%	24.0%	548
Other family responsibilities	10.6%	4.1%	11.9%	42.7%	30.8%	493
Moving to a different area	13.5%	4.9%	9.5%	25.4%	46.8%	484
Stress on the job	15.0%	8.0%	12.1%	21.8%	43.1%	479
Job-related injury or illness	16.8%	1.5%	5.3%	9.3%	67.2%	475
Non-job-related injury or illness	16.5%	2.3%	5.5%	10.2%	65.5%	476
Salary	22.2%	4.9%	11.3%	7.3%	54.3%	465
Dissatisfied with benefits	23.8%	4.0%	6.4%	3.8%	61.9%	467
Laid off	15.7%	1.0%	2.5%	4.4%	76.3%	464
Return to school	15.9%	1.1%	7.7%	11.4%	64.0%	475
Travel	18.0%	2.6%	7.0%	7.5%	65.0%	465
To try another occupation	13.7%	5.8%	10.2%	13.4%	57.0%	483
Other dissatisfactions with your job	15.1%	7.5%	10.6%	11.6%	55.2%	471
Dissatisfaction with the nursing profession	18.4%	8.9%	9.2%	7.6%	55.9%	470
Other	7.6%	0.4%	8.0%	14.0%	70.1%	185

Note: Data are weighted to represent all RNs with active licenses.

	2012					
	Not at all Important	Somewhat Important	Important	Very important	Does not Apply	Number of cases
Could not find work as an RN	19.0%	7.4%	6.5%	13.0%	54.2%	444
Child care responsibilities	5.4%	2.5%	6.4%	57.4%	28.3%	476
Other family responsibilities	8.1%	4.7%	11.4%	43.4%	32.5%	448
Moving to a different area	11.5%	2.8%	12.2%	28.2%	45.3%	459
Stress on the job	15.1%	6.4%	7.6%	22.7%	48.1%	445
Job-related injury or illness	17.8%	0.7%	1.3%	13.5%	66.8%	446
Non-job-related injury or illness	17.9%	2.6%	3.8%	8.0%	67.7%	443
Salary	20.0%	4.6%	4.7%	13.3%	57.4%	445
Dissatisfied with benefits	20.8%	2.9%	2.3%	9.7%	64.3%	441
Laid off	14.0%	1.7%	5.3%	8.3%	70.7%	486
Return to school	13.1%	1.0%	3.4%	13.8%	68.7%	443
Travel	14.8%	4.3%	7.7%	8.4%	64.9%	440
To try another occupation	14.7%	3.1%	7.3%	15.8%	59.1%	444
Other dissatisfactions with your job	15.9%	2.8%	6.1%	17.7%	57.6%	442
Dissatisfaction with the nursing profession	14.0%	5.2%	5.9%	11.3%	63.7%	445
Other	8.3%	0.0%	2.9%	18.6%	70.1%	195

Note: Data are weighted to represent all RNs with active licenses.

	2014				
	Not at all Important	Somewhat Important	Important	Very important	Number of cases
Could not find work as an RN	80.6%	3.7%	3.5%	12.3%	402
Child care responsibilities	33.5%	0.6%	3.0%	63.1%	432
Other family responsibilities	42.6%	1.3%	12.0%	44.1%	409
Moving to a different area	59.3%	2.4%	9.0%	29.3%	416
Stress on the job	67.9%	10.8%	8.4%	13.0%	403
Job-related injury or illness	85.2%	3.1%	2.0%	9.7%	401
Non-job-related injury or illness	84.3%	4.3%	3.8%	7.7%	406
Salary	80.7%	2.9%	9.0%	7.4%	399
Dissatisfied with benefits	89.1%	2.1%	6.3%	2.5%	395
Laid off	89.0%	2.5%	2.7%	5.8%	403
Return to school	85.5%	1.5%	2.5%	10.5%	406
Travel	86.0%	3.5%	4.9%	5.6%	403
To try another occupation	76.0%	5.5%	7.9%	10.6%	402
Other dissatisfactions with your job	74.0%	7.0%	7.0%	11.9%	398
Dissatisfaction with the nursing profession	75.6%	8.0%	6.5%	10.0%	400
Other	71.5%	0.0%	11.1%	17.4%	267

Note: Data are weighted to represent all RNs with active licenses.

	2016				
	Not at all Important	Somewhat Important	Important	Very important	Number of cases
Could not find work as an RN	75.0%	3.4%	3.5%	18.0%	286
Child care responsibilities	40.2%	2.1%	4.5%	53.2%	304
Other family responsibilities	45.8%	2.9%	13.8%	37.5%	292
Moving to a different area	63.4%	3.0%	9.2%	24.4%	297
Stress on the job	69.5%	6.7%	6.9%	16.9%	290
Job-related injury or illness	86.6%	1.5%	3.2%	8.7%	294
Non-job-related injury or illness	82.4%	2.3%	4.0%	11.3%	289
Salary	74.7%	5.5%	13.0%	6.8%	285
Dissatisfied with benefits	84.9%	3.0%	8.8%	3.4%	286
Laid off	94.2%	0.1%	1.5%	4.1%	287
Return to school	84.0%	1.1%	2.6%	12.4%	291
Travel	84.7%	4.2%	3.6%	7.5%	283
To try another occupation	79.0%	3.6%	6.0%	11.4%	287
Other dissatisfactions with your job	80.1%	3.6%	8.7%	7.5%	286
Dissatisfaction with the nursing profession	81.2%	7.7%	6.0%	5.2%	286
Other	92.6%	0.3%	1.0%	6.1%	174
<i>Retired and returned to work</i>	94.5%	1.2%	2.1%	2.2%	90

Note: Data are weighted to represent all RNs with active licenses.

	2018				
	Not at all Important	Somewhat Important	Important	Very important	Number of cases
Could not find work as an RN	82.0%	3.9%	4.5%	9.6%	266
Child care responsibilities	40.4%	2.5%	2.5%	54.7%	274
Other family responsibilities	47.5%	3.3%	8.9%	40.3%	273
Moving to a different area	58.8%	2.1%	8.2%	30.9%	270
Stress on the job	71.2%	4.9%	10.1%	13.7%	267
Job-related injury or illness	88.1%	0.3%	2.6%	9.0%	266
Non-job-related injury or illness	85.0%	0.1%	5.7%	9.2%	265
Salary	81.5%	1.0%	5.2%	12.3%	263
Dissatisfied with benefits	86.4%	2.1%	5.8%	5.7%	263
Laid off	94.1%	0.2%	3.6%	2.0%	266
Return to school	81.8%	1.0%	5.1%	12.1%	261
Travel	86.1%	1.4%	7.0%	5.5%	263
To try another occupation	73.5%	4.7%	10.1%	11.7%	265
Other dissatisfactions with your job	80.6%	4.3%	8.1%	6.9%	260
Dissatisfaction with the nursing profession	77.2%	5.4%	8.2%	9.1%	260
Other	90.2%	0.0%	5.2%	4.7%	156
<i>Retired and returned to work</i>	88.0%	0.0%	12.0%	0.0%	81

Note: Data are weighted to represent all RNs with active licenses.

46. How important were each of the following reasons for why you returned to working as a registered nurse after stopping for more than one year?

	2016				Number of cases
	Not at all important	Somewhat important	Important	Very important	
Job opportunities improved	43.2%	4.5%	16.8%	35.5%	304
Change in family/childcare responsibilities	34.5%	3.7%	12.5%	49.3%	312
Completed school	82.1%	0.4%	6.1%	11.3%	294
Change in household income	57.7%	3.5%	10.5%	28.3%	302
Personal health change	82.2%	2.1%	3.4%	12.4%	300
Satisfaction with nursing work	55.3%	4.1%	11.8%	28.8%	296
Relocation	65.6%	1.3%	8.2%	24.9%	301
Change in household access to employment benefits	76.6%	2.4%	4.4%	16.7%	295
Other	93.2%	0.0%	1.9%	4.9%	167
<i>Financial need</i>	90.9%	0.0%	0.0%	9.1%	71

Note: Data are weighted to represent all RNs with active licenses.

	2018				Number of cases
	Not at all important	Somewhat important	Important	Very important	
Job opportunities improved	53.0%	5.0%	13.8%	28.2%	262
Change in family/childcare responsibilities	35.1%	2.6%	12.1%	50.2%	277
Completed school	82.3%	2.4%	5.5%	9.9%	254
Change in household income	54.3%	3.1%	11.0%	31.7%	264
Personal health change	78.6%	0.9%	6.7%	13.9%	262
Satisfaction with nursing work	48.0%	4.7%	13.8%	33.5%	268
Relocation	61.2%	4.5%	8.5%	25.8%	266
Change in household access to employment benefits	74.1%	2.7%	7.7%	15.5%	259
Other	84.8%	0.6%	4.4%	10.2%	141
<i>Financial need</i>	99.7%	0.0%	0.3%	0.0%	52

Note: Data are weighted to represent all RNs with active licenses.

47. What was the last year you worked for pay as a registered nurse?

	2006	2008	2010	2012	2014	2016	2018
One year ago or less	32.3%	22.1%	29.8%	42.0%	34.7%	33.1%	38.9%
2-4 years ago	27.8%	27.2%	24.3%	18.6%	22.5%	33.7%	18.8%
5-9 years ago	18.6%	21.4%	26.0%	17.3%	17.2%	16.2%	22.1%
10-14 years	11.5%	13.4%	10.1%	9.6%	9.8%	6.5%	12.4%
15-24 years	8.2%	12.5%	7.0%	8.9%	11.9%	7.2%	4.8%
25 or more years	1.7%	3.5%	2.8%	3.7%	3.9%	3.4%	3.0%
Number of cases	568	617	714	743	774	578	590

Note: Data are weighted to represent all RNs with active licenses.

48. How important were each of the following factors in your decision to leave nursing?

	2006			
	Not at all important/ Does not apply	Somewhat important	Important	Very important
Retired	30.3%	9.3%	20.0%	40.4%
Childcare responsibilities	37.1%	6.5%	9.2%	47.2%
Other family responsibilities	24.9%	13.4%	19.5%	42.2%
Moving to a different area	50.3%	6.4%	13.3%	30.0%
Stress on the job	11.7%	16.0%	23.6%	48.7%
Job-related illness/injury	48.6%	12.2%	12.6%	26.5%
Non-job-related illness/injury	47.3%	13.0%	17.4%	22.3%
Salary	32.7%	20.1%	22.7%	24.6%
Dissatisfied with benefits	47.1%	15.9%	15.8%	21.1%
Other dissatisfaction with your job	19.7%	15.2%	22.4%	42.6%
Dissatisfaction with the nursing profession	33.0%	15.8%	24.7%	26.6%
Travel	49.0%	12.3%	22.2%	16.4%
Wanted to try another occupation	42.5%	15.6%	14.9%	26.9%
Inconvenient schedules in nursing jobs	34.2%	16.6%	20.8%	28.4%
Difficult to find a nursing position/laid off	72.2%	4.4%	7.7%	15.8%
Other	16.1%	1.9%	24.9%	57.0%

Note: Rows might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

	2008				2010						
	Not at all important/ Does not apply	Somewhat important	Important	Very important	Not at all important	Somewhat important	Important	Very important	Does not Apply	Number of cases	
Retired	62.1%	5.5%	9.9%	22.5%	9.5%	4.6%	12.5%	26.0%	47.4%	739	
Childcare responsibilities	71.4%	2.9%	3.8%	22.0%	11.6%	3.0%	4.4%	20.7%	60.3%	690	
Other family responsibilities	60.7%	5.6%	11.3%	22.5%	11.4%	7.0%	11.3%	22.6%	47.7%	703	
Moving to a different area	86.5%	0.4%	4.0%	9.1%	14.6%	2.0%	4.1%	7.6%	71.6%	693	
Stress on the job	41.5%	11.0%	17.2%	30.3%	11.6%	13.9%	15.8%	24.8%	34.0%	702	
Job-related illness/injury	80.4%	2.3%	5.0%	12.4%	13.6%	2.8%	4.1%	8.5%	71.0%	697	
Non-job-related illness/injury	78.3%	2.8%	5.3%	13.6%	12.6%	2.2%	6.2%	13.8%	65.2%	691	
Salary	63.7%	8.5%	14.3%	13.5%	23.8%	9.7%	13.1%	10.2%	43.3%	690	
Dissatisfied with benefits	77.9%	7.1%	9.7%	5.3%	26.1%	8.6%	6.5%	7.1%	51.7%	683	
Other dissatisfaction with your job	51.2%	11.5%	17.3%	19.9%	16.6%	10.6%	15.3%	18.1%	39.5%	687	
Dissatisfaction with the nursing profession	64.3%	12.7%	12.8%	10.2%	21.6%	13.8%	13.4%	7.8%	43.5%	694	
Travel	78.9%	7.2%	8.7%	5.2%	21.3%	6.8%	7.0%	4.4%	60.6%	687	
Wanted to try another occupation	74.6%	4.7%	7.6%	13.1%	18.0%	3.9%	8.0%	11.9%	58.2%	695	
Inconvenient schedules in nursing jobs	67.0%	6.1%	11.4%	15.5%	18.9%	10.3%	10.6%	12.0%	48.1%	695	
Difficult to find a nursing position/laid off	90.3%	1.6%	3.5%	4.6%	19.1%	3.7%	6.3%	15.4%	55.5%	699	
Laid off	*	*	*	*	14.4%	1.5%	3.2%	6.7%	74.2%	684	
Other	84.9%	0.1%	6.6%	8.4%	7.3%	1.6%	10.6%	21.1%	59.4%	369	

\* Question was not asked in this survey year.

Note: Rows might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

	2012					Number of cases
	Not at all important	Somewhat important	Important	Very important	Does not Apply	
Cannot find any work as an RN	18.6%	4.0%	6.0%	22.5%	48.9%	632
Difficult to find desired nursing position	17.5%	8.3%	9.1%	26.9%	38.1%	644
Retired	8.7%	1.8%	6.6%	14.5%	68.4%	675
Childcare responsibilities	9.9%	4.4%	4.1%	24.3%	57.2%	648
Other family responsibilities	7.5%	11.4%	5.9%	26.1%	49.1%	644
Moving to a different area	15.1%	4.3%	3.1%	13.1%	64.5%	643
Stress on the job	12.5%	10.2%	11.5%	26.5%	39.3%	644
Job-related illness/injury	14.1%	3.2%	4.5%	12.3%	66.0%	645
Non-job-related illness/injury	14.1%	2.7%	4.8%	15.8%	62.6%	648
Salary	18.4%	9.3%	10.8%	15.2%	46.4%	642
Dissatisfied with benefits	17.2%	6.8%	8.3%	8.6%	59.0%	633
Other dissatisfaction with your job	13.3%	9.1%	14.2%	17.9%	45.5%	644
Dissatisfaction with the nursing profession	15.9%	12.0%	7.7%	15.2%	49.2%	636
Travel	19.9%	2.6%	6.6%	11.3%	59.6%	643
Wanted to try another occupation	13.5%	6.5%	9.5%	13.9%	56.6%	639
Inconvenient schedules in nursing jobs	16.7%	8.7%	9.8%	20.1%	44.7%	644
Returned to school	10.4%	3.6%	3.3%	15.4%	67.3%	635
Laid off	12.3%	0.3%	1.8%	6.8%	78.8%	644
Other	2.0%	0.3%	9.6%	40.5%	47.6%	295

Note: Rows might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

	2014					2016			
	Not at all Important	Somewhat Important	Important	Very Important		Not at all Important	Somewhat Important	Important	Very Important
Cannot find any work as an RN	65.8%	5.5%	5.7%	23.0%		75.8%	4.3%	8.1%	11.9%
Difficult to find desired nursing position	56.0%	7.7%	9.1%	27.2%		59.2%	5.1%	12.7%	23.0%
Retired	76.0%	2.3%	3.9%	17.7%		73.9%	2.4%	5.4%	18.3%
Childcare responsibilities	68.9%	2.0%	4.6%	24.6%		65.6%	4.3%	5.9%	24.1%
Other family responsibilities	59.4%	8.5%	11.4%	20.7%		59.5%	8.4%	11.8%	20.3%
Moving to a different area	74.3%	5.6%	6.3%	13.8%		80.8%	2.0%	6.6%	10.6%
Stress on the job	56.3%	10.2%	12.5%	21.0%		54.3%	7.8%	17.8%	20.0%
Job-related illness/injury	80.5%	2.9%	6.1%	10.5%		79.4%	6.2%	6.1%	8.4%
Non-job-related illness/injury	84.9%	1.7%	3.7%	9.7%		74.0%	6.6%	5.4%	14.0%
Salary	63.9%	10.4%	10.5%	15.2%		65.3%	6.1%	16.2%	12.4%
Dissatisfied with benefits	75.3%	5.9%	10.6%	8.2%		77.2%	5.3%	12.7%	4.8%
Other dissatisfaction with your job	66.4%	8.4%	10.9%	14.4%		59.5%	11.0%	13.8%	15.7%
Dissatisfaction with the nursing profession	70.7%	12.3%	8.5%	8.5%		67.1%	9.4%	13.9%	9.6%
Travel	80.7%	7.9%	7.8%	3.6%		81.2%	4.8%	7.9%	6.1%
Wanted to try another occupation	79.4%	4.1%	7.0%	9.5%		79.0%	3.1%	7.3%	10.6%
Inconvenient schedules in nursing jobs	67.0%	10.7%	8.1%	14.2%		71.0%	6.7%	10.4%	11.8%
Returned to school	85.6%	1.9%	4.5%	8.0%		80.1%	3.2%	3.8%	12.9%
Laid off	90.5%	2.8%	1.7%	5.0%		92.2%	0.2%	3.3%	4.4%
Other	77.7%	0.0%	8.0%	14.3%		85.1%	0.0%	2.3%	12.6%
Number of cases	836					614			

Note: Rows might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

	2018			
	Not at all Important	Somewhat Important	Important	Very Important
Cannot find any work as an RN	75.8%	4.6%	6.9%	12.7%
Difficult to find desired nursing position	58.6%	7.7%	10.1%	23.7%
Retired	69.6%	2.3%	10.3%	17.9%
Childcare responsibilities	60.6%	2.1%	8.5%	28.8%
Other family responsibilities	53.1%	6.1%	14.1%	26.8%
Moving to a different area	71.2%	3.9%	12.3%	12.6%
Stress on the job	50.8%	9.6%	14.9%	24.6%
Job-related illness/injury	77.5%	4.9%	5.8%	11.9%
Non-job-related illness/injury	72.1%	6.3%	8.3%	13.4%
Salary	59.6%	7.1%	15.4%	17.9%
Dissatisfied with benefits	70.9%	6.1%	15.2%	7.8%
Other dissatisfaction with your job	59.6%	11.3%	17.7%	11.5%
Dissatisfaction with the nursing profession	68.1%	12.7%	11.9%	7.2%
Travel	74.8%	4.6%	13.4%	7.2%
Wanted to try another occupation	75.9%	7.5%	7.4%	9.3%
Inconvenient schedules in nursing jobs	62.3%	5.8%	14.4%	17.5%
Returned to school	80.6%	1.9%	9.2%	8.4%
Laid off	89.4%	0.1%	5.3%	5.1%
Other	85.9%	0.0%	4.3%	9.7%
Number of cases	659			

Note: Rows might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

49. **(For those not working) Are you doing volunteer work as an RN or APRN (working in an unpaid capacity as an RN or APRN)?**

**A. Are you in an internship/transition residency program?**

Questions first asked in 2012.

	2012	2014	2016	2018
<b>Yes, volunteering</b>	15.2%	15.5%	10.6%	11.1%
<b>Number of cases</b>	771	794	593	729
<b>If volunteering, in internship/residency</b>	7.2%	12.3%	7.4%	0.0%
<b>Number of cases</b>	225	135	204	100

Note: Data are weighted to represent all RNs with active licenses.

50. **Which of the following best describes your current intentions regarding work in nursing?**

	2006	2008	2010	2012	2014	2016	2018
<b>Currently seeking employment in nursing</b>	4.7%	4.4%	20.3%	31.8%	24.6%	24.0%	30.2%
<b>Plan to return to nursing in the future</b>	30.1%	19.8%	14.1%	19.8%	21.8%	27.0%	22.4%
<b>Retired</b>	15.6	33.7	32.8%	16.3%	22.1%	22.2%	22.1%
<b>Definitely will not return to nursing but not retired</b>	16.0%	12.9%	6.8%	7.4%	6.7%	5.4%	4.1%
<b>Undecided at this time</b>	33.7%	29.1%	26.1%	24.8%	24.8%	21.3%	21.3%
<b>Number of cases</b>	173	682	782	762	808	591	651

Note: Data are weighted to represent all RNs with active licenses.

**A. (For those who plan to return to nursing) How soon?**

	2012	2014	2016	2018
<b>Less than one year</b>	50.3%	45.3%	44.6%	37.3%
<b>1-2 years</b>	38.7%	36.6%	40.9%	37.2%
<b>3-4 years</b>	2.6%	10.6%	11.5%	12.4%
<b>5 or more years</b>	8.4%	7.5%	3.0%	13.1%
<b>Number of cases</b>	86	125	82	90

Note: Data are weighted to represent all RNs with active licenses.



51. Would any of the following factors affect your decision to return to nursing?

	2006				2008			
	Not at all important/Does not apply	Somewhat important	Important	Very important	Not at all important/Does not apply	Somewhat important	Important	Very important
Affordable childcare at or near work	78.1%	7.6%	2.1%	12.1%	90.2%	2.0%	2.8%	5.0%
Flexible work hours	16.0%	9.3%	17.6%	57.0%	23.7%	3.1%	20.2%	53.0%
Modified physical requirements of job	25.3%	13.9%	22.6%	38.2%	50.6%	10.6%	12.8%	26.0%
Higher nursing salary	15.4%	16.4%	26.1%	42.1%	27.3%	11.1%	24.5%	37.1%
Better retirement benefits	24.7%	13.1%	16.7%	45.5%	34.0%	7.1%	27.1%	31.8%
Better support from nursing management	12.2%	12.6%	19.2%	55.9%	30.1%	5.6%	29.5%	34.9%
More support from other nurses	17.6%	16.0%	27.1%	39.3%	36.5%	9.2%	28.6%	25.8%
Better nurse to patient ratios	15.1%	7.3%	23.2%	54.4%	33.9%	5.7%	16.9%	43.6%
Adequate support staff for non-nursing tasks	13.2%	8.6%	32.4%	45.8%	27.8%	6.6%	27.7%	37.8%
Availability of re-entry programs/mentoring	14.6%	10.3%	20.4%	54.7%	28.3%	5.7%	27.3%	38.7%
Improvement in my health status	28.4%	11.6%	14.4%	45.5%	61.5%	5.4%	11.2%	22.0%
Other	34.9%	*	11.8%	53.4%	93.6%	0.1%	3.5%	2.8%

Note: Rows might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

	2010					
	Not at all important	Somewhat important	Important	Very important	Does not apply	Number of cases
Affordable childcare at or near work	16.1%	6.2%	5.0%	7.7%	65.1%	194
Flexible work hours	2.2%	6.3%	23.0%	60.5%	8.0%	202
Modified physical requirements of job	12.9%	16.7%	18.0%	27.1%	25.3%	196
Higher nursing salary	10.4%	23.2%	19.5%	36.3%	10.7%	197
Better retirement benefits	10.0%	19.5%	23.6%	33.0%	13.8%	195
Better support from nursing management	6.1%	5.8%	23.9%	48.1%	16.2%	198
More support from other nurses	6.8%	16.4%	18.3%	37.9%	20.6%	195
Better nurse to patient ratios	7.1%	7.9%	14.6%	51.8%	18.7%	197
Adequate support staff for non-nursing tasks	1.7%	14.0%	22.8%	45.3%	16.2%	197
Availability of re-entry programs/mentoring	4.6%	11.8%	11.1%	60.6%	12.0%	198
Improvement in my health status	14.1%	5.2%	13.3%	22.3%	45.2%	198
Other	4.9%	0.0%	10.2%	23.5%	61.4%	74

Note: In 2010 - 2018, the question was limited to RNs who were undecided about their future plans. In 2006 and 2008 it was limited to RNs who were retired, not planning on returning to nursing, and undecided about their future plans. Rows might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

	2012					Number of cases
	Not at all important	Somewhat important	Important	Very important	Does not apply	
Affordable childcare at or near work	32.5%	3.6%	7.4%	8.2%	48.3%	156
Flexible work hours	6.5%	7.7%	26.5%	50.8%	8.5%	160
Modified physical requirements of job	19.4%	1.6%	25.6%	27.4%	26.0%	154
Higher nursing salary	10.4%	16.6%	32.2%	20.4%	20.5%	157
Better retirement benefits	16.4%	21.3%	18.9%	23.7%	19.7%	153
Better health benefits	16.9%	14.6%	27.0%	22.2%	19.3%	156
Better support from nursing management	4.3%	16.3%	31.0%	34.5%	14.0%	155
More support from other nurses	8.0%	15.2%	34.2%	27.6%	15.1%	156
Better nurse to patient ratios	9.9%	7.5%	20.6%	45.6%	16.5%	155
Adequate support staff for non-nursing tasks	6.7%	10.1%	27.1%	43.4%	12.7%	156
Availability of re-entry programs/mentoring	8.4%	8.8%	9.8%	63.7%	9.2%	159
Improvement in my health status	9.5%	9.8%	3.1%	25.8%	52.0%	158
Other	19.6%	0.0%	3.3%	43.0%	34.1%	57

Note: In 2010 - 2018, the question was limited to RNs who were undecided about their future plans. In 2006 and 2008 it was limited to RNs who were retired, not planning on returning to nursing, and undecided about their future plans. Rows might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

	2014				2016			
	Not at all important	Somewhat important	Important	Very important	Not at all important	Somewhat important	Important	Very important
Affordable childcare at or near work	79.9%	8.9%	3.1%	8.0%	83.9%	0.4%	10.3%	5.4%
Flexible work hours	26.0%	10.6%	14.2%	49.2%	26.6%	2.1%	15.4%	55.9%
Modified physical requirements of job	51.2%	6.9%	15.2%	26.7%	51.9%	8.2%	15.8%	24.1%
Higher nursing salary	38.9%	14.5%	19.7%	26.8%	38.2%	10.3%	26.9%	24.6%
Better retirement benefits	44.6%	8.8%	16.1%	30.5%	36.7%	6.6%	29.1%	27.5%
Better health benefits	41.7%	8.6%	19.2%	30.4%	33.5%	8.0%	19.0%	39.5%
Better support from nursing management	33.6%	4.9%	23.7%	37.8%	22.7%	1.5%	18.0%	57.8%
More support from other nurses	37.2%	8.3%	26.3%	28.2%	24.2%	7.0%	24.1%	44.7%
Better nurse to patient ratios	34.9%	5.8%	18.1%	41.2%	30.6%	3.2%	14.0%	52.3%
Adequate support staff for non-nursing tasks	30.7%	5.7%	26.5%	37.1%	20.0%	2.6%	19.8%	57.6%
Availability of re-entry programs/mentoring	20.6%	9.7%	14.9%	54.9%	25.6%	11.2%	11.3%	51.9%
Improvement in my health status	64.3%	4.4%	8.1%	23.2%	64.5%	7.7%	5.9%	21.9%
Other	85.1%	0.0%	5.0%	9.8%	83.9%	0.4%	10.3%	5.4%
Number of cases	169				112			

Note: In 2010 - 2018, the question was limited to RNs who were undecided about their future plans. In 2006 and 2008 it was limited to RNs who were retired, not planning on returning to nursing, and undecided about their future plans. Rows might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

	2018			
	Not at all important	Somewhat important	Important	Very important
Affordable childcare at or near work	80.5%	4.3%	6.4%	8.8%
Flexible work hours	3.5%	4.2%	29.1%	63.2%
Modified physical requirements of job	34.6%	10.2%	15.1%	40.1%
Higher nursing salary	15.6%	8.5%	27.3%	48.6%
Better retirement benefits	24.1%	11.0%	18.2%	46.7%
Better health benefits	23.0%	8.8%	23.9%	44.4%
Better support from nursing management	17.7%	7.9%	14.9%	59.5%
More support from other nurses	19.1%	8.0%	24.0%	48.9%
Better nurse to patient ratios	14.8%	1.3%	18.8%	65.1%
Adequate support staff for non-nursing tasks	10.9%	0.0%	27.6%	61.5%
Availability of re-entry programs/mentoring	13.3%	3.9%	16.1%	66.7%
Improvement in my health status	50.6%	8.2%	15.2%	25.9%
Other	93.0%	0.0%	5.4%	1.7%
Number of cases	96			

Note: In 2010 - 2018, the question was limited to RNs who were undecided about their future plans. In 2006 and 2008 it was limited to RNs who were retired, not planning on returning to nursing, and undecided about their future plans. Rows might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

**52. Are you currently employed outside nursing?**

	2006	2008	2010	2012	2014	2016	2018
No	66.1%	74.6%	73.1%	93.4%	94.1%	95.6%	95.4%
Yes	33.9%	25.4%	26.9%	6.6%	6.0%	4.4%	4.6%
Number of cases	641	682	802	4,761	4,887	3,642	3,816

Note: Starting in 2012, this question was asked of all RNs. In prior years, it was asked only of RNs who were not employed in nursing. Data are weighted to represent all RNs with active licenses.

**53. Does your position utilize any of your nursing knowledge?**

	2006	2008	2010	2012	2014	2016	2018
No	27.7%	17.2%	30.4%	24.8%	30.1%	34.0%	28.4%
Yes	72.3%	82.8%	69.6%	75.2%	69.9%	65.9%	71.6%
Number of cases	182	161	206	303	277	155	166

Note: Data are weighted to represent all RNs with active licenses.

**54. Please indicate the field(s) of your work position(s) outside nursing. (Check all that apply.)**

	2010	2012	2014	2016	2018
Health-related services	45.3%	55.4%	47.6%	47.0%	45.6%
Pharmaceutical or biotech services	*	*	5.8%	6.9%	5.9%
Retail sales & services	11.5%	9.9%	15.2%	12.9%	8.7%
Education	12.2%	11.8%	15.7%	12.9%	14.8%
Financial, accounting, & insurance services	8.6%	7.3%	7.4%	5.8%	4.3%
Consulting	5.7%	4.5%	7.0%	10.1%	9.4%
Other	39.4%	29.0%	22.8%	27.5%	44.8%
Number of cases	203	296	299	158	122

Note: Data are weighted to represent all RNs with active licenses

55. Please indicate the following for work positions outside of nursing.

**A. Hours worked per week**

Hours worked per week	2010		2012		2014		2016		2018	
	Position #1	Position #2	Position #1	Position #2	Position #1	Position #1	Position #1	Position #2	Position #1	Position #2
8 or less	0.0%	0.0%	18.2%	36.7%	23.8%	42.1%	24.7%	36.9%	23.7%	19.5%
9-16	15.2%	19.0%	18.3%	19.1%	17.4%	5.1%	26.4%	30.5%	6.5%	24.2%
17-24	13.3%	21.1%	18.1%	12.7%	12.6%	15.7%	17.6%	25.7%	11.9%	19.9%
25-32	10.7%	7.0%	6.4%	2.1%	10.1%	0.9%	9.9%	6.9%	13.0%	1.8%
33-40	40.0%	32.5%	28.2%	23.0%	25.3%	30.2%	11.9%	0.0%	37.7%	33.3%
41-48	5.9%	7.4%	1.3%	0.0%	2.5%	0.0%	9.5%	0.0%	7.3%	1.2%
Over 48	14.8%	13.0%	9.5%	6.3%	8.3%	6.1%	0.0%	0.0%	0.0%	0.0%
Number of cases	161	21	254	57	245	31	124	60	94	16

Note: Not enough observations for the 3<sup>rd</sup> position to report data. Data are weighted to represent all RNs with active licenses.

**B. Estimated annual pre-tax income**

Estimated annual pre-tax income	2010		2012		2014		2016		2018	
	Position #1	Position #2	Position #1	Position #2	Position #1	Position #2	Position #1	Position #2	Position #1	Position #2
Less than 25,000	38.1%	47.3%	72.7%	87.6%	47.7%	57.6%	50.1%	81.1%	34.6%	62.6%
25,000 to 49,999	16.9%	15.8%	8.2%	12.4%	14.5%	2.0%	18.4%	18.9%	18.3%	8.9%
50,000 to 74,999	16.0%	1.6%	10.3%	0.0%	6.9%	10.0%	7.5%	0.0%	12.3%	0.0%
75,000 to 99,999	6.0%	27.7%	2.5%	0.0%	9.2%	8.4%	8.1%	0.0%	13.4%	9.2%
100,000 to 124,999	10.2%	2.7%	0.7%	0.0%	10.2%	9.3%	8.3%	0.0%	7.1%	8.3%
Over 125,000	13.0%	4.9%	5.6%	0.0%	11.5%	12.7%	7.6%	0.0%	14.4%	11.0%
Number of cases	130	26	128	27	214	29	110	47	85	14

Note: Data are weighted to represent all RNs with active licenses.

56. Have you changed work status, positions or employers in the past year? (Check all that apply.)

Note: Similar content was in one question in 2010

	2010	2012	2014	2016	2018
No change in job, position, or work status	71.5%	73.4%	77.0%	70.1%	70.6%
Added second nursing job	*	13.8%	5.3%	4.6%	4.0%
Added second non-nursing job	*	1.4%	0.7%	0.4%	0.5%
Stopped working second nursing job	*	*	2.6%	2.5%	2.3%
Stopped working second non-nursing job	*	*	0.5%	0.6%	0.8%
Retired	*	*	*	5.6%	6.9%
Not working now, but was working earlier this year	9.1%	6.8%	2.1%	1.4%	1.1%
Now in an RN job, was not last year	7.8%	6.1%	1.1%	1.3%	1.4%
New position with same employer	20.4%	29.5%	6.9%	8.5%	7.5%
Same position with different employer	9.5%	14.2%	2.8%	4.4%	4.0%
New position with different employer	16.6%	20.2%	6.4%	5.8%	5.3%
Other change in job or position	*	18.5%	1.6%	3.9%	1.6%
Other change (2010)	18.8%	*	*	*	*
Number of cases	1,521	1,230	4,924	3,683	3,775

\* Question was not asked that year.

Note: Data are weighted to represent all RNs with active licenses.

57. **Has there been a change in how much you work as an RN in the past year? (Check all that apply.)**

Note: Similar content was in one question in 2010

	2010	2012	2014	2016	2018
No change in hours	*	60.8%	62.7%	64.6%	62.3%
Did not work as RN last year	*	19.0%	7.7%	6.5%	8.8%
Increased hours (general)	20.1%	*	*	*	*
Increased hours – employer imposed	*	11.1%	5.2%	5.1%	4.3%
Increased hours – my choice	*	29.1%	10.8%	10.8%	10.5%
Decreased hours (general)	26.3%	*	*	*	*
Decreased hours – employer imposed	*	14.6%	4.9%	2.4%	2.7%
Decreased hours – my choice	*	21.5%	11.0%	10.8%	12.2%
Other change in hours	*	11.0%	7.5%	3.6%	2.1%
Number of cases	1,521	1,870	4,909	3,560	3,709

\* Question was not asked that year.

Note: Data are weighted to represent all RNs with active licenses.

58. **How important were each of the following factors in your change in employment or hours worked during the past year? (Check all that apply.)**

	2010					Number of cases
	Not at all important	Somewhat important	Important	Very Important	Does not apply	
Retired	11.9%	2.4%	5.8%	12.3%	67.7%	1,159
Childcare responsibilities	11.4%	2.8%	7.2%	22.1%	56.4%	1,177
Other family responsibilities	8.0%	7.2%	16.5%	29.2%	39.1%	1,179
Salary	8.5%	8.4%	21.8%	39.8%	21.5%	1,204
Laid off	9.4%	1.8%	3.2%	12.0%	73.5%	1,136
Change in spouse/partner work situation	9.4%	2.8%	7.5%	17.7%	62.6%	1,144
Change in financial status	6.9%	6.7%	13.4%	30.1%	42.9%	1,170
Relocation/moved to a different area	10.2%	2.5%	5.4%	13.7%	68.2%	1,143
Promotion/career advancement	8.6%	4.0%	11.6%	26.8%	49.0%	1,151
Change in my health status	9.4%	4.7%	6.6%	16.0%	63.4%	1,147
Wanted more convenient hours	8.6%	6.0%	13.3%	30.0%	42.2%	1,179
Dissatisfaction with previous position	9.5%	7.6%	10.8%	21.9%	50.2%	1,156
Other	4.1%	0.8%	8.2%	29.5%	57.5%	536

Note: Data are weighted to represent all RNs with active licenses.

	2012					Number of cases
	Not at all important	Somewhat important	Important	Very Important	Does not apply	
Retired	8.8%	2.4%	6.3%	12.2%	70.2%	1,415
Childcare responsibilities	9.4%	2.7%	6.2%	21.1%	60.6%	1,382
Other family responsibilities	7.1%	5.8%	12.5%	34.2%	40.4%	1,379
Salary	6.6%	6.7%	18.8%	40.6%	27.3%	1,390
Laid off	6.9%	0.8%	3.7%	7.6%	81.0%	1,342
Employer reduced hours	6.2%	1.7%	6.7%	16.9%	68.5%	1,354
Change in spouse/partner work situation	6.2%	2.0%	5.5%	15.6%	70.7%	1,348
Change in financial status	5.6%	3.2%	11.2%	31.3%	48.8%	1,369
Relocation/moved to a different area	7.0%	1.1%	4.6%	14.0%	73.3%	1,338
Promotion/career advancement	6.0%	2.9%	8.9%	21.9%	60.3%	1,353
Change in my health status	7.3%	1.7%	7.4%	16.0%	67.6%	1,374
Wanted more convenient hours	6.4%	3.9%	11.3%	25.6%	52.8%	1,370
Dissatisfaction with previous position	7.1%	5.6%	9.2%	18.5%	59.8%	1,351
Other	4.4%	0.6%	7.2%	27.6%	60.3%	625

Note: Data are weighted to represent all RNs with active licenses.

	2014				Number of cases
	Not at all important	Somewhat important	Important	Very Important	
Retired	36.7%	8.5%	16.5%	38.4%	620
Childcare responsibilities	34.9%	5.4%	12.2%	47.5%	690
Other family responsibilities	17.5%	8.3%	22.7%	51.6%	1,002
Salary	14.3%	10.0%	24.5%	51.1%	1,223
Benefits	19.1%	9.2%	22.4%	49.3%	1,032
Laid off	48.5%	3.0%	17.2%	31.3%	331
Employer reduced hours	30.1%	8.3%	20.1%	41.5%	502
Change in spouse/partner work situation	29.4%	5.8%	21.9%	42.8%	523
Change in financial status	17.1%	9.3%	25.7%	48.0%	779
Relocation/moved to a different area	36.7%	5.0%	19.0%	39.3%	460
Promotion/career advancement	25.6%	5.5%	22.9%	46.0%	663
Change in my health status	27.1%	8.6%	20.9%	43.4%	561
Wanted more convenient hours	20.1%	6.0%	22.0%	52.0%	877
Dissatisfaction with previous position	21.2%	11.7%	25.8%	41.3%	753
Stress on the job	12.4%	9.9%	25.6%	52.0%	1,067
Desire to use my skills more/learn new skills	14.9%	6.1%	25.5%	53.5%	1,059
Other	5.6%	2.9%	34.2%	57.3%	306

Note: Data are weighted to represent all RNs with active licenses.

	2016				
	Not at all important	Somewhat important	Important	Very Important	Number of cases
Retired	70.8%	2.3%	8.2%	18.7%	962
Childcare responsibilities	58.5%	3.6%	7.0%	31.0%	1,047
Other family responsibilities	45.4%	6.0%	17.5%	31.1%	1,282
Salary	38.0%	6.3%	18.9%	36.8%	1,455
Benefits	47.1%	5.6%	15.5%	31.8%	1,344
Laid off	84.4%	2.2%	4.1%	9.4%	786
Employer reduced hours	72.2%	4.2%	7.9%	15.7%	869
Change in spouse/partner work situation	68.0%	2.8%	8.7%	20.5%	934
Change in financial status	54.3%	5.4%	13.6%	26.8%	1,087
Relocation/moved to a different area	67.5%	1.9%	10.0%	20.6%	912
Promotion/career advancement	53.3%	2.4%	15.0%	29.3%	1,080
Change in my health status	61.5%	3.4%	9.7%	25.3%	973
Wanted more convenient hours	45.7%	4.5%	13.6%	36.2%	1,230
Dissatisfaction with previous position	52.3%	7.9%	12.5%	27.3%	1,147
Stress on the job	42.1%	6.8%	15.7%	35.3%	1,341
Desire to use my skills more/learn new skills	39.4%	5.0%	18.5%	37.1%	1,350
Other	94.1%	0.1%	1.0%	4.8%	1,511

Note: Data are weighted to represent all RNs with active licenses.

	2018				
	Not at all important	Somewhat important	Important	Very Important	Number of cases
Retired	36.0%	10.7%	18.1%	35.2%	843
Childcare responsibilities	42.6%	5.0%	13.9%	38.5%	903
Other family responsibilities	24.8%	7.5%	24.3%	43.4%	1,183
Salary	20.8%	11.0%	24.6%	43.6%	1,356
Benefits	27.4%	8.4%	21.6%	42.6%	1,245
Laid off	65.8%	2.8%	14.6%	16.9%	536
Employer reduced hours	52.1%	6.8%	18.9%	22.3%	627
Change in spouse/partner work situation	46.5%	6.0%	20.5%	27.0%	746
Change in financial status	30.4%	8.1%	26.0%	35.5%	940
Relocation/moved to a different area	48.2%	4.9%	17.9%	29.0%	675
Promotion/career advancement	34.0%	5.1%	22.2%	38.7%	913
Change in my health status	38.7%	7.2%	18.5%	35.6%	768
Wanted more convenient hours	26.2%	7.8%	22.4%	43.7%	1,122
Dissatisfaction with previous position	35.4%	11.0%	20.0%	33.7%	912
Stress on the job	23.5%	11.3%	25.2%	40.1%	1,199
Desire to use my skills more/learn new skills	24.1%	6.0%	24.8%	45.2%	1,193
Other	89.6%	0.2%	2.5%	7.7%	1,347

Note: Data are weighted to represent all RNs with active licenses.

**59. Do you reside outside California?**

This question was excluded as it did not pertain to California Residents.

**60. If you reside outside California, please check all of the following that apply regarding the past 12 months:**

This question was excluded as it did not pertain to California Residents.

**61. How many months did you work in California in the past 12 months?**

This question was excluded as it did not pertain to California Residents.

**62. If you reside outside California, do you plan to work as an RN in California in the next five years?**

This question was excluded as it did not pertain to California Residents.

**63. Gender**

	2006	2008	2010	2012	2014	2016	2018
<b>Male</b>	9.4%	13.8%	10.1%	11.1%	11.1%	11.1%	12.5%
<b>Female</b>	90.6%	86.2%	89.9%	88.9%	89.0%	88.9%	87.3%
<b>Non-binary</b>	*	*	*	*	*	*	0.2%
<b>Number of cases</b>	4,477	4,890	5,480	4,894	5,000	3,676	3,828

Note: Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

**64. Year of Birth (converted to age groups)**

	2006	2008	2010	2012	2014	2016	2018
<b>Under 30 years</b>	7.5%	6.1%	9.3%	9.3%	7.4%	8.4%	8.8%
<b>30-34 years</b>	10.3%	9.3%	9.4%	10.6%	11.1%	12.6%	13.1%
<b>35-39 years</b>	10.6%	11.5%	11.2%	12.0%	10.3%	11.2%	12.0%
<b>40-44 years</b>	12.3%	11.2%	12.1%	11.6%	13.1%	12.3%	11.8%
<b>45-49 years</b>	13.9%	12.3%	11.2%	10.2%	10.1%	11.1%	12.4%
<b>50-54 years</b>	19.1%	17.0%	15.6%	13.5%	11.8%	10.5%	9.2%
<b>55-59 years</b>	12.6%	14.1%	13.2%	13.3%	13.5%	11.5%	10.1%
<b>60-64 years</b>	7.7%	9.8%	10.2%	11.2%	11.6%	12.1%	11.7%
<b>65 years and older</b>	6.1%	8.8%	7.9%	8.3%	11.1%	10.4%	11.0%
<b>Number of cases</b>	4,442	4,890	5,551	4,967	5,047	3,793	4,049

Note: Data are weighted to represent all RNs with active licenses.



## 65. Country of birth

First asked in 2012.

	2012	2014	2016	2018
<b>Canada</b>	1.1%	1.2%	1.2%	1.3%
<b>China</b>	0.7%	0.6%	0.7%	2.4%
<b>Germany</b>	0.5%	0.3%	0.3%	0.4%
<b>India</b>	1.1%	1.0%	1.4%	2.6%
<b>Japan</b>	0.5%	0.5%	0.6%	1.3%
<b>Korea</b>	1.6%	1.5%	1.2%	2.3%
<b>Mexico</b>	1.9%	1.4%	1.3%	3.2%
<b>Nigeria</b>	0.4%	0.7%	0.5%	1.2%
<b>Philippines</b>	17.8%	17.8%	18.2%	30.0%
<b>United Kingdom</b>	*	*	0.8%	0.7%
<b>United States</b>	66.3%	65.8%	65.2%	39.5%
<b>Vietnam</b>	0.6%	0.9%	0.6%	2.2%
<b>Taiwan</b>	*	*	0.5%	1.1%
<b>Number of cases</b>	4,840	4,946	3,615	2,004

Note: Only countries with greater than 0.5% reported here. Data are weighted to represent all RNs with active licenses.

## 66. Marital status

	2006	2008	2010	2012	2014	2016	2018
<b>Never Married</b>	11.9%	13.0%	15.2%	17.8%	17.7%	19.1%	22.5%
<b>Married/Domestic Partnership</b>	69.8%	68.2%	67.7%	67.4%	67.3%	66.6%	64.1%
<b>Separated/Divorced</b>	14.9%	15.1%	14.8%	*	*	*	*
<b>Widowed</b>	3.4%	3.6%	2.3%	*	*	*	*
<b>Separated/Divorced/Widowed</b>	*	*	*	14.8%	15.0%	14.4%	13.4%
<b>Number of cases</b>	4,494	4,748	5,441	4,876	4,983	3,688	3,801

\* Item was not asked in 2012.

Note: Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

67. What is your ethnic/racial background (select the one with which you most strongly identify)?

Note: Questions was significantly changed in 2012.

	2006	2008	2010	2012	2014	2016	2018
African American	4.2%	4.1%	4.3%	5.1%	4.9%	4.7%	6.4%
White	63.1%	58.6%	55.8%	54.9%	54.1%	57.3%	50.9%
Native American/Alaskan Native	0.2%	0.4%	0.3%	0.3%	0.5%	2.0%	2.5%
Other or Mixed	*	*	*	3.0%	6.2%	7.4%	1.1%
Asian Indian	1.0%	1.3%	1.4%	*	*	*	2.2%
Asian, not Filipino or Indian	6.2%	7.1%	7.7%	*	*	*	*
Cambodian				0.0%	0.0%	0.1%	0.2%
Chinese				2.9%	3.1%	4.0%	4.8%
Indian				1.5%	1.2%	1.7%	2.2%
Indonesian				0.4%	0.2%	0.3%	0.2%
Japanese				1.3%	1.0%	1.4%	1.6%
Korean				2.0%	1.6%	1.6%	2.1%
Laotian/Hmong				0.0%	0.2%	0.4%	0.4%
Pakistani				0.0%	0.0%	0.1%	0.1%
Thai				0.3%	0.4%	0.3%	0.4%
Vietnamese				0.8%	1.0%	1.0%	1.6%
Latino	6.1%	7.5%	8.0%	*	*	*	*
Central American				0.7%	0.9%	0.7%	2.0%
South American				0.6%	0.4%	1.3%	1.1%
Cuban				0.1%	0.2%	0.1%	0.4%
Mexican				4.6%	4.6%	7.2%	9.5%
Other Hispanic				0.7%	0.8%	1.7%	2.4%
Fijian				0.0%	0.0%	0.0%	0.1%
Filipino	16.3%	18.0%	19.2%	20.1%	18.6%	21.6%	21.2%
Guamanian				0.0%	0.0%	0.1%	0.0%
Native Hawaiian	0.2%	0.1%	0.2%	0.1%	0.0%	0.2%	0.2%
Samoan				0.1%	0.0%	0.0%	0.0%
Tongan				0.0%	0.0%	0.0%	0.0%
Other Pacific Islander				0.2%	0.1%	0.3%	0.7%
Mixed race	2.3%	2.0%	2.6%	*	*	*	*
Other	0.4%	0.8%	0.5%	*	*	*	*
Number of cases	4,480	4,726	5,417	4,797	4,961	3,688	3,741

Note: Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses. In 2018, respondents could select multiple options.

68. Other than English, what languages do you speak fluently?

	2006	2008	2010	2012	2014	2016	2018
No other language	*	*	*	59.7%	57.8%	58.4%	55.2%
Spanish	10.3%	11.4%	30.3%	11.6%	11.9%	11.1%	13.2%
Korean	1.1%	1.1%	3.7%	1.9%	1.6%	1.3%	1.4%
Vietnamese	0.5%	0.6%	2.0%	0.9%	1.0%	0.9%	1.6%
Tagalog	13.6%	*	*	*	*	*	*
Tagalog or other Filipino language	*	16.6%	44.0%	18.0%	18.5%	18.9%	18.0%
French	*	*	4.1%	1.0%	1.6%	1.3%	1.2%
Hindi	0.8%	*	*	*	*	*	*
Hindi or other South Asian language	*	1.3%	3.6%	1.5%	1.5%	1.9%	2.1%
Mandarin	1.2%	2.2%	4.3%	1.5%	1.5%	2.1%	2.4%
Cantonese	0.8%	1.5%	2.6%	1.4%	1.0%	1.8%	1.3%
Other Chinese dialect	*	*	*	0.7%	0.5%	1.0%	0.3%
Other	8.0%	8.0%	15.3%	6.4%	6.9%	5.0%	4.9%
Sub-Saharan African Language	*	*	*	*	*	0.8%	1.2%
Number of cases	*	*	1,777	4,711	4,777	3,535	3,689

\* Question was not asked in this survey year. In 2010, data are only for those who speak another language.

Note: Respondents could report fluency in multiple languages. Data are weighted to represent all RNs with active licenses.

69. Do you have children living at home with you?

	2006	2008	2010	2012	2014	2016	2018
No	48.0%	50.6%	48.9%	49.9%	49.7%	49.7%	49.0%
Yes	52.0%	49.4%	51.1%	50.1%	50.3%	50.3%	51.0%
Number of cases	4,500	4,765	5,449	4,884	4,985	3,698	3,802

Note: Data are weighted to represent all RNs with active licenses.

a. - e. If Yes, how many are:

	2006					2008				
	0 to 2 years	3 to 5 years	6 to 12 years	13-18 years	19+ years	0 to 2 years	3 to 5 years	6 to 12 years	13-18 years	19+ years
0 children	81.7%	82.3%	66.1%	61.7%	57.6%	83.9%	85.5%	70.4%	64.0%	58.6%
1 child	17.4%	16.7%	29.6%	32.6%	39.6%	14.2%	12.9%	21.4%	27.0%	32.3%
2 children	0.9%	1.0%	4.1%	5.1%	2.2%	1.6%	1.6%	7.2%	7.9%	7.6%
3 or more children	0.0%	0.0%	0.2%	0.7%	0.6%	0.3%	0.1%	0.9%	1.1%	1.5%
Number of cases	1,481					2,189				

Note: Data are weighted to represent all RNs with active licenses.

	2010					2012				
	0 to 2 years	3 to 5 years	6 to 12 years	13-18 years	19+ years	0 to 2 years	3 to 5 years	6 to 12 years	13-18 years	19+ years
<b>0 children</b>	81.6%	84.7%	68.1%	70.5%	60.8%	72.7%	74.9%	92.1%	87.3%	43.0%
<b>1 child</b>	16.4%	12.9%	22.0%	21.8%	29.1%	24.6%	22.1%	6.1%	9.7%	42.6%
<b>2 children</b>	2.1%	2.5%	8.7%	6.8%	8.4%	2.7%	2.9%	1.8%	2.9%	12.4%
<b>3 or more children</b>	0.0%	0.0%	1.2%	0.9%	1.8%	0.0%	0.1%	0.0%	0.2%	1.7%
<b>Number of cases</b>	2,440					1,378				

Note: Data are weighted to represent all RNs with active licenses.

	2014					2016				
	0 to 2 years	3 to 5 years	6 to 12 years	13-18 years	19+ years	0 to 2 years	3 to 5 years	6 to 12 years	13-18 years	19+ years
<b>0 children</b>	81.8%	82.4%	68.1%	70.7%	58.4%	82.5%	84.3%	73.9%	76.1%	75.9%
<b>1 child</b>	16.1%	15.0%	21.4%	21.2%	30.0%	6.9%	2.8%	4.7%	5.5%	10.4%
<b>2 children</b>	2.1%	2.5%	8.9%	6.6%	9.5%	7.2%	8.0%	12.0%	9.9%	7.7%
<b>3 or more children</b>	0.0%	0.0%	1.6%	1.4%	2.0%	3.5%	4.9%	9.5%	8.6%	6.0%
<b>Number of cases</b>	2,230					2,559				

Note: Data are weighted to represent all RNs with active licenses.

	2018				
	0 to 2 years	3 to 5 years	6 to 12 years	13-18 years	19+ years
<b>0 children</b>	77.3%	80.7%	67.3%	70.8%	63.4%
<b>1 child</b>	19.2%	16.7%	21.6%	21.0%	25.1%
<b>2 children</b>	3.5%	2.6%	9.9%	7.5%	9.3%
<b>3 or more children</b>	0.0%	0.0%	1.0%	0.7%	2.2%
<b>Number of cases</b>	2,230				

Note: Data are weighted to represent all RNs with active licenses.

70. **Do you have responsibility for assisting or caring for an adult family member who needs help because of a condition related to aging or a disability? Do not include paid positions.**

	2016	2018
Yes	19.4%	20.5%
No	80.6%	79.5%
Number of cases		3,793

Note: Data are weighted to represent all RNs with active licenses.

**A. If Yes, how many adults do you assist or care for?**

	2016	2018
1 adult	74.7%	71.6%
2 adults	23.7%	25.7%
3 or more	1.6%	2.7%
Number of cases		595

Note: Data are weighted to represent all RNs with active licenses.

71. **Home Zip Code:**

This question was excluded for confidentiality.

72. **Which category best describes how much income your total household received last year? This is the before-tax income of all persons living in your household:**

	2006	2008	2010	2012	2014	2016	2018
Less than \$30,000	2.0%	1.4%	2.0%	3.3%	1.9%	1.7%	1.6%
\$30K-\$44,999	3.0%	2.5%	2.4%	2.8%	2.1%	1.6%	2.0%
\$45K-\$59,999	5.5%	3.8%	4.0%	3.4%	3.1%	3.1%	2.5%
\$60K-\$74,999	12.4%	10.0%	9.4%	8.8%	6.9%	5.6%	6.0%
\$75K-\$99,999	21.8%	19.4%	17.8%	16.5%	17.6%	14.6%	14.3%
\$100K-124,999	21.5%	22.3%	21.5%	20.3%	20.4%	21.2%	18.3%
\$125K-\$149,999	13.4%	13.0%	13.6%	14.6%	14.3%	13.7%	14.2%
\$150K-\$174,999	8.5%	10.8%	10.4%	10.5%	11.3%	12.9%	12.5%
\$175K-\$199,999	4.8%	5.8%	6.6%	7.3%	7.4%	8.1%	7.5%
\$200K or more	7.2%	11.0%	12.2%	12.8%	15.1%	17.5%	20.9%
Number of cases	4,302	4,468	5,028	4,605	4,754	3,499	3,603

Note: Data are weighted to represent all RNs with active licenses.

73. **Approximately what percentage of your total household income comes from your nursing job(s)?**

	2006	2008	2010	2012	2014	2016	2018
None	*	*	8.4%	9.7%	10.2%	7.9%	9.2%
Less than 20 percent	4.1%	3.4%	3.5%	3.4%	3.4%	2.9%	3.7%
20 to 39 percent	9.7%	9.3%	7.5%	6.4%	6.9%	7.2%	7.3%
40 to 59 percent	23.9%	21.5%	18.5%	17.3%	18.1%	19.6%	17.9%
60 to 79 percent	17.7%	19.5%	18.5%	18.2%	18.6%	19.0%	16.5%
80 to 99 percent	14.6%	13.9%	12.6%	12.9%	13.5%	13.5%	12.3%
100 percent	30.1%	32.5%	31.1%	32.1%	29.3%	29.9%	33.2%
Number of cases	3,676	3,983	5,324	4,775	4,905	3,615	3,694

\* Question was not asked in this survey year.

Note: Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

74. **Have you ever served on active duty in the U.S. Armed Forces?**

	2018
No, never served in the U.S. Armed Forces	95.7%
No, never on active duty except for initial/basic training	0.4%
Yes, on active duty currently	0.0%
Yes, on active duty in the past, but not now	3.8%
Number of cases	3,818

Note: Data are weighted to represent all RNs with active licenses.

**A. – F. If Yes, which branch(es) did you service on active duty, and for long you served in each branch?**

	Army	Navy	Air Force	Marine Corps	Coast Guard	Other
Less than 5 years	68.2%	31.6%	34.5%	0.0%	100.0%	88.7%
5-9 years	16.3%	43.3%	36.7%	50.0%	0.0%	0.0%
10-14 years	7.4%	9.6%	11.9%	0.0%	0.0%	0.0%
15-19 years	0.0%	5.0%	9.0%	50.0%	0.0%	11.3%
20-24 years	6.4%	8.9%	8.0%	0.0%	0.0%	0.0%
25-29 years	0.0%	1.5%	0.0%	0.0%	0.0%	0.0%
30-34 years	1.7%	0.0%	0.0%	0.0%	0.0%	0.0%
35+ years	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Number of cases	54	50	28	2	3	4

Note: Data are weighted to represent all RNs with active licenses.

## *Appendix B. Letters and mailings*

### First Postcard

Hello!

We recently mailed you a survey about your experiences as a registered nurse. This research is sponsored by the **California Board of Registered Nursing**. We want to hear from people with active licenses, nurses currently working in nursing, those working in other fields, and those who have retired from nursing altogether. I understand that we have not yet received your completed questionnaire. Your response is valuable to this report and I hope that you will take 20 minutes to complete your questionnaire and mail it back in the postage-paid envelope. If you've misplaced your questionnaire, please call 1-877-276-8277 or [Lela.Chu@ucsf.edu](mailto:Lela.Chu@ucsf.edu) and I'll see that you receive another copy. (If you have recently mailed your completed questionnaire, please disregard this notice.) Thank you for your assistance.

Sincerely,  
Lela Chu, Project Director  
UC San Francisco

### Second Postcard

#### **CHECKING IN.**

The **California Board of Registered Nursing**, working with the University of California, mailed you a copy of the 2018 RN Survey a month ago and again two weeks ago. We have not heard from you and wanted to make sure you received a copy of the survey. It was sent to people with active licenses, to nurses currently working in nursing, those working in other fields, as well as those who have retired from nursing altogether.

**We need your input to better gauge the health of the nursing profession in California.**

You also have the option of completing the survey online. If you need another copy of the questionnaire or want to know how to do it on-line, **please call me toll-free at 1-877-276-8277** or email me at [Lela.Chu@ucsf.edu](mailto:Lela.Chu@ucsf.edu). (If you have already mailed your completed questionnaire, or submitted it online, please disregard this notice.) Thank you.

Lela Chu, Project Manager  
UC San Francisco

### Third Postcard

#### **LAST CHANCE!**

The **California Board of Registered Nursing**, working with the University of California, mailed you a copy of the 2018 RN Survey a month ago. We have not heard from you and wanted to make sure you received a copy of the survey. It was sent to people with active licenses, to nurses currently working in nursing, those working in other fields, and those who have retired from nursing altogether.

**We need your input to better gauge the health of the nursing profession in California.**

You also have the option of completing the survey online. If you need another copy of the questionnaire or want to know how to do it on-line, **please call me toll-free at 1-877-276-8277** or email me at [lela.chu@ucsf.edu](mailto:lela.chu@ucsf.edu). (If you have already mailed your completed questionnaire, please disregard this notice.) Thank you.

Lela Chu, Project Manager  
UC San Francisco

Letter for Active RN



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

**BOARD OF REGISTERED NURSING**  
PO Box 944210, Sacramento, CA 94244-2100  
P (916) 322-3350 F (916) 574-8637 | [www.rn.ca.gov](http://www.rn.ca.gov)



NAME  
ADDRESS1  
ADDRESS2  
ADDRESS3  
Dear NAME:

We are pleased to inform you the Board of Registered Nursing is inviting you to be one of a select group of California nurses to provide the Board with vital information concerning current nursing practice in the state. Only 8,000 of California's estimated 400,000 RNs/APRNs are being surveyed, giving you a unique opportunity to contribute to an important study of the nursing profession and future workforce planning. With the pivotal role of the nursing profession in workforce planning and policy in California, it is vital for the Board to be able to accurately present your opinions about working conditions, salaries and other issues pertinent to nursing practice. Survey results will be used by the Board to guide public policy and plan for California's future nursing workforce needs. Summary results of the survey will be published on the Board's website in early 2019.

Your individual survey responses are absolutely confidential and individual responses will not be identified or reported. Your participation in the survey is voluntary and you may skip any questions you choose not to answer, but we hope to have a great response to the survey to ensure that the Board has a representative picture of California nurses.

The University of California, San Francisco is conducting the survey for the Board. The attached survey has been sent to RNs/APRNs with active California licenses residing in and outside of California. Completion of the survey should take no more than 20 minutes. The survey may be completed in the attached paper/pencil format or ONLINE. If completing the attached survey by paper and pencil, please return in the postage-paid return envelope. You may complete the enclosed survey online at

**<http://rnworkforce.ucsf.edu/brn2018>**

Your online USERNAME is : XXXXX

Your online PASSWORD (Enter as ALL CAPS) is : XXX

**If you have any difficulty completing the survey, or if you have any questions about your participation in this study, please contact Lela Chu, at the Institute for Health Policy Studies at UC San Francisco. You can call her toll-free at 1-877-276-8277 or email her at [lela.chu@ucsf.edu](mailto:lela.chu@ucsf.edu).** You may also contact Joanne Spetz, Ph. D., Principal Investigator, by phone at (415) 502-4443. You also have the option of contacting the UC San Francisco Human Research Protection Program at (415) 476-1814 or via email at [chr@ucsf.edu](mailto:chr@ucsf.edu)

We hope we can count on your participation and look forward to receiving your completed survey.

Sincerely,

Dr. Joseph Morris, RN, MSN, Ph.D.  
Executive Officer  
California Board of Registered Nursing



Follow- Up Letter for Active RN



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

**BOARD OF REGISTERED NURSING**  
PO Box 944210, Sacramento, CA 94244-2100  
P (916) 322-3350 F (916) 574-8637 | [www.rn.ca.gov](http://www.rn.ca.gov)



NAME  
ADDRESS1  
ADDRESS2  
ADDRESS3  
Dear NAME:

A few weeks ago we sent you a questionnaire asking about your experiences as a current or former registered California nurse. We have not yet received your completed questionnaire, and I wanted to make a special plea for your help.

**Even if you are not currently practicing in the field of nursing, we still need your participation. Your input will help the Board understand factors that contribute to nurses' decisions to leave the profession.**

The California Board of Registered Nursing is extremely interested in evaluating the experiences and needs of California's nursing community. Hearing from people like you and the thousands of other nurses we have contacted is the only way we can learn first-hand about the challenges and concerns facing today's nurses. This will help California plan for its future nursing needs as well as to develop policies that will increase the value of providing nursing services in California.

I've taken the liberty of enclosing a new questionnaire for you to complete, in the event that you may have misplaced yours. Completion of the survey should take no more than 20 minutes, and a postage-paid return envelope is enclosed for your convenience. Your responses will remain strictly confidential. All information will be summarized, and no information that could be used to identify individuals will be released.

You may complete the enclosed survey online at <http://rnworkforce.ucsf.edu/brn2018>

Your online USERNAME is : XXXXX

Your online PASSWORD (Enter as ALL CAPS) is : XXX

Participation in this research is completely voluntary and you are free to skip any questions you don't want to answer. Your responses are very important to the success of this project, and you will be contributing in a significant way to the profession of registered nursing and its future. We hope that we can count on your participation.

If you have questions or require any additional information, please contact my colleague, Lela Chu, at the Institute for Health Policy Studies at UC San Francisco. You can call her toll-free at 1-877-276-8277 or email her at [lela.chu@ucsf.edu](mailto:lela.chu@ucsf.edu).

Thank you in advance for your cooperation.

Dr. Joseph Morris, RN, MSN, Ph.D.  
Executive Officer  
California Board of Registered Nursing



California Board of Registered Nursing

# Survey of Registered Nurses 2018

Conducted for the Board of Registered Nursing  
by the  
University of California, San Francisco

**Here's how to fill out the Survey:**

- Use pen or pencil to complete the survey.
- Please try to answer each question.
- Most questions can be answered by checking a box, or writing a number or a few words on a line.
- Never check more than one box, except when it says **Check all that apply**.
- Sometimes we ask you to skip one or more questions. An arrow will tell you what question to answer next, like this:

<sub>1</sub> YES  
<sub>2</sub> NO → **SKIP TO Question 23**

- If none of the boxes is just right for you, please check the one that fits you the best. Feel free to add a note of explanation. If you are uncomfortable answering a particular question, feel free to skip it and continue with the survey.
- If you need help with the survey, call toll-free (877) 276-8277.
- **REMEMBER:** An online version of this survey is available. Follow the instructions in the cover letter that came with this questionnaire to access the online survey.

After you complete the survey, please mail it back to us in the enclosed envelope. No stamps are needed. Thank you for your prompt response.

**CALIFORNIA BOARD OF REGISTERED NURSING  
2018 RN SURVEY**

**SECTION A: EDUCATION AND LICENSURE INFORMATION**

1. What types of **nursing** degree programs have you completed? Include both initial and advanced education.

	<b>Year completed</b>	<b>Location (2-letter state code or name of country)</b>
Associate degree in nursing	_____	_____
30-unit option program (LVN-to-RN)	_____	_____
Baccalaureate in nursing	_____	_____
Entry Level Master's program (ELM, MEPN, etc.)	_____	_____
Diploma program (hospital-based)	_____	_____
Master's Degree in nursing (non-ELM)	_____	_____
Doctor of Nursing Practice (DNP)	_____	_____
Research or education-based Nursing Doctorate (PhD, DNSc, etc.)	_____	_____
Other ( <b>Describe</b> ): _____	_____	_____

2. What types of **non-nursing** post-secondary degree programs have you completed, before and/or after your nursing education? (**Check all that apply.**)

	<b>Year completed</b>
<input type="checkbox"/> <sub>a</sub> Associate degree (non-nursing)	_____
<input type="checkbox"/> <sub>b</sub> Bachelor's degree (non-nursing)	_____
<input type="checkbox"/> <sub>c</sub> Master's Degree (non-nursing)	_____
<input type="checkbox"/> <sub>d</sub> Doctorate - professional (JD, MD, DDS, DPT, etc.)	_____
<input type="checkbox"/> <sub>e</sub> Doctorate - research or education (PhD, EdD, etc.)	_____
<input type="checkbox"/> <sub>f</sub> Other ( <b>Describe</b> ): _____	_____

3. **Immediately prior** to starting your initial RN education, were you employed in a health occupation? (**Check only one.**)

- |  |   |
|--|---|
| <input type="checkbox"/> <sub>0</sub> No   | <input type="checkbox"/> <sub>4</sub> Yes, other health technician/therapist    |
| <input type="checkbox"/> <sub>1</sub> Yes, healthcare clerical or administrative | <input type="checkbox"/> <sub>5</sub> Yes, medical assistant                    |
| <input type="checkbox"/> <sub>2</sub> Yes, military medical corps                | <input type="checkbox"/> <sub>6</sub> Yes, licensed practical/ vocational nurse |
| <input type="checkbox"/> <sub>3</sub> Yes, nursing aide/assistant                | <input type="checkbox"/> <sub>7</sub> Yes, other ( <b>Specify</b> : _____)      |

4. In what state or country were you **first licensed** as an RN?

2-letter state code: \_\_\_\_\_ **OR** Other country: \_\_\_\_\_

5. In what year were you first licensed as an RN **in the United States**? \_\_\_\_\_

6. **Not including California**, do you hold an **active** RN license in **other states**?

- <sub>0</sub> No other states      <sub>1</sub> Yes (which states? \_\_\_\_\_)

7. Which of the following **California Board of Registered Nursing certifications or listings** do you have? (**Check all that apply.**)

- <sub>a</sub> None  
<sub>b</sub> Nurse Anesthetist      <sub>d</sub> Nurse-Midwife      <sub>f</sub> Nurse Practitioner  
<sub>c</sub> Public Health Nurse      <sub>e</sub> Psychiatric/Mental Health Nurse      <sub>g</sub> Clinical Nurse Specialist

8. **Since completing your initial RN education**, how many years and months have you worked in a job that requires a registered nursing license? Exclude years since graduation during which you did not work as an RN.

\_\_\_\_\_ years and \_\_\_\_\_ months

9. **How satisfied are you with the nursing profession overall?**

- |                                       |                                       |  |                                       |                                       |
|---------------------------------------|---------------------------------------|--|---------------------------------------|---------------------------------------|
| Very<br><u>dissatisfied</u>           | <u>Dissatisfied</u>                   | Neither satisfied<br><u>nor dissatisfied</u> | <u>Satisfied</u>                      | Very<br><u>satisfied</u>              |
| <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub>        | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |

10. Are you currently enrolled in a degree program or certification program?

- <sub>1</sub> Yes      <sub>2</sub> No      → **Skip to Question #13 below.**



11. What is your objective? (**Check all that apply.**)

- |  |  |
|--|--|
| <input type="checkbox"/> <sub>a</sub> Associate degree in Nursing (ADN)                                    | <input type="checkbox"/> <sub>g</sub> Non-nursing Associate degree   |
| <input type="checkbox"/> <sub>b</sub> Baccalaureate of Science in Nursing (BSN)                            | <input type="checkbox"/> <sub>h</sub> Non-nursing Baccalaureate degree                                     |
| <input type="checkbox"/> <sub>c</sub> Master's degree in Nursing (MSN)                                     | <input type="checkbox"/> <sub>i</sub> Non-nursing Master's degree  |
| <input type="checkbox"/> <sub>d</sub> Doctor of Nursing Practice (DNP)                                     | <input type="checkbox"/> <sub>j</sub> Non-nursing professional Doctorate (JD, MD, etc.)                    |
| <input type="checkbox"/> <sub>e</sub> Research or education-focused Doctorate in Nursing (PhD, DNSc, etc.) | <input type="checkbox"/> <sub>k</sub> Non-nursing research or education-focused Doctorate (PhD, EdD, etc.) |
| <input type="checkbox"/> <sub>f</sub> Non-degree nursing certificate                                       | <input type="checkbox"/> <sub>l</sub> Non-nursing certificate  |

12. What percent of coursework is through online or distance learning? \_\_\_\_\_%

13. Are you **currently employed for pay** in a position that **requires an RN license**, including any Advanced Practice Registered Nurse (APRN) positions?

- <sub>1</sub> **Yes**, working full-time, part-time or per diem      <sub>2</sub> **No** → **Skip to Section C, page 9.**

**Continue to Section B, below.**



---

## **SECTION B: FOR NURSES CURRENTLY EMPLOYED IN NURSING**

Please complete this section **if you are working in a position that requires an RN license**, including APRN positions. In this survey, "RN" or "registered nursing" refers to both RNs and APRNs.

14. How many **hours** do you **normally** work in all positions that require a registered nursing license? (**Please complete all items.**)

- a. \_\_\_\_\_ # hours per **day** in all nursing positions  
b. \_\_\_\_\_ # hours per **week** in all nursing positions (do not include unworked on-call hours)  
c. \_\_\_\_\_ # overtime hours per **week** in all nursing positions  
d. \_\_\_\_\_ # hours **on call** not worked per week in all nursing positions

15. How many **months** per year do you work as an RN? \_\_\_\_\_ # months per **year**

16. What are your intentions regarding your nursing employment in the next:

<b>TWO YEARS?</b> <b>(Check only one.)</b>	<b>FIVE YEARS?</b> <b>(Check only one.)</b>
<input type="checkbox"/> <sub>1</sub> Plan to increase hours of nursing work	<input type="checkbox"/> <sub>1</sub> Plan to increase hours of nursing work
<input type="checkbox"/> <sub>2</sub> Plan to work approximately as much as now	<input type="checkbox"/> <sub>2</sub> Plan to work approximately as much as now
<input type="checkbox"/> <sub>3</sub> Plan to reduce hours of nursing work	<input type="checkbox"/> <sub>3</sub> Plan to reduce hours of nursing work
<input type="checkbox"/> <sub>4</sub> Plan to leave nursing entirely but not retire	<input type="checkbox"/> <sub>4</sub> Plan to leave nursing entirely but not retire
<input type="checkbox"/> <sub>5</sub> Plan to retire	<input type="checkbox"/> <sub>5</sub> Plan to retire

**Questions 17 through 30 refer to your principal nursing position, which is the current RN or APRN position in which you spend most of your working time.**

17. In your **principal** nursing position, are you...? **(Check only one.)**

- |  |   |
|--|---|
| <input type="checkbox"/> <sub>1</sub> A regular employee                                     | <input type="checkbox"/> <sub>3</sub> Self-employed   |
| <input type="checkbox"/> <sub>2</sub> Employed through a temporary employment service agency | <input type="checkbox"/> <sub>4</sub> Travel nurse or employed through a traveling nurse agency |

18. How long have you been employed as an RN with your **principal** employer in any position?

\_\_\_\_\_ years and \_\_\_\_\_ months

19. How many **hours per week** do you normally work in your **principal** nursing position?

\_\_\_\_\_ # hours per week

20. How many **months per year** do you normally work in your **principal** nursing position?

\_\_\_\_\_ # months per year

21. Where is your **principal** nursing position located? **(Please complete all items.)**

a. Zip Code \_\_\_\_\_ b. City \_\_\_\_\_ c. State \_\_\_\_\_ (2-letter)

22. How many miles is it **one-way** from your residence to your **principal** nursing position? If you work for a traveling nurse agency or registry, write the average **one-way distance** from your residence to your current or most recent employment location.

\_\_\_\_\_ miles one-way

23. Please specify the **total annual earnings** for your **principal nursing position only**, before deductions for taxes, social security, etc. If you do not have a set annual salary, please estimate your annual earnings for last year.

\$ \_\_\_\_\_ /year

24. Does your compensation from your **principal** nursing position include: **(Check all that apply.)**

- |   |   |
|---|---|
| <input type="checkbox"/> <sub>a</sub> Retirement plan           | <input type="checkbox"/> <sub>d</sub> Dental insurance                          |
| <input type="checkbox"/> <sub>b</sub> Personal health insurance | <input type="checkbox"/> <sub>e</sub> Family/dependent health insurance         |
| <input type="checkbox"/> <sub>c</sub> Tuition reimbursement     | <input type="checkbox"/> <sub>f</sub> Paid time to pursue an educational degree |
|   | <input type="checkbox"/> <sub>g</sub> None of the above                         |

25. Which of the following best describes the **type of setting** of your **principal** nursing position? If you work for a temporary employment or traveling nurse agency, in which setting do you most often work? **(Check only one.)**

<b>Hospital (not mental health)</b>		
<input type="checkbox"/> <sub>1</sub> Hospital, <b>inpatient</b> care or <b>emergency</b> department	<input type="checkbox"/> <sub>3</sub> Hospital, <b>ambulatory care</b> department (outpatient, surgery, clinic, etc.)	<input type="checkbox"/> <sub>5</sub> Hospital, <b>other</b> type of department (administration, home health, etc.)
<input type="checkbox"/> <sub>2</sub> Hospital, <b>ancillary</b> unit (GI lab, radiology, therapy, etc.)	<input type="checkbox"/> <sub>4</sub> Hospital, <b>nursing home</b> unit	
<b>Other inpatient setting</b>		
<input type="checkbox"/> <sub>6</sub> <b>Nursing home</b> /extended care/skilled nursing facility/group home	<input type="checkbox"/> <sub>8</sub> Inpatient <b>mental health</b> /substance abuse	<input type="checkbox"/> <sub>10</sub> <b>Inpatient hospice</b> (not hospital-based)
<input type="checkbox"/> <sub>7</sub> <b>Rehabilitation</b> facility/ long-term acute care	<input type="checkbox"/> <sub>9</sub> <b>Correctional</b> facility/ prison/jail	<input type="checkbox"/> <sub>11</sub> <b>Other inpatient setting</b>
<b>Clinic/ambulatory</b>		
<input type="checkbox"/> <sub>12</sub> <b>Private</b> medical practice, clinic, physician office, etc.	<input type="checkbox"/> <sub>14</sub> <b>School health</b> service (K-12 or college)	<input type="checkbox"/> <sub>16</sub> <b>Urgent care</b> , not hospital-based
<input type="checkbox"/> <sub>13</sub> <b>Public</b> clinic, rural health center, FQHC, etc.	<input type="checkbox"/> <sub>15</sub> Outpatient <b>mental health</b> /substance abuse	<input type="checkbox"/> <sub>17</sub> <b>Ambulatory surgery</b> center (free-standing)
<input type="checkbox"/> <sub>18</sub> <b>Other clinic/ambulatory (Please describe: _____)</b>		
<b>Other types of employment settings</b>		
<input type="checkbox"/> <sub>19</sub> <b>Occupational health</b> or employee health service	<input type="checkbox"/> <sub>22</sub> Outpatient <b>Dialysis</b> Center	<input type="checkbox"/> <sub>25</sub> <b>Case management</b> /disease management
<input type="checkbox"/> <sub>20</sub> <b>Public health</b> or community health agency (not a clinic)	<input type="checkbox"/> <sub>23</sub> University or college ( <b>academic</b> department)	<input type="checkbox"/> <sub>26</sub> <b>Call center</b> /telenursing center
<input type="checkbox"/> <sub>21</sub> <b>Government agency</b> other than public/ community health or corrections	<input type="checkbox"/> <sub>24</sub> <b>Home health</b> agency/ home health service (including hospice)	<input type="checkbox"/> <sub>27</sub> Self-employed
<input type="checkbox"/> <sub>28</sub> <b>Other (Please describe: _____)</b>		

26. Approximately what percentage of your time is spent on each of the following functions during a typical week in your **principal** position?

- a. \_\_\_\_% Patient care and charting
- b. \_\_\_\_% Patient education
- c. \_\_\_\_% Indirect patient/client care (consultation, planning, evaluating care)
- d. \_\_\_\_% Teaching, precepting or orienting students or new hires/staff (include prep time)
- e. \_\_\_\_% Supervision/management
- f. \_\_\_\_% Administration
- g. \_\_\_\_% Research
- h. \_\_\_\_% Non-nursing tasks (housekeeping, etc.)
- i. \_\_\_\_% Other (**Please describe:** \_\_\_\_\_)
- \_\_\_\_ 100% Total

27. Which one of the following best describes the **job title** of your **principal** nursing position?  
**(Check only one.)**

<input type="checkbox"/> <sub>1</sub> Staff nurse/direct care nurse	<input type="checkbox"/> <sub>13</sub> Educator, academic setting (professor, instructor in a school of nursing)
<input type="checkbox"/> <sub>2</sub> Charge nurse <b>and</b> direct care nurse	<input type="checkbox"/> <sub>14</sub> Staff educator, service setting (in-service educator, clinical nurse educator)
<input type="checkbox"/> <sub>3</sub> Charge nurse or Team leader (not direct care)	<input type="checkbox"/> <sub>15</sub> Patient educator
<input type="checkbox"/> <sub>4</sub> Senior management (CEO, Vice President, Nursing Executive, Dean)	<input type="checkbox"/> <sub>16</sub> Patient care coordinator/case manager/discharge planner/patient navigator
<input type="checkbox"/> <sub>5</sub> Middle management (Asst. Director, Dept. Head, Nurse Manager, Associate Dean)	<input type="checkbox"/> <sub>17</sub> Quality improvement nurse, utilization review, risk management
<input type="checkbox"/> <sub>6</sub> Front-line management (Head Nurse, Supervisor)	<input type="checkbox"/> <sub>18</sub> Informatics/Clinical documentation specialist
<input type="checkbox"/> <sub>7</sub> Clinical Nurse Specialist (CNS)	<input type="checkbox"/> <sub>19</sub> Infection control nurse
<input type="checkbox"/> <sub>8</sub> Certified Registered Nurse Anesthetist (CRNA)	<input type="checkbox"/> <sub>20</sub> Occupational health nurse
<input type="checkbox"/> <sub>9</sub> Certified Nurse-Midwife (CNM)	<input type="checkbox"/> <sub>21</sub> Wound and/or ostomy nurse
<input type="checkbox"/> <sub>10</sub> Nurse Practitioner (NP)	<input type="checkbox"/> <sub>22</sub> Telenursing / telephone advice nurse
<input type="checkbox"/> <sub>11</sub> School Nurse	<input type="checkbox"/> <sub>23</sub> Researcher
<input type="checkbox"/> <sub>12</sub> Public Health/Community Health Nurse	<input type="checkbox"/> <sub>24</sub> Clinical Nurse Leader
<input type="checkbox"/> <sub>25</sub> Other ( <b>Please describe:</b> _____)	

28. Mark the clinical area in which you **most frequently** provide direct patient care in your **principal** nursing position. **(Check only one.)**

<input type="checkbox"/> <sub>0</sub> Not involved in direct patient care		
<input type="checkbox"/> <sub>1</sub> General medical-surgical	<input type="checkbox"/> <sub>10</sub> Geriatrics	<input type="checkbox"/> <sub>18</sub> Orthopedics
<input type="checkbox"/> <sub>2</sub> Critical care/Intensive care	<input type="checkbox"/> <sub>11</sub> Gynecology/family planning	<input type="checkbox"/> <sub>19</sub> Pediatrics
<input type="checkbox"/> <sub>3</sub> Ambulatory care – primary care	<input type="checkbox"/> <sub>12</sub> Home health care	<input type="checkbox"/> <sub>20</sub> Psychiatry/mental health
<input type="checkbox"/> <sub>4</sub> Ambulatory care – specialty	<input type="checkbox"/> <sub>13</sub> Hospice	<input type="checkbox"/> <sub>21</sub> Rehabilitation
<input type="checkbox"/> <sub>5</sub> Cardiology	<input type="checkbox"/> <sub>14</sub> Labor & delivery	<input type="checkbox"/> <sub>22</sub> School health (K-12 or post-secondary)
<input type="checkbox"/> <sub>6</sub> Community/public health	<input type="checkbox"/> <sub>15</sub> Mother-baby unit or normal newborn nursery	<input type="checkbox"/> <sub>23</sub> Step-down or transitional bed unit
<input type="checkbox"/> <sub>7</sub> Corrections	<input type="checkbox"/> <sub>16</sub> Neonatal care	<input type="checkbox"/> <sub>24</sub> Surgery/pre-op/post-op/PACU/anesthesia
<input type="checkbox"/> <sub>8</sub> Dialysis	<input type="checkbox"/> <sub>17</sub> Oncology	<input type="checkbox"/> <sub>25</sub> Telemetry
<input type="checkbox"/> <sub>9</sub> Emergency/trauma	<input type="checkbox"/> <sub>26</sub> Other ( <b>Specify:</b> _____)	

29. How does your electronic health/medical record affect the quality of care you provide to patients?  
**(Check only one.)**

<input type="checkbox"/> <sub>0</sub> No systems in my workplace	<input type="checkbox"/> <sub>1</sub> The system nearly always improves the quality of patient care	<input type="checkbox"/> <sub>2</sub> The system usually improves the quality of patient care	<input type="checkbox"/> <sub>3</sub> The system has no effect on the quality of care	<input type="checkbox"/> <sub>4</sub> The system occasionally reduces the quality of patient care	<input type="checkbox"/> <sub>5</sub> The system almost always reduces the quality of patient care
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30. Please rate each of the following factors of your **principal** nursing position:

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied	Does not apply
A. Your job overall	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
B. Your salary	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
C. Employee benefits	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
D. Adequacy of RN skill level where you work	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
E. Adequacy of the number of RN staff where you work	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
F. Adequacy of clerical support services	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
G. Non-nursing tasks required	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
H. Amount of charting required	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
I. Your workload	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
J. Physical work environment	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
K. Work schedule	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
L. Job security	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
M. Opportunities for advancement	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
N. Support from other nurses you work with	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
O. Teamwork between coworkers and yourself	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
P. Leadership from your nursing administration	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Q. Involvement in patient care decisions	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
R. Relations with physicians	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
S. Relations with other non-nursing staff	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
T. Relations with agency or registry nurses	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
U. Interaction with patients	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
V. Time available for patient education	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
W. Involvement in policy or management decisions	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
X. Opportunities to use my skills	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Y. Opportunities to learn new skills	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Z. Quality of preceptor and mentor programs	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
AA. Employer-supported educational opportunities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
BB. Quality of patient care where you work	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
CC. Feeling that work is meaningful	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
DD. Recognition for a job well done	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

31. Do you currently hold more than one nursing job?

<sub>1</sub> Yes      <sub>2</sub> No → **Skip to Question #36 on the next page.**



32. How many nursing positions do you hold **in addition to your principal job**?

- <sub>1</sub> One      <sub>2</sub> Two      <sub>3</sub> Three      <sub>4</sub> Four or more

33. In your **other** nursing positions, are you...? (**Check all that apply.**)

- <sub>a</sub> A regular employee      <sub>c</sub> Self-employed  
<sub>b</sub> Employed through a temporary employment service agency, not traveling      <sub>d</sub> Travel nurse or employed through a traveling nurse agency

34. What type of work do you do in your **other nursing positions**? (**Check all that apply.**)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> <sub>a</sub> Hospital staff                         | <input type="checkbox"/> <sub>e</sub> Nursing home, extended care, or skilled nursing facility staff | <input type="checkbox"/> <sub>i</sub> Teaching health professions or nursing students |
| <input type="checkbox"/> <sub>b</sub> Public health or community health      | <input type="checkbox"/> <sub>r</sub> Mental health or substance abuse treatment                     | <input type="checkbox"/> <sub>j</sub> Ambulatory care, occupational health            |
| <input type="checkbox"/> <sub>c</sub> Long-term acute care                   | <input type="checkbox"/> <sub>g</sub> Home health or hospice   | <input type="checkbox"/> <sub>k</sub> Self-employed                                   |
| <input type="checkbox"/> <sub>d</sub> School health                          | <input type="checkbox"/> <sub>h</sub> Telehealth/telenursing   |   |
| <input type="checkbox"/> <sub>l</sub> Other ( <b>Please describe:</b> _____) |  |   |

35. Please report the following for your **other** nursing positions.

Additional nursing positions ( <b>not</b> principal nursing position)	Hours worked per week	Months worked per year	Estimated <u>pre-tax</u> annual income
Additional job 1	(a1) _____ Hrs/week	(a2) _____ Months/year	(a3) _____ \$/year
Additional job 2	(b1) _____ Hrs/week	(b2) _____ Months/year	(b3) _____ \$/year
Additional job 3	(c1) _____ Hrs/week	(c2) _____ Months/year	(c3) _____ \$/year
All other additional nursing positions	(d1) _____ Hrs/week	(d2) _____ Months/year	(d3) _____ \$/year

36. Are you doing **volunteer work** as an RN or APRN (working in an unpaid capacity)?

- <sub>2</sub> No    <sub>1</sub> Yes    → Are you in an internship/transition residency program?    <sub>1</sub> Yes    <sub>2</sub> No

37. Are you currently employed through a temporary agency, traveling agency, or registry for any of your nursing jobs? (**Check all that apply.**)

- <sub>a</sub> Yes, a temporary agency or registry      <sub>b</sub> Yes, a traveling agency      <sub>c</sub> No → **Skip to Question #39 below.**

38. Please indicate which of the following reasons describe why you work for a temporary agency, traveling agency, or registry. (**Check all that apply.**)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> <sub>a</sub> Wages                                      | <input type="checkbox"/> <sub>e</sub> Benefits                                      | <input type="checkbox"/> <sub>i</sub> Control of schedule                   |
| <input type="checkbox"/> <sub>b</sub> Control of work location                   | <input type="checkbox"/> <sub>r</sub> Control of work conditions                    | <input type="checkbox"/> <sub>j</sub> Supplemental income                   |
| <input type="checkbox"/> <sub>c</sub> Unable to find any permanent RN job        | <input type="checkbox"/> <sub>g</sub> Maintain skills/get experience                | <input type="checkbox"/> <sub>k</sub> Travel/see other parts of the country |
| <input type="checkbox"/> <sub>d</sub> Waiting for a desirable permanent position | <input type="checkbox"/> <sub>h</sub> Unable to work enough hours at my primary job |   |
| <input type="checkbox"/> <sub>l</sub> Other ( <b>Please describe:</b> _____)     |   |   |

39. Have you ever stopped working as an RN or APRN **for a period of more than one year?**

<sub>1</sub> Yes      <sub>2</sub> No      → **Skip to Section D on page 10.**



40. How long did you stop working as an RN or APRN? \_\_\_\_ years and \_\_\_\_ months

41. How important were each of the following reasons for why you stopped working as an RN or APRN **for a period of more than one year?**

*If you have not stopped working for more than one year, skip to Section D on page 10.*

	Not at all important	Somewhat important	Important	Very important	Does not apply
A. Could not find work as an RN/APRN	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
B. Childcare responsibilities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
C. Other family responsibilities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
D. Moving to a different area	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
E. Stress on the job	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
F. Job-related illness or injury	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
G. Non-job-related illness or injury	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
H. Salary	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
I. Dissatisfied with benefits	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
J. Laid off	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
K. Went back to school	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
L. Travel	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
M. Try another occupation	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
N. Other dissatisfaction with job	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
O. Dissatisfaction with the nursing profession	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
P. Other	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

(Please describe: \_\_\_\_\_)

42. How important were each of the following reasons for **why you returned** to working as an RN or APRN after stopping for more than one year?

*If you have not stopped working for more than one year, skip to Section D on page 10.*

	Not at all important	Somewhat important	Important	Very important	Does not apply
A. Job opportunities improved	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
B. Change in family / childcare responsibilities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
C. Completed school	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
D. Change in household income	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
E. Personal health change	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
F. Satisfaction with nursing work	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
G. Relocation	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
H. Change in household access to employment benefits	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
I. Other	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

(Please describe: \_\_\_\_\_)

**PLEASE SKIP TO SECTION D, PAGE 10**

**SECTION C: FOR PERSONS NOT EMPLOYED IN REGISTERED NURSING**

The purpose of this section is to learn why people are not employed in nursing or have left nursing practice. The term "registered nurse" applies to both RNs and APRNs.

If you are currently employed as an RN or APRN, please skip to Section D on page 10

43. What was the last year you worked for pay as an RN or APRN? \_ \_ \_ \_ \_

I have never worked for pay as an RN or APRN

44. How important are each of the following factors in why you are **not employed** in nursing?

	Not at all important	Somewhat important	Important	Very important	Does not apply
A. Cannot find <b>any</b> work as an RN/APRN	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
B. Difficult to find <b>desired</b> nursing position	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
C. Retired	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
D. Childcare responsibilities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
E. Other family responsibilities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
F. Moving to a different area	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
G. Stress on the job	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
H. Job-related illness/injury	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
I. Non-job-related illness/injury	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
J. Salary	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
K. Dissatisfied with benefits	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
L. Other dissatisfaction with your job	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
M. Dissatisfaction with the nursing profession	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
N. Travel	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
O. Wanted to try another occupation	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
P. Inconvenient schedules in nursing jobs	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Q. Returned to school	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
R. Laid off	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
S. Other	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
(Please describe: _____)					

45. Are you doing volunteer work as an RN or APRN (working in an unpaid capacity)?

<sub>2</sub> No <sub>1</sub> Yes → Are you in an internship/transition residency program? <sub>1</sub> Yes <sub>2</sub> No

46. Which of the following best describes your current intentions regarding work in nursing?

<sub>1</sub> Currently seeking employment in nursing → **Skip to Section D, page 10.**

<sub>2</sub> Plan to return to nursing in the future

46a. How soon? <sub>1</sub> Less than one year

<sub>2</sub> 1-2 years

<sub>3</sub> 3-4 years

<sub>4</sub> 5 or more years

→ **Skip to Section D, page 10.**

<sub>3</sub> Retired

<sub>4</sub> Definitely will not return to nursing, but not retired

→ **Skip to Section D, page 10.**

<sub>5</sub> Undecided at this time (**Continue to Question #47.**)



47. Would any of the following factors affect your decision to return to nursing?

	Not at all important	Somewhat important	Important	Very important	Does not apply
A. Affordable childcare at or near work	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
B. Flexible work hours	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
C. Modified physical requirements of job	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
D. Higher nursing salary	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
E. Better retirement benefits	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
F. Better health care benefits	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
G. Better support from nursing management	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
H. More support from other nurses	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
I. Better nurse-to-patient ratios	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
J. Adequate support staff for non-nursing tasks	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
K. Availability of re-entry programs/ mentoring	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
L. Improvement in my health status	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
M. Other	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
(Please describe: _____)					

**SECTION D: EMPLOYMENT OUTSIDE NURSING**

48. Are you currently employed in a non-nursing position (that does not require a registered nursing license)?

<sub>1</sub> Yes                      <sub>2</sub> No → **Skip to Section E on page 11.**



49. Does your position utilize any of your nursing knowledge? <sub>1</sub> Yes    <sub>2</sub> No

50. Please indicate the field(s) of your work position(s) outside of nursing. **(Check all that apply.)**

- <sub>a</sub> Health-related services outside of nursing
- <sub>b</sub> Pharmaceuticals, biotechnology, or medical devices
- <sub>c</sub> Retail sales and services
- <sub>d</sub> Education, elementary and secondary
- <sub>e</sub> Financial, accounting, and insurance services
- <sub>f</sub> Consulting organization
- <sub>g</sub> Other **(Please describe: \_\_\_\_\_)**

51. Please indicate the following for up to three work positions **outside of nursing.**

Position #1	(a1) _____ Hours/week	(a2) _____ \$/year
Position #2	(b1) _____ Hours/week	(b2) _____ \$/year
Position #3	(c1) _____ Hours/week	(c2) _____ \$/year

**SECTION E: CHANGES IN THE PAST YEAR**

52. Have you changed **positions or employers** in the past year? (Check all that apply.)

- a No change in positions or employers
- b Added second nursing job
- c Added second non-nursing job
- d Stopped working in a secondary nursing job
- e Stopped working in a secondary non-nursing job
- f Retired
- g I am not working as an RN now, but was working earlier this year
- h I was not working earlier this year, but am working now as an RN
- i New position with the same employer
- j Same position with a different employer
- k New position with a different employer
- l Other (Please describe: \_\_\_\_\_)

53. Has there been a change in **how much you work** as an RN in the past year? (Check all that apply.)

- a No change in hours worked
- b Did not work as an RN in the past year
- c Increased hours – employer imposed
- d Increased hours – my choice
- e Decreased hours – employer imposed
- f Decreased hours – my choice
- g Other (Please describe: \_\_\_\_\_)

**If you answered "No change" in both Question 52 and 53, please skip to Section F on the next page.**

54. How important were each of the following factors in your **change** in employment or hours worked during the past year?

	Not at all important	Somewhat important	Very important	Does not apply	
A. Retired	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. Childcare responsibilities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. Other family responsibilities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. Salary	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E. Benefits	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
F. Laid off	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
G. Employer reduced hours	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
H. Change in spouse/partner work situation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I. Change in financial status	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
J. Relocation/moved to a different area	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
K. Promotion/career advancement	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
L. Change in my health status	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
M. Wanted to work more convenient hours	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
N. Dissatisfaction with previous position	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
O. Stress on the job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
P. Desire to use my skills more fully or learn new skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q. Other (Describe: _____)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**SECTION F: RESIDENCE OUTSIDE CALIFORNIA**

55. Do you reside primarily outside California? <sub>1</sub> Yes <sub>2</sub> No → **Skip to Section G, below.**

56. If you reside outside California, please check any of the following that apply regarding the **past 12 months. (Check all that apply.)**

- <sub>a</sub> Worked as an RN in California for temporary agency/registry
- <sub>b</sub> Worked as an RN for California employer in telenursing
- <sub>c</sub> Worked as an RN for out-of-state telenursing employer with California clients
- <sub>d</sub> Regularly commuted to California for an RN job
- <sub>e</sub> Worked as an RN in California but have since moved out
- <sub>f</sub> Did not work as an RN in California

57. How many months did you work **in California** as an RN in the past 12 months?

\_\_\_\_\_ months or <sub>o</sub> Did not work as an RN in CA

58. If you reside outside California, do you plan to work as an RN in California in the **next two years?** **(Check all that apply.)**

- <sub>a</sub> **Yes**, I plan to travel to California intermittently to work as an RN
- <sub>b</sub> **Yes**, I plan to relocate to California and work as an RN
- <sub>c</sub> **Yes**, I plan to perform telenursing for a California employer
- <sub>d</sub> **Yes**, I plan to perform telenursing for out-of-state employer with California clients
- <sub>e</sub> **Yes**, I plan to regularly commute to California to work as an RN.
- <sub>f</sub> **No**, I plan to keep my California license active but do not plan to practice in California
- <sub>g</sub> **No**, I plan to let my California license lapse

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**SECTION G: DEMOGRAPHIC INFORMATION**

59. Gender <sub>1</sub> Female <sub>2</sub> Male <sub>3</sub> Non-binary

60. Year of birth 19 \_\_\_\_ \_\_\_\_

61. In what country were you born? \_\_\_\_\_

62. Marital status <sub>1</sub> Single <sub>2</sub> Currently married/partnered <sub>3</sub> Separated/divorced/widowed

63. Do you have children living at home with you? <sub>1</sub> Yes <sub>2</sub> No → **Continue to Question #64**

If Yes, **how many** are:

a) 0-2 years \_\_\_\_ b) 3-5 years \_\_\_\_ c) 6-12 years \_\_\_\_ d) 13-18 years \_\_\_\_ e) 19+ years \_\_\_\_

64. Do you have responsibility for assisting or caring for an adult family member who needs help because of a condition related to aging or a disability? **Do not include paid positions.**

<sub>1</sub> Yes <sub>2</sub> No → **Continue to Question #65**

↓  
If Yes, **how many** adults do you assist or care for?

<sub>1</sub> 1 adult <sub>2</sub> 2 adults <sub>3</sub> 3 or more adults

65. Other than English, what languages do you speak fluently? **(Check all that apply.)**

- <sub>a</sub> None
- <sub>b</sub> Spanish
- <sub>c</sub> Korean
- <sub>d</sub> Vietnamese
- <sub>e</sub> Tagalog/other Filipino dialect
- <sub>f</sub> French
- <sub>g</sub> Hindi/Urdu/Punjabi/other South Asian language
- <sub>h</sub> Mandarin
- <sub>i</sub> Cantonese
- <sub>j</sub> Other Chinese dialect
- <sub>k</sub> Other **(Please describe: \_\_\_\_\_)**

66. What is your ethnic/racial background (**Check all that apply**)?

Asian/Pacific Islander		Latino/Hispanic	
<input type="checkbox"/> <sub>5</sub> Cambodian	<input type="checkbox"/> <sub>10</sub> Korean	<input type="checkbox"/> <sub>15</sub> Central American	<input type="checkbox"/> <sub>1</sub> African American/Black/African
<input type="checkbox"/> <sub>6</sub> Chinese	<input type="checkbox"/> <sub>11</sub> Laotian/Hmong	<input type="checkbox"/> <sub>16</sub> South American	<input type="checkbox"/> <sub>2</sub> Caucasian/White/ European/Middle Eastern
<input type="checkbox"/> <sub>20</sub> Fijian	<input type="checkbox"/> <sub>12</sub> Pakistan	<input type="checkbox"/> <sub>17</sub> Cuban	<input type="checkbox"/> <sub>3</sub> American Indian/Native American/ Alaskan Native
<input type="checkbox"/> <sub>21</sub> Filipino	<input type="checkbox"/> <sub>24</sub> Samoan	<input type="checkbox"/> <sub>18</sub> Mexican	<input type="checkbox"/> <sub>4</sub> Other
<input type="checkbox"/> <sub>22</sub> Guamanian	<input type="checkbox"/> <sub>13</sub> Thai	<input type="checkbox"/> <sub>19</sub> Other Hispanic	
<input type="checkbox"/> <sub>23</sub> Hawaiian	<input type="checkbox"/> <sub>25</sub> Tongan		
<input type="checkbox"/> <sub>7</sub> Indian	<input type="checkbox"/> <sub>14</sub> Vietnamese		
<input type="checkbox"/> <sub>8</sub> Indonesian	<input type="checkbox"/> <sub>26</sub> Other		
<input type="checkbox"/> <sub>9</sub> Japanese			

67. Your home Zip code: \_\_\_\_\_ or other country (**Please specify:** \_\_\_\_\_ )

68. Which category best describes how much income your **total household** received last year? This is the before-tax income of **all** persons living in your household:

- <sub>1</sub> Less than \$30,000   
  <sub>3</sub> \$45,000 - 59,999   
  <sub>5</sub> \$75,000 - 99,999   
  <sub>8</sub> \$150,000 - 174,999  
 <sub>2</sub> \$30,000 - 44,999   
  <sub>4</sub> \$60,000 - 74,999   
  <sub>6</sub> \$100,000 - 124,999   
  <sub>9</sub> \$175,000 - 199,999  
 <sub>7</sub> \$125,000 - 149,999   
  <sub>10</sub> \$200,000 or more

69. Approximately what percentage of your **total household** income comes from your nursing job(s)?

- <sub>1</sub> None   
  <sub>3</sub> 20-39%   
  <sub>5</sub> 60-79%   
  <sub>7</sub> 100%  
 <sub>2</sub> 1-19%   
  <sub>4</sub> 40-59%   
  <sub>6</sub> 80-99%

70. Have you ever served on active duty in the U.S. Armed Forces?

- <sub>a</sub> **No**, never served in the U.S. Armed Forces  
 <sub>b</sub> **No**, never on active duty except for initial/basic training  
 <sub>c</sub> **Yes**, on active duty currently → **Continue to Q70a.**  
 <sub>d</sub> **Yes**, on active duty in the past, but not now → **Continue to Q70a.**

70a. In what branch(es) did you serve on active duty? **Check all that apply**, and specify how long you served in each branch:

	# years served		# years served		# years served
<input type="checkbox"/> <sub>a</sub> Army	_____	<input type="checkbox"/> <sub>c</sub> Air Force	_____	<input type="checkbox"/> <sub>e</sub> Coast Guard	_____
<input type="checkbox"/> <sub>b</sub> Navy	_____	<input type="checkbox"/> <sub>d</sub> Marine Corps	_____	<input type="checkbox"/> <sub>f</sub> Other: _____	_____

**If you have additional thoughts or ideas about the nursing profession in California, please write them below.**

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**Yes, I would like to be notified when the report is published.**

**My email address is:** \_\_\_\_\_