

California Board of Registered Nursing 2022 Survey of Registered Nurses

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Abstract / Overview

The 2022 Survey of California Registered Nurses is the thirteenth 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. The 2022 survey was sent to 8,000 RNs and completed by 3,092 RNs. The data revealed little change in the demographic composition of California's RNs since 2020, with 12.3% of RNs being male and 53.9% being non-white. Over 75% of RNs had a bachelor's or higher degree in nursing, due to both an increasing percentage of new graduates with bachelor's degrees and a growing number of graduations from RN-to-BSN post-licensure education programs. Overall employment rates of RNs did not change significantly between 2020 and 2022, but larger percentages of RNs between 35 to 64 years of age were not employed in nursing in 2022 compared to 2020. A total of nearly 78,000 RNs living in California were not employed in nursing in 2022, with 57.4% of these being 65 years and older. Nursing incomes increased between 2020 and 2022, reaching an average annual income of \$125,170. California's employed nurses were generally satisfied with their jobs and the nursing profession, although 5.7% were experiencing severe symptoms of burnout and another 8.5% were experiencing persistent symptoms of burnout. Among younger RNs not working in nursing, "the negative effect of work on health or well-being" and "stress on the job" were commonly cited as reasons for not being employed as nurses. These data suggest that the COVID-19 pandemic led to challenges in the workplace and spurred some nurses to retire early and other RNs to stop working in the profession. Health care leaders need to attend to these issues to ensure a stable nursing workforce in the long term.

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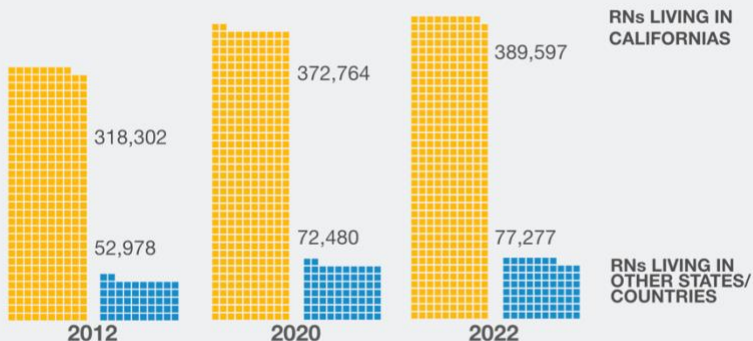
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Executive Summary

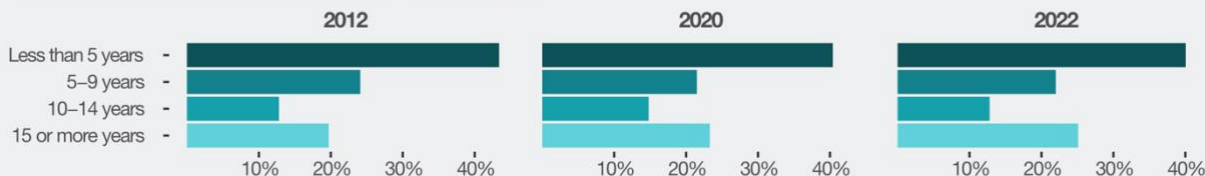
REGISTERED NURSES in California

ABOUT THIS SURVEY

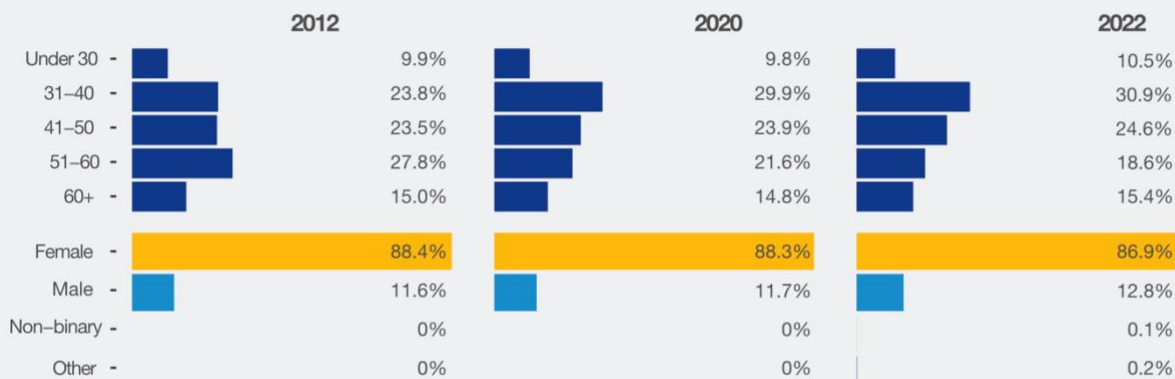
The California Board of Registered Nursing has conducted surveys of the state's registered nurse (RN) workforce since 1990. For the 2022 survey, 8,000 surveys were delivered by email and postal mail to RNs with active California licenses in beginning April 2022. The response rate was 42.9% of the eligible population, producing data from 3,092 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/brn2022>



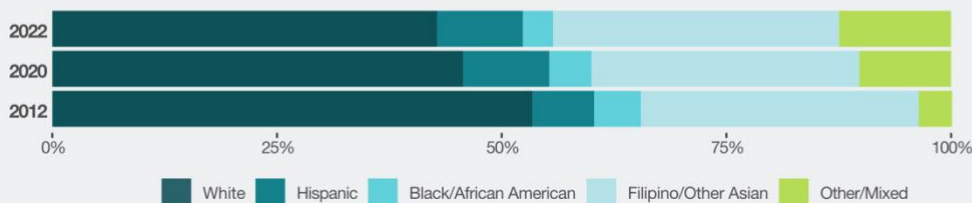
TENURE IN CURRENT POSITION



AGE AND GENDER COMPOSITION OF ALL CURRENTLY EMPLOYED RNs



RACE/ETHNICITY COMPOSITION

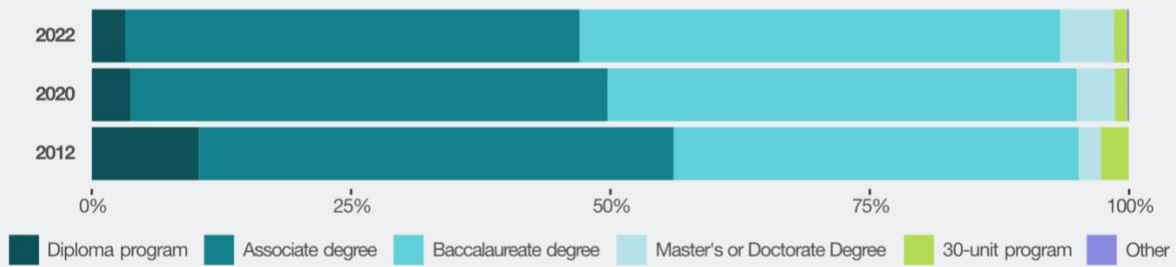


Since 2010, more than half of California's RN workforce has been from non-White racial and ethnic groups. The diversity of the workforce is even greater among younger RNs.

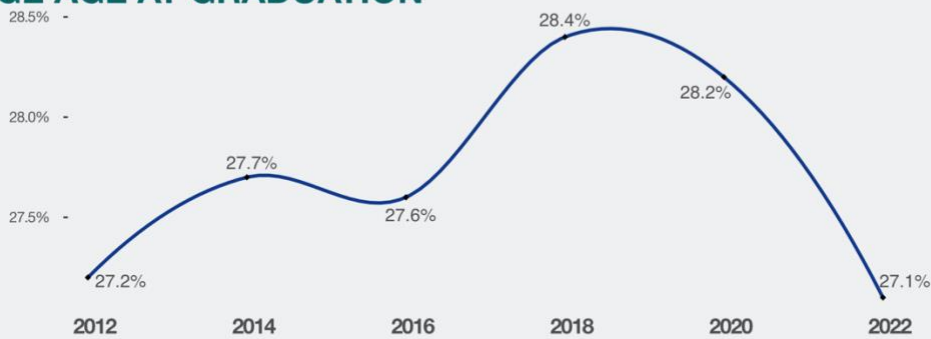
REGISTERED NURSES in California

EDUCATION

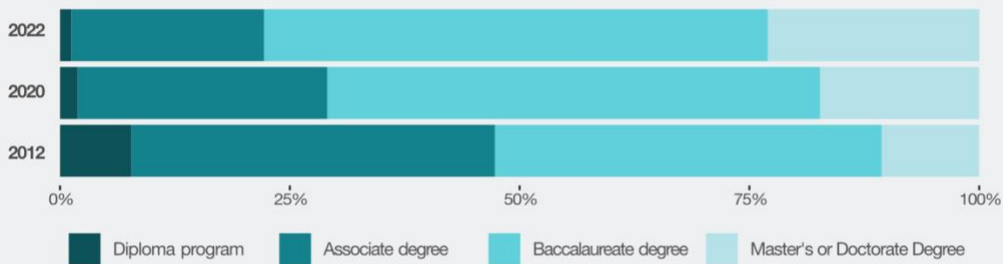
PRE-LICENSURE EDUCATION



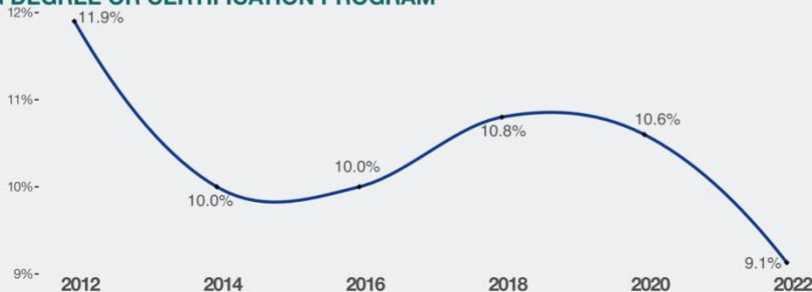
AVERAGE AGE AT GRADUATION



HIGHEST NURSING DEGREE



CURRENTLY ENROLLED IN NURSING DEGREE OR CERTIFICATION PROGRAM

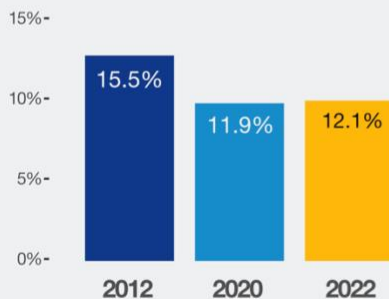


REGISTERED NURSES in California

JOB TITLES & WORK SETTINGS

NURSING JOB TITLES

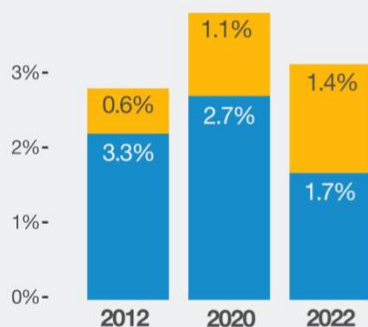
SHARE OF RNs WITH
MORE THAN ONE JOB



JOB TITLE	2012	2020	2022	TREND 2012 - 2022
Staff Nurse/Direct patient care provider	56.1%	48.1%	44.7%	
Charge Nurse	10.8%	1.2%	2.2%	
Staff Nurse and Charge Nurse (both)	-	14.2%	12.2%	
Senior management, any setting	1.9%	1.0%	0.6%	
Middle management, any setting	5.8%	4.7%	2.6%	
Front-line management	3.1%	2.0%	3.4%	
Clinical Nurse Specialist	0.9%	0.4%	0.6%	
Certified Registered Nurse Anesthetist	0.6%	0.9%	0.6%	
Certified Nurse Midwife	0.2%	0.1%	1.4%	
Nurse Practitioner	3.5%	6.8%	10.0%	
Educator, service setting/clinical nurse educator	1.1%	0.6%	0.9%	
Educator, academic setting	1.4%	1.1%	1.5%	
School Nurse	1.1%	1.0%	1.1%	
Public Health Nurse	1.2%	1.4%	2.1%	
Patient care coordinator/case manager/discharge planner	3.9%	4.5%	3.9%	
QI/Utilization Review Nurse	2.0%	2.4%	1.6%	
Occupational Health Nurse	0.2%	0.2%	0.1%	
Telenursing	1.0%	1.2%	0.6%	
Researcher	0.3%	0.2%	-	
Infection Control Nurse	3.1%	0.2%	0.5%	
Clinical Nurse Leader	0.3%	0.4%	-	
Other	2.5%	7.3%	9.5%	

NURSING WORK SETTING

SHARE OF RNs IN
A TEMPORARY OR TRAVELING JOB

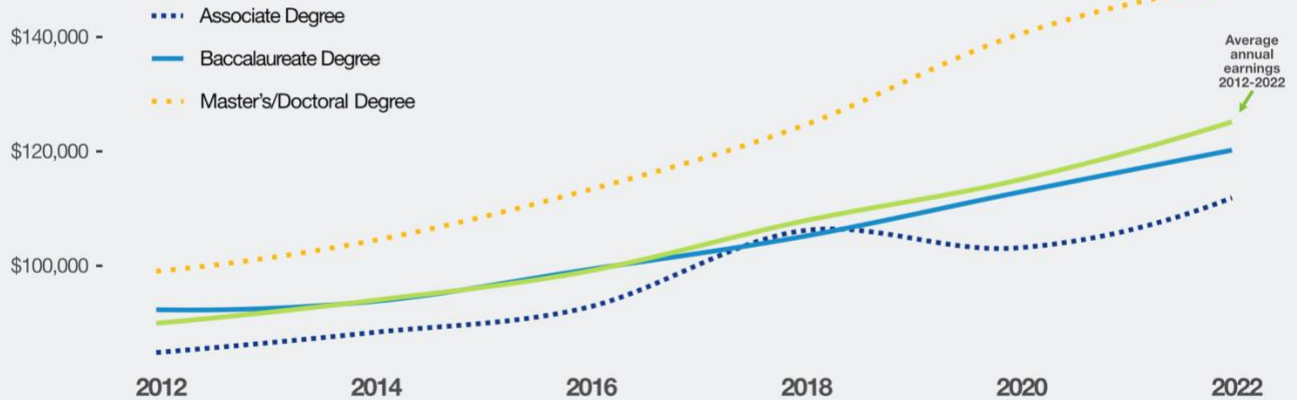


WORK SETTING	2012	2020	2022	TREND 2012-2022
Acute hospital	63.6%	63.2%	61.3%	
Hospital, inpatient or emergency	53.6%	52.2%	49.4%	
Hospital, nursing home unit	0.7%	0.3%	0.6%	
Hospital, ambulatory unit	7.9%	7.7%	7.5%	
Hospital, ancillary unit	1.4%	1.2%	1.6%	
Hospital, other department	0.0%	1.9%	2.2%	
Skilled nursing/extended care/rehabilitation	6.1%	3.8%	2.8%	
Academic nursing program	1.3%	1.1%	1.4%	
Public health dept/community health agency	1.7%	3.8%	5.7%	
Home health nursing agency/service	2.4%	5.0%	4.4%	
Hospice	1.6%	0.1%	0.2%	
Ambulatory care setting (office, surgery center)	7.5%	6.4%	6.9%	
Dialysis	1.4%	1.4%	0.7%	
Telenursing organization/call center	0.8%	0.8%	1.0%	
Occupational health/employee health	0.6%	0.4%	0.3%	
School health (K-12 or college)	1.4%	1.3%	2.1%	
Mental health/drug and alcohol treatment	2.3%	1.7%	1.6%	
Forensic setting (correctional facility, prison, jail)	1.6%	1.6%	1.4%	
Government agency (local, state, federal)	1.2%	1.4%	1.0%	
Case management/disease management	2.5%	2.1%	1.1%	
Self-employed	0.5%	0.3%	0.3%	
Other	3.0%	5.9%	7.9%	

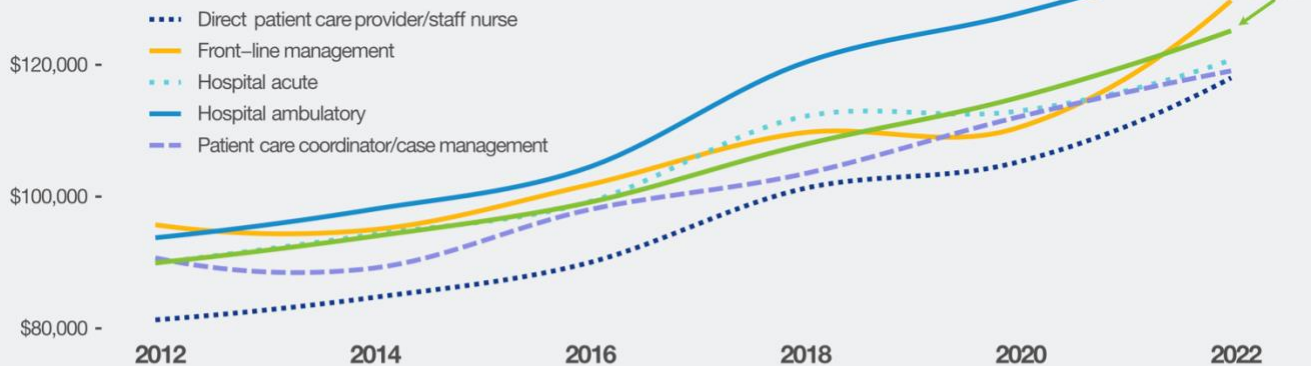
REGISTERED NURSES in California

EARNINGS

EARNINGS BY HIGHEST EDUCATION



EARNINGS BY WORK SETTING



ANNUAL EARNINGS BY REGION



Year	Northern Counties	Sacramento	San Francisco Bay Area	Central Valley/Sierra	Central Coast	Los Angeles	Inland Empire	Border Counties
2012	\$74,387	\$92,732	\$98,075	\$82,908	\$83,096	\$85,577	\$81,805	\$79,842
2014	\$82,318	\$99,289	\$102,539	\$89,111	\$90,601	\$86,261	\$84,071	\$84,056
2016	\$86,777	\$106,961	\$111,213	\$96,026	\$90,940	\$88,703	\$91,025	\$89,121
2018	\$91,255	\$113,940	\$120,081	\$110,026	\$103,463	\$98,746	\$102,531	\$91,907
2020	\$95,641	\$121,552	\$133,474	\$100,704	\$101,043	\$107,903	\$97,488	\$107,146
2022	\$120,135	\$139,933	\$162,705	\$126,028	\$124,440	\$124,573	\$114,996	\$112,122

REGISTERED NURSES in California

JOB SATISFACTION

JOB SATISFACTION IN 2022

The five aspects of nursing that received the highest average satisfaction ratings in 2022 were very similar to the items receiving the highest ratings in 2020. In 2020, “the feeling that work is meaningful” was one of the highest-ranked items; this was ranked 6th in 2022.

■ Very dissatisfied
 ■ Dissatisfied
 ■ Neither satisfied nor dissatisfied
 ■ Satisfied
 ■ Very satisfied



5
BOTTOM

- ADEQUACY OF RN STAFFING WHERE YOU WORK (2.90)
- INVOLVEMENT IN POLICY AND MANAGEMENT DECISIONS (3.06)
- NON-NURSING TASKS REQUIRED (3.07)
- WORKLOAD (3.08)
- AMOUNT OF CHARTING REQUIRED (3.12)

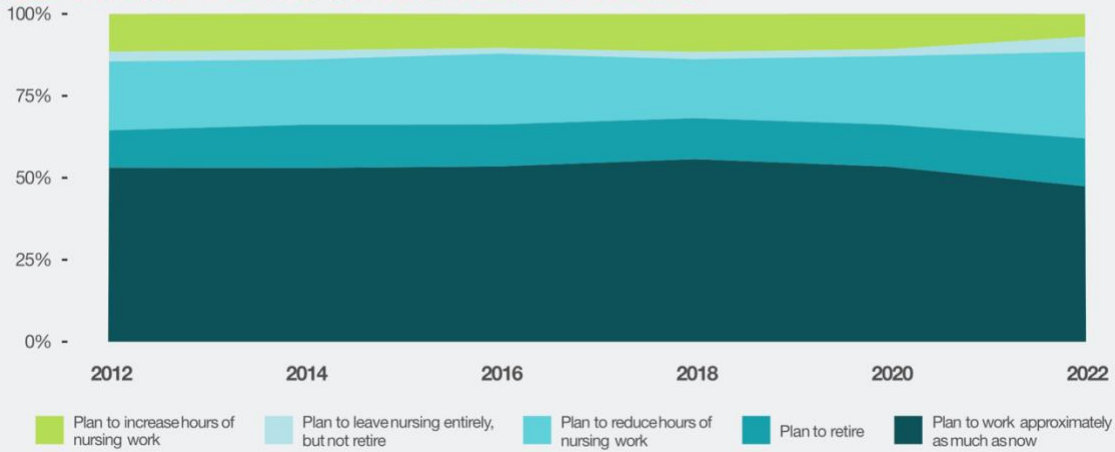
TOP
5

- INTERACTION WITH PATIENTS (4.08)
- JOB SECURITY (4.03)
- TEAMWORK (4.03)
- RELATIONSHIP WITH OTHER STAFF (3.98)
- SUPPORT FROM RNS (3.97)

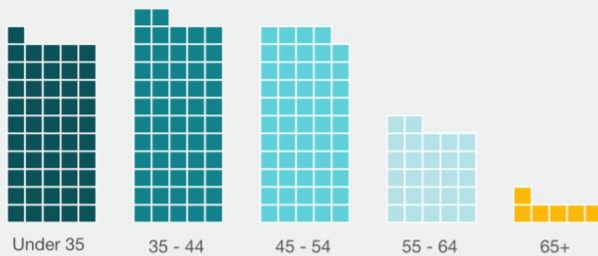
REGISTERED NURSES in California

FUTURE PLANS

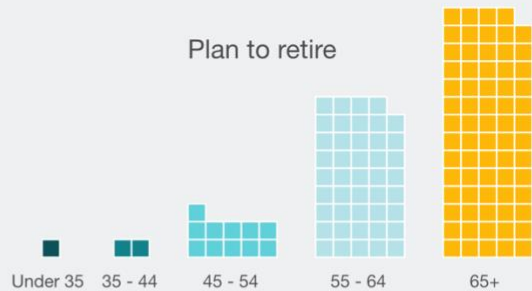
EMPLOYMENT PLANS IN THE NEXT 5 YEARS



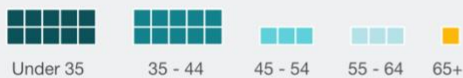
Plan to work approximately as now



Plan to retire



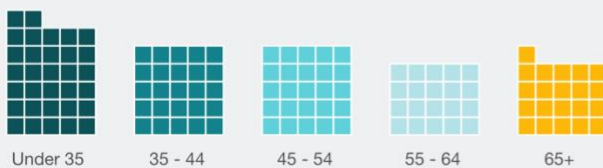
Plan to increase hours of nursing work



Plan to leave nursing entirely



Plan to reduce hours of nursing



1. Background

This study of registered nurses (RNs) with California licenses is the thirteenth in a series of surveys designed to describe licensed RNs 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).

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

2. Methods

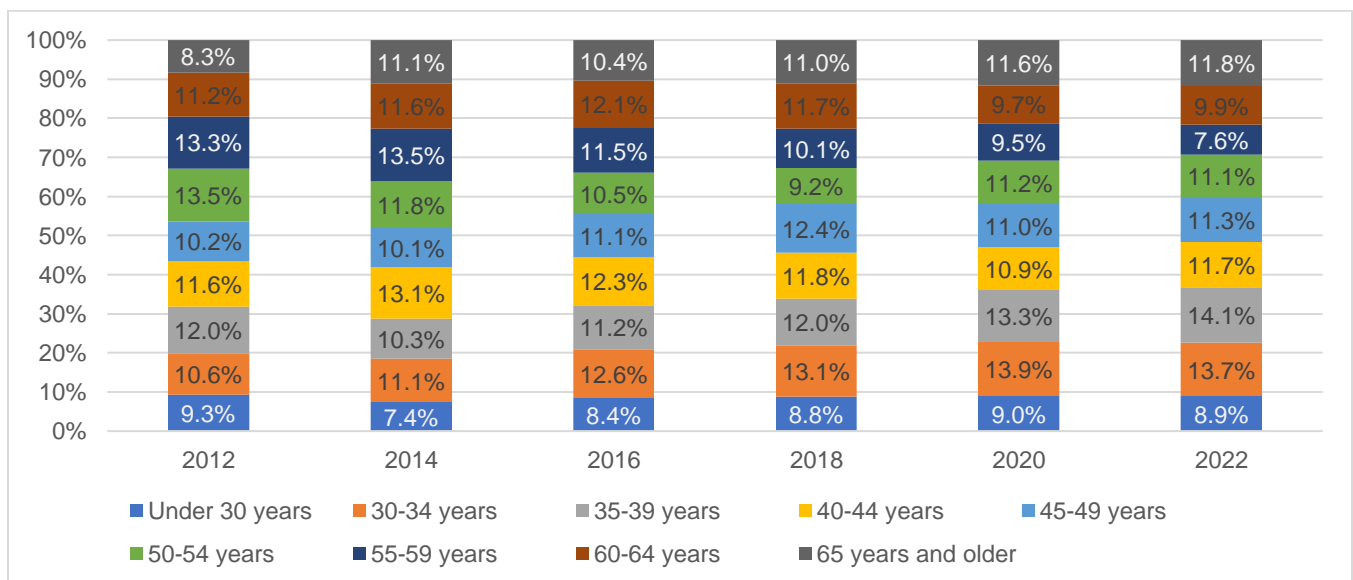
The survey was sent to 8,000 active RNs with addresses in California and other states. By the end of the data collection period, questionnaires were received from 3,197 nurses and 798 individuals were determined to be ineligible for the survey, yielding a response rate of 43.1% of eligible participants. Unweighted tables based on the full dataset of 3,092 nurses with active licenses may vary from true population values by +/-1.57 percentage points from the values presented, with 95% confidence. For more details about the methodology of the survey and analysis, see the accompanying technical appendix (Appendix A).

3. Demographics of California’s RNs

Age Distribution of California RNs

Figure 3.1 depicts the age distributions of nurses employed in nursing and residing in California for each survey year. In 2012, the largest share of nurses was between 50 and 54 years old, but in 2014 it was surpassed by the 40 to 44 and the 55 to 59 year age groups. Since 2004, there has been growth in the percentages of nurses in all age groups under 45 years old (4.1% under 30 years, 7.7% between ages of 30 to 34, 8.3% between ages of 35 to 39, and 11.7% between ages of 40 to 44)¹. Growth in the percentage of younger nurses is likely the result of an expansion in the number of new RN graduates in California since 2000. At the same time, the percentage of RNs in the oldest age group has also increased due to the aging of the large Baby Boom cohort of RNs. In 2022, the largest shares of nurses were between the ages of 35 to 39 years and ages 30 to 34 years.

Figure 3.1. Age distribution of nurses residing in California, by survey year



Note: 2022 number of cases=2,914. Data are weighted to represent all RNs with active licenses.

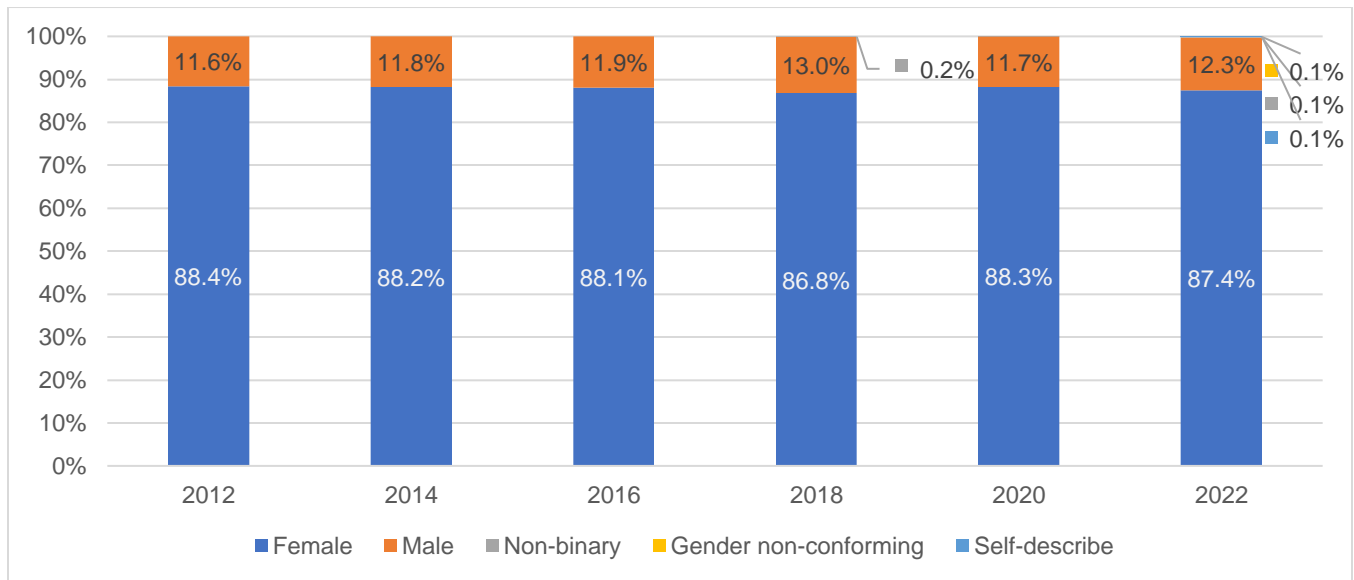
Gender Distribution of California RNs

Nursing continues to be a predominantly female occupation, with men comprising about 12% of the profession, as seen in Figure 3.2. Between 2012 and 2018, there was growth in the percentage of employed RNs that was male, from 11.6% to 13%. The share has declined slightly since then; in 2022, 12.3% of working RNs were male. In 2018, the option to report a non-binary gender identity was added to the survey; the percentage selecting this has ranged between 0% and 0.3% since then.

Figure 3.3 presents the gender mix by age of all actively licensed RNs residing in California, both working and not working in nursing. The age group between 35 to 44 years old had the greatest percentage of male nurses in 2022 at 15.6%. The age groups between 35 to 44 years old and under 35 years had the largest percentages of RNs reporting their gender as trans, non-binary, gender non-conforming, and self-described, at 0.5%.

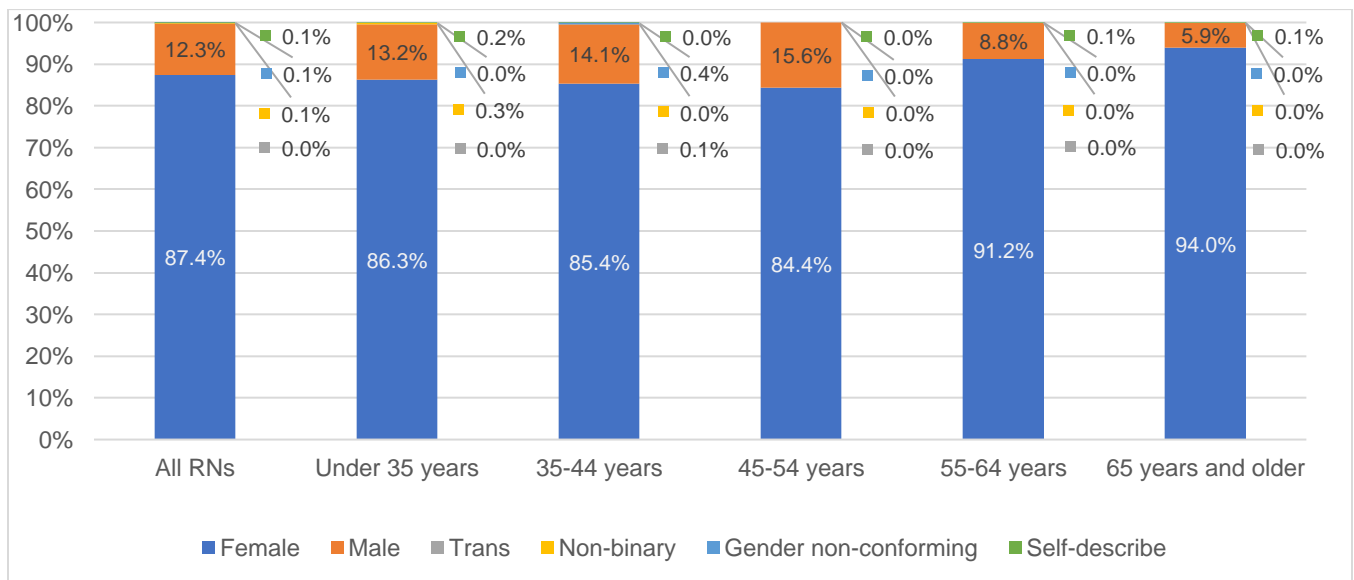
¹ Spetz, J., Keane, D., & Hailer, L. (2007). California Board of Registered Nursing: 2006 Survey of Registered Nurses (p. 52). California Board of Registered Nursing. <https://www.rn.ca.gov/pdfs/forms/survey2006.pdf>

Figure 3.2. Gender of currently working RNs residing in California, by survey year



Note: 2022 number of cases=2,663. Data are weighted to represent all RNs with active licenses. RNs with missing data are excluded from the calculation.

Figure 3.3. Gender of currently working RNs residing in California, by age group, 2022



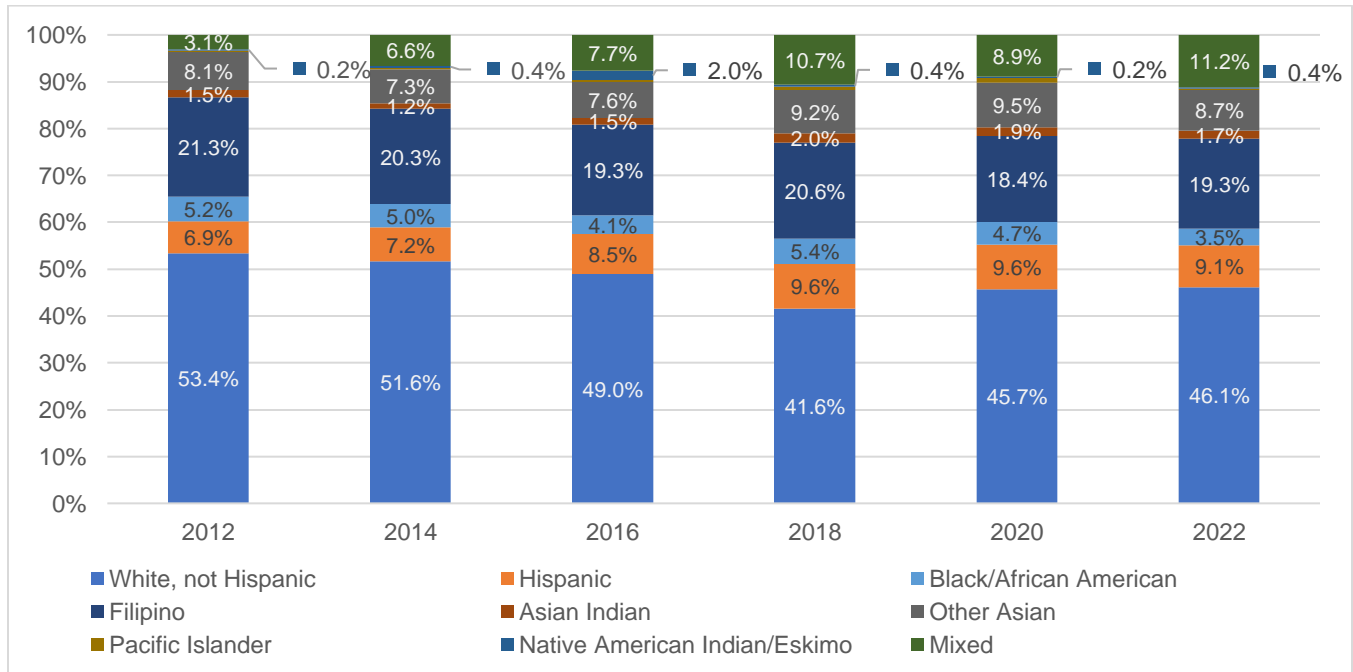
Note: Number of cases=2,663. Data are weighted to represent all RNs with active licenses.

Ethnic, Racial, and Language of California RNs

Figure 3.4 presents the racial and ethnic composition of RNs with active licenses who reside in California. Respondents were asked to report one or more racial and ethnic identities. Those who indicated more than one, including a combination of Hispanic and any other category, are reported as “mixed” in this and prior reports. RNs identifying as “Mixed” has grown since 2012, with 11.2% reported in 2022. Between 2012 and 2018, the percentage of non-Hispanic White nurses trended downward (from 53.4% in 2012 to 41.6% in 2018), before stabilizing from 2020 onward. Filipinos represented 19.3% of the RN workforce in 2022, with Asians who are not Filipino comprised 10.4%. Hispanic and Latino nurses (who did not also report another racial/ethnic group) accounted for 9.1% of California’s active nurses in 2022, and Black/African American nurses represented 3.5%.

The [California Department of Health Care Access and Information \(HCAI\) recently reported the racial/ethnic identity of RNs based on surveys conducted as part of the license renewal process](#). We retabulated racial/ethnic groups using the same approach as HCAI to compare the results of this survey with the HCAI data. We found that White RNs were over-represented in our data (46.1% vs. 39.5%), while Asian/Pacific Islander (31.0% vs. 34.3%) and Hispanic (15.2% vs. 16.5%) RNs were under-represented. All other groups were within one percentage point. Future surveys may be further calibrated to account for these differences.

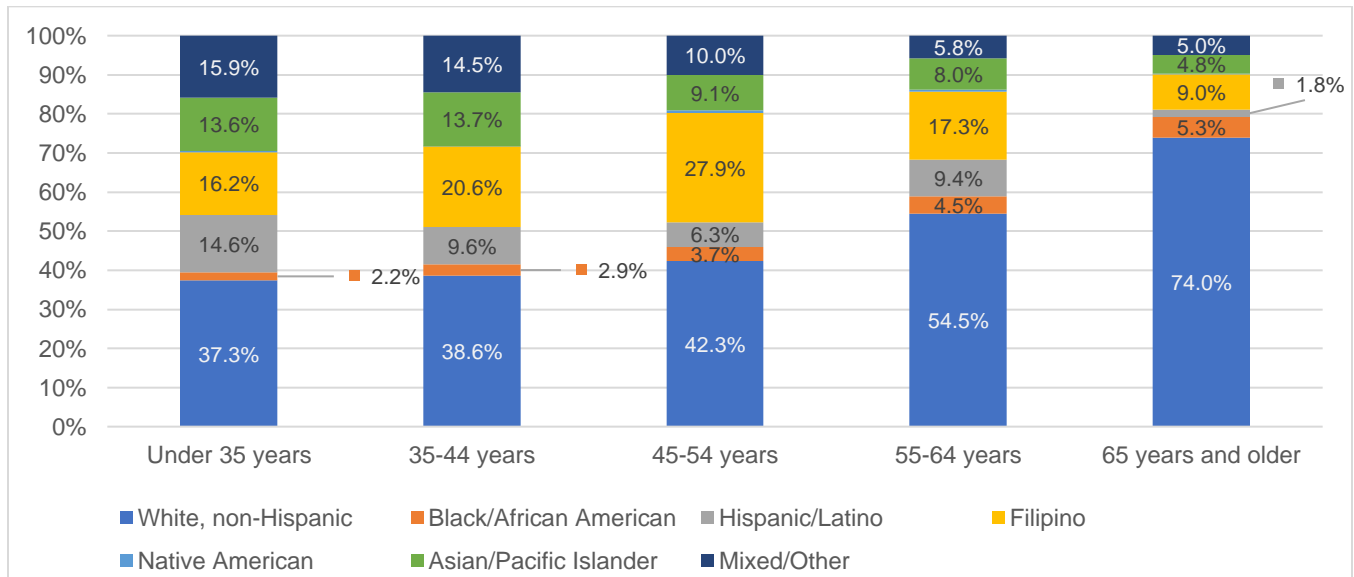
Figure 3.4. Ethnic and racial composition of RNs with active California licenses residing in California, by survey year



Note: 2022 number of cases=2,619. Data are weighted to represent all RNs with active licenses.

California’s younger nurses are more racially and ethnically diverse than its older nurses, as seen in Figure 3.5. In 2022, 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 (27.9%) and more than 16% of RNs under 35 years old. More than 14% of RNs under 35 years old were Hispanic/Latino, and nearly 16% were Mixed/Other; among RNs between 55 to 64 years, 9.4% were Hispanic, and 5.8% were Mixed/Other. Due to the small number of observations for Asian Indians and Pacific Islanders, these racial/ethnic groups are combined with other non-Filipino Asian nurses in this and the following tables and figures. Non-Filipino Asians and Pacific Islanders accounted for 13.6% of nurses under 35 years old. Black/African American nurses were the only group with smaller percentages among younger nurses than older nurses, at only 2.2% of those under 35 years old but 4.5% among those 55 to 64 years old.

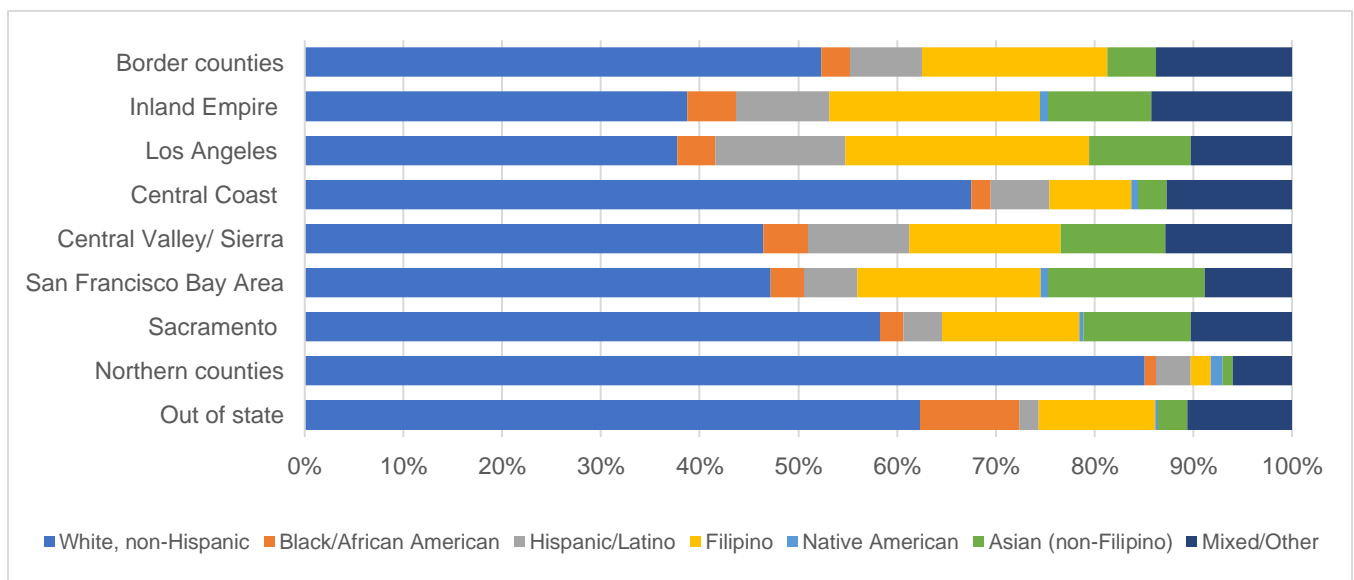
Figure 3.5. Ethnic and racial composition of RNs with active California licenses residing in California, by age group, 2022



Note: Number of cases=2,619. Data are weighted to represent all RNs with active licenses.

There are regional differences in the racial and ethnic composition of actively licensed RNs, as seen in Figure 3.6. There was less diversity in 2022 among nurses in the Northern Counties and the Central Coast regions compared with other regions of California. The most diverse regions were the Los Angeles, Inland Empire, San Francisco Bay Area, and Central Valley/Sierra regions.

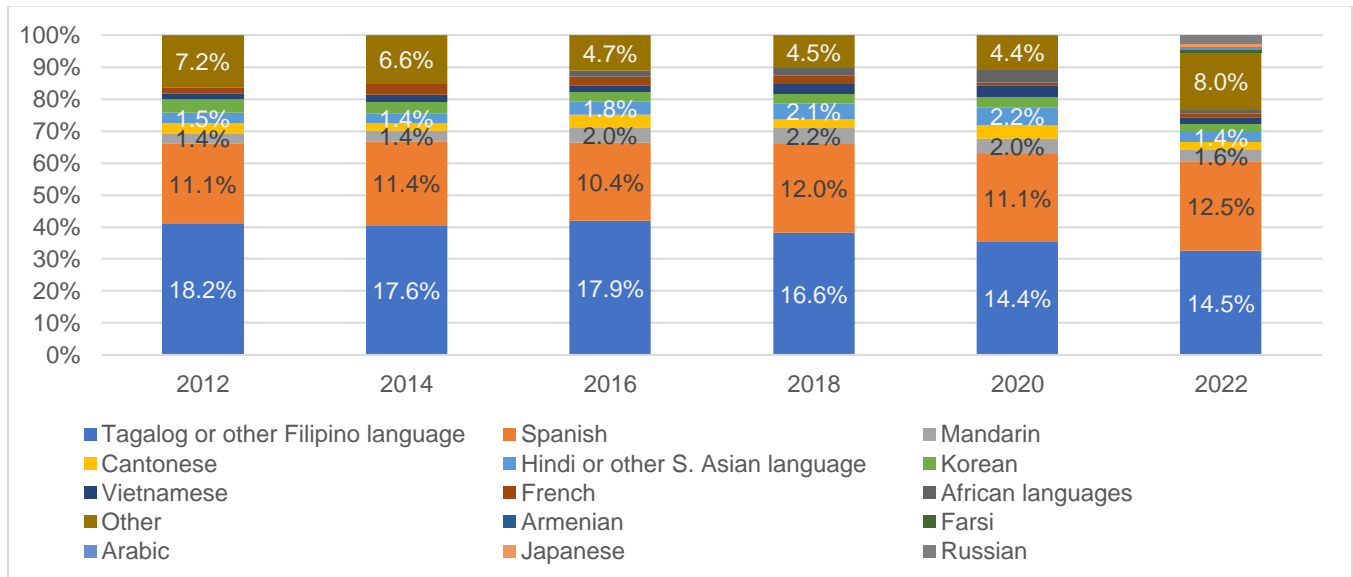
Figure 3.6. Ethnic and racial composition of RNs with active California licenses, by region, 2022



Note: Number of cases=2,772. Data are weighted to represent all RNs with active licenses.

Ethnic diversity is associated with language diversity among California’s RNs. Among all nurses, over 37% spoke at least one other language in 2022. As seen in Figure 3.7, among those who spoke another language fluently, Tagalog and other Filipino languages were spoken by over 14% and Spanish was spoken by 12.5%.

Figure 3.7 Non-English languages spoken by RNs with active licenses who live in California and who spoke a non-English language fluently, 2012-2022

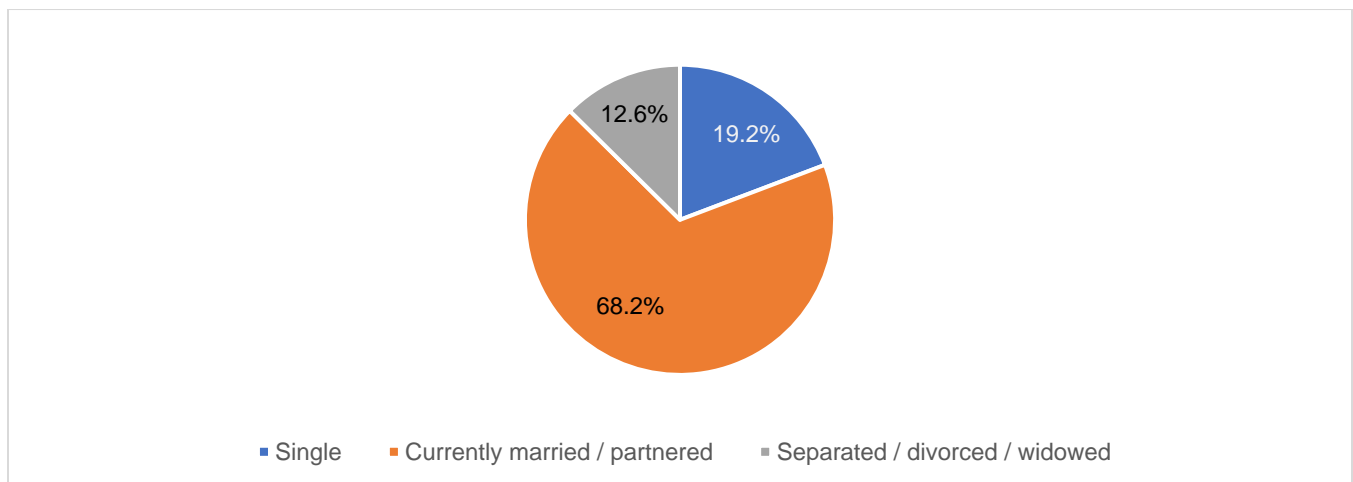


Note: 2022 number of cases=2,914. Data are weighted to represent all RNs with active licenses.

Families of California RNs

Over two-thirds (68.2%) of California’s working RNs were married or in domestic partner relationships in 2022, as seen in Figure 3.8. Over 19% had never married, and 12.6% were widowed, separated, or divorced.

Figure 3.8. Marital status of RNs with active California licenses who live in California, 2022



Note: Number of cases=2,656. Data are weighted to represent all RNs with active licenses.

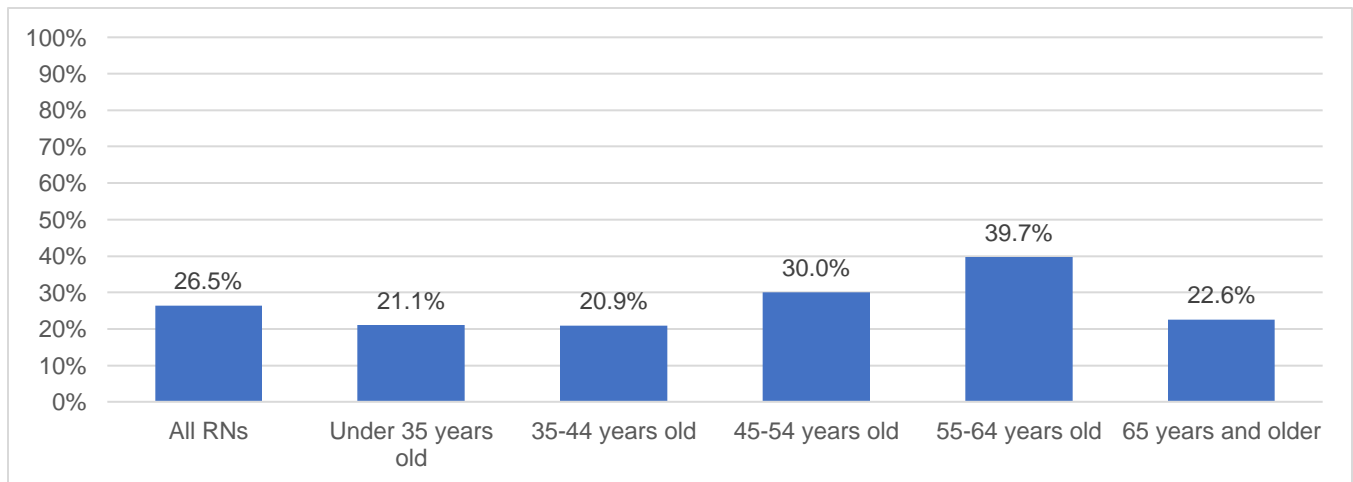
Many of California's nurses have children living at home, as seen in Table 3.1. In 2022, 48.2% of working nurses had at least one child living at home. Over 42% of working RNs with children had adult children living at home. Respondents were asked if they had responsibility for assisting or caring for an adult family member who needed help due to aging or disability, as shown in Figure 3.9. Over 26% of working RNs reported caring for adult family members, with the percentage being highest for nurses 55 to 64 years old (39.7%).

Table 3.1. Number and ages of children of California-resident RNs, 2022

Number of kids at home	All RNs	Ages of children	All RNs
None	51.8%	Birth to 2 years	21.5%
One	18.7%	3-5 years	17.3%
Two	20.1%	6-12 years	28.8%
Three	7.3%	13-18 years	25.9%
Four +	2.1%	Over 18 years	42.3%

Note: Number of cases=1,252. Data are weighted to represent all RNs with active licenses. Some nurses have children in more than one age group, so right column will not total 100%.

Figure 3.9. Percentage 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 RNs residing in California, 2022



Note: Number of observations=2,656. Data are weighted to represent all RNs with active licenses.

Regional and Interstate Mobility of California RNs

Some nurses relocated between March 17, 2022 (the date the sample frame was provided by the Board of Registered Nursing) and when they returned their survey. Table 3.2 estimates the numbers and percentages of nurses who changed regions within California and who moved out of California between April 2022 and the date of their response. In total, an estimated 12,447 RNs changed regions and 3,460 left the state in this period. The percentage changing regions (4.0%) was lower than in 2020 (4.3%) but higher than in 2018 (3.4%). The percentage leaving California (1.1%) was higher than in 2020 (0.6%) but lower than in 2018 (1.6%). Nurses who lived in the San Francisco Bay Area and Central Valley/Sierra were more likely to have changed regions. Those residing in the Central Valley/Sierra region and the Sacramento regions were more likely to have moved out of California than licensed nurses in other regions.

Table 3.2. Residence changes between March 2022 and time of response (April 2022 to May 2023)

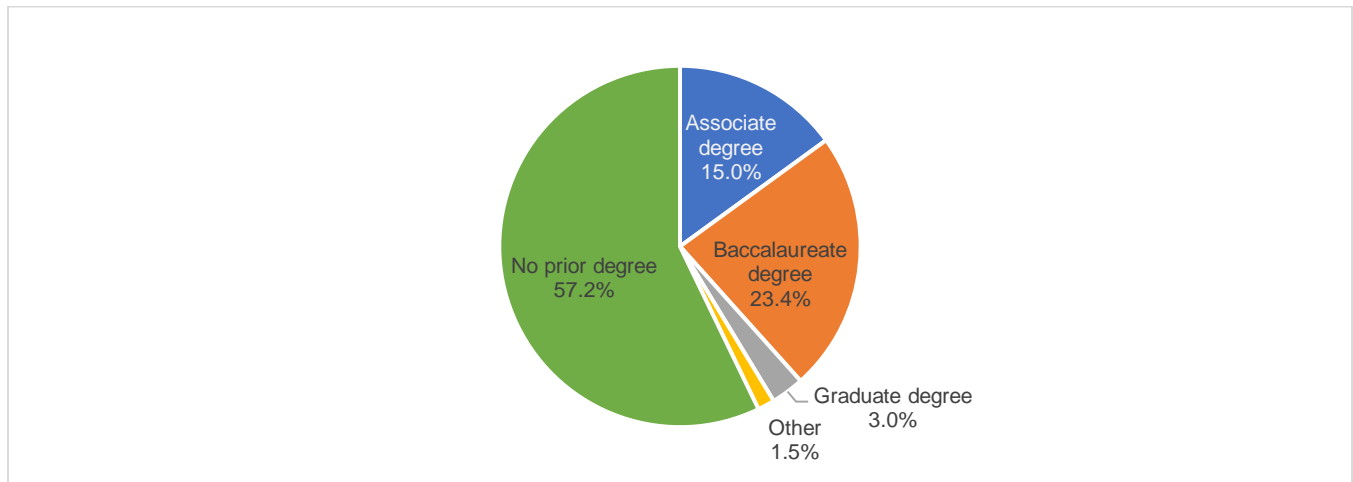
BRN Region	Estimated number changing regions	% changing regions	Estimated number leaving California	% leaving California	Estimated number represented in response
Northern Counties	294	3.5%	81	1.0%	8,339
Sacramento	1,048	4.4%	455	1.9%	23,648
San Francisco Bay Area	3,520	5.3%	679	1.0%	66,418
Central Valley/Sierra	1,679	5.0%	909	2.7%	33,339
Central Coast	369	4.6%	98	1.2%	8,037
Los Angeles	3,972	3.7%	686	0.6%	106,327
Inland Empire	922	2.5%	387	1.1%	36,332
Border Counties	643	2.2%	165	0.6%	29,320
Total	12,447	4.0%	3,460	1.1%	311,760

Note: Number of movers=111. Data are weighted to represent all RNs with active licenses. The file from which nurses were sampled was dated March 17, 2022. Surveys were first emailed April 2022 and data collection closed May 2023. Nurses were identified as having moved if their survey response indicated a different region or state than the region specified in the sampling file.

4. Education and Licensure of California’s Nursing Workforce

Figure 4.1 depicts the share of nurses with active licenses who had a college degree prior to completing a pre-licensure nursing education program. Fifteen percent of California RNs had an associate degree, 23.4% had a baccalaureate degree, and 3.0% had a graduate degree.

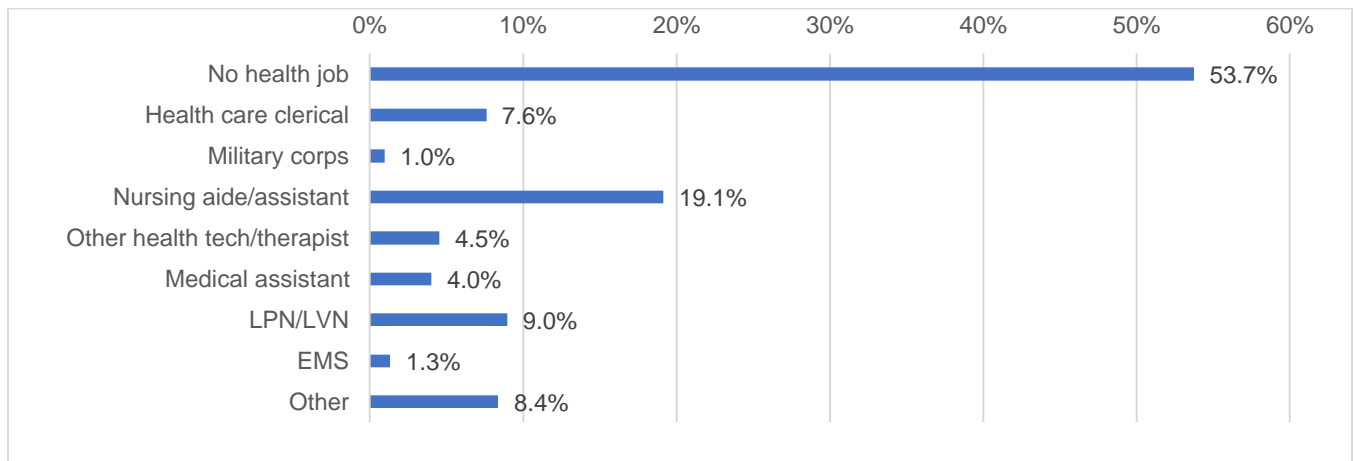
Figure 4.1. Highest education level obtained prior to pre-licensure nursing education for RNs with active California licenses who reside in California, 2022



Note: Number of cases=2,005. Data are weighted to represent all RNs with active licenses.

More than 46% of RNs who lived in California in 2022 had worked in a health occupation before attending a nursing program, as seen in Figure 4.2. Prior to completing basic RN education, 19.1% of RNs worked as a nursing aide, and 9% were licensed practical/vocational nurses. Many RNs worked in other health-related fields before their RN education: 7.6% worked as clerks, 4% were medical assistants, and 4.5% were health care technicians such as radiology technicians or laboratory technicians. Only 1% 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 caregiver.

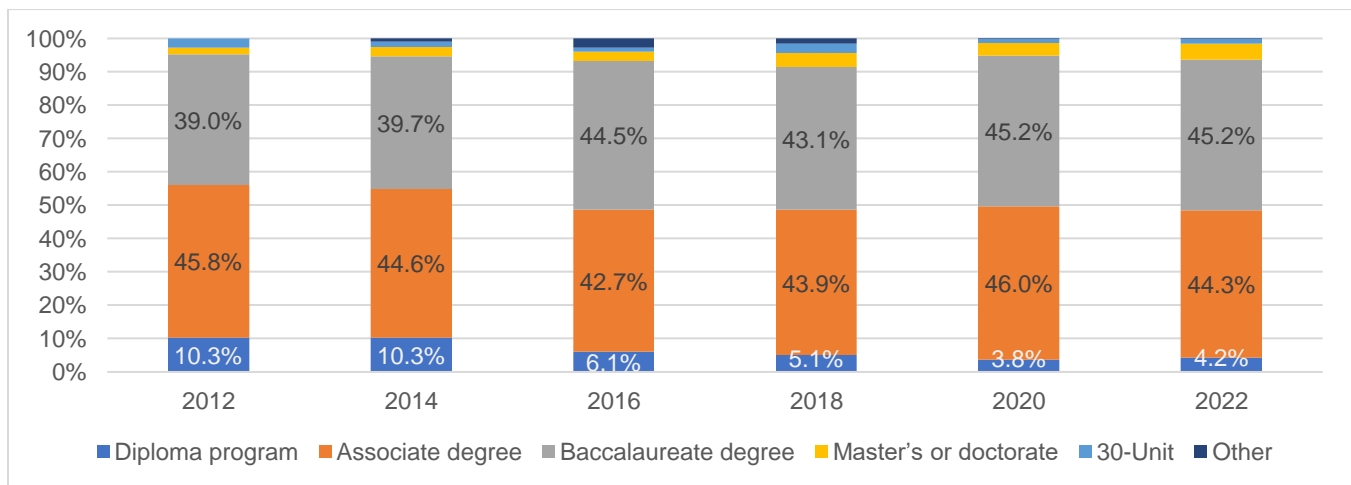
Figure 4.2. Employment in health occupations prior to basic nursing education for RNs with active California licenses who live in California, 2022



Note: Number of cases=2,914. Data are weighted to represent all RNs with active licenses.

Figure 4.3 presents the percentages of nurses who completed each type of pre-licensure RN education program. Most of California’s RNs had entered the profession with a bachelor’s degree (45.2%) or an associate degree (44.3%). The share entering the profession with a baccalaureate degree has slowly increased over the past 10 years (from 39% in 2012 to 45.2% in 2022). Diploma programs were dominant in nursing education through the 1950s, after which time community college-based associate degree programs grew rapidly and replaced them². There have not been any diploma programs operating in California for more than 20 years and there are only a few in other states. Only 4.2% reported completing a diploma program in 2022, while 10.3% reported doing so in 2012. Only 1.3% of RNs entered the profession after completing a 30-unit LVN-to-RN program, while nearly 5% completed entry-level master’s degree programs to qualify for their RN license.

Figure 4.3. Basic pre-licensure education of currently working RNs residing in California, by survey year

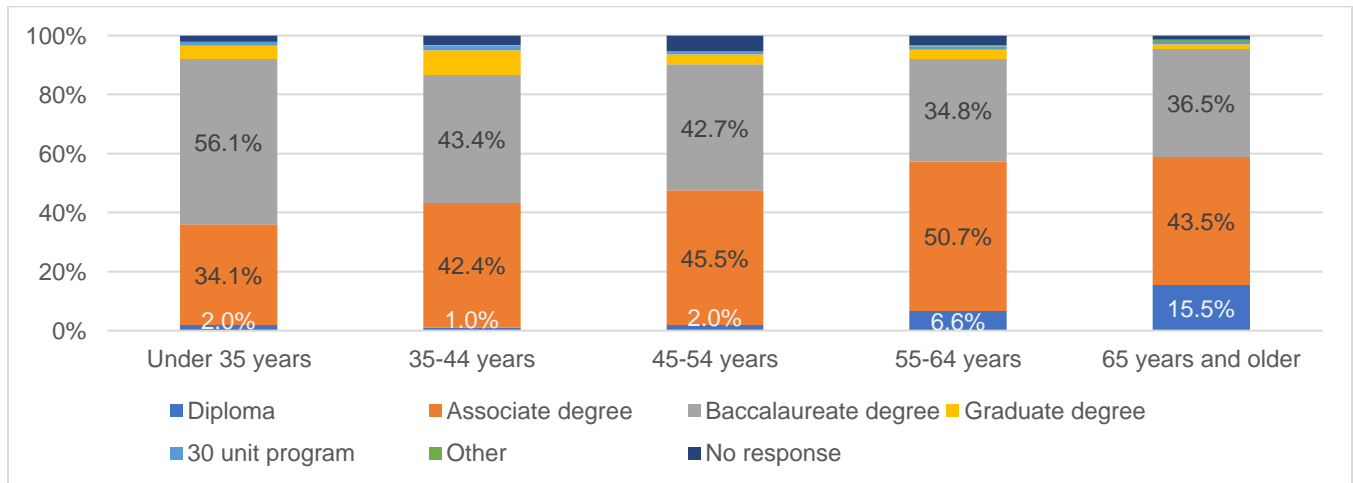


Note: 2020 number of cases=2,839. Data are weighted to represent all RNs with active licenses.

Figure 4.4 presents pre-licensure nursing education by age group for all nurses with active licenses residing in California in 2022. Unsurprisingly, older nurses were more likely to have received their initial nursing education in a diploma program (15.5% of those 65 years and older), while only 2% of California’s nurses under 35 years old received their nursing education via a diploma program. Of nurses under 35 years old, 56.1% reported a BSN for their pre-licensure education.

² Nursing History Review 22 (2014): 37–60. A Publication of the American Association for the History of Nursing. Copyright © 2014 Springer Publishing Company. <http://dx.doi.org/10.1891/1062-8061.22.37>

Figure 4.4. Basic pre-licensure RN education completed by the statewide population of RNs with active California licenses, by age group, 2022



Note: Number of cases=2,914. Data are weighted to represent all RNs with active licenses.

Table 4.1 presents the age distribution at graduation by the decade during which RNs graduated. RNs who completed their initial RN education in the 1960s, and 1970s were mostly in their early 20s. This pattern began to change in the 1980s; by the 2010s and 2020s, only about one-third of pre-licensure graduates were under 25 years old, and more than 62% of pre-licensure graduates were age 30 years or older.

Table 4.1. Age distribution at time of graduation from pre-licensure RN education for RNs with active California licenses who reside in California, 2022

Age at graduation	All nurses	Decade of graduation						
		1960s	1970s	1980s	1990s	2000s	2010s	2020s
Under 25	45.7%	100%	97.9%	84.4%	64.1%	57.8%	35.1%	37.8%
25-29 years	28.1%	0.0%	0.4%	11.4%	26.1%	20.5%	26.6%	36.6%
30-34 years	14.5%	0.0%	0.0%	4.2%	6.2%	13.8%	19.5%	13.7%
35-39 years	4.9%	0.0%	0.0%	0.0%	2.1%	2.8%	7.3%	5.6%
40-44 years	2.8%	0.0%	1.7%	0.0%	1.3%	3.7%	3.3%	2.5%
45 and older	4.0%	0.0%	0.0%	0.0%	0.3%	1.4%	8.2%	3.9%

Note: Number of cases=2,634. 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 60% of California’s working RNs received their basic nursing education in California, as seen in Table 4.2. Approximately 23% were educated in other states and 16.3% 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 in the 1960s and 1970s, over half were educated internationally or in other states. The peak of internationally-educated RNs was those who graduated in the 2000s; this was a decade of deep RN shortages in California and nationally, and many hospitals actively recruited internationally to fill vacancies. However, 74.3% of working RNs who graduated in the 2020s were educated in California, and only 5.1% were educated internationally.

Table 4.2. Locations where RNs residing in California received basic nursing education, by decade of graduation

Location of education	All nurses	Decade of graduation						
		1960s	1970s	1980s	1990s	2000s	2010s	2020s
California	60.6%	0.0%	21.9%	44.5%	49.5%	45.5%	61.7%	74.3%
Other States	23.1%	100%	56.2%	40.0%	27.7%	21.2%	20.2%	20.6%
International	16.3%	0.0%	21.9%	15.5%	22.9%	33.4%	18.1%	5.1%

Note: Number of cases=2,149. 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 67% of RNs with active licenses who resided in California in 2022 were born in the United States (Table 4.3). More than 15% of RNs indicated they were born in the Philippines. Between 1% and 2% were born in each of Mexico, Canada, India, and South Korea.

Among RNs who reported they were born in the United States, 70.9% were educated in California and 27.7% were educated in another US location. Among RNs who reported they were born in the Philippines, 23.6% were educated in California, 5.8% were educated in another state, and 70.6% were educated internationally. While most foreign-born RNs were educated outside of California, 80.4% of RNs born in Mexico and 56.7% of RNs born in South Korea reported graduating from a pre-licensure program in California.

Table 4.3. Top five countries of birth and country of education for RNs residing in California, 2022

	Country of birth	Location of education		
		Educated in California	Educated in other US location	Internationally educated
United States	67.4%	70.9%	27.7%	1.5%
Philippines	15.7%	23.6%	5.8%	70.6%
Mexico	1.7%	80.4%	10.9%	8.7%
Canada	1.5%	23.9%	12.2%	63.9%
India	1.4%	17.7%	21.1%	61.2%
South Korea	1.0%	56.7%	19.6%	23.7%

Note: Number of cases where pre-licensure location is reported=2,165. Rows might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

In addition to their nursing careers, some California nurses have also served in the United States Armed Forces (Table 4.4). Nurses who have served on active duty were more likely to have completed a diploma program than non-veteran nurses in 2022 (12.3% vs. 3.4%).

Table 4.4. Basic pre-licensure RN education completed by the statewide population of RNs with active California licenses who also served on active duty in the US Armed Forces

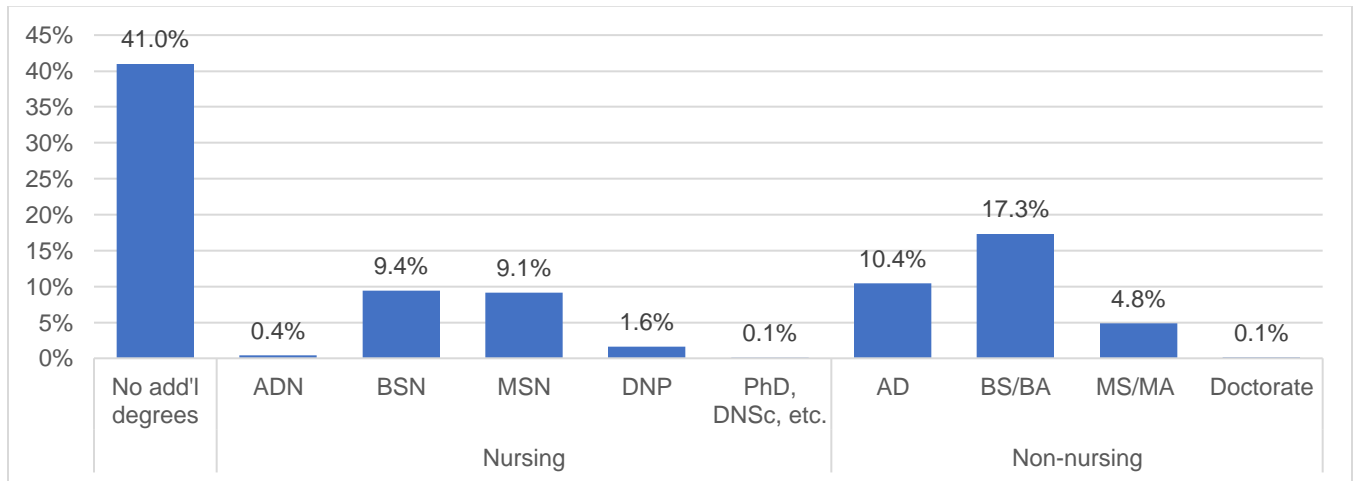
	Diploma	AD	BSN	30-unit LVN-to-RN	Graduate degree	Other	Number of cases
Never served in the U.S. Armed Forces	3.4%	44.8%	45.3%	4.7%	1.5%	0.2%	2,391
Served on active duty or reserves in the U.S. Armed Forces	12.4%	44.0%	41.2%	1.5%	0.0%	0.8%	109

Note: Number of cases=2,500. Data are weighted to represent all RNs with active licenses.

Many nurses pursue additional education after their initial pre-licensure education, as seen in Figure 4.5. In 2022, the most commonly-received post-licensure nursing degrees were a baccalaureate of science in nursing (BSN) and a master's degree in nursing (MSN), with over 9.4% of RNs having received a BSN degree, and 9.1% of RNs

receiving an MSN degree. Some RNs completed non-nursing education after they were licensed as an RN; 17.3% reported they obtained a non-nursing bachelor’s degree and 10.4% received a non-nursing associate degree.

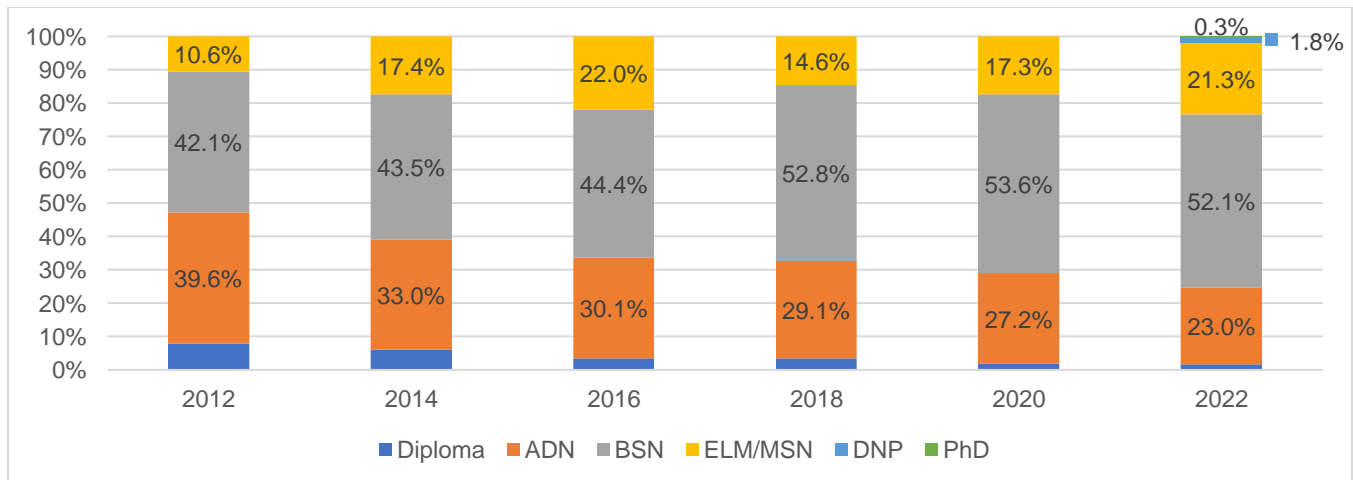
Figure 4.5. Additional degrees completed after pre-licensure education by RNs with active California licenses who reside in California, 2022



Note: Number of cases=2,914. Data are weighted to represent all RNs with active licenses.

Figure 4.6 presents the highest levels of nursing education received by nurses residing in California. The share of nurses with a baccalaureate or higher degree in nursing has increased over time, from 52.7% in 2012 to 75.4% in 2022.

Figure 4.6. Highest nursing degree earned by RNs residing in California, by survey year



Note: 2022 number of cases=2,697. Data are weighted to represent all RNs with active licenses.

Table 4.5 provides a more detailed view of the highest education level obtained by California nurses. Each column presents the highest education level for RNs with a particular type of pre-licensure education. In 2022, 47.3% of nurses whose initial RN education was an associate degree had not completed additional nursing degrees; 34.7% completed a baccalaureate degree, and 14.7% completed a graduate degree. For nurses whose initial RN education was a baccalaureate degree, 62.3% did not pursue additional degrees, while 28.4% pursued a graduate degree.

Table 4.5. Highest level of nursing education obtained since initial licensure by RNs residing in California, by basic nursing education, 2022

Highest Current Level of Nursing Education	Initial Pre-Licensure RN Education		
	Diploma program	Associate degree	Baccalaureate degree
Diploma program	37.3%	-----	-----
Associate degree	10.3%	47.3%	-----
Baccalaureate degree, Nursing	28.1%	34.7%	62.3%
Master's (ELM/MSN)	16.1%	13.9%	25.4%
Doctor of Nursing Practice (DNP)	0.2%	0.0%	0.4%
Research-based Nursing Doctorate (PhD)	0.2%	0.8%	2.5%
No Response	8.2%	3.3%	9.3%
Number of cases	120	1,283	1,511

Note: Data 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 4.6 presents the average number of years between initial RN education and the completion of an additional degree program. Among respondents to the 2022 survey, the average number of years for an RN holding an associate degree to complete a baccalaureate in nursing was 7.7 years, and 13.3 years to complete a master's degree in nursing. Nurses who entered the nursing profession with a baccalaureate degree and later completed a master's degree took an average of 9.3 years to do so.

Table 4.6. Average years between initial nursing education and completion of additional nursing programs for all California-residing RNs, 2022

Initial RN Education	Additional Degrees				
	ADN	BSN	MSN	DNP	PhD
Diploma	----	12.1	18.7	----	----
Associate Degree, Nursing	----	7.7	13.3	22.8	----
Baccalaureate Degree, Nursing	----	----	9.3	18.0	26.0
Number of cases	0*	616	648	50	7

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

* Omitted due to small number of observations.

Nurses can specialize in a variety of fields and obtain certification to demonstrate advanced practice or specialized knowledge. Table 4.7 presents data on certifications received from the California Board of Registered Nursing by RNs residing in California. In 2022, 31% of RNs residing in California had additional certifications, compared with 26.3% in 2020. Over 18% had certification in Public Health Nursing. The share of RNs with a Nurse Practitioner certification was 12.1% in 2022, which is a notable increase from 7.7% in 2020. There was a small increase in the percentage reporting nurse-midwifery certification, from 0.7% in 2020 to 2.1% in 2022. In 2022, the percentage with a Clinical Nurse Specialist certification was 2.2% and the share with a Psychiatric/Mental Health certification was 1.3%.

Table 4.7. Certifications received from the California Board of Registered Nursing by RNs residing in California, 2020 and 2022

	2020		2022	
	Weighted %	# Observations	Weighted %	# Observations
No additional certifications	73.7%	2,745	69.0%	2,009
Nurse Anesthetist	0.7%	28	0.6%	16
Nurse Midwife	0.7%	25	2.1%	60
Nurse Practitioner	7.7%	286	12.1%	352
Public Health Nurse	17.4%	646	18.2%	531
Psychiatric/Mental Health Nurse	1.1%	41	1.3%	37
Clinical Nurse Specialist	2.1%	79	2.2%	64

Note: Nurses can have more than one certification, so columns will not total 100%. Data 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 4.8 provides information about these nurses. In 2022, 8.2% of RNs reported being enrolled in school. Enrollment rates were highest among nurses under 35 years old and declined with increased age. Of those enrolled, the largest group was working toward master's degrees (38.2%), followed by baccalaureate degrees (19.4%). Doctoral degrees were being pursued by 17.6% of respondents, with pursuit of a Doctor of Nursing Practice (DNP) degree more common than research-focused doctorates (e.g., PhD) (13.1% vs. 4.5%).

Table 4.8. Current enrollment in nursing degree or specialty certification program among the statewide population of RNs with active California licenses, by age group, 2022

	All nurses	Under 35 years	35-44 years	45-54 years	55-64 years	65 years and older
Currently enrolled	8.2%	13.1%	9.2%	7.5%	5.3%	2.2%
Of those enrolled, objective is...						
Associate Degree	0.3%	0.0%	0.0%	0.0%	0.0%	2.9%
Baccalaureate Degree	19.4%	23.7%	20.9%	14.5%	29.3%	2.9%
Master's Degree	38.2%	56.9%	44.2%	29.0%	25.5%	25.4%
Doctoral Degree (research-focused)	4.5%	0.9%	0.4%	2.1%	22.5%	0.0%
Doctoral Degree (DNP)	13.1%	22.7%	14.9%	2.5%	13.3%	12.4%
Non-degree specialty certification	11.9%	0.6%	9.9%	13.9%	5.5%	44.3%

Note: Number of enrolled cases=220. Data are weighted to represent all RNs with active licenses.

Many nurses who were enrolled in post-licensure education programs were completing coursework online. Respondents were asked to describe the percentage of their coursework that was online or by distance learning “normally” and the percentage that occurred as a result of accommodations for the COVID-19 pandemic (“currently”). As seen in Table 4.9, the average percentage of coursework normally offered online or through distance learning modalities ranged from 55.5% for non-degree certifications to 89.6% for bachelor’s degree programs. In contrast, the average percentages of coursework offered in 2022 at the time of the survey was much higher, ranging from 77.8% for doctoral degree programs to 96.2% for bachelor’s degree programs.

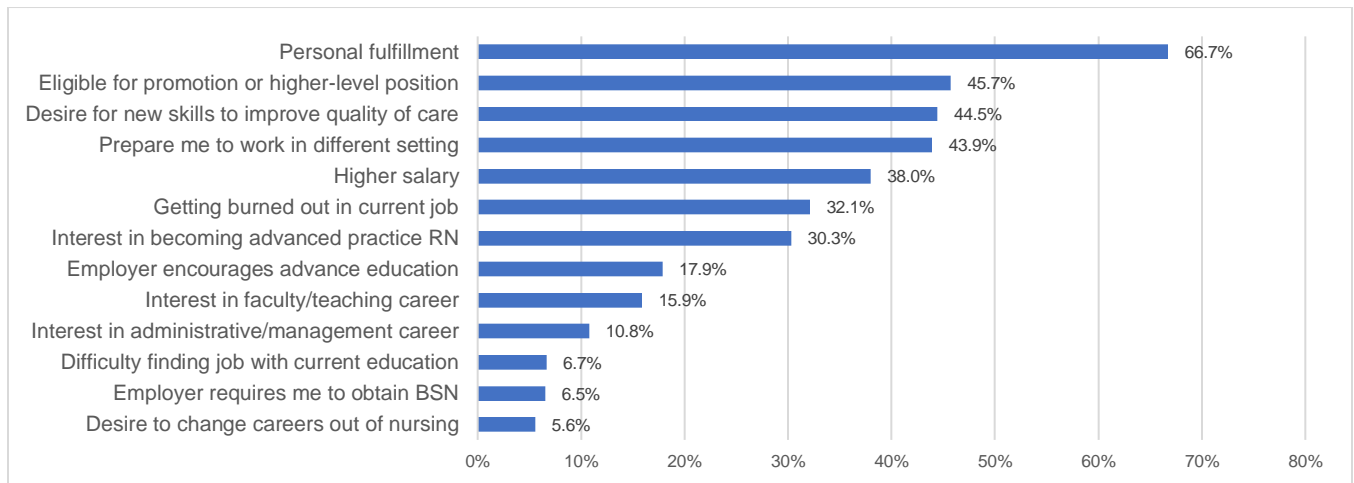
Table 4.9. Percent of coursework from online or distance learning modalities for currently-enrolled RNs with active California licenses, by program type

	Bachelor's Degree	Master's Degree	Doctoral Degree (DNP)	Doctoral Degree (research-focused)	Non-degree specialty certification	Number of cases
2022 Currently	96.2%	86.1%	74.6%	77.8%	93.9%	193
2022 Normally	89.6%	82.2%	61.3%	88.3%	55.5%	121
2020	94.5%	81.6%	72.4%	52.9%	93.9%	287
2018	82.2%	64.1%	85.2%	44.8%	80.8%	358
2016	88.5%	78.2%	76.6%	36.1%	55.0%	120
2014	86.5%	68.4%	52.8%	65.6%	59.9%	432

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

Nurses reported a variety of reasons for their decision to enroll in a degree or certification program, as seen in Figure 4.7. Personal fulfillment was the most frequently cited reason (66.7%), followed by eligibility for promotion or higher-level position (45.7%), desire for new skills to improve the quality of care (44.5%), and to prepare for work in a different setting (43.9%).

Figure 4.7. Reasons cited for returning to school by enrolled RNs with active California licenses, 2022



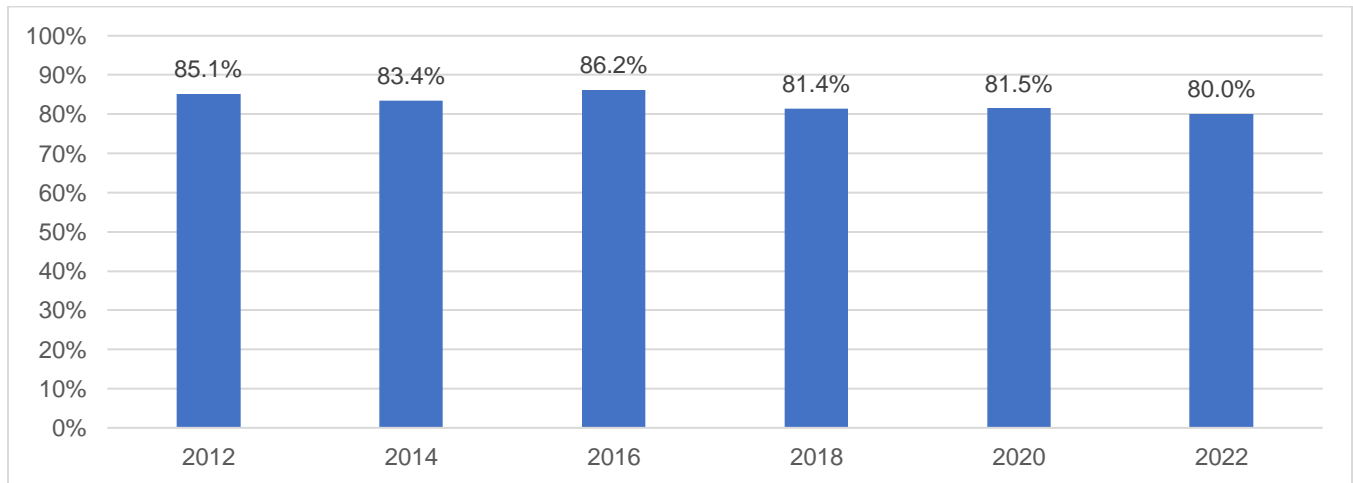
Note: Number of enrolled cases=220. Data are weighted to represent all RNs with active licenses.

5. Employment of California’s RNs

Employment Rates

Figure 5.1 presents the percentages of California-resident RNs who were employed in nursing from 2012 through 2022. There has been a trend toward lower employment rates since 2018. However, there was little change in the overall employment rate between 2018 and 2022, and the change is within the margin of error of the survey.

Figure 5.1. Percentage of California-resident RNs employed in nursing, 2012-2022



Note: 2022 number of cases=2,914. Data are weighted to represent all RNs with active licenses.

There is variation in employment rates across regions, as shown in Table 5.1. Nurses living in the Central Coast/Sierra region and the Inland Empire were somewhat more likely to be employed in nursing than average, and nurses who resided out of state, in the Central Coast, the San Francisco Bay Area, and the Central Valley/Sierra regions were less likely to be employed in nursing. The data suggest that the employment of California-licensed RNs living out-of-state decreased significantly between 2018 and 2020, with little change between 2020 and 2022.

Table 5.1. Employment status of RNs with active California licenses, by region, 2012-2022

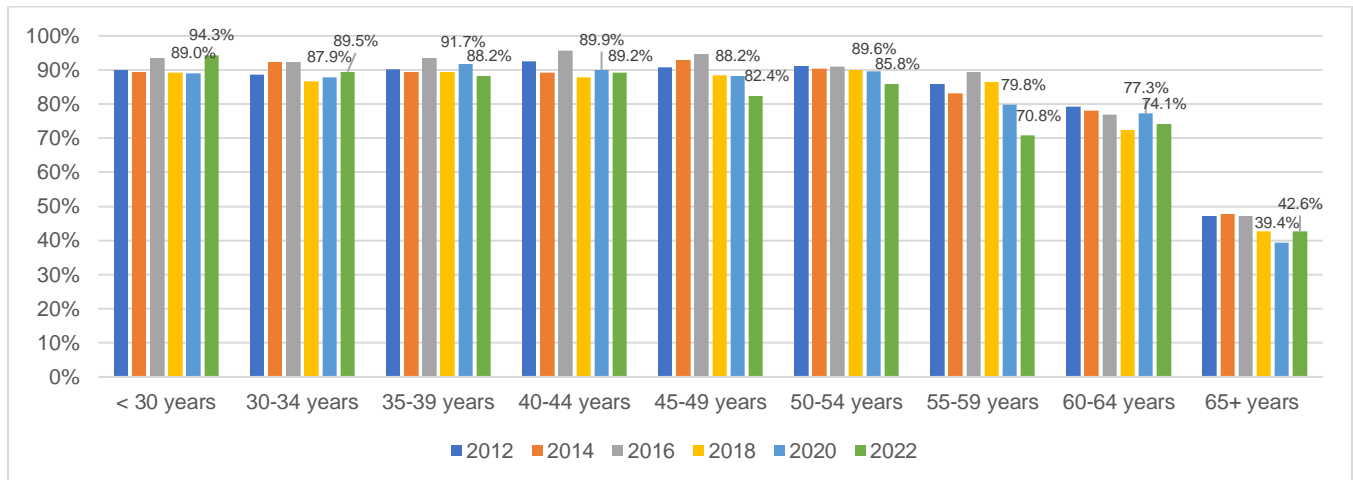
	2012	2014	2016	2018	2020	2022
Northern Counties	86.2%	79.8%	81.1%	80.0%	80.0%	79.6%
Sacramento	85.7%	83.5%	86.5%	82.0%	81.5%	80.4%
San Francisco Bay Area	83.9%	82.1%	85.9%	78.9%	79.7%	78.6%
Central Valley/Sierra	84.5%	84.9%	86.8%	83.3%	80.3%	83.6%
Central Coast	83.0%	82.7%	79.5%	80.0%	79.2%	76.7%
Los Angeles	84.3%	83.5%	86.8%	81.9%	83.1%	81.2%
Inland Empire	88.8%	85.0%	86.7%	82.6%	81.9%	82.7%
Border Counties	86.8%	84.1%	86.9%	82.4%	82.2%	80.5%
Out of State	84.6%	83.0%	80.1%	82.8%	74.9%	76.6%

Note: 2022 number of cases=3,092. Rows may not add to 100% due to rounding. Data are weighted to represent all RNs with active licenses.

There is notable variation in employment rates across age groups. In general, RN employment rates are at least 85% for those under 55 years old, but then drop to below 80% for those 55 to 64 years old and to under 50% for those 65 years and older. Some important changes in age-specific employment rates were observed between 2020 and 2022 (Figure 5.2 and Table 5.2). The employment rates for nurses under 34 years old were higher in 2022 compared with 2020, with a larger increase among nurses under 30 years old (89% in 2020 and 94.3% in

2022). However, employment rates were lower in 2022 than in 2020 for all other age groups except for RNs 65 and older. The decrease was largest among nurses 45 to 49 years old, with a 5.8 percentage-point drop, and among nurses 55 to 59 years old, with a 9 percentage-point drop.

Figure 5.2. Percentage of California-resident RNs employed in nursing, by age group, 2012-2022



Note: 2022 number of cases=2,914. Data are weighted to represent all RNs with active licenses.

Table 5.2. Percent of RNs residing in California working in nursing, by age group, 2012-2022

	2012	2014	2016	2018	2020	2022
Under 30 years	90.0%	89.5%	93.6%	89.3%	89.0%	94.3%
30-34 years	88.7%	92.2%	92.3%	86.7%	87.9%	89.5%
35-39 years	90.1%	89.5%	93.5%	89.4%	91.7%	88.2%
40-44 years	92.6%	89.3%	95.6%	87.9%	89.9%	89.2%
45-49 years	90.7%	92.8%	94.7%	88.5%	88.2%	82.4%
50-54 years	91.1%	90.4%	91.1%	90.0%	89.6%	85.8%
55-59 years	85.9%	83.1%	89.3%	86.5%	79.8%	70.8%
60-64 years	79.3%	78.0%	76.8%	72.4%	77.3%	74.1%
65 years and older	47.1%	47.8%	47.2%	42.6%	39.4%	42.6%

Note: 2022 number of cases=2,914. Data are weighted to represent all RNs with active licenses.

Table 5.3 presents the estimated numbers of California-resident RNs employed in nursing, as well as the numbers not working in the profession. The largest group of employed nurses was between the ages of 30 and 44 years old, numbering 48,422. The largest group of those not employed in nursing is those 65 years and older (26,253).

Table 5.3. Numbers of California-resident RNs working and not working in nursing, by age group, 2022

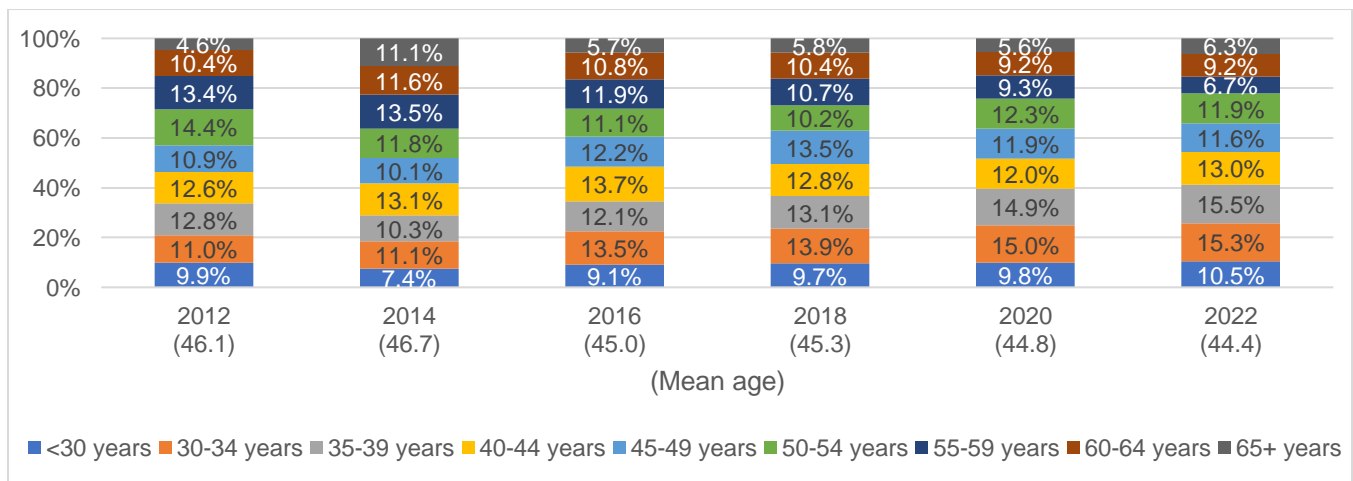
	Working in nursing		Not working in nursing	
	%	#	%	#
Under 30 years	94.3%	32,665	5.7%	1,965
30-34 years	89.5%	47,706	10.5%	5,608
35-39 years	88.2%	48,422	11.9%	6,511
40-44 years	89.2%	40,500	10.9%	4,930
45-49 years	82.4%	36,093	17.6%	7,687
50-54 years	85.8%	37,101	14.2%	6,137
55-59 years	70.8%	20,998	29.2%	8,679
60-64 years	74.1%	28,545	25.9%	9,987
65 years and older	42.6%	19,512	57.4%	26,253
Total	80.0%	311,543	20.0%	77,756

Note: 2022 number of cases=2,914. Data are weighted to represent all RNs with active licenses.

Demographics and Employment

Figure 5.3 depicts the age distributions of nurses employed in nursing and residing in California for each survey year. There has been growth in the percentage of employed nurses younger than 40 years old with each survey year since 2014. The share of nurses between 30 and 34 years old and between 35 and 39 years old increased from 11.0% and 12.8% in 2012 to 15.3% and 15.5% in 2022.

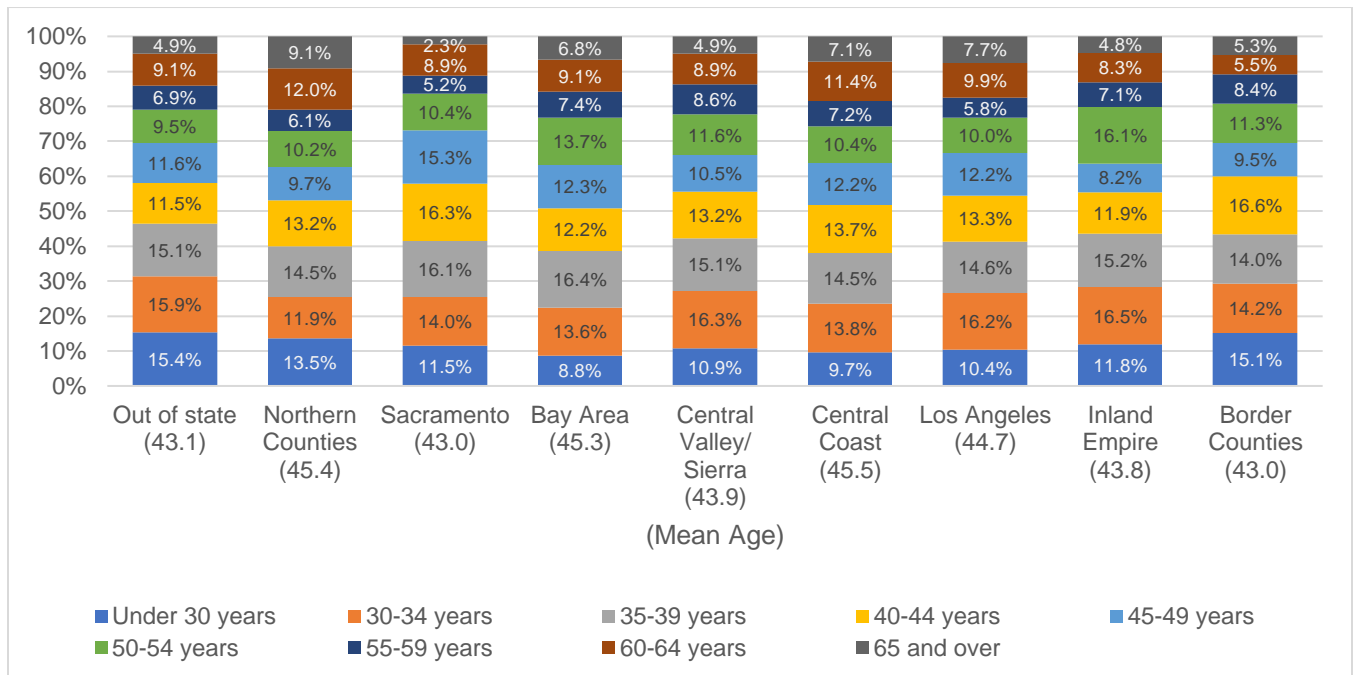
Figure 5.3. Age distribution of currently working nurses residing in California, by survey year



Note: 2022 number of cases=2,280. Data are weighted to represent all RNs with active licenses.

The age distribution of actively licensed RNs varies by region in California, as seen in Figure 5.4. The Northern Counties region has historically had a somewhat older population of nurses; this continued to be the case in 2022 (mean age=45.4 years), with a similar mean age observed for the Central Coast region (mean age=45.5 years). The mean age of nurses residing out of state, and in the Sacramento, Border Counties, Inland Empire, and Central Valley/Sierra regions is younger, ranging between 43 and 44 years.

Figure 5.4. Age distribution of employed RNs with active California licenses, by region, 2022



Note: Number of cases=2,417. Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

The employment rates by gender identities and racial and ethnic backgrounds of employed nurses are presented in Table 5.4. In 2022, 82.2% of female respondents, and 86.5% of male respondents were employed as RNs. Only 76% of White, non-Hispanic RNs were working in 2022, while 98% of Asian Indians RNs, 90.4% of Other Asian RNs, and 87.8% of Filipino RNs were employed.

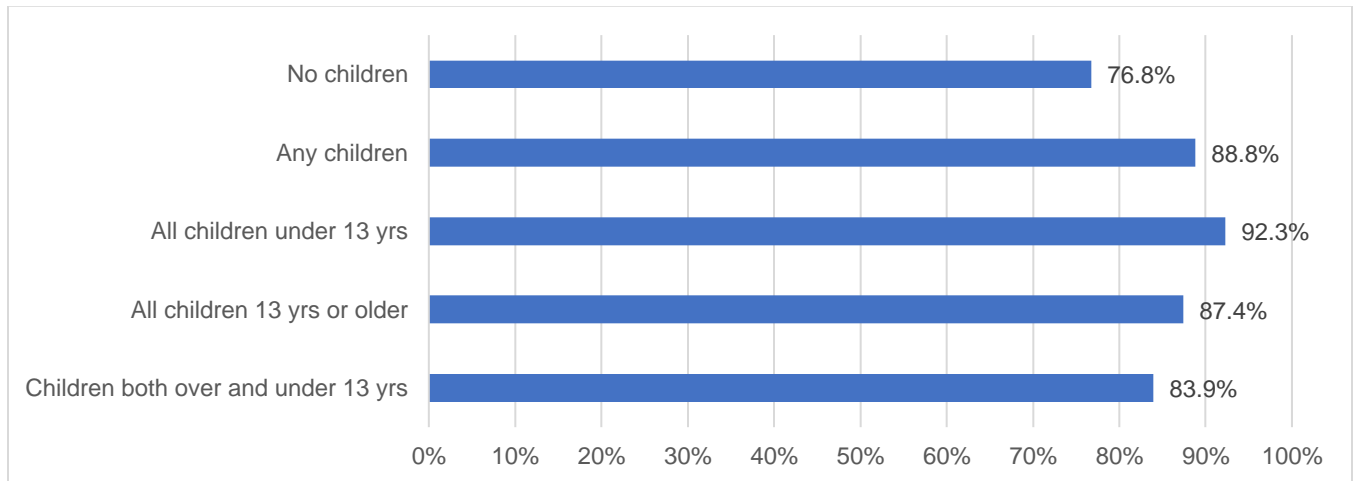
Table 5.4. Employment rates by gender and by race-ethnicity of RNs with active licenses residing in California, 2022

	2022
Gender	
Female	82.2%
Male	86.5%
Trans Woman	----
Trans Man	----
Non-binary	----
Genderqueer	----
Gender non-conforming	----
Prefer to self-describe	----
Race/Ethnicity	
White, non-Hispanic	76.0%
Hispanic/Latino	87.3%
Black/African American	79.5%
Filipino	87.8%
Asian Indian	98.0%
Other Asian	90.4%
Pacific Islander	----
Native American/Native Alaskan	80.6%
Other/Mixed	88.9%
Number of cases	2,914

Note: Data 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 5.5. Nearly 89% of RNs with children at home were employed in nursing in 2022, compared with 76.8% of those without children at home. RNs whose children were all under 13 years old were more likely to work (92.3%) than those who had children both under 13 years and 13 years or older (83.9%).

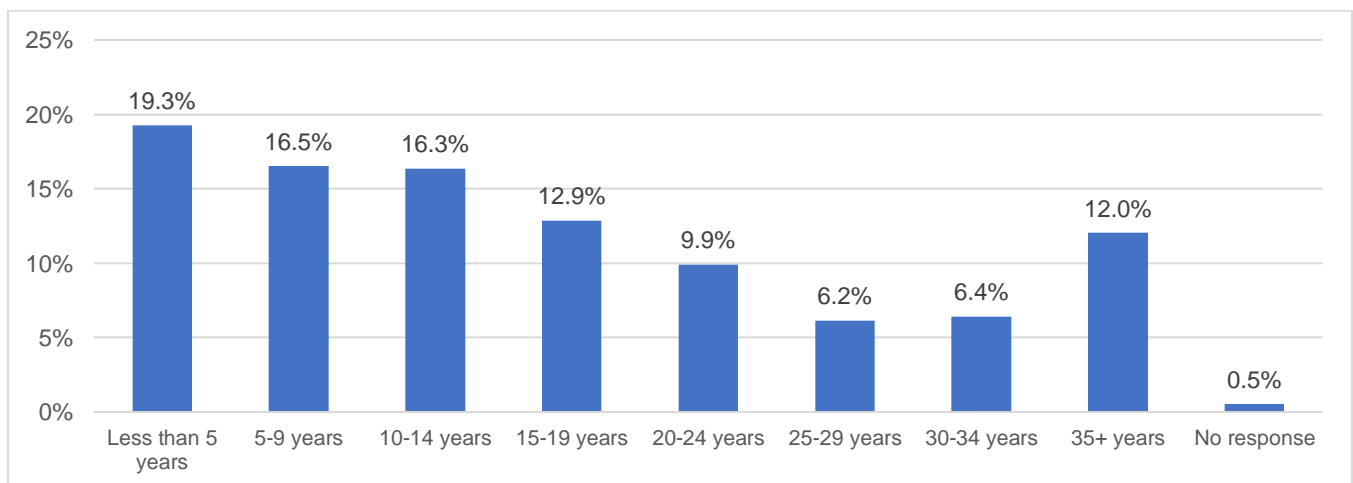
Figure 5.5. Employment rates of RNs who live in California and have children at home, 2022



Note: Number of cases=2,914. Data are weighted to represent all RNs with active licenses.

Nursing competency is achieved through both education and experience. Figure 5.6 presents reported years of experience for California nurses, excluding years during which nurses did not work in nursing. Nearly 36% of California’s active nurses had less than 10 years of experience in 2022 (35.8%), while 34.5% had at least 20 years of experience.

Figure 5.6. Years of experience in nursing among RNs with active California licenses who reside in California, 2022

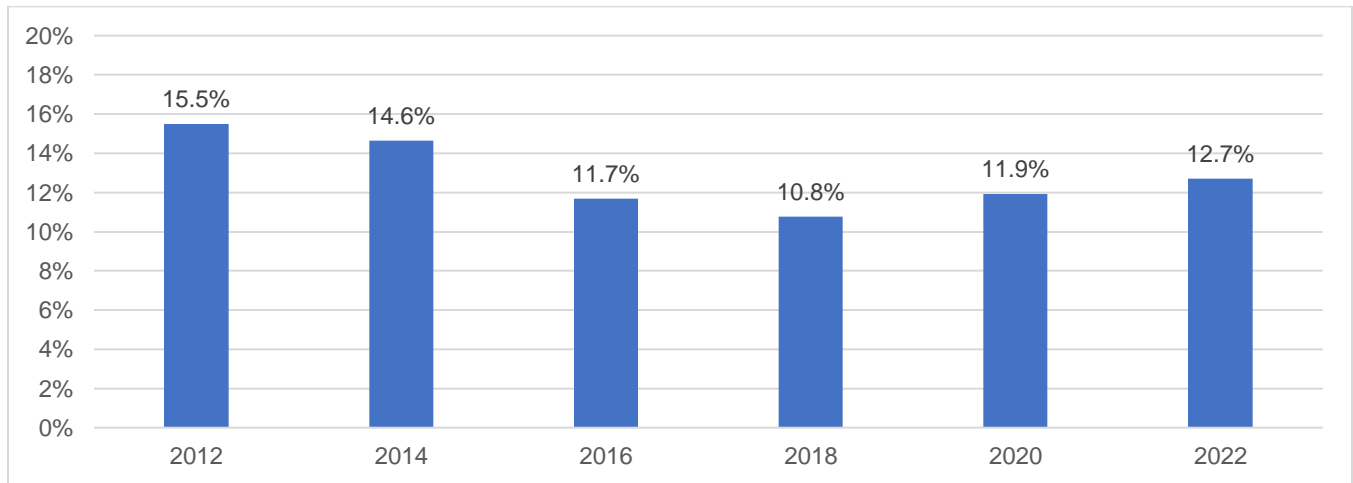


Note: Number of cases=2,914. Data are weighted to represent all RNs with active licenses.

Hours Worked by RNs

In 2022, 12.7% of RNs who worked and resided in California reported they held more than one nursing position (Figure 5.7). This continues a trend towards more nurses working multiple jobs between 2018 and 2022. Among RNs who held additional positions, 21.8% had two or more positions, a decrease from the 22.6% reported in 2018 (Table 5.5).

Figure 5.7. Percentage of working RNs residing in California that holds more than one nursing position, by survey year



Note: 2022 number of cases=2,280. Data (2012-2022) are weighted to represent all RNs with active licenses.

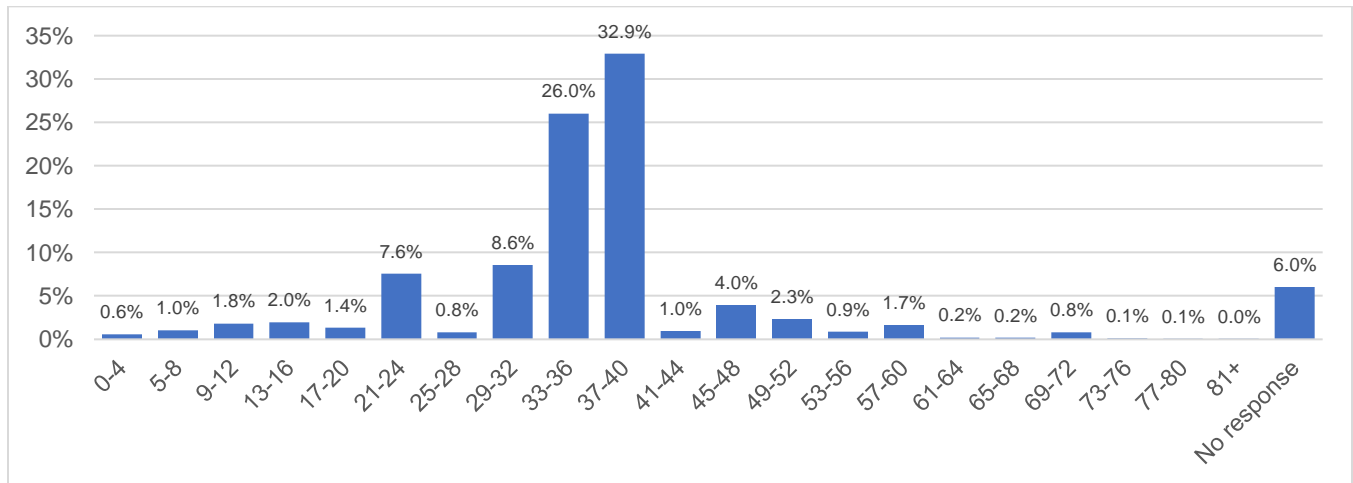
Table 5.5. Number of additional jobs held by RNs who held multiple positions and resided in California, by survey year

	2012	2014	2016	2018	2020	2022
One	76.2%	74.9%	71.0%	77.4%	78.2%	87.3%
Two	21.3%	22.0%	25.6%	21.4%	20.5%	12.2%
Three or more	1.5%	3.2%	3.4%	1.2%	1.3%	0.6%
Number of cases	548	529	347	310	311	276

Note: Columns might not total 100% due to rounding. Data (2012-2022) are weighted to represent all RNs with active licenses.

Figure 5.8 presents the distribution of hours worked in a “normal” week for RNs holding California licenses, working in nursing, and residing in California. In 2022, 70.2% of employed California-resident RNs worked 33 hours per week or more. The average number of hours worked per week by California-resident RNs dropped notably between 2018 and 2020, but rebounded in 2022, with an average of 36.3 hours worked per week (Table 5.6).

Figure 5.8. Distribution of hours per week worked by nurses in all nursing positions for California residents, 2022



Note: Number of cases=2,280. Data are weighted to represent all RNs with active licenses.

Table 5.6. Average number of hours per week usually worked by RNs residing in California, by survey year

	2012	2014	2016	2018	2020	2022
Mean number of hours	36.0	36.5	36.3	36.8	33.7	36.3
Number of cases	3,953	3,542	3,018	3,086	2,753	2,150

Note: Data 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 5.7. In 2022, 40.4% of working RNs residing in California normally worked 12-hour shifts, and 39.5% worked 8-hour shifts. The share of RNs working 8-hour and 12-hour shifts have been relatively stable since 2012, with a slight decrease between 2020 and 2022.

Table 5.7. Number of hours per day usually worked by RNs residing in California, by survey year

	2012	2014	2016	2018	2020	2022
Under 5 hours	0.6%	0.7%	0.7%	0.8%	0.4%	0.5%
5-7.5 hours	2.5%	2.8%	1.9%	2.7%	1.5%	2.2%
8 hours	44.4%	43.4%	42.2%	38.5%	41.9%	39.5%
8.5-11.5 hours	11.1%	11.9%	9.3%	10.9%	10.6%	14.6%
12 hours	40.3%	39.6%	44.4%	44.3%	43.1%	40.4%
Over 12 hours	1.2%	1.7%	1.5%	2.9%	2.6%	2.8%
Number of cases	3,313	3,338	2,442	2,618	2,375	1,636

Note: Columns might not total 100% due to rounding. Data 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; these data are presented in Table 5.8. The share of RNs who worked one or more hours of overtime per week increased between 2012 and 2016 before gradually dropping from 39% in 2016 to 35.3% in 2022. The share that worked more than 8 hours of overtime per week increased from 7.5% in 2012 to 10% in 2022.

Table 5.8. Number of overtime hours per week worked by RNs residing in California, by survey year

	2012	2014	2016	2018	2020	2022
None or less than one hour	68.5%	64.7%	61.0%	62.3%	67.5%	64.7%
1-2.5 hours	10.7%	12.3%	11.2%	12.6%	10.0%	8.7%
3-4 hours	6.1%	6.7%	8.9%	7.0%	5.5%	7.5%
5-6 hours	3.8%	2.9%	4.7%	4.6%	4.0%	5.2%
7-8 hours	3.4%	4.3%	4.0%	4.2%	2.6%	4.0%
More than 8 hours	7.5%	9.2%	10.2%	9.4%	10.5%	10.0%
Number of cases	3,953	3,728	2,789	2,953	2,609	1,897

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 are usually paid a nominal wage for on-call hours that are not worked and then are paid their regular wage or a premium wage if 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 5.9, 91.5% of RNs were not normally on-call in 2022; the percentage of nurses with on-call hours has been relatively stable since 2012. The number of hours per week on call varied widely among those who normally had on-call time. Slightly less 3% of RNs were on call up to 10 hours per week, while 2% were on call 30 or more hours per week.

Table 5.9. Number of unworked on-call hours per week by RNs residing in California, by survey year

	2012	2014	2016	2018	2020	2022
No on-call hours	89.3%	87.4%	90.7%	88.3%	89.3%	91.5%
Less than 10 hours	4.1%	4.7%	3.2%	4.2%	3.4%	2.8%
10-19 hours	3.9%	4.6%	2.8%	3.7%	3.6%	2.6%
20-29 hours	1.4%	1.4%	1.0%	1.9%	1.7%	1.2%
30 or more hours	1.4%	2.0%	2.3%	1.9%	2.0%	2.0%
Number of cases	3,960	4,129	3,113	3,200	2,857	2,280

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

Most working RNs are employed for the full year, as seen in Table 5.10. From 2012 to 2020, at least 97.5% of RNs reported they worked in a full-year position, with the remainder working in jobs that were for 10 or fewer months of the year. In 2022, the percentage working full-year jobs dropped to 95.8%, although this change is within the margin of error of the survey.

Table 5.10. Number of weeks per year RNs work as a registered nurse, California residents, by survey year

	2012	2014	2016	2018	2020	2022
46-52 weeks per year (11-12 months)	98.2%	98.4%	98.9%	97.5%	97.9%	95.8%
36-45 weeks per year (9-10 months)	0.7%	0.7%	0.5%	1.4%	0.9%	3.3%
Less than 36 weeks per year	1.1%	0.9%	0.6%	1.2%	1.2%	1.0%

Note: 2022 number of cases=2,207. 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 (the RN position in which they spent most of their working time). Table 5.11 presents the type of employment arrangement for nurses' principal nursing positions in 2022 by residence within or outside California. Over 94% of working RNs residing in California were regular employees in their principal positions in 2022, which was essentially the same percentage

as in 2020. Fewer than 1% of California resident nurses were employed through temporary agencies, which was a small decrease compared with 2020, while 1.6% reported they were working with a traveling agency, which was a small increase compared with 2020. The difference between these years is within the margin of error of the survey, however, and not statistically significant. Among employed RNs licensed in California but with permanent addresses out of the state, 26.7% held their principal positions through travel nursing agencies in 2022, which was a significant increase from 17.9% in 2020. Overall, the data indicated that a substantial fraction of RNs with California licenses residing outside of California worked in California on a traveling basis.

Table 5.11. Employment status in principal nursing positions for currently working RNs, California residents and non-residents, 2022

	California residents		Non-California residents	
	2020	2022	2020	2022
Regular employee	94.4%	94.1%	74.6%	64.8%
Employed through a temporary service agency	2.0%	0.9%	2.7%	3.9%
Travel nurse or employed through a traveling nurse agency	1.1%	1.6%	17.9%	26.7%
Self-employed	1.0%	1.6%	2.7%	3.9%
No response	1.5%	1.8%	2.2%	0.7%

Note: Number of cases for both residents (2,009) and non-residents (408) = 2,417 in 2022. Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

The job titles best describing nurses’ principal nursing positions are presented in Table 5.12. In 2014, a new category, “Charge nurse and direct care nurse,” was added to the survey in response to a growing number of respondents indicating that they had both roles in their principal position; it is common, for example, for direct patient care RNs to take on charge nurse duties once or twice a week while maintaining their direct patient care duties. This category accounted for 12.2% of RNs in 2022, while 44.7% indicated they worked only as staff nurses. The share of RNs in management positions (senior management, middle management, front-line management, and full charge nurse positions), was 8.8% in 2022. The share of nurses reporting their title as patient care coordinator, case manager, or discharge planner was 3.9% in 2022. The share of nurses reporting a Nurse Practitioner title has increased over time, from 3.5% in 2012 to 10% in 2022.

Table 5.12. Job title that best describes the principal nursing position of working RNs residing in California, by survey year

Job Title	2012	2014	2016	2018	2020	2022
Staff nurse/direct care nurse	56.1%	50.8%	51.3%	51.2%	48.1%	44.7%
Charge Nurse	10.8%	1.6%	1.9%	1.6%	1.2%	2.2%
Charge nurse and direct care nurse	*	16.6%	15.6%	15.0%	14.2%	12.2%
Senior management, any setting	1.9%	1.5%	1.8%	1.2%	1.0%	0.6%
Middle management, any setting	5.8%	5.0%	5.4%	3.9%	4.7%	2.6%
Front-line management	3.1%	4.9%	2.1%	2.1%	2.0%	3.4%
Clinical Nurse Specialist	0.9%	0.5%	0.5%	0.5%	0.4%	0.6%
Certified Registered Nurse Anesthetist	0.6%	0.3%	0.4%	0.7%	0.9%	0.6%
Certified Nurse Midwife	0.2%	0.4%	0.2%	0.4%	0.1%	1.4%
Nurse Practitioner	3.5%	3.6%	3.9%	4.8%	6.8%	10.0%
Educator, service setting/Clinical Nurse Educator	1.1%	1.7%	1.0%	1.0%	0.6%	*
Staff educator, service setting (in-service educator)	*	*	*	*	*	0.9%
Patient educator	*	*	*	*	*	0.2%
Educator, academic setting	1.4%	1.3%	*	1.1%	1.1%	1.4%
School Nurse	1.1%	1.4%	1.2%	1.4%	1.0%	1.1%
Public Health Nurse	1.2%	1.5%	1.5%	1.6%	1.4%	2.1%
Patient Care Coordinator/Case Manager/Discharge Planner	3.9%	5.0%	5.3%	3.1%	4.5%	3.9%
Quality Improvement / Utilization Review Nurse	2.0%	2.1%	1.9%	1.9%	2.4%	1.6%
Occupational Health Nurse	0.2%	0.1%	0.3%	0.3%	0.2%	0.1%
Telenursing	1.0%	0.8%	1.0%	0.6%	1.2%	0.6%
Informatics/Clinical documentation specialist	*	*	*	*	*	0.6%
Nurse Coordinator	1.1%	*	*	*	*	*
Consultant	*	*	*	*	*	*
Researcher	0.3%	0.4%	0.5%	0.2%	0.2%	*
Infection Control Nurse	3.1%	0.3%	0.3%	0.1%	0.2%	0.5%
Clinical Nurse Leader	0.3%	0.2%	0.3%	0.4%	0.4%	*
Other	2.5%	2.4%	1.4%	5.9%	7.3%	8.9%
Number of cases	4,046	4,097	3,065	3,129	2,813	2,250

Note: Columns might not total 100% due to rounding. Data (2012-2022) are weighted to represent all RNs with active licenses.

* Question was not asked in the survey year.

The organization settings best describing nurses' principal nursing positions are presented in Table 5.13. The percentage of RNs employed in hospital settings was relatively stable between 2012 and 2020, but decreased from 63.2% in 2020 to 61.3% in 2022. The next most common employment setting of RNs was ambulatory care settings, such as clinics and outpatient surgery centers (6.9% in 2022). The percentage of RNs who worked in extended care, skilled nursing facilities, or rehabilitation facilities decreased significantly from 2014 to 2022 (8.5% vs. 2.8%), while the share of RNs who worked for public/community health departments increased slightly (3.8% to 5.7%). A larger percentage of RNs reported they worked in an "other" employment setting in 2022 compared with 2020 (7.9% vs. 5.9%).

Table 5.13. Types of organizations in which RNs residing in California work the most hours each month, by survey year

	2012	2014	2016	2018	2020	2022
Acute care hospital	63.6%	66.8%	66.3%	64.2%	63.2%	61.3%
Hospital, inpatient or emergency	53.6%	50.5%	56.1%	52.8%	52.2%	49.4%
Hospital, nursing home unit	0.7%	1.1%	1.1%	1.1%	0.3%	0.6%
Hospital, ambulatory unit	7.9%	10.1%	8.1%	7.1%	7.7%	7.5%
Hospital, ancillary unit	1.4%	0.7%	0.5%	0.4%	1.2%	1.6%
Hospital, other department	*	4.4%	2.1%	2.8%	1.9%	2.2%
Skilled nursing/extended care/rehabilitation	6.1%	8.5%	5.1%	5.4%	3.8%	2.8%
Academic nursing program	1.3%	1.6%	0.9%	1.1%	1.1%	1.4%
Public health dept/community health agency	1.7%	1.5%	1.4%	2.8%	3.8%	5.7%
Home health nursing agency/service	2.4%	3.7%	3.4%	3.0%	5.0%	4.4%
Hospice	1.6%	0.2%	0.3%	0.1%	0.1%	0.2%
Ambulatory care setting (office, surgery center)	7.5%	5.4%	8.2%	7.6%	6.4%	6.9%
Dialysis	1.4%	0.9%	1.0%	0.6%	1.4%	0.7%
Telenursing organization/call center	0.8%	0.6%	0.6%	0.5%	0.8%	1.0%
Occupational health/employee health	0.6%	0.1%	0.4%	0.4%	0.4%	0.3%
School health (K-12 or college)	1.4%	1.5%	1.3%	1.4%	1.3%	2.1%
Mental health/drug and alcohol treatment	2.3%	2.1%	1.6%	1.9%	1.7%	1.6%
Forensic setting (correctional facility, prison, jail)	1.6%	1.5%	1.5%	1.8%	1.6%	1.4%
Government agency (local, state, federal)	1.2%	1.4%	0.8%	0.8%	1.4%	1.0%
Case management/disease management	2.5%	2.1%	2.1%	2.2%	2.1%	1.1%
Self-employed	0.5%	0.3%	0.3%	0.5%	0.3%	0.3%
Other	3.0%	3.4%	2.5%	5.8%	5.9%	7.9%
Number of cases	4,049	4,092	3,034	3,137	2,787	2,235

Note: Columns might not total 100% due to rounding. Data (2012-2022) are weighted to represent all RNs with active licenses. In 2012-2022, urgent care was included as part of ambulatory care, inpatient mental health facility was combined with outpatient mental health, and long-term acute care settings were grouped with skilled nursing/extended care/rehabilitation.

* Category was not asked in the survey year.

Nearly 11% of RNs reported that they did not provide direct patient care at their principal place of employment (10.8%). Among those who provided patient care, a variety of clinical areas were represented, as seen in Table 5.14. Critical care/ICU was the most common clinical specialty in 2022 (11%); this share was similar to 2018 and 2020. Medical-surgical nursing was the next most common clinical specialty (10.9%). Other common clinical areas included perioperative/post-anesthesia/anesthesia (7.4%) and emergency/trauma/urgent care (6.6%).

Table 5.14. Clinical area in which working RNs residing in California most frequently provide care, for those who provide direct patient care, by survey year

	2012	2014	2016	2018	2020	2022
Medical/surgical	11.2%	11.6%	8.8%	11.2%	9.5%	10.9%
Ambulatory care	9.4%	8.2%	*	*	*	*
Ambulatory care—primary care	*	*	3.9%	3.6%	4.5%	4.0%
Ambulatory care—specialty care	*	*	4.4%	4.4%	4.4%	5.6%
Cardiology	3.0%	2.3%	1.3%	2.4%	2.6%	*
Corrections/forensic setting	1.0%	1.2%	1.0%	1.3%	1.1%	1.1%
Critical care/ICU	8.4%	8.9%	7.7%	10.2%	10.6%	11.0%
Dialysis	1.9%	1.5%	1.8%	0.2%	2.6%	1.1%
Emergency/trauma/urgent care	7.2%	7.4%	7.9%	8.4%	6.3%	6.6%
Geriatrics	3.5%	4.1%	2.6%	2.3%	2.3%	2.2%
Home health	2.8%	2.7%	2.6%	2.6%	2.8%	3.2%
Hospice	2.0%	1.6%	1.5%	1.3%	1.9%	2.1%
Mother-baby/newborn nursery	3.2%	3.1%	2.8%	2.8%	2.2%	3.1%
Neonatal/newborn	3.6%	3.3%	3.6%	3.2%	3.2%	3.3%
Obstetrics/labor & delivery/reproductive health	6.3%	5.5%	4.9%	4.4%	5.2%	4.9%
Oncology	2.6%	2.1%	4.4%	3.0%	3.8%	3.1%
Pediatrics	3.0%	4.6%	3.6%	2.9%	3.4%	3.4%
Perioperative/post-anesthesia/anesthesia	7.9%	9.3%	9.7%	7.6%	7.2%	7.4%
Public health/community health	1.5%	1.5%	1.0%	1.5%	1.1%	2.0%
Psychiatric/mental health/substance abuse	3.4%	3.3%	4.0%	3.2%	3.5%	4.3%
Rehabilitation	2.1%	1.6%	1.8%	1.8%	2.1%	1.2%
School health (K-12 or postsecondary)	1.3%	1.3%	1.3%	1.7%	1.1%	1.2%
Step-down or transitional bed unit	1.9%	1.7%	1.4%	2.0%	1.6%	*
Telemetry	3.6%	4.2%	6.0%	5.8%	7.1%	*
Step-down or telemetry	*	*	*	*	*	7.6%
Work in multiple areas, do not specialize	1.4%	0.9%	2.0%	*	*	*
Other	8.0%	6.6%	10.0%	6.5%	10.2%	10.8%
Number of cases	3,498	3,486	2,682	2,773	2,414	2,014

Note: Columns might not total 100% due to rounding. Data (2012-2022) are weighted to represent all RNs with active licenses.

* Question was not asked in the survey year.

There is an association between the highest level of nursing education completed by RNs and the organization settings in which they work, as seen in Table 5.15. There were not enough RNs with a diploma as their highest education to report data for them. Hospital inpatient departments were the most common setting for all education groups. Other common settings for doctorate-holding RNs included non-hospital-based clinical/ambulatory settings (19.7%); hospital-based ambulatory settings (8.1%), other inpatient settings (5.4%); and universities and academic departments (10.1%). Other common settings for master's-educated RNs were non-hospital-based clinic/ambulatory settings (27.4%) and hospital-based ambulatory settings (5.4%); note that many master's-educated RNs are nurse practitioners and other advanced practice nurses. The work settings of associate and baccalaureate degree-holding RNs were similar to each other.

Table 5.15. Types of organizations in which RNs residing in California work the most hours each month, by highest level of nursing education, 2022

	ADN	BSN	MSN	Doctorate
Hospital, inpatient	46.3%	58.2%	41.2%	29.3%
Hospital, ambulatory	8.4%	6.6%	5.4%	8.1%
Hospital, other	5.4%	4.4%	3.6%	2.7%
Skilled nursing facility/rehabilitation facility	3.3%	2.8%	0.5%	0.0%
Inpatient, other	7.2%	2.9%	1.0%	5.4%
Clinic/Ambulatory	12.8%	9.5%	27.4%	19.7%
Public health agency	3.0%	1.4%	2.9%	0.0%
Government agency	0.5%	1.0%	1.1%	0.6%
University/academic department	0.0%	0.4%	4.1%	10.1%
Home health agency	4.5%	5.4%	1.6%	0.0%
Other	8.6%	7.5%	11.2%	24.2%
Number of cases	433	1,117	414	44

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

Table 5.16 presents analogous information for nurses with specific certifications. Large shares of respondents with public health certifications reported working in hospital-based acute care departments (44.9%), non-hospital-based clinics/ambulatory centers (14.8%), hospital-based ambulatory care departments (6.8%), home health agencies (6.7%) and public health agencies (5.3%). Nurse practitioners most often worked in non-hospital-based clinics/ambulatory centers (42%), hospital-based acute care departments (24.2%), and hospital-based ambulatory care departments (9.2%). Clinical nurse specialists were most often employed in hospital-based acute care departments (49.8%), other inpatient settings (9.3%), public health agencies (8.9%), and non-hospital-based clinics/ambulatory centers (6.8%).

Table 5.16. Types of organizations in which RNs residing in California work the most hours each month, by specialty certification, 2022

	Public health nurse (certified)	Nurse practitioners	Clinical nurse specialist
Hospital, inpatient (acute care)	44.9%	24.2%	49.8%
Hospital, ambulatory	6.8%	9.2%	2.3%
Hospital, other	3.7%	1.6%	5.9%
Skilled nursing facility/Rehabilitation facility	0.8%	0.1%	0.0%
Inpatient, other	0.7%	1.0%	9.3%
Clinic/Ambulatory	14.8%	42.0%	6.8%
Public health agency	5.3%	1.2%	8.9%
Government agency	2.1%	0.4%	5.5%
University/academic department	2.6%	4.4%	3.7%
Home health agency	6.7%	2.0%	2.1%
Other	11.6%	13.8%	5.7%
Number of cases	432	300	47

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

Tenure in Primary Nursing Position

Table 5.17 presents data on the length of time that RNs have been employed by their current principal employer. The largest share of RNs living in California in 2022 had been with their current employer for less than five years (40.1%). There has been some variation in this number, as this rose to 45.5% in 2018, dropped to 40.4% in 2020, and was stable in 2022 at 40.1%. The share of RNs employed for 15 or more years by their current employer has gradually increased, from 19.7% in 2012 to 25.1% in 2022.

Table 5.17. Length of time that working RNs residing in California have been employed in their principal nursing position, by survey year

	2012	2014	2016	2018	2020	2022
Less than 5 years	43.4%	38.3%	39.0%	45.5%	40.4%	40.1%
5-9 years	24.1%	24.9%	23.4%	17.4%	21.5%	22.0%
10-14 years	12.8%	15.7%	14.8%	15.4%	14.8%	12.8%
15 or more years	19.7%	21.2%	22.8%	21.7%	23.3%	25.1%
Mean number of years	8.9	9.4	9.4	8.7	9.2	9.0
Number of cases	3,842	4,128	3,033	3,120	2,802	2,224

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

Tenure with RNs' principal employer varied by employment setting. Each row of Table 5.18 presents the distribution of job tenure for nurses in a specific employment setting. In 2022, ambulatory care departments of hospitals had the highest share of nurses employed for 10 or more years (57.8%). Skilled nursing/extended care facilities exhibited the lowest tenures, with 64.6% of RNs who worked in this setting having been with their employer for less than five years.

Table 5.18. Length of time that working RNs residing in California have been employed in their principal nursing position, by work setting, 2022

	Less than 5 years	5-9 years	10-14 years	15 or more years	Number of cases
Hospital, acute care department	38.6%	22.1%	11.7%	26.5%	1,094
Hospital-based ambulatory care department	23.9%	18.2%	23.8%	34.0%	152
Skilled nursing/extended care	64.6%	6.0%	5.1%	21.0%	47
Public/community health agency	42.5%	11.1%	11.2%	34.7%	47
Home health agency	43.1%	21.9%	22.0%	8.8%	96
Physician office/clinic	57.5%	17.0%	6.0%	16.0%	97

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

Hours and Weeks Worked in Principal Nursing Position

Table 5.19 presents the number of weeks per year that nurses worked in their principal nursing position in 2022, by California residency. About 92% of California residents worked a full-year job. The share of non-California residents that worked full-year jobs was lower, at 83.7%.

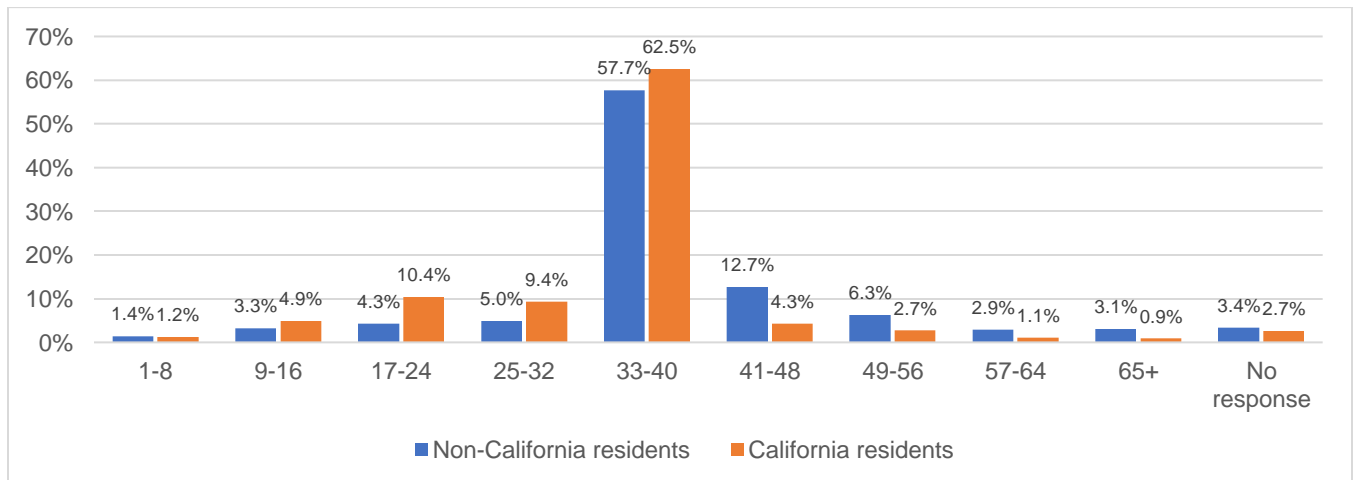
Table 5.19. Number of weeks per year RNs work in their principal nursing position, California residents and non-residents, 2022

	California residents	Non-California residents
46-52 weeks per year	92.4%	83.7%
36-45 weeks per year	3.2%	8.6%
Less than 36 weeks per year	0.9%	4.2%
No response	3.5%	3.6%

Note: Number of cases for residents (2,009) and non-residents (408) = 2,417. Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Figure 5.9 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 or in another state. Nearly 72% of nurses who lived in California in 2022 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 82.6%.

Figure 5.9. Distribution of hours per week in principal nursing position for California residents and non-residents, 2022



Note: Number of cases for residents=2,009; for non-residents=408. 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 5.20, there was wide variation in the percentage of time spent on direct patient care, with the largest share of RNs saying they spent between 61% to 80% of their time on this activity (28.3%).

Table 5.20. Percentage of time spent on specific job functions during a typical workweek in principal nursing positions for nurses residing in California, 2022

	0%	1-20%	21-40%	41-60%	61-80%	81-100%
Direct patient care & charting	10.9%	11.8%	13.2%	23.8%	28.3%	12.1%
Patient education	18.1%	67.5%	11.7%	2.4%	0.4%	0.0%
Indirect patient care	34.4%	53.2%	6.7%	3.1%	1.6%	1.0%
Teaching	44.8%	48.5%	3.9%	1.0%	0.7%	1.1%
Supervision	66.2%	22.2%	4.1%	2.4%	3.1%	2.1%
Administration	75.9%	18.7%	1.9%	1.1%	0.8%	1.6%
Non-nursing tasks	87.3%	11.8%	0.8%	0.1%	0.0%	0.0%
Research	58.1%	40.1%	1.7%	0.1%	0.0%	0.0%
Other	97.3%	1.9%	0.1%	0.1%	0.2%	0.5%

Note: Number of cases=1,935. Data are weighted to represent all RNs with active licenses.

Over 64% of California's working RNs commuted 10 miles or more each way to their jobs in 2022, as seen in Table 5.21. Very long commutes of over 40 miles each way were made by 7.4% of RNs. There has been little change in average commuting distance since 2012.

Table 5.21. Number of miles that RNs residing in California commute one way to their principal nursing jobs, by survey year

	2012	2014	2016	2018	2020	2022
Less than 5 miles	15.7%	16.7%	14.7%	14.8%	13.8%	14.1%
5-9 miles	23.0%	21.2%	20.9%	23.4%	22.5%	21.6%
10-19 miles	30.3%	30.7%	32.9%	31.7%	31.9%	32.5%
20-39 miles	23.6%	24.4%	24.6%	23.3%	23.9%	24.4%
40 or more miles	7.4%	7.0%	7.0%	6.9%	7.9%	7.4%
Mean in miles	16.0	16.6	16.9	15.9	17.0	16.6

Note: 2022 number of cases=2,055. Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses. Persons listing commutes greater than 150 miles were not considered to be making daily commutes in these surveys.

Additional Jobs Held by RNs

Nurses who held more than one nursing position were asked to report the types of employment relationships they had in their additional nursing positions (Table 5.22). Most reported that they were regular employees in their additional nursing positions. Nine percent of California-residing RNs were employed through a temporary agency for at least one of their additional positions, and 12.8% 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, 14% were employed through a temporary agency, and 14.3% reported that they were self-employed. A larger fraction of nurses outside of California reported working as travel nurses at 26.4% compared with 2.3% of California-resident nurses.

Table 5.22. Type of employment relationships for secondary nursing positions for California residents and non-residents, by survey year

	California residents						Non-California residents					
	2012	2014	2016	2018	2020	2022	2012	2014	2016	2018	2020	2022
Regular employee	74.9%	72.4%	74.4%	77.6%	77.5%	80.2%	60.6%	64.4%	84.8%	80.3%	73.9%	48.9%
Employed through a temporary service agency	10.0%	16.3%	12.7%	10.9%	11.8%	9.0%	24.1%	19.4%	11.4%	7.0%	11.8%	14.0%
Self-employed	14.0%	12.3%	15.6%	10.4%	14.2%	12.8%	10.4%	12.7%	0.0%	5.0%	11.0%	14.3%
Employed through a traveling agency	2.2%	1.9%	2.7%	2.6%	1.3%	2.3%	10.6%	5.1%	11.6%	7.7%	6.2%	26.4%

Note: The 2022 number of in-state cases=240. The number of out-of-state cases=52. 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.

A large share of RNs work as hospital staff for their additional nursing positions, as seen in Table 5.23. More than 33% of California-resident RNs and 50.3% of non-residents reported that at least one of their secondary nursing positions was in a hospital. More than 9% of California-resident RNs were employed in home health or hospice, compared with 15.1% of non-resident RNs. California-resident RNs more often reported they were engaged in teaching nursing or students from other health professions in a secondary position than did non-resident RNs (17.1% vs. 3.4%). Over 8% of California-resident RNs reported working in ambulatory care, school health, or occupational health in their secondary positions.

Table 5.23. Type of work done in secondary nursing positions for California residents and non-residents, by survey year

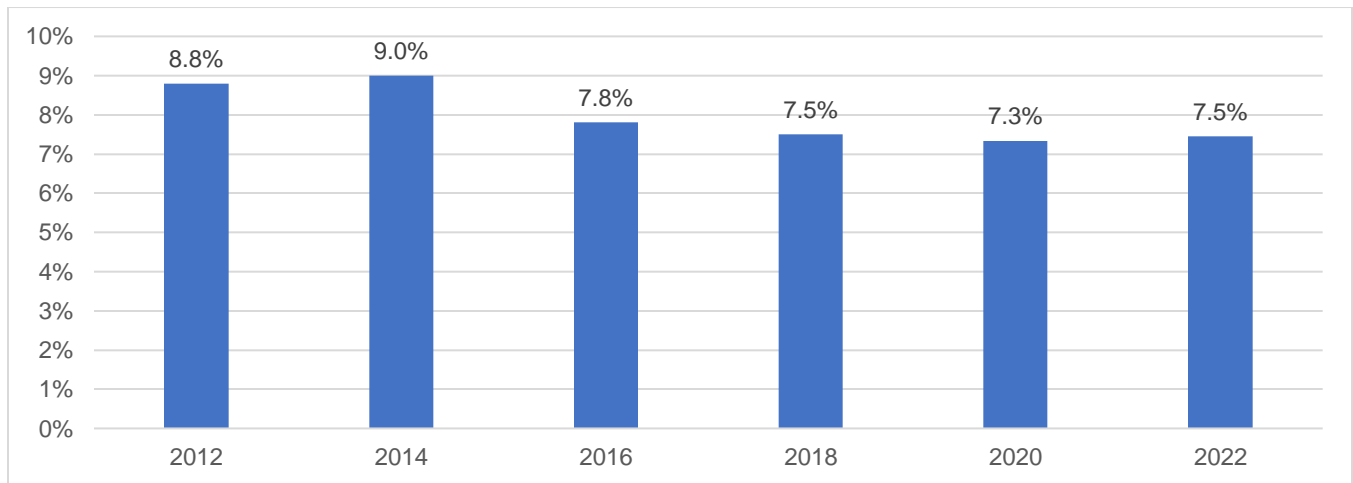
	California Residents						Non-California Residents					
	2012	2014	2016	2018	2020	2022	2012	2014	2016	2018	2020	2022
Hospital staff	40.6%	38.5%	42.8%	41.5%	31.7%	33.1%	46.5%	30.8%	62.7%	53.6%	44.6%	50.3%
Public/community health	2.8%	2.1%	1.2%	2.4%	3.1%	5.3%	4.9%	1.4%	0.0%	2.9%	1.6%	5.1%
Mental health/substance abuse	2.4%	3.9%	2.4%	4.7%	2.4%	4.7%	2.2%	1.4%	2.5%	4.0%	0.3%	0.0%
Nursing home/skilled nursing facility staff	6.0%	6.0%	8.7%	7.8%	4.2%	4.0%	9.9%	13.0%	8.1%	7.2%	12.2%	4.7%
Home health or hospice	8.8%	9.6%	12.2%	8.7%	19.6%	9.4%	6.4%	3.0%	5.3%	4.0%	6.7%	15.1%
Teaching health professions/nursing students	11.4%	12.0%	10.4%	11.2%	12.6%	17.1%	7.2%	4.1%	4.9%	6.8%	10.5%	3.4%
Ambulatory care/school health/occupational health	12.0%	14.0%	12.9%	5.1%	7.2%	8.4%	13.5%	9.3%	9.2%	1.5%	4.2%	0.0%
Long-term acute	3.6%	0.8%	1.4%	1.6%	1.8%	3.7%	3.8%	5.1%	12.5%	1.6%	2.6%	4.7%
School health	1.6%	1.4%	0.5%	1.1%	2.6%	3.4%	0.0%	1.4%	0.0%	1.5%	4.1%	0.0%
Telehealth	2.3%	1.7%	0.5%	1.3%	3.2%	3.8%	4.2%	3.3%	0.0%	8.3%	2.5%	7.0%
Self-employed	2.9%	2.6%	5.6%	2.1%	4.0%	2.4%	3.2%	4.8%	0.0%	1.5%	2.6%	3.4%
Other	15.7%	17.7%	11.9%	20.3%	21.9%	24.9%	12.9%	13.8%	5.7%	23.4%	26.6%	9.8%

Note: The 2022 number of in-state cases=239, and the number of out-of-state cases=55. 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.

Volunteering in Nursing

A small share of RNs who were employed in nursing positions also volunteered as nurses. As seen in Figure 5.10, 7.5% of RNs volunteered as RNs in 2022, which is similar to the percentages from 2016 through 2020.

Figure 5.10. Rate of volunteering for all employed RNs, by survey year



Note: 2022 number of cases=2,165. 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 focuses on California-resident nurses. Nurses who lived outside California and worked for temporary or traveling agencies are described in detail in Chapter 6.

Table 5.24 presents the shares of nurses with active California licenses who worked for temporary or traveling agencies. Only 1.7% of RNs residing in California worked for a temporary agency or registry for any nursing position (principal or secondary) in 2022, and 1.4% worked for a traveling agency. There was an increase in the percentage of non-California resident RNs with active California licenses that worked for traveling agencies (from 17.4% in 2020 to 21.3% in 2022).

Table 5.24. Shares of nurses that work with a temporary agency, traveling agency, or registry for any job, by survey year

	California residents						Non-California residents					
	2012	2014	2016	2018	2020	2022	2012	2014	2016	2018	2020	2022
Temporary agency or registry	2.2%	2.5%	1.6%	2.0%	2.7%	1.7%	5.4%	6.5%	3.9%	4.8%	4.4%	9.7%
Traveling agency	0.6%	0.5%	0.8%	0.8%	1.1%	1.4%	10.8%	8.7%	10.7%	21.1%	17.4%	21.3%
Neither temporary nor traveling agency	97.4%	97.0%	97.6%	97.3%	96.2%	96.9%	84.1%	84.8%	85.5%	74.1%	78.2%	69.0%

Note: 2022 total number of cases for residents=2,009 and non-residents=408. Data are weighted to represent all RNs with active licenses. Since 2012, respondents could select both a temporary and traveling agency so the total will not add to 100%.

Nurses were asked the reasons they worked for a temporary agency, traveling agency, or registry; their responses are presented in Table 5.25. For nurses residing in California in 2022, wages were the most dominant reason (61.6%), followed by control of their schedule (55.4%), and control of work location (42.6%). Other common reasons for temporary and traveling work were control of work conditions (26%), supplemental income (25.5%), and to maintain skills or get experience (23.4%). Over 10% said they were doing agency/registry work

because they were unable to find a permanent RN position or to work sufficient hours in their principal position (10.3%). Changes in the percentages for each item over time should be interpreted with caution due to the small number of RNs responding to this question in most years.

Table 5.25. Reasons why working RNs residing in California chose to work for temporary agencies, traveling agencies, or registries, by survey year

	2012	2014	2016	2018	2020	2022
Wages	38.7%	27.8%	40.5%	44.2%	55.4%	61.6%
Benefits	0.0%	0.2%	0.3%	4.4%	0.0%	*
Control of schedule	49.2%	40.2%	46.9%	56.4%	43.8%	55.4%
Control of work location	30.4%	19.7%	43.1%	37.5%	32.6%	42.6%
Supplemental income	40.9%	35.0%	33.1%	27.6%	42.1%	25.5%
Control of work conditions	15.2%	6.6%	29.9%	14.9%	30.1%	26.0%
Maintain skills/get experience	36.6%	25.0%	27.6%	25.6%	23.4%	23.4%
Waiting for a desirable permanent position	25.5%	14.3%	13.9%	24.3%	12.1%	11.4%
Travel/see other parts of the country	8.1%	10.1%	10.5%	14.6%	6.3%	21.6%
Unable to find permanent RN job/Insufficient primary work hours	23.3%	17.5%	10.0%	14.8%	16.7%	10.3%
Other	3.8%	12.8%	9.9%	9.4%	8.6%	4.3%
Number of cases	78	104	68	70	25	71

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

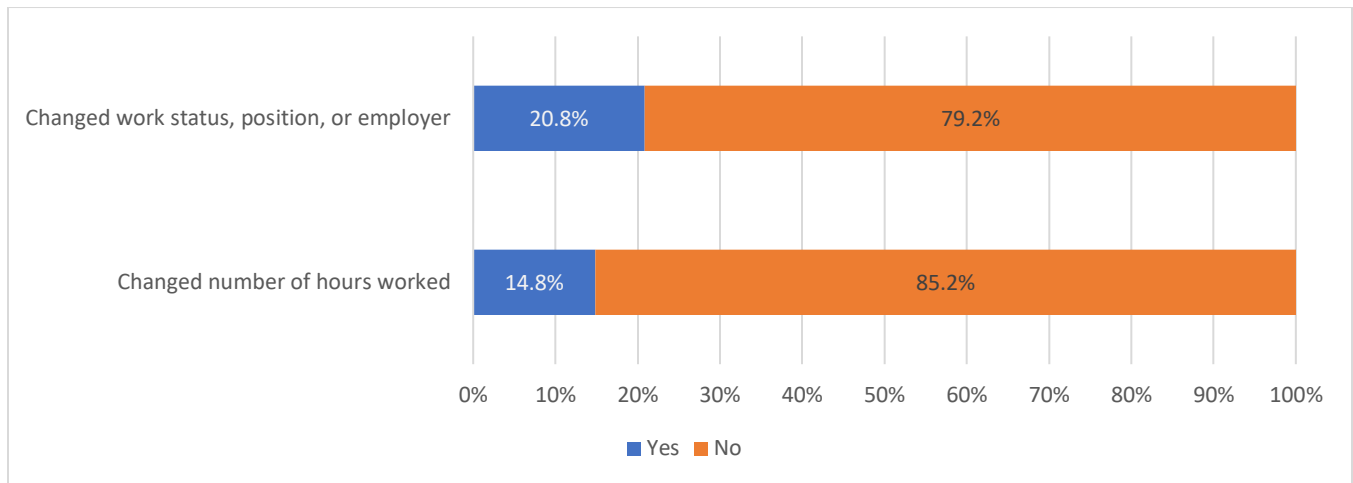
*Data not available.

Changes in Employment Status

Nurses were asked whether they had experienced a change in their work over the past year, including whether they had changed employers, positions, or overall employment status. In 2022, nearly 21% of RNs residing in California reported a change in their employment status, position, or employer in the past year (Figure 5.11). Changes in hours worked per week were reported by 14.8% of RNs. These percentages are notably larger than in 2020, when 13% reported a change in employment status/position and 9.8% reported a change in hours worked³.

³ Chu, L. & Spetz, J. (2023). California Board of Registered Nursing: 2020 Survey of Registered Nurses (p. 44). California Board of Registered Nursing. <https://www.rn.ca.gov/pdfs/forms/survey2020.pdf>

Figure 5.11. Change in employer or position as reported by RNs residing in California, 2022



Note: Number of cases=2,914. Data are weighted to represent all RNs with active licenses.

Table 5.26 presents the types of work status, employer, and position changes reported by RNs. The most common changes reported in 2022 were changed principal employer (45.6%), not working as an RN after working as one earlier in the year (16%), and adding a secondary nursing job (12.8%). There was a substantial increase in the percentage of RNs indicating they were not working at the time of the survey but had worked earlier in the year, from 3.4% in 2018 to 16% in 2022. The percentage reporting that they were working at the time of the survey but had not been working earlier in the year has varied over the years, from 3.4% in 2016 to 5.3% in 2022.

Table 5.26. Type of change for California-resident RNs who experienced a change in work status, employer, or position, 2012-2022

	Percent of RNs who experienced a change					
	2012	2014	2016	2018	2020	2022
Added secondary nursing job	14.3%	18.1%	13.5%	11.4%	14.2%	12.8%
Added secondary non-nursing job	1.2%	2.0%	0.7%	1.6%	1.0%	1.1%
Stopped secondary nursing job	*	8.9%	6.5%	5.9%	9.3%	6.9%
Stopped secondary non-nursing job	*	2.0%	1.3%	2.5%	1.2%	0.9%
Not working as RN now, but was earlier this year	6.5%	4.4%	4.2%	3.4%	15.1%	16.0%
Working as an RN now, but was not working earlier this year	7.5%	7.4%	3.4%	4.0%	5.7%	5.3%
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%	*	*
Changed principal employer	*	*	*	*	59.9%	45.6%
Changed second nursing employer	*	*	*	*	3.1%	2.4%
Retired	*	*	13.2%	18.0%	*	*
Other	17.2%	6.8%	9.2%	4.5%	9.9%	23.4%
Number of cases	1,230	1,066	1,078	1,150	466	669

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 5.27). Respondents were asked to rank each item on a four-point scale ranging from “not at all important” to “very important.” The first four columns of Table 5.27 present responses from 2022; the last column presents the percentage listing each factor as “very important” in 2020.

The factors most often rated as very important in 2022 were stress on the job (57.8%), followed closely by the negative effect of work on health/well-being (57%). Additionally, lack of support from employer/supervisor (48.9%), salary/benefits (48.6%), wanting more convenient hours (48.5%), and other dissatisfaction with the job (45.7%) were other frequently reported factors contributing to change in work status, employer, or position. Compared with 2020, notably fewer RNs reported a very important reason for their employment changes was that their employer reduced their hours (16.5% in 2022 vs. 29.4% in 2020), or being laid off (8.2% in 2022 vs. 18.1% in 2020) while more RNs reported childcare responsibilities (40.5% vs. 30.4%), stress on the job (57.8% vs. 48.2%), and returning to school (30.6% vs. 21.5%) as very important reasons for their change in employment status.

Table 5.27. Importance of factors influencing changes in employment status as reported by RNs residing in California who experienced a change in work status, employer, or position, 2022 and 2020

	2022				2020
	Not at all Important	Somewhat Important	Important	Very Important	Very Important
Retired	58.0%	5.4%	11.2%	25.3%	25.1%
Laid off	79.6%	5.2%	7.0%	8.2%	18.1%
Employer reduced hours	72.5%	4.4%	6.6%	16.5%	29.4%
Employer increased hours	63.3%	5.3%	12.8%	18.6%	*
Promotion/career advancement	34.6%	10.3%	19.3%	35.9%	39.6%
Desire to use current/learn new skills	23.2%	9.2%	27.9%	39.7%	46.3%
Childcare responsibilities	44.5%	3.7%	11.4%	40.5%	30.4%
Other family responsibilities	30.6%	9.2%	17.3%	42.9%	33.6%
Change spouse/partner work situation	50.3%	4.9%	19.6%	25.2%	20.7%
Wanted more convenient hours	28.5%	5.9%	17.1%	48.5%	43.5%
Stress on the job	15.2%	8.2%	18.9%	57.8%	48.2%
Negative effect of work on health/well-being	16.5%	7.3%	19.2%	57.0%	*
Unsafe workplace	31.1%	9.2%	23.6%	36.2%	*
Job-related illness/injury	47.1%	6.0%	19.3%	27.7%	*
Non-job-related illness/injury	53.7%	7.5%	18.2%	20.6%	*
Salary/Benefits	19.5%	8.0%	23.9%	48.6%	44.0%
Lack of support from employer/supervisor	24.1%	7.2%	19.8%	48.9%	*
Inability to deliver quality care consistently	26.4%	8.0%	27.3%	38.3%	*
Other dissatisfaction with job	21.4%	9.8%	23.1%	45.7%	*
Dissatisfaction with nursing profession	31.0%	12.2%	27.4%	29.4%	*
Relocation	45.0%	9.2%	10.7%	35.1%	31.6%
Change in financial status	39.8%	6.3%	18.6%	35.3%	34.4%
Wanted to try other occupation	43.2%	8.0%	18.1%	30.7%	*
Returned to school	58.0%	4.4%	7.0%	30.6%	21.5%
Other	91.2%	0.0%	2.2%	6.6%	*
Dissatisfied with previous job	*	*	*	*	39.7%
Change in health status	*	*	*	*	30.6%

Note: Number of cases=747. Data are weighted to represent all RNs with active licenses. "Dissatisfied with previous job" and "Change in health status" were not response options in 2022.

Nurses who reported that the hours they had worked had changed compared with the previous year provided information about the types of changes experienced (Table 5.28). The most common change was that they decreased their hours by choice (34%). Nearly 26% of respondents reported no change in hours worked, and over 19% indicated that they increased work hours by choice.

Table 5.28. Types of change for RNs who experienced a change in hours worked and resided in California 2012-2022

	Percent of RNs who experienced a change					
	2012	2014	2016	2018	2020	2022
Did not work in past year	19.8%	17.3%	17.3%	19.9%	*	*
No change in hours worked	*	*	*	*	35.7%	25.8%
Increase in hours, imposed by employer	11.0%	13.6%	14.0%	12.0%	8.2%	8.4%
Increase in hours, by choice	28.9%	28.1%	32.3%	28.1%	16.3%	19.1%
Decrease in hours, imposed by employer	14.1%	12.6%	7.0%	6.9%	7.9%	3.6%
Decrease in hours, by choice	21.4%	28.7%	28.3%	31.6%	20.9%	34.0%
Other	11.1%	18.1%	8.3%	4.8%	11.5%	9.2%
Number of cases	1,870	1,821	1,296	1,476	580	726

Note: Data are weighted to represent all RNs with active licenses. The question was revised in 2020, omitting "Did not work in past year" as an available option, and was revised again in 2022, where "check only one" was specified.

RNs who experienced a change in hours were asked what factors played a role in change of their hours. Respondents were asked to rank each item from "not at all important" to "very important." The first four columns of Table 5.29 present responses from 2022; the last column presents the percentage listing each factor as "very important" in 2020.

The factors most often rated as very important among RNs whose hours worked changed were the negative effect of work on health/well-being (60.6%), stress on the job (60.2%), salary/benefits (46.6%), lack of support from employer/supervisor (45.7%), and wanting more convenient hours (45%). Compared with 2020, there were far more RNs reporting other family responsibility as very important (43.7% in 2022 vs. 31.5% in 2020), and a notable decrease in the share of RNs reporting promotion (29.7% vs. 37.5%), desire to use skills/learn new skills (35% vs. 41.9%), and wanting more convenient hours (45% vs. 51.7%) as factors that contributed to a change in hours worked.

Table 5.29. Factors important to change in hours worked as reported by RNs residing in California who experienced a change in hours, 2022 and 2020

	2022				2020
	Not at all Important	Somewhat Important	Important	Very Important	Very Important
Retired	50.9%	9.6%	8.1%	31.4%	26.0%
Laid off	67.8%	8.6%	8.3%	15.3%	19.2%
Employer reduced hours	63.0%	5.5%	8.7%	22.8%	28.8%
Employer increased my hours	59.8%	6.4%	11.4%	22.4%	*
Promotion	40.2%	13.4%	16.7%	29.7%	37.5%
Desire to use my skills/learn new skills	25.9%	8.8%	30.4%	35.0%	41.9%
Childcare responsibilities	49.5%	4.8%	9.7%	36.0%	31.8%
Other family responsibilities	26.8%	12.1%	17.4%	43.7%	31.5%
Change spouse/partner work situation	52.3%	5.5%	15.4%	26.9%	22.1%
Wanted more convenient hours	30.1%	5.0%	19.9%	45.0%	51.7%
Stress on the job	16.2%	6.2%	17.4%	60.2%	52.6%
Negative effect of work on my health or well-being	18.5%	4.7%	16.2%	60.6%	*
Unsafe workplace	30.6%	11.1%	20.4%	38.0%	*
Job-related illness/injury	49.3%	7.1%	14.1%	29.5%	*
Non-job-related illness/injury	49.3%	9.1%	13.3%	28.3%	*
Salary/benefits	22.2%	7.6%	23.6%	46.6%	42.7%
Lack of support from my employer/supervisor	25.2%	7.2%	21.9%	45.7%	*
Inability to deliver quality care consistently	27.4%	6.1%	26.5%	40.1%	*
Other dissatisfaction with my job	24.4%	10.7%	21.2%	43.7%	*
Dissatisfaction with the nursing profession	29.6%	13.0%	31.0%	26.5%	*
Relocation	47.0%	11.9%	10.5%	30.7%	33.8%
Change in financial status	35.7%	9.2%	14.3%	40.8%	35.6%
Wanted to try another occupation	48.7%	8.3%	12.1%	30.9%	*
Returned to school	60.1%	6.4%	7.3%	26.2%	26.7%
Other	88.7%	0.0%	3.0%	8.3%	0.8%
Change in health status	*	*	*	*	31.8%
Dissatisfied with previous job	*	*	*	*	40.8%

Note: Number of cases=526. Data are weighted to represent all RNs with active licenses. "Dissatisfied with previous job" and "Change in health status" were not response options in 2022.

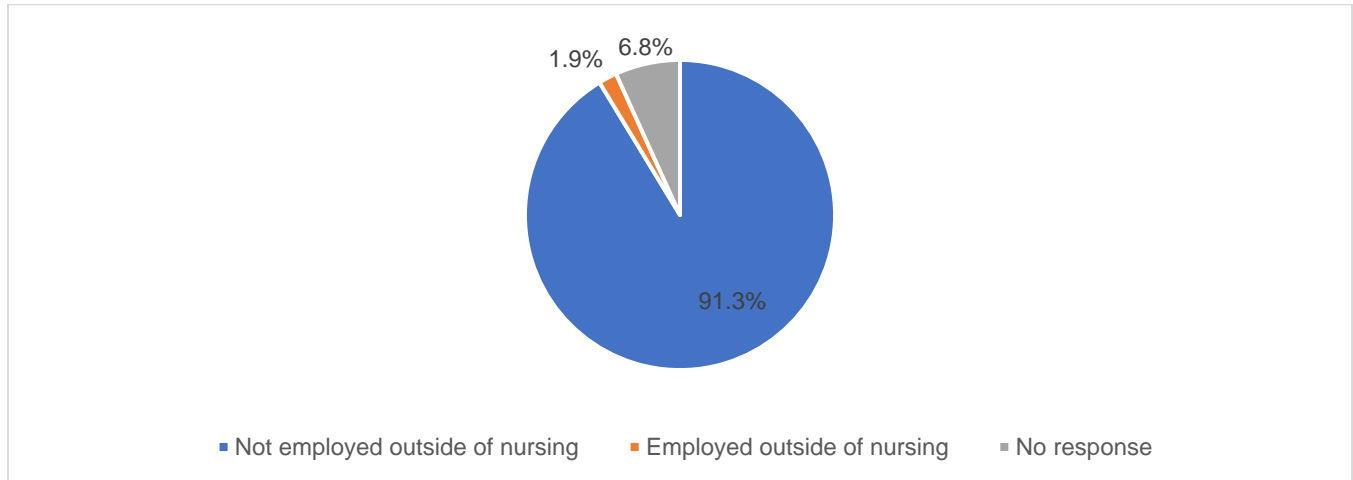
Employment Outside of Nursing

RNs were asked to report if they were employed outside of nursing, regardless of whether they were employed in nursing. Over 91% of working RNs residing in California reported they did not hold a non-nursing job (Figure 5.12), which is similar to the percentage in 2020 (90.1%)⁴. Of the 1.9% that indicated they held a non-nursing job, 52.1% reported that the additional job required their nursing knowledge even if it did not require that they hold an

⁴ Chu, L. & Spetz, J. (2023). California Board of Registered Nursing: 2020 Survey of Registered Nurses (p. 50). California Board of Registered Nursing. <https://www.rn.ca.gov/pdfs/forms/survey2020.pdf>

RN license (Table 5.30). Most non-nursing jobs were in health services (85.1%), other fields (including self-employment) (24.2%), and consulting (16.5%) (Table 5.31).

Figure 5.12. Employment outside of nursing for working RNs residing in California, 2022



Note: Number of cases=2,280. Data are weighted to represent all RNs with active licenses.

Table 5.30. Employment outside of nursing requiring nursing knowledge as reported by working RNs residing in California who have a position outside of nursing, 2012-2022

	2012	2014	2016	2018	2020	2022
Does not require nursing knowledge	26.6%	24.1%	40.9%	26.7%	34.2%	46.6%
Requires nursing knowledge	69.8%	70.1%	55.1%	51.9%	60.7%	52.1%
No response	3.6%	5.7%	3.8%	21.3%	5.1%	1.4%
Number of cases	118	220	181	81	47	44

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

Table 5.31. Field outside of nursing as reported by working RNs residing in California who have a position outside of nursing, 2012-2022

	2012	2014	2016	2018	2020	2022
Health services	50.7%	44.8%	33.1%	39.2%	85.1%	64.6%
Pharmaceutical or biotech medical services	*	*	5.8%	3.5%	1.5%	3.4%
Retail sales	11.6%	22.2%	19.8%	5.4%	5.0%	0.0%
Education	10.1%	13.7%	4.7%	7.6%	1.3%	6.2%
Financial services	4.4%	12.4%	5.9%	13.1%	6.3%	9.8%
Consulting	5.2%	4.6%	5.1%	3.2%	13.9%	16.5%
Other	29.3%	23.3%	38.5%	46.2%	4.8%	24.2%
Number of cases	121	108	65	77	25	22

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

* Category was not asked in the survey year.

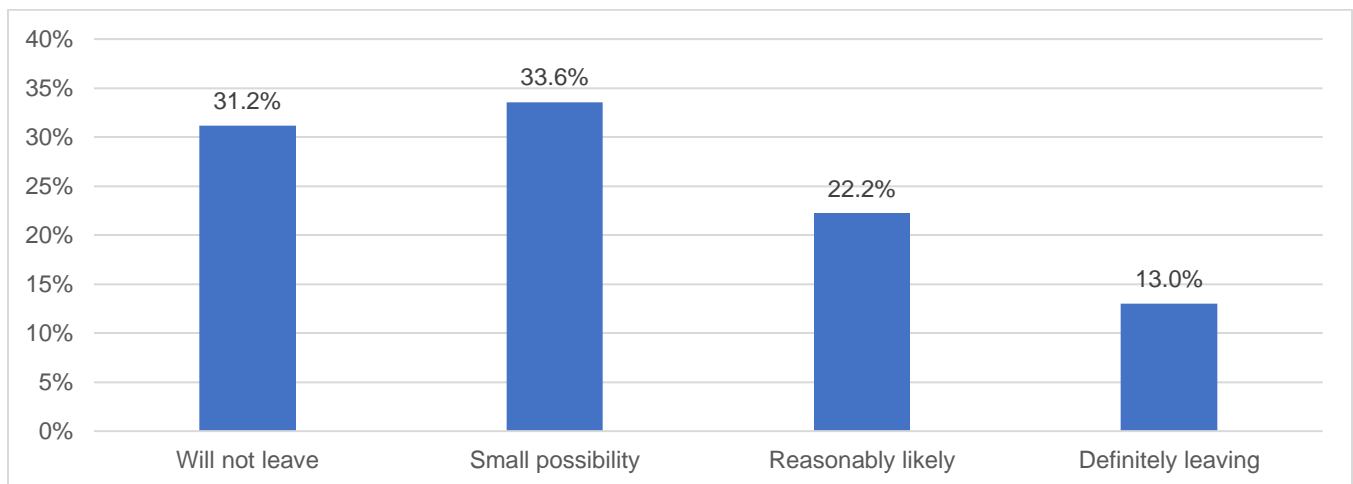
Future Nursing Work Plans

RNs were asked in 2022 about the likelihood of their leaving their principal nursing position within two years (Figure 5.13). Around 31% had no intentions to leave, over one-third reported a small possibility of leaving (33.6%), and 13% reported definite intentions to leave their principal nursing position within two years. Nurses were asked to describe factors that contributed to their desire to leave or stay in their principal nursing position (Figures 5.14 and 5.15). The question was structured as a scale, where respondents were asked to rate each

factor’s effect on their decision to stay or leave their principal position. Factors that were rated between 1 and 3 were grouped together to describe reasons for staying, and factors that were rated between 5 and 7 were grouped together to describe reasons for leaving.

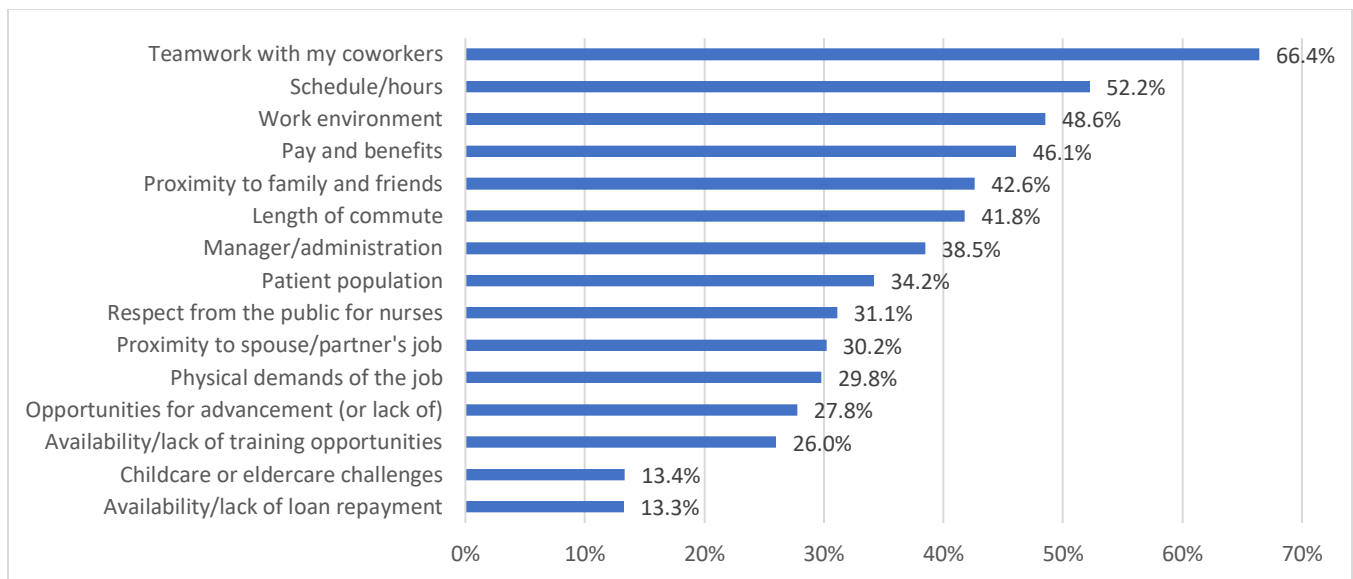
The most commonly cited reasons for staying with a principal nursing employer included teamwork with coworkers (66.4%), schedule/hours (52.2%), work environment (48.6%), pay and benefits (46.1%), and proximity to family and friends (42.6%). Among the most frequently reported factors that contributed to a desire to leave a principal nursing position were management/administration (36.6%), physical demands of the job (32.8%), pay and benefits (32.6%), work environment (28.1%), and lack of opportunities for advancement (25.2%).

Figure 5.13. Likelihood of leaving principal nursing position within two years for employed RNs residing in California, 2022



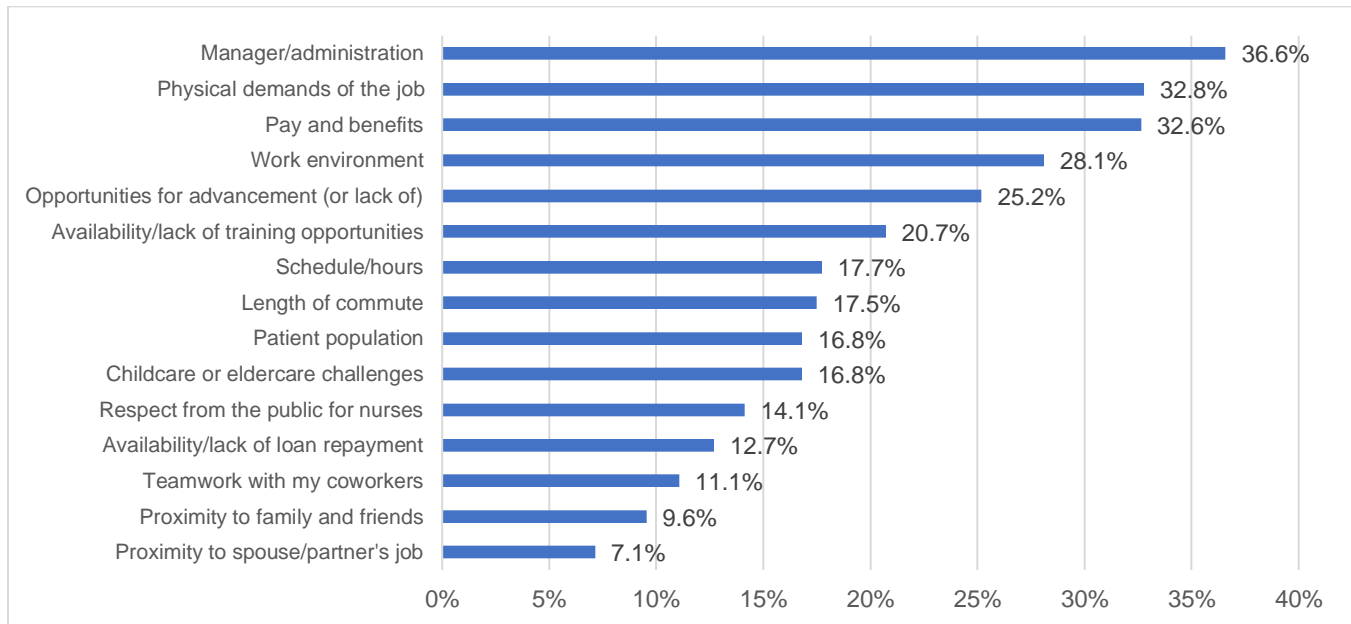
Note: Number of cases=2,187. Data are weighted to represent all RNs with active licenses.

Figure 5.14. Factors affecting desire to stay in principal nursing position for employed RNs in California, 2022



Note: Number of cases=2,280. Data are weighted to represent all RNs with active licenses.

Figure 5.15. Factors affecting desire to leave principal nursing position for employed RNs in California, 2022



Note: Number of cases=2,280. Data are weighted to represent all RNs with active licenses.

Since 2012, the survey has asked RNs about their plans regarding nursing employment in general for the next two years. As seen in Table 5.32, there were notable changes reported in 2022 on RNs' intentions for the next two years. A significant share of RNs intends to reduce their hours (11.8% in 2020 vs. 18.4% in 2022), fewer RNs plan to work approximately as much as they do now (71.9% in 2020 vs. 67.5% in 2022), and 2% plan to leave nursing entirely but not retire. A smaller share of RNs reported intentions of increasing hours of nursing work over the next two years compared to 2020 (10.4% in 2020 vs. 7.2% in 2022), but the share reporting plans to retire has been fairly constant each year, ranging from approximately 4% to 5%.

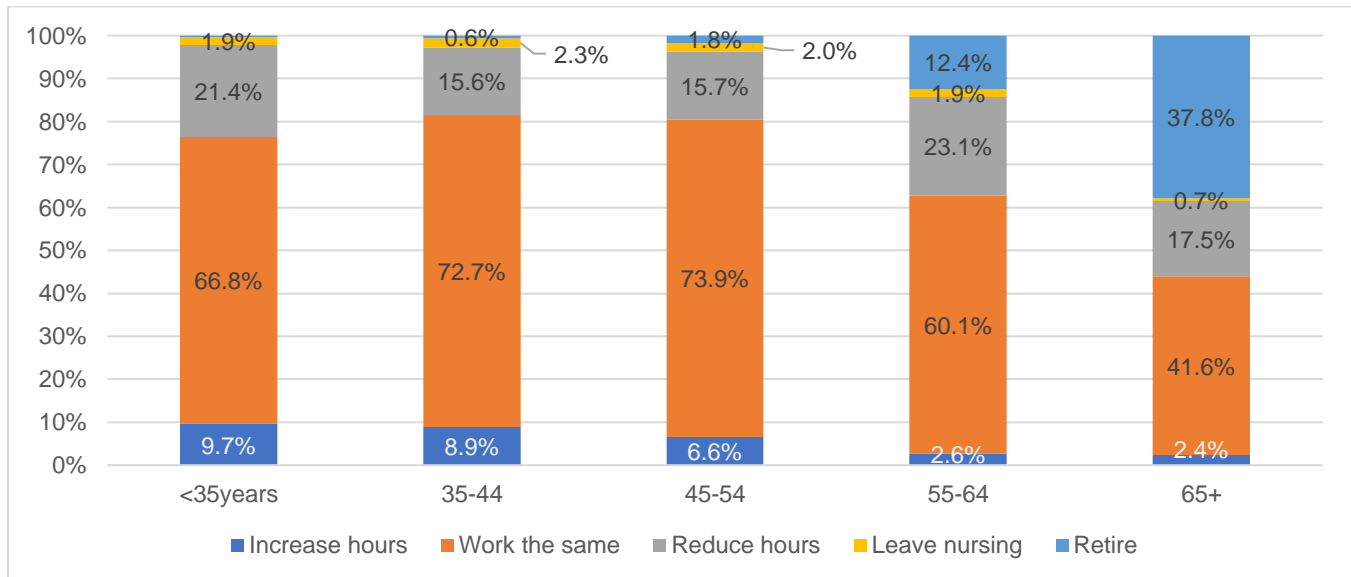
Table 5.32. Plans for next two years of RNs who resided in California and were employed in nursing, overall, 2012-2022

	2012	2014	2016	2018	2020	2022
Plan to work approximately as much as now	73.3%	71.9%	73.9%	72.9%	71.9%	67.5%
Plan to reduce hours of nursing work	10.1%	10.5%	10.2%	10.7%	11.8%	18.4%
Plan to increase hours of nursing work	12.2%	11.6%	10.5%	11.4%	10.4%	7.2%
Plan to leave nursing entirely, but not retire	0.8%	1.0%	0.6%	0.7%	0.7%	2.0%
Plan to retire	3.7%	5.0%	4.7%	4.3%	5.1%	4.9%

Note: Number of observations=2,212. Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Figure 5.16 presents the responses of currently employed RNs regarding their plans in the next two years by age group. The majority of RNs under the age of 65 planned to work approximately the same amount as they did at the time of the survey, with nurses under 35 years old (66.8%) and between 55 and 64 years old (60.1%) reporting slightly smaller shares than nurses between the ages of 35 and 55 years. Over 23% of RNs aged 55 to 64 years old planned to reduce their hours within the next two years and 12.4% planned to retire. Nearly 37% of RNs 65 years and older planned to retire within two years. Approximately 2% of RNs 64 years and under plan to leave nursing entirely but not retire. Over 21% of RNs under 35 years and 23.1% of RNs aged 55 to 64 years plan to reduce their hours within two years, as do nearly 16% of RNs between 35 to 54 years old.

Figure 5.16. Plans for the next two years of RNs who resided in California and were employed in nursing at the times of the surveys, by age group, 2022



Note: Number of cases=2,212. Data are weighted to represent all RNs with active licenses.

Table 5.33 presents the two-year plans of California RNs in 2020 and 2022. Among RNs 64 years and younger, there was a decrease in the percentage planning to increase their work hours and a corresponding increase in the percentage planning to reduce their hours. There was also a notable decrease in the percentage of RNs between 64 years old and 35 years old planning to work approximately as much as they did at the time of the survey. However, more RNs 65 and older plan to work approximately the same amount in the next two years, and fewer plan to reduce their hours of work. The percentage of RNs under 55 years old who indicated they plan to leave nursing entirely, but not retire, averaged more than 2%, which is a notable increase compared with 2020 when less than 1% had plans to leave nursing. However, this increase is within the margin of error of the survey and thus not statistically significant. This should be monitored closely because a trend in this direction could lead to longer-term challenges in ensuring an adequate RN workforce.

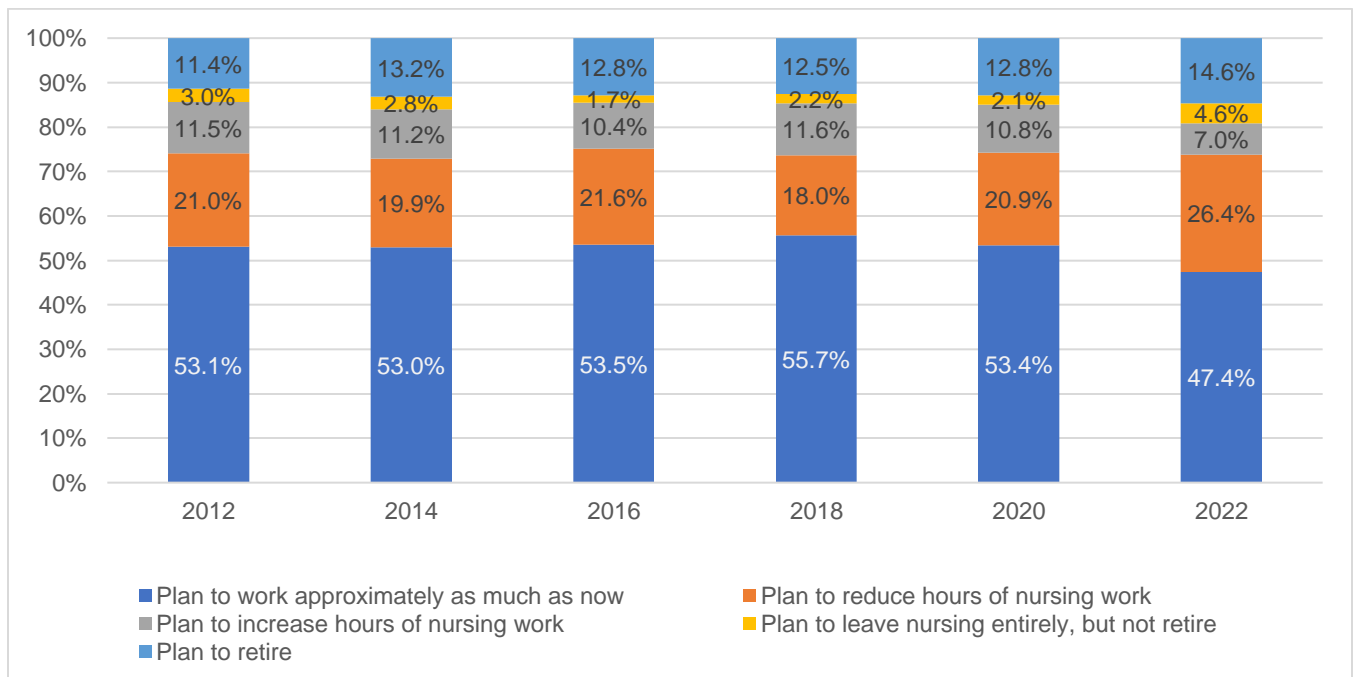
Table 5.33. Plans for next two years of RNs who resided in California and were employed in nursing, overall and by age group, 2020 and 2022

	2020					2022				
	Under 35 years	35-44 years	45-54 years	55-64 years	65 years and older	Under 35 years	35-44 years	45-54 years	55-64 years	65 years and older
Plan to increase hours of nursing work	15.8%	12.2%	9.9%	3.8%	1.8%	9.7%	8.9%	6.6%	2.6%	2.4%
Plan to work approximately as much as now	68.8%	77.8%	79.6%	67.6%	37.2%	66.8%	72.7%	73.9%	60.1%	41.6%
Plan to reduce hours of nursing work	14.6%	8.8%	9.3%	13.3%	20.0%	21.4%	15.6%	15.7%	23.1%	17.5%
Plan to leave nursing entirely, but not retire	0.7%	0.8%	0.4%	1.0%	1.4%	1.9%	2.3%	2.0%	1.9%	0.7%
Plan to retire	0.0%	0.4%	0.7%	14.3%	39.7%	0.3%	0.6%	1.8%	12.4%	37.8%

Note: Number of observations=2,212. Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

RNs were asked about their plans for the next five years with regard to nursing. Figure 5.17 presents the five-year plans of currently employed RNs by survey year. The percentage of RNs planning to work approximately as much as they did at the time of the survey has been relatively stable since 2012 but decreased significantly in 2022 (from 53.4% in 2020 to 47.4% in 2022). Over 26% of RNs planned to reduce their hours of work; this share had been relatively stable since 2012, but increased in 2022. A larger percentage of RNs reported plans to retire and plans to leave nursing entirely but not retire than in previous years. Only 7% of RNs planned to increase their hours of work in the next five years.

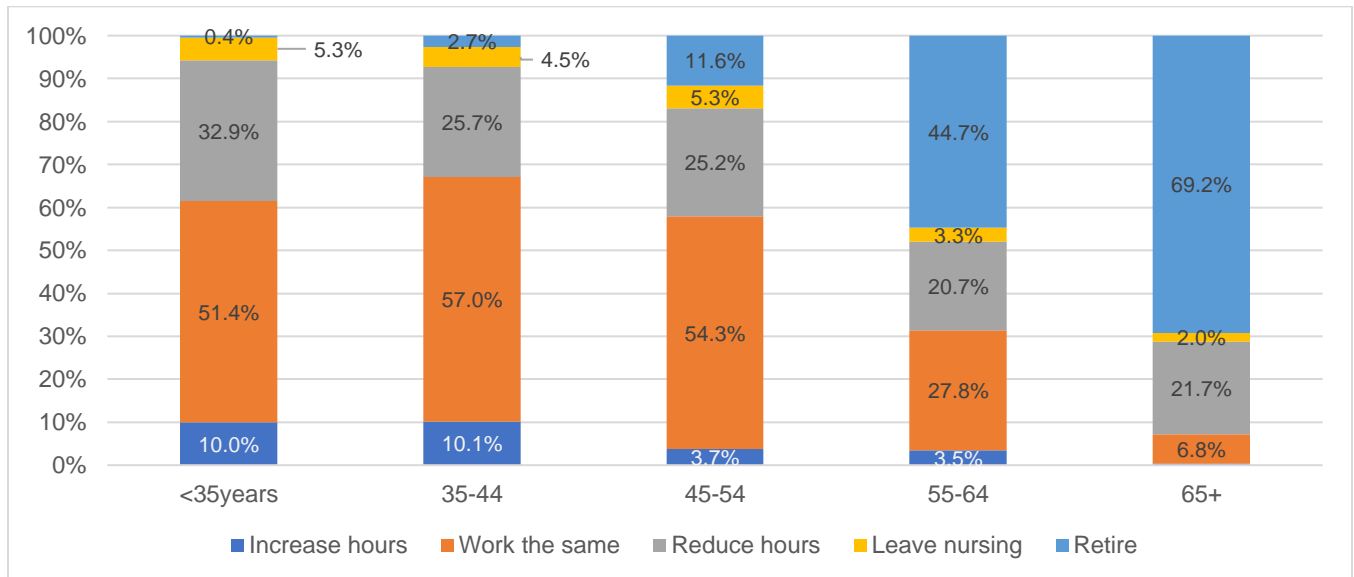
Figure 5.17. Plans for the next five years of RNs who resided in California and were employed in nursing by survey year



Note: Number of observations=2,166. Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Figure 5.18 presents the responses of currently working RNs who lived in California by different age groups. A majority of RNs 54 and under plan to work approximately as much as they did at the time of the survey. Nearly a third of RNs under 35 plan to reduce their hours of nursing work, while only 10% plan to increase their hours of nursing work in the next five years. Over 25% of RNs aged 35 to 54 plan to reduce their hours, and 4.5% of RNs aged 35 to 44, and 5.3% of RNs aged 45 to 54 plan to leave nursing entirely, but not retire. Nearly 70% of RNs 65 and older plan to retire in the next five years.

Figure 5.18. Plans for the next five years of RNs who resided in California and were employed in nursing, by age group, 2022



Note: Number of observations=2,166. Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

6. Employment of Nurses Who Live Outside California

Nearly 17% of RNs with active California licenses lived in other states in 2022 (77,277 RNs). Table 6.1 presents information about the employment of nurses with California licenses who lived outside California from 2012 through 2022. In 2022, most out-of-state nurses with California licenses (58.3%) did not work in California in the year prior to completing the survey. Approximately 2% had worked in California in the prior year but subsequently moved out of state. Another 25.9% worked in California as traveling nurses, which is the highest reported rate in the past decade. Over 6% worked for an out-of-state telenursing employer with California clients. A growing share commuted to California from a neighboring state such as Nevada; 10% did so in 2022, and 4.2% of non-California resident RNs worked in telenursing for a California employer from their out-of-state residence.

Table 6.1. Employment in California during the past twelve months of RNs with active California licenses who are currently employed and residing outside of California, 2012-2022

	2012	2014	2016	2018	2020	2022
Did not work as an RN in California	58.5%	58.7%	59.8%	54.7%	52.5%	58.3%
Worked as an RN in California, but subsequently moved out of the state	11.7%	14.0%	12.5%	7.4%	9.4%	1.8%
Worked as an RN in California for a temporary/traveling agency/registry	17.1%	14.4%	15.3%	18.6%	24.7%	25.9%
Worked as RN for out-of-state telenursing/telemedicine employer with California clients	9.2%	10.2%	10.0%	7.8%	8.7%	6.1%
Worked as an RN for a California employer in a telenursing capacity	5.0%	2.7%	4.5%	6.7%	3.0%	4.2%
Lived in a border state and commuted to California to work as an RN	4.0%	3.4%	2.3%	8.8%	6.2%	10.0%

Note: 2022 number of cases=101. Columns may total more than 100% because respondents were allowed to select more than one category. Data are weighted to represent all RNs with active licenses.

Nurses residing outside California who worked for temporary or traveling agencies in 2022 reported that they had worked in California an average of 4 months and 39.4 hours per week over the previous 12 months, as seen in Table 6.2. This number of months worked in California was similar to the number of months worked in 2012 when the recession had weakened the demand for nurses⁵.

⁵ Bates, T., Chu, L., Keane, D., & Spetz, J. (2013). Survey of Nurse Employers in California: Fall 2012. University of California, San Francisco. <https://rnworkforce.ucsf.edu/pubs/california-employer-report-survey-nurse-employers-california-fall-2012>

Table 6.2. 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, 2012-2022

	2012	2014	2016	2018	2020	2022
Months worked in California	4.0	3.7	3.2	6.2	5.0	4.1
Hours worked in usual week (average)	39.0	35.8	40.2	37.6	42.0	39.4
Number of cases	53	49	39	99	6	31

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

Nurses who lived outside California were asked about their plans regarding work in California for the next two years, as seen in Table 6.3. In 2022, 42.1% reported that they planned to travel to California to work as RNs intermittently; this continues an upward trend that began in 2012. Only 7.2% of non-resident RNs planned to relocate to California to work in 2022; this share continues a general pattern of decline trend that began in 2018 (24% in 2018 to 15.2% in 2020).. The percentage of non-resident nurses who planned to perform telenursing for an out-of-state employer with California clients increased somewhat since 2018, from 6.2% to 8.7%. The percentage of RNs that planned to renew their California license but did not plan to work in California dropped from over 41.1% in 2012 and 2016 to just 33.6% in 2022. The share of non-resident nursing reporting no plans to work as an RN in California, with the intention of letting their license lapse nearly doubled between 2018 (3.6%) and 2020 (6.5%).

Table 6.3. Plans for the next two years for RNs with active California licenses who lived outside the state, 2012-2022

	2012	2014	2016	2018	2020	2022
Yes, I plan to travel to California to work as an RN intermittently	25.2%	26.9%	29.3%	34.0%	36.5%	42.1%
Yes, I plan to relocate to California and work as an RN	25.8%	22.0%	20.9%	24.0%	15.2%	7.2%
Yes, I plan to perform telenursing/telemedicine for a California employer	3.7%	1.4%	3.4%	5.4%	6.2%	3.6%
Yes, I plan to perform telenursing/telemedicine for an out-of-state employer with California clients	6.3%	7.3%	9.6%	7.9%	6.2%	8.7%
Yes, I plan to commute from a border state	3.2%	3.7%	1.9%	4.4%	6.9%	6.4%
No, I plan to keep my California RN license renewed, but have no plans to work there as an RN	41.1%	40.0%	41.1%	30.9%	36.5%	33.6%
No, I plan to let my California RN license lapse and have no plans to work there as an RN	4.4%	4.4%	4.5%	3.6%	5.1%	6.5%
Number of cases	371	301	253	369	209	99

Note: Columns will not total 100% because respondents could select multiple items. Data (2012-2022) are weighted to represent all RNs with active licenses.

7. Income and Earnings of RNs

RNs were asked to report annual earnings from their principal position and from each of their additional nursing positions. Table 7.1 presents the total annual income received from all nursing positions by currently working RNs residing in California for each survey year, and Figure 7.1 depicts the 2020 data.

As seen in the table, growth in average annual RN earnings has varied over the years, ranging from just 4.6% in 2012 to just 2.2% in 2014. The wage growth rate was slightly higher in 2018, at 4.4%, dropped somewhat in 2020 to 3.3%, before returning to 4.5% in 2022.

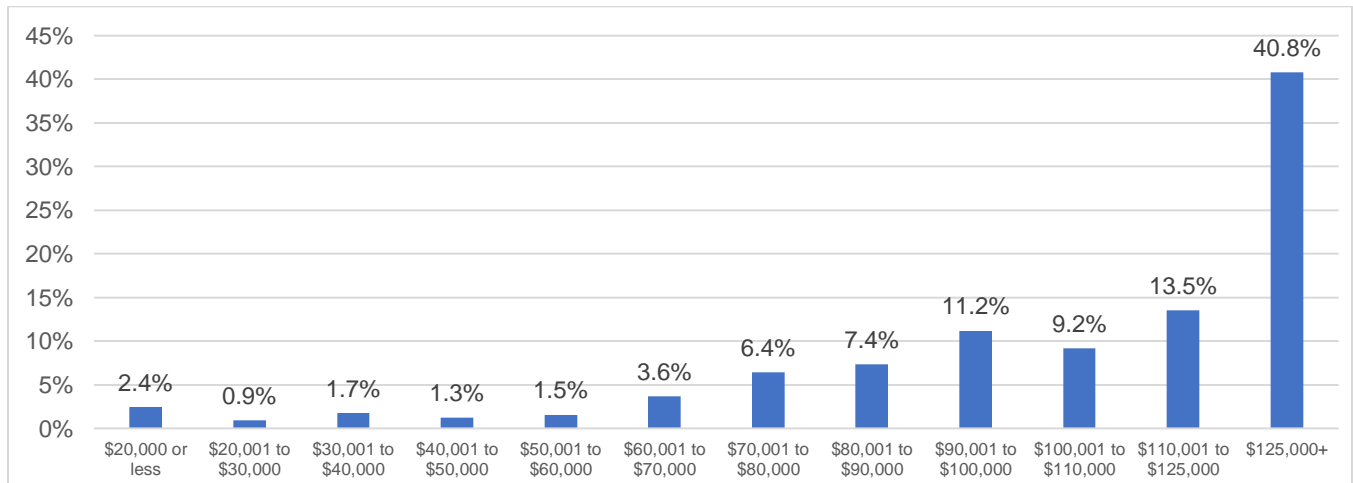
In 2022, over 63% of RNs reported that they earned more than \$100,000 a year, compared with 54% in 2020 and 44.8% in 2018. The average earnings for nursing positions was \$125,170 in 2022; an average of \$114,937 was reported in 2020. The proportion of nurses who reported earning \$125,000 or more tripled between 2012 and 2022, from 12.2% in 2012 to 40.8% in 2022, while the proportion of nurses who reported earnings of less than \$60,000 dropped from 8.8% in 2020 to 7.9% in 2022.

Table 7.1. Annual income received from all nursing positions by currently working RNs residing in California, by survey year

	2012	2014	2016	2018	2020	2022
\$20,000 or less	2.6%	2.1%	1.8%	2.5%	1.5%	2.4%
\$20,001-\$30,000	2.0%	1.3%	1.7%	1.6%	1.3%	0.9%
\$30,001-\$40,000	2.6%	2.3%	2.1%	1.6%	1.4%	1.7%
\$40,001-\$50,000	3.8%	3.5%	3.0%	2.7%	1.3%	1.3%
\$50,001-\$60,000	8.1%	6.3%	5.1%	4.1%	3.2%	1.5%
\$60,001-\$70,000	9.6%	10.3%	8.4%	6.8%	6.0%	3.6%
\$70,001-\$80,000	14.2%	13.3%	10.5%	10.7%	8.8%	6.4%
\$80,001-\$90,000	12.4%	13.1%	11.7%	11.1%	9.8%	7.4%
\$90,001-\$100,000	13.5%	12.5%	14.6%	14.1%	12.5%	11.2%
\$100,001-\$110,000	9.8%	9.0%	10.5%	9.5%	10.7%	9.2%
\$110,001-\$125,000	9.3%	11.6%	12.0%	11.8%	12.7%	13.5%
> \$125,000	12.2%	14.7%	18.7%	23.5%	30.6%	40.8%
Mean Income	\$89,940	\$93,911	\$99,008	\$107,767	\$114,937	\$125,170
Annual Growth	4.6%	2.2%	2.7%	4.4%	3.3%	4.5%
Number of cases	3,692	3,823	2,850	2,933	2,546	2,041

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

Figure 7.1. Annual income received from all nursing positions by currently working RNs residing in California, 2022



Note: Number of cases=2,041. Data are weighted to represent all RNs with active licenses.

Annual nursing incomes vary by region of California, as seen in Table 7.2, with similar trends in salary for principal nursing positions and total income from all nursing positions. In 2022, total nursing incomes were highest for RNs in the San Francisco Bay Area (\$167,625) and lowest for those residing in the Inland Empire region (\$117,255), followed by nurses in the Border Counties (\$118,032). Annual earnings increased for nurses in all regions between 2020 and 2022.

The largest growth was reported by RNs residing out of state (from \$87,309 in 2020 to \$123,925 in 2022), in the Central Valley and Sierra Counties region (from \$102,518 in 2020 to \$134,333 in 2022), and in the San Francisco Bay Area (from \$136,542 in 2020 to \$167,625 in 2022).

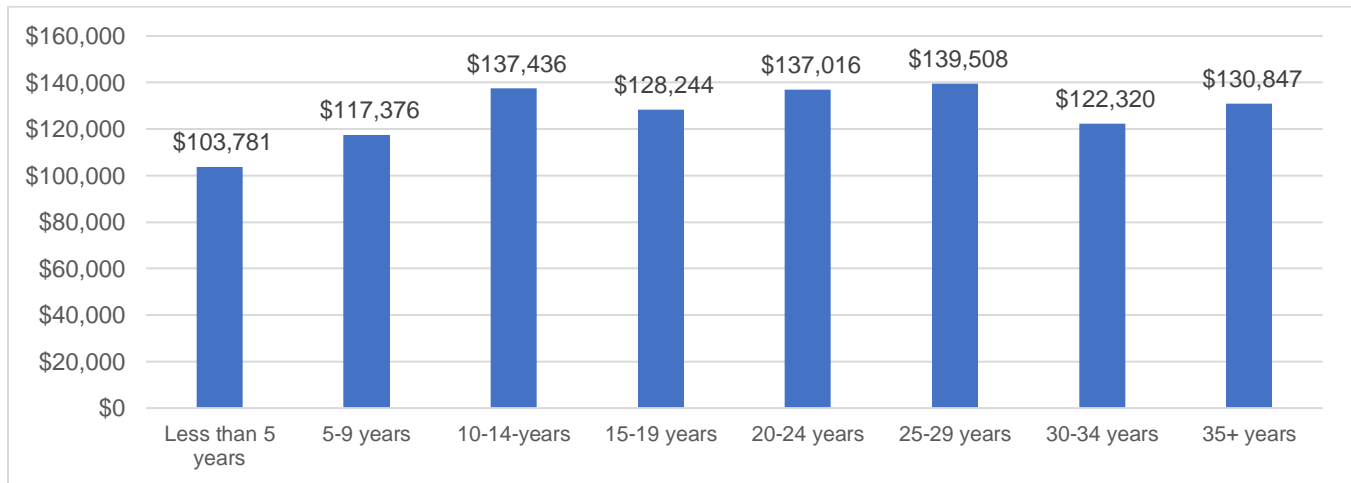
Table 7.2. Annual income received from nursing by currently working RNs, by region, 2012-2022

	Principal nursing position						All nursing positions					
	2012	2014	2016	2018	2020	2022	2012	2014	2016	2018	2020	2022
Northern Counties	\$74,387	\$82,318	\$86,777	\$91,255	\$95,641	\$120,135	\$75,725	\$84,461	\$88,790	\$93,213	\$96,753	\$122,237
Sacramento	\$92,732	\$99,289	\$106,961	\$113,940	\$121,552	\$139,933	\$94,863	\$102,129	\$110,340	\$116,874	\$123,642	\$143,445
San Francisco Bay Area	\$98,075	\$102,539	\$111,213	\$120,081	\$133,474	\$162,705	\$101,568	\$106,180	\$112,751	\$122,170	\$136,542	\$167,625
Central Valley & Sierra	\$82,908	\$89,111	\$96,026	\$110,026	\$100,704	\$126,028	\$85,077	\$90,881	\$97,532	\$112,632	\$102,518	\$134,333
Central Coast	\$83,096	\$90,601	\$90,940	\$103,463	\$101,043	\$124,440	\$84,933	\$93,928	\$94,035	\$105,794	\$102,418	\$125,631
Los Angeles	\$85,577	\$86,261	\$88,703	\$98,746	\$107,903	\$124,573	\$88,414	\$90,022	\$92,236	\$101,481	\$111,734	\$128,825
Inland Empire	\$81,805	\$84,071	\$91,025	\$102,531	\$97,488	\$114,996	\$83,655	\$86,578	\$94,393	\$104,363	\$100,382	\$117,255
Border Counties	\$79,842	\$84,056	\$89,121	\$91,907	\$107,146	\$112,122	\$82,399	\$86,516	\$91,940	\$94,478	\$109,182	\$118,032
Out of State	\$69,597	\$86,773	\$73,670	\$79,005	\$84,386	\$112,214	\$72,072	\$89,787	\$76,611	\$81,611	\$87,309	\$123,925

Note: 2022 number of cases=2,160. Data are weighted to represent all RNs with active licenses.

Nursing incomes for California residents vary by years of nursing experience, as seen in Figure 7.2. Average total incomes were highest for the group of nurses with between 25 to 29 years of experience in 2022 (\$139,508). Annual earnings were lowest for nurses with fewer than 5 years of experience.

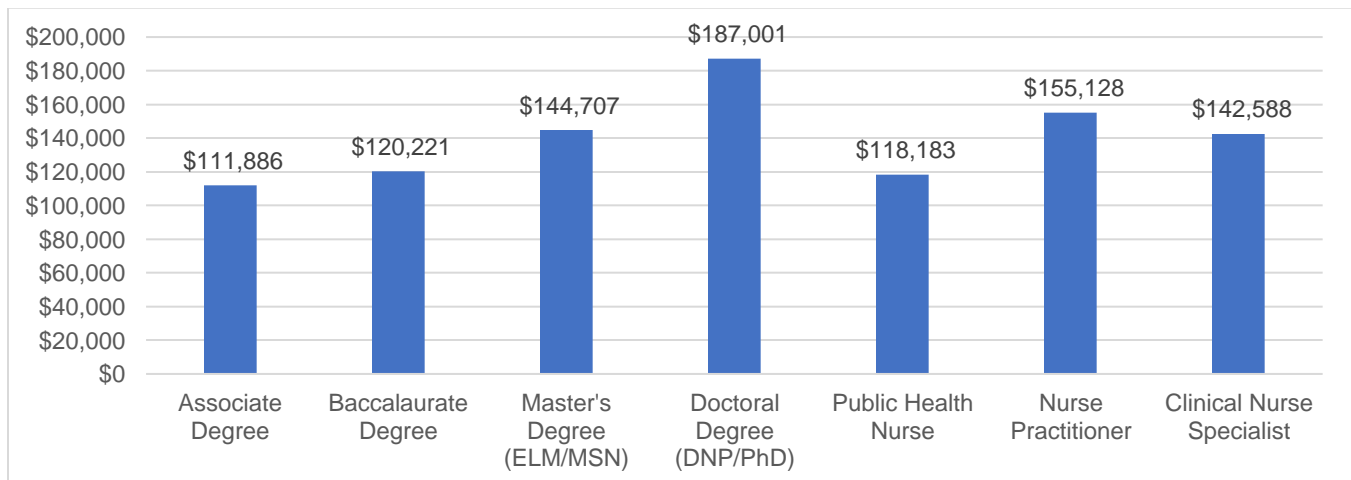
Figure 7.2. Total annual income received from all nursing positions by currently working RNs residing in California, by years of experience, 2022



Note: 2022 number of cases=2,033. Data are weighted to represent all RNs with active licenses.

Average annual nursing income varies by education and certification. As seen in Figure 7.3, nurses with bachelor's degrees enjoyed higher annual nursing income than RNs with associate degrees in 2022, averaging \$120,221 versus \$111,886 per year. Nurses with master's degrees or doctorates had the highest annual income, averaging \$144,707 and \$187,001 respectively per year. This is associated with the income reported by nurse practitioners (\$155,128) and clinical nurse specialists (\$142,588).

Figure 7.3. Total annual income received from all nursing positions by currently working RNs residing in California, by highest level of nursing education and specialty certification, 2022



Note: 2022 number of cases=2,041. 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 7.4. For nurses residing in California, direct patient care nurses (also called staff nurses) reported average annual earnings of \$118,021, and front-line managers (e.g., Head Nurse, Supervisor) reported average annual earnings of \$129,757. RNs employed in acute care departments of hospitals reported average incomes of \$120,736, while nurses in hospital ambulatory settings reported earning an average of \$136,955. Nurses working in front-line management and as direct patient care providers experienced the highest increases in earnings between 2020 and 2022.

Figure 7.4. Income received from principal nursing position by currently working RNs residing in California, by job title and work setting, 2012-2022



Note: 2022 number of cases=1,202. Data are weighted to represent all RNs with active licenses.

The total household incomes of employed RNs residing in California are examined in Table 7.3. Nurses' household incomes have been rising since 2012 and, by 2022, 54.9% of working RNs who lived in California had household incomes between \$75,000 and \$200,000, and 43.1% had household incomes over \$200,000.

Table 7.3. Total household incomes of working RNs residing in California, 2012-2022

	2012	2014	2016	2018	2020	2022
Less than \$75,000	14.2%	10.3%	8.0%	8.2%	4.7%	2.0%
\$75,000 to \$99,999	17.3%	17.8%	14.4%	14.3%	9.8%	2.0%
\$100,000 to \$124,999	21.3%	20.9%	22.7%	19.5%	18.8%	5.0%
\$125,000 to \$149,999	15.8%	15.4%	14.4%	15.2%	16.2%	12.5%
\$150,000 to \$174,999	11.3%	12.0%	13.7%	13.2%	14.5%	20.0%
\$175,000 to \$199,999	7.6%	7.9%	8.5%	7.8%	10.6%	15.5%
\$200,000 or more	12.5%	15.6%	18.4%	21.9%	25.5%	*
\$200,000 to \$224,999	*	*	*	*	*	16.4%
\$225,000 to \$249,999	*	*	*	*	*	7.3%
\$250,000 or more	*	*	*	*	*	19.5%
Number of cases	3,846	3,912	2,910	2,948	2,571	1,957

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

Nurses' earnings are important to their households (Table 7.4). In 2012, 50.7% of RNs reported that their income accounted for at least 80% of their household income. In 2022, 47.8% of nurses said their nursing income comprised at least 80% of household income. The share of RNs reporting that their nursing income accounted for all of their household income has been stable over time, ranging between 32.7% and 36.5%.

Table 7.4. Percentage of total household income that was derived from nursing for currently working RNs residing in California, 2012-2022

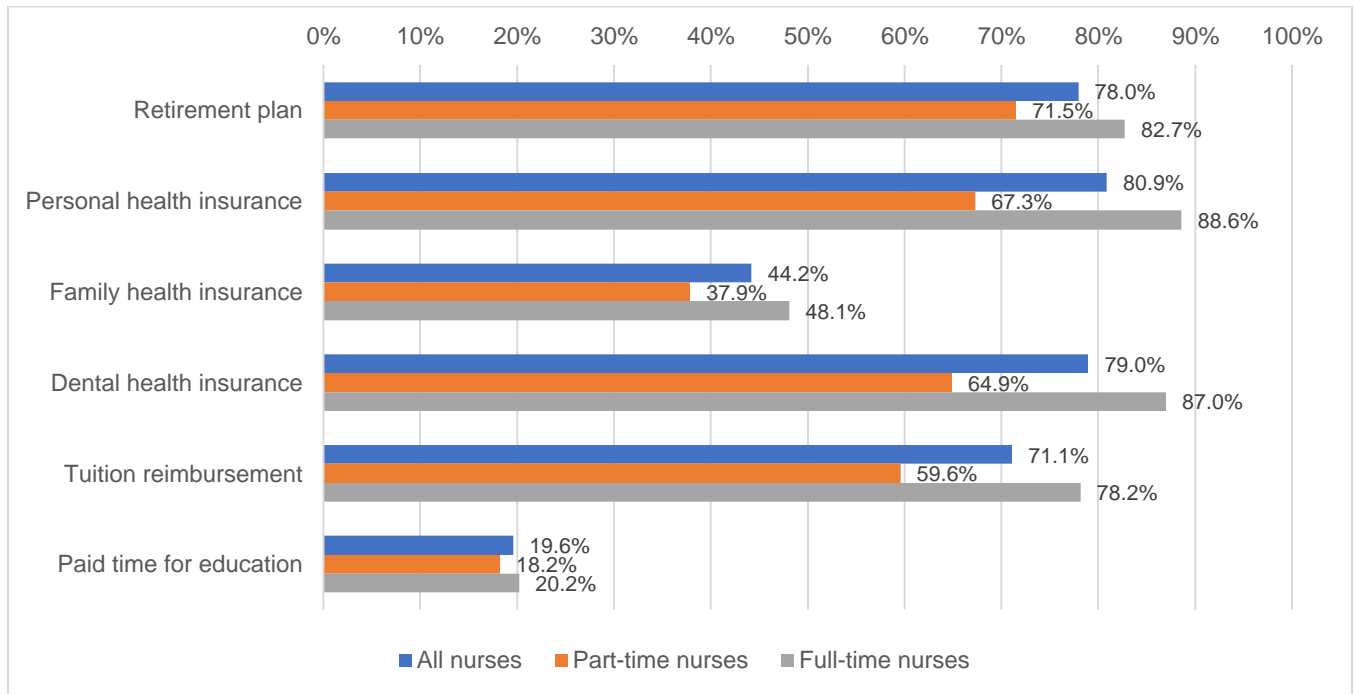
	2012	2014	2016	2018	2020	2022
Less than 20%	3.7%	3.6%	2.6%	4.9%	3.5%	3.7%
20 to 39%	6.7%	7.1%	7.7%	7.4%	7.0%	7.4%
40 to 59%	18.8%	20.3%	21.2%	20.0%	24.3%	22.2%
60 to 79%	20.1%	20.4%	20.8%	17.6%	18.8%	18.9%
80 to 99%	14.5%	15.3%	14.8%	13.7%	13.3%	13.6%
100%	36.2%	33.4%	32.7%	36.5%	33.2%	34.2%
Number of cases	3,961	4,031	2,991	3,014	2,620	2,075

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 RNs

As seen in Figure 7.5, nearly 89% of all RNs working full time in 2022 received personal health insurance, 87% received dental insurance, and 82.7% had a retirement plan from their employer. Over 44% received family health insurance from their employer. These percentages are all greater than in 2020, when 83.3% of full-time nurses had personal health insurance, 82.6% had dental insurance, and 79.2% had a retirement plan. In 2022, 71.1% of RNs had tuition reimbursement available from their employers, which is notably higher than in 2020, when it was only 41.1%. The percent of RNs who said they could take paid time off from work to pursue further education was stable between 2020 and 2022 (20.4% in 2020 vs. 19.6% in 2022). Nurses working part time were much less likely to receive benefits than were full-time RNs.

Figure 7.5. Benefits received from all nursing positions by currently working RNs residing in California, 2022



Note: Number of cases=2,280. Data are weighted to represent all RNs with active licenses.

8. Job Satisfaction of RNs

RNs 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.” 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 being neither satisfied nor unsatisfied. Nurses experiencing high rates of burnout reported much lower mean scores regarding their satisfaction with the nursing profession.

Figure 8.1 presents overall and job satisfaction for working RNs residing in California from 2012 through 2022. Average overall job satisfaction has been declining since 2016, with large decreases between 2018 and 2020 and between 2020 and 2022. After increasing between 2012 and 2016, satisfaction with the nursing profession also fell, from a score of 4.21 in 2016 to 3.81 in 2022.

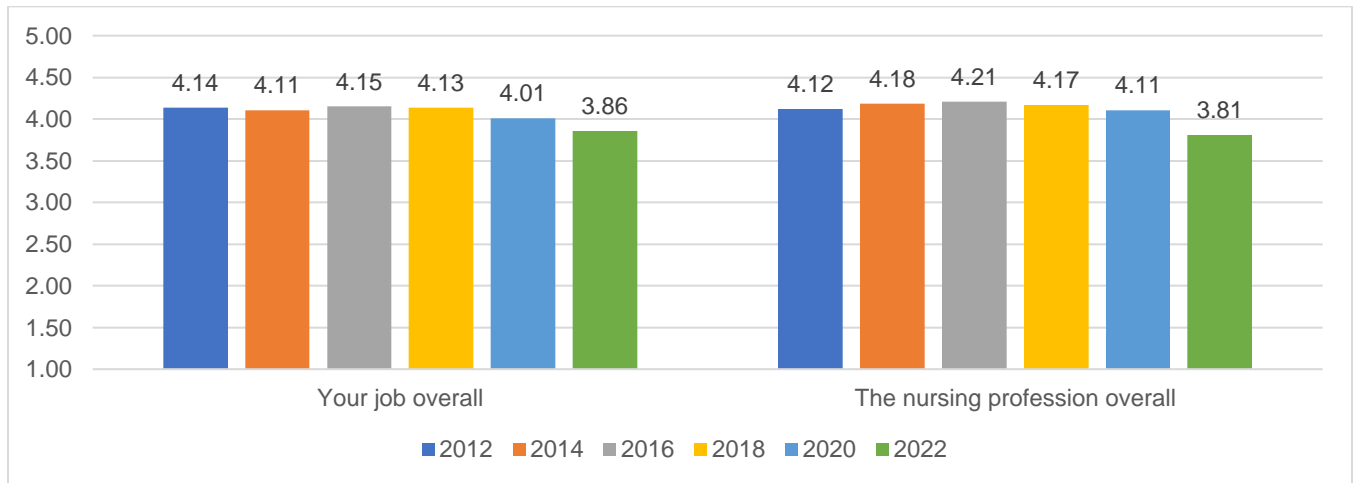
Figure 8.2 presents the summary scores for all 30 satisfaction items.

- Interaction with patients (4.08)
- Job security (4.03)
- Teamwork (4.03)
- Relationships with other staff (3.98)
- Support from RNs (3.97)

Five of the seven aspects of nursing receiving the lowest average ratings in 2022 also received the lowest ratings in 2020: involvement in policy and management decisions, non-nursing tasks required, the workload, the amount of charting required, and leadership from the administration. In 2022, the lowest ranked items also included "adequacy of RN staffing" and "adequacy of clerical support". The seven aspects of nursing receiving the lowest average ratings in 2022 were:

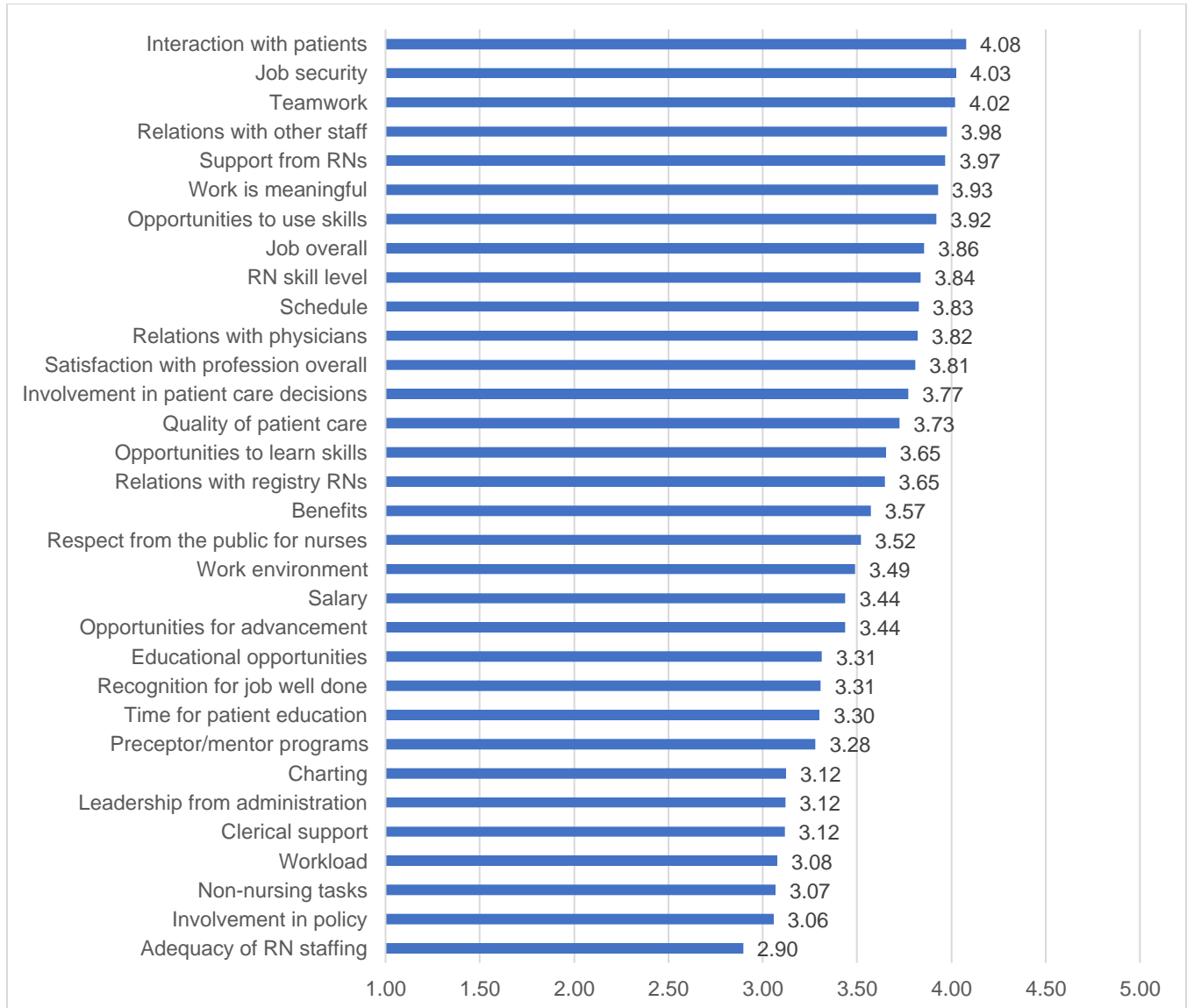
- Adequacy of RN staffing where you work (2.90)
- Involvement in policy and management decisions (3.06)
- Non-nursing tasks required (3.07)
- Workload (3.08)
- Amount of charting required (3.12)
- Adequacy of clerical support services (3.12)
- Leadership from nursing administration (3.12)

Figure 8.1. Satisfaction with job and the nursing profession overall of currently employed RNs residing in California, by survey year



Note: Data (2012-2022) 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.

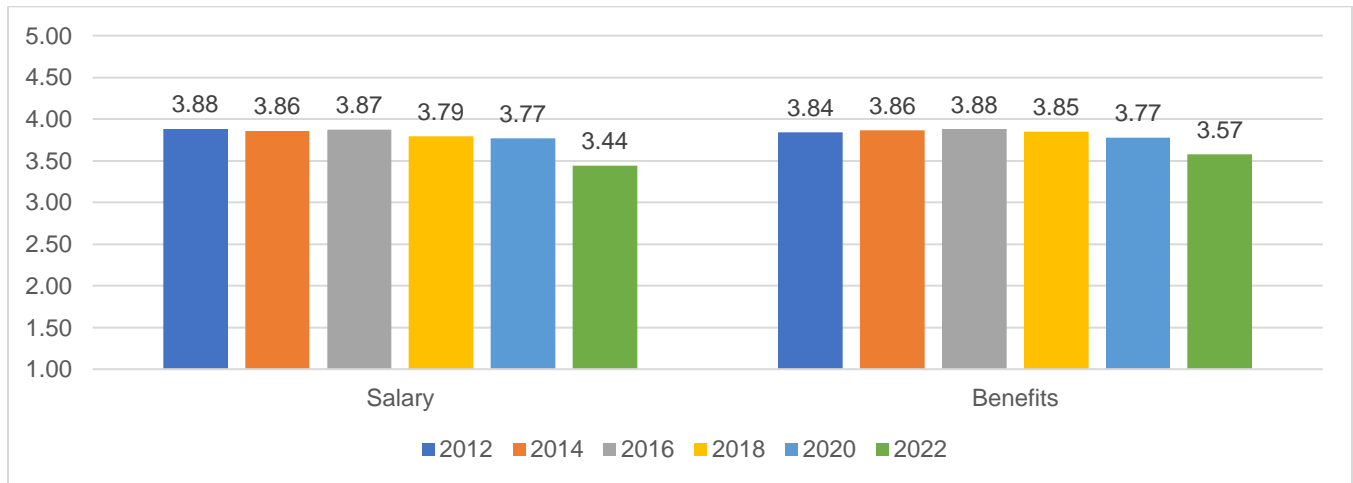
Figure 8.2. Overall satisfaction with principal nursing position for RNs currently working and residing in California, 2022



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.

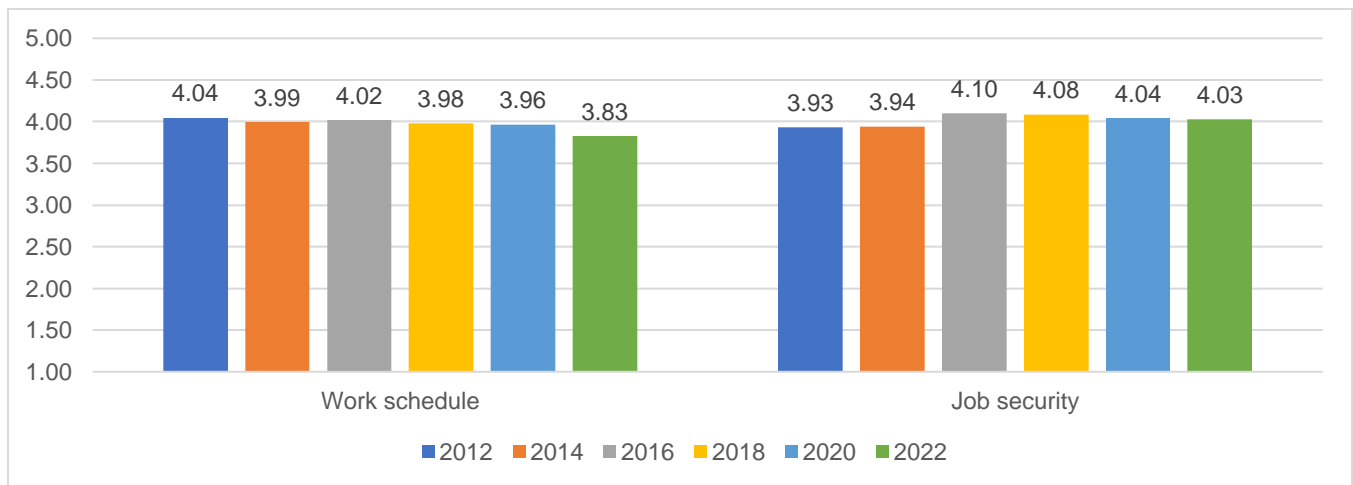
Figures 8.3 and 8.4 present average satisfaction scores for job characteristics related to salary, benefits, work schedule, and job security for currently working RNs residing in California. Satisfaction with salary, largely stable through 2016, decreased markedly from 2018 to 2022. Satisfaction with benefits has varied over time but similarly experienced declines between 2018 and 2022 (from an average score of 3.88 in 2016 to 3.57 in 2022). Satisfaction with work schedules was highest in 2012 (4.04) but decreased through 2022 (3.83). Satisfaction with job security declined slightly from 2012 through 2014; after increasing between 2014 and 2016, it declined again between 2016 and 2022.

Figure 8.3. Satisfaction with salary and benefits for RNs currently working and residing in California, by survey year



Note: Data 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.

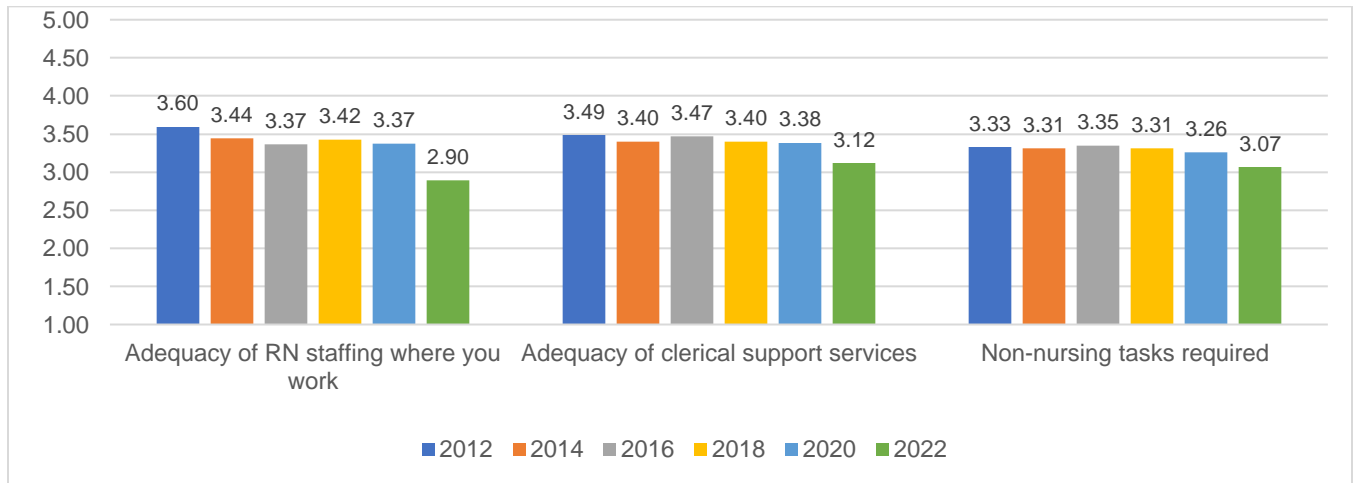
Figure 8.4. Satisfaction with work schedule and job security for RNs currently working and residing in California, by survey year



Note: Data 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.

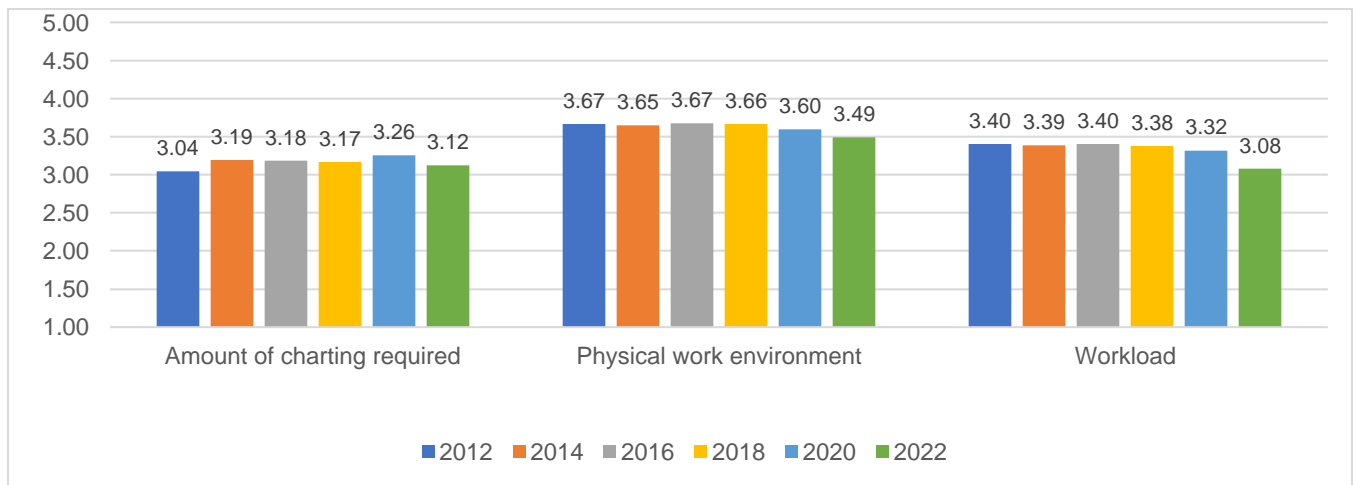
Figure 8.5 and Figure 8.6 present average satisfaction scores for job aspects related to workplace resources and support. Satisfaction with all of these facets experienced declines between 2012 and 2022. Satisfaction with the adequacy of RN staffing was highest in 2012 and declined through 2016; the slight increase in satisfaction with RN staffing reported in 2018 was followed by greater decreases in 2020 and 2022. Satisfaction with the adequacy of clerical support, physical work environment, non-nursing tasks required, and workload remained relatively stable between 2010 and 2020, with a slight increase between 2014 and 2016, followed by declining satisfaction between 2018 and 2022. Satisfaction with the amount of charting required in nursing jobs improved between 2012 (3.04) and 2020 (3.26), but fell again by 2022 (3.12).

Figure 8.5. Satisfaction with workplace resources and support for RNs currently working and residing in California, by survey year



Note: Data 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.

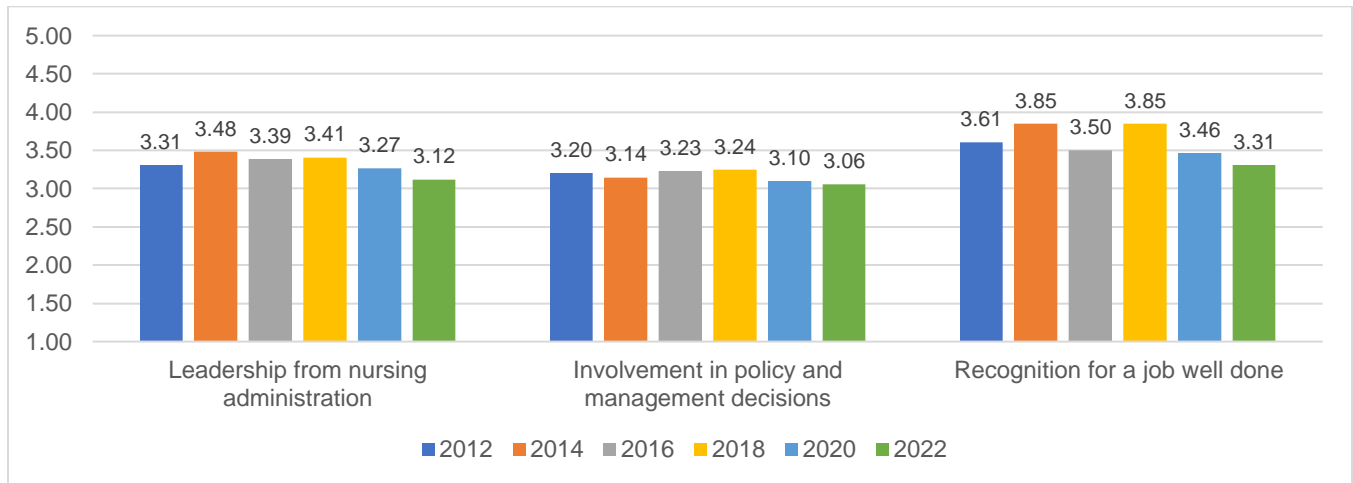
Figure 8.6. Satisfaction with workplace resources and support for RNs currently working and residing in California, by survey year, continued



Note: Data 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 8.7 presents the average satisfaction of RNs with management at their current place of employment. This is an area of lower satisfaction among RNs in California, particularly with regard to their involvement in policy and management decisions (3.06 in 2022). There had been slow improvement over time in satisfaction with leadership, which increased between 2012 and 2014 and between 2016 and 2018, but this declined from 2018 to 2022 (from 3.41 in 2018 to 3.12 in 2022). Satisfaction with recognition for a job well done similarly experienced declines between 2018 and 2022 (from 3.85 in 2018 to 3.31 in 2022).

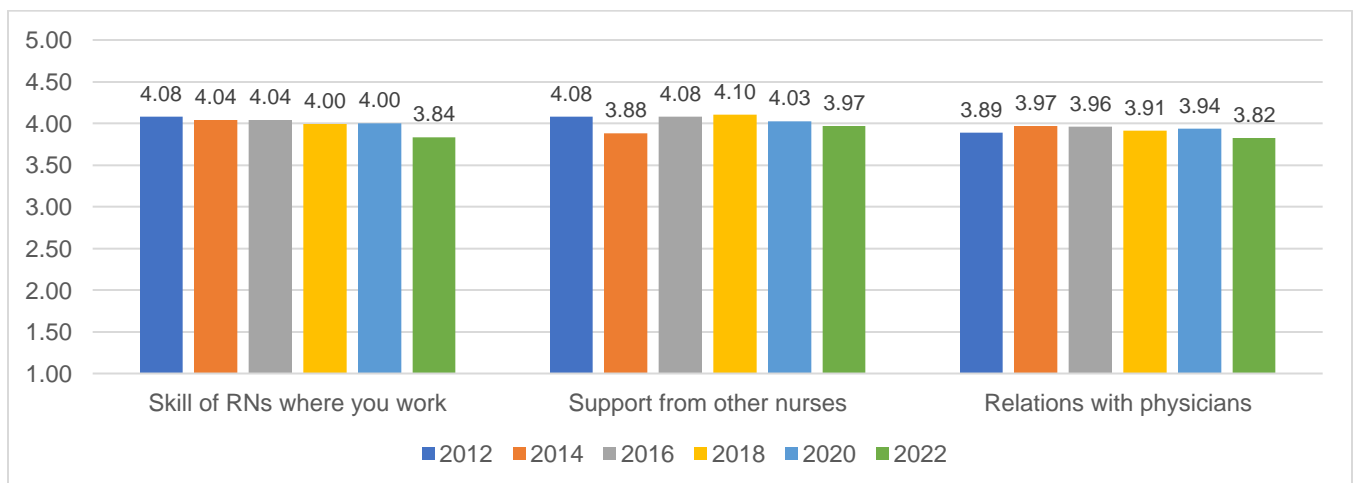
Figure 8.7. Satisfaction with management and recognition for RNs currently working and residing in California, by survey year



Note: Data 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.

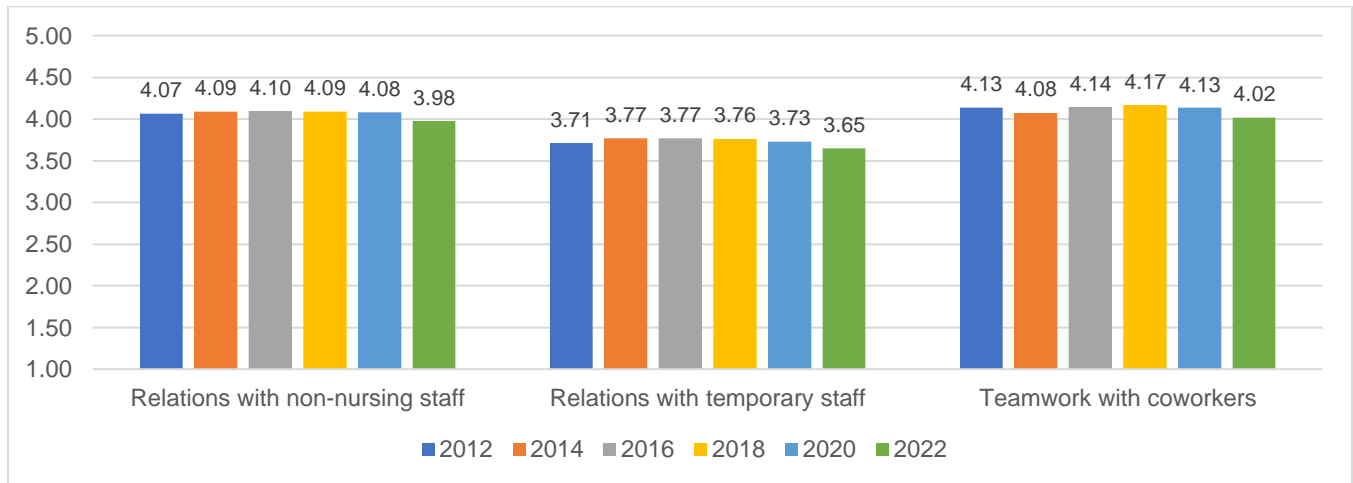
Figures 8.8 and 8.9 present average satisfaction with collegial interactions in the workplace, by survey year. Nurses tended to be satisfied in this domain, and scores have remained stable for many of these characteristics. In general, nurses rated their satisfaction as higher for teamwork with coworkers (4.02), relationship with non-nursing staff (3.98), and the skills of RNs where they work (3.84), than they rated their relations with physicians (3.82) and with temporary staff (3.65). There have been small decreases in average satisfaction with the skills of RNs since 2012, which may reflect the retirement of expert Baby Boom nurses and the entrance of novice new graduates, but 2022 marked a more significant drop (4.00 in 2020 to 3.84 in 2022). Satisfaction with support from other nurses has varied over time, (from a high of 4.10 in 2018 to a low of 3.88 in 2014), with 3.97 reported in 2022.

Figure 8.8. Satisfaction with colleagues for RNs currently working and residing in California, by survey year



Note: Data 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.

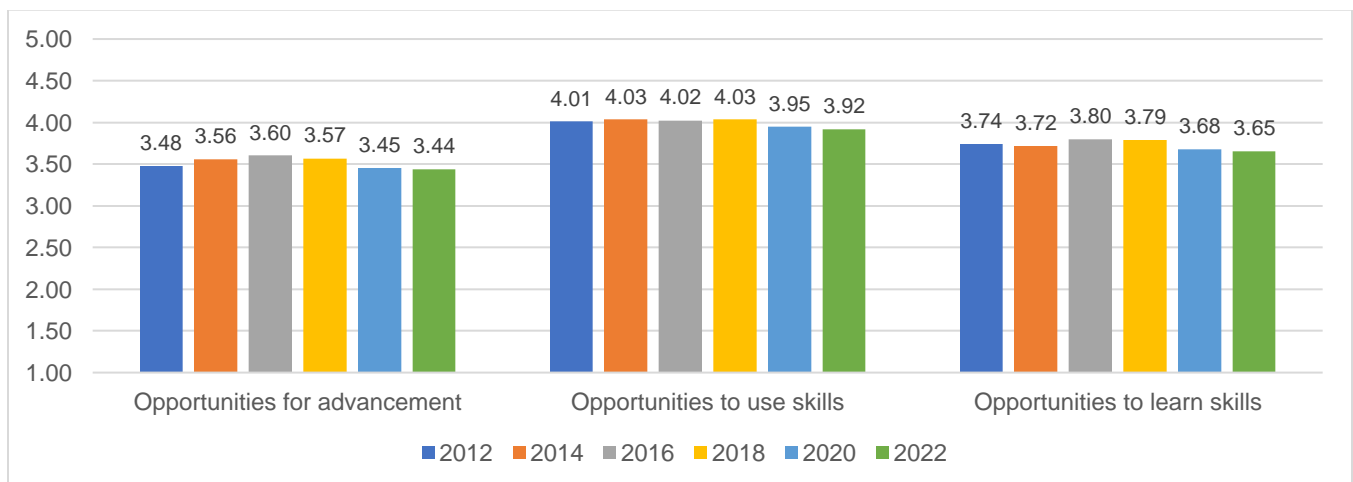
Figure 8.9. Satisfaction with colleagues for RNs currently working and residing in California, by survey year, continued



Note: Data 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.

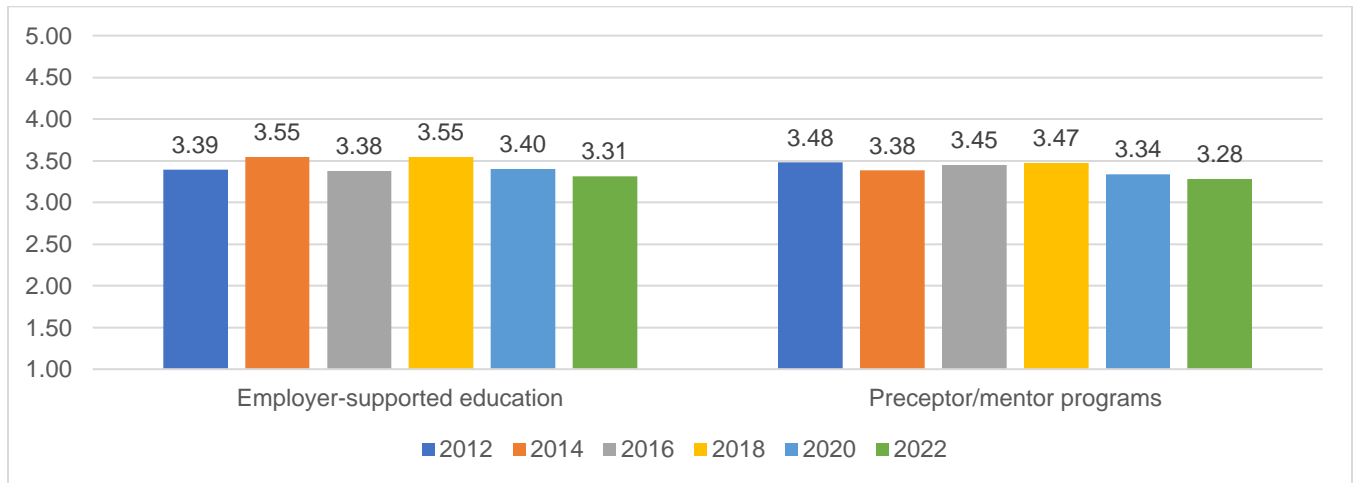
Satisfaction with opportunities for growth, advancement, education, and mentorship are presented in Figure 8.10 and Figure 8.11. Nurses were generally satisfied with their opportunities to use their skills; there has been little change in the rating of this job aspect over time, but a slight decrease was reported between 2018 and 2022 (from 4.03 to 3.92). There has also been little change in average satisfaction with opportunities to learn new skills, employer-sponsored education, or preceptor/mentor programs, although all scores decreased somewhat in 2022. There was minor improvement between 2012 and 2016 in nurses' satisfaction with opportunities for advancement, but decreases were reported in 2020 and 2022 (falling from 3.60 in 2016, to 3.45 in 2020, and 3.44 in 2022).

Figure 8.10. Satisfaction with opportunities for growth for RNs currently working and residing in California, by survey year



Note: Data 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.

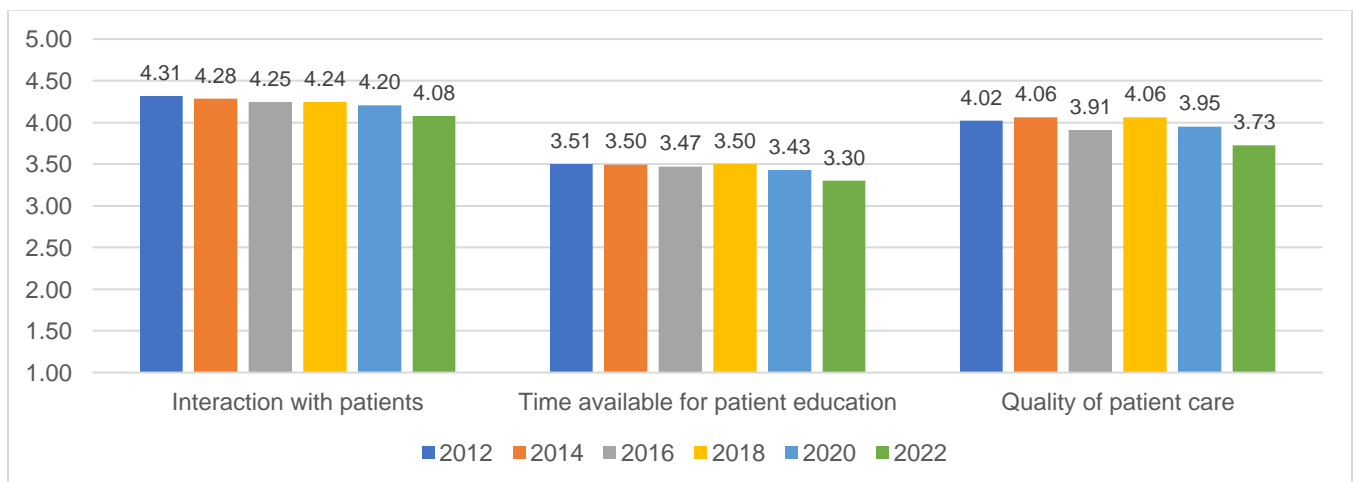
Figure 8.11. Satisfaction with education and mentorship programs for RNs currently working and residing in California, by survey year



Note: Data 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.

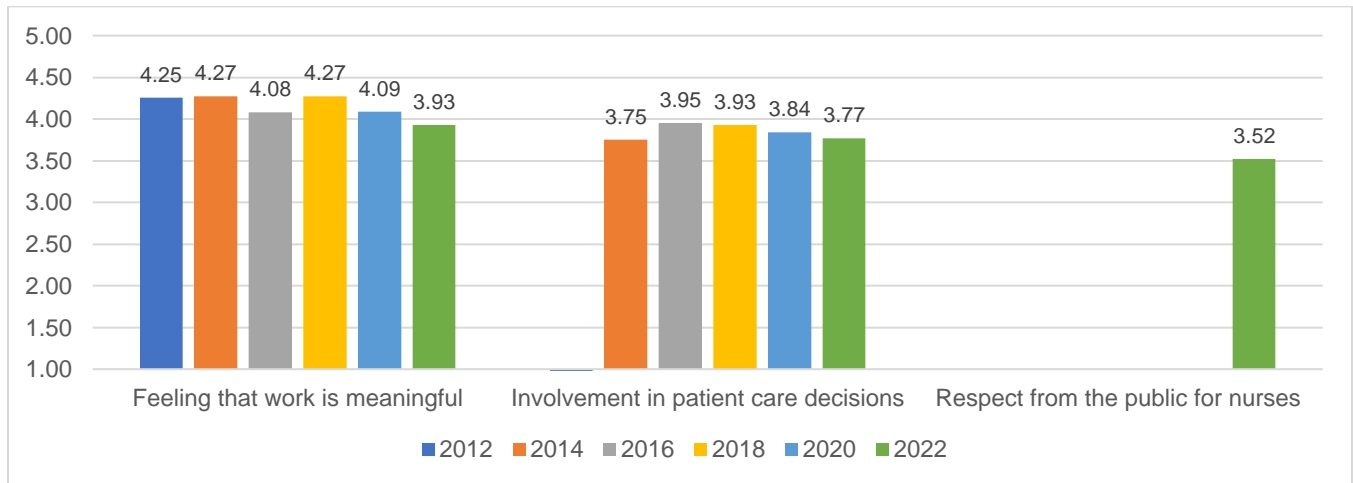
Figure 8.12 and Figure 8.13 present average satisfaction scores for factors associated with patient interactions and quality of care. Nurses were generally very satisfied with their interactions with patients. This was the highest-rated job aspect in 2022. However, average satisfaction with interactions with patients declined between 2018 and 2022, falling from 4.24 in 2018 to 4.08 in 2022. Nurses were less satisfied with their involvement in patient care decisions (3.77 in 2022) and the time they have available for patient education (3.30 in 2022). Satisfaction with the quality of patient care also dropped between 2018 and 2022, from 4.06 in 2018 to 3.73 in 2022. This year, nurses were asked about their satisfaction with the respect they received from the public, which received a relatively low satisfaction score of 3.52.

Figure 8.12. Satisfaction with patient interactions, care decisions, and the public for RNs currently working and residing in California, by survey year



Note: Data 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 8.13. Satisfaction with patient interactions, care decisions, and the public for RNs currently working and residing in California, by survey year, continued

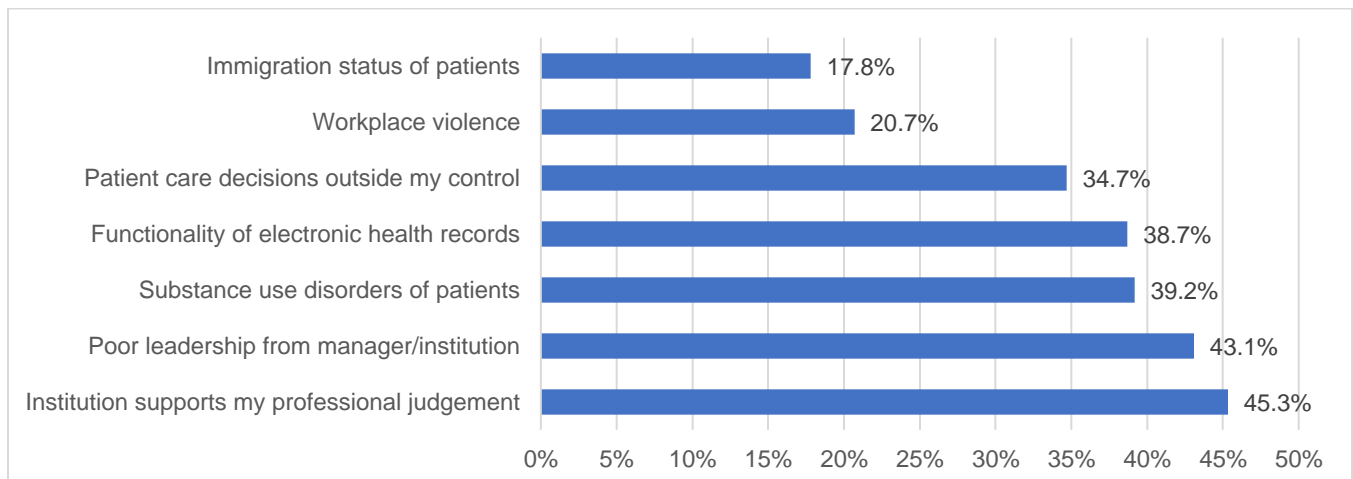


Note: Data are weighted to represent all RNs with active licenses. Some items were not included in all surveys. 1=very dissatisfied; 2=dissatisfied; 3=neither satisfied nor dissatisfied; 4=satisfied; 5=very satisfied.

Workplace Support of High-Quality Patient Care

Nurses were asked for the first time in 2022 about factors impeding their ability to provide high-quality patient care or to do their best work in their principal nursing positions in California. As shown in Figure 5.11, the barriers most often reported were the extent that institutions supported the RN’s professional judgement (45.3%), poor leadership from managers or institutions (43.1%), patient substance use disorders (39.2%), and the functionality of electronic health records (38.7%). Nurses’ responses regarding their need for professional support and the quality of leadership are consistent with the low satisfaction scores for these factors.

Figure 8.14. Factors impeding the ability of employed RNs in California to provide high-quality patient care in their principal nursing jobs



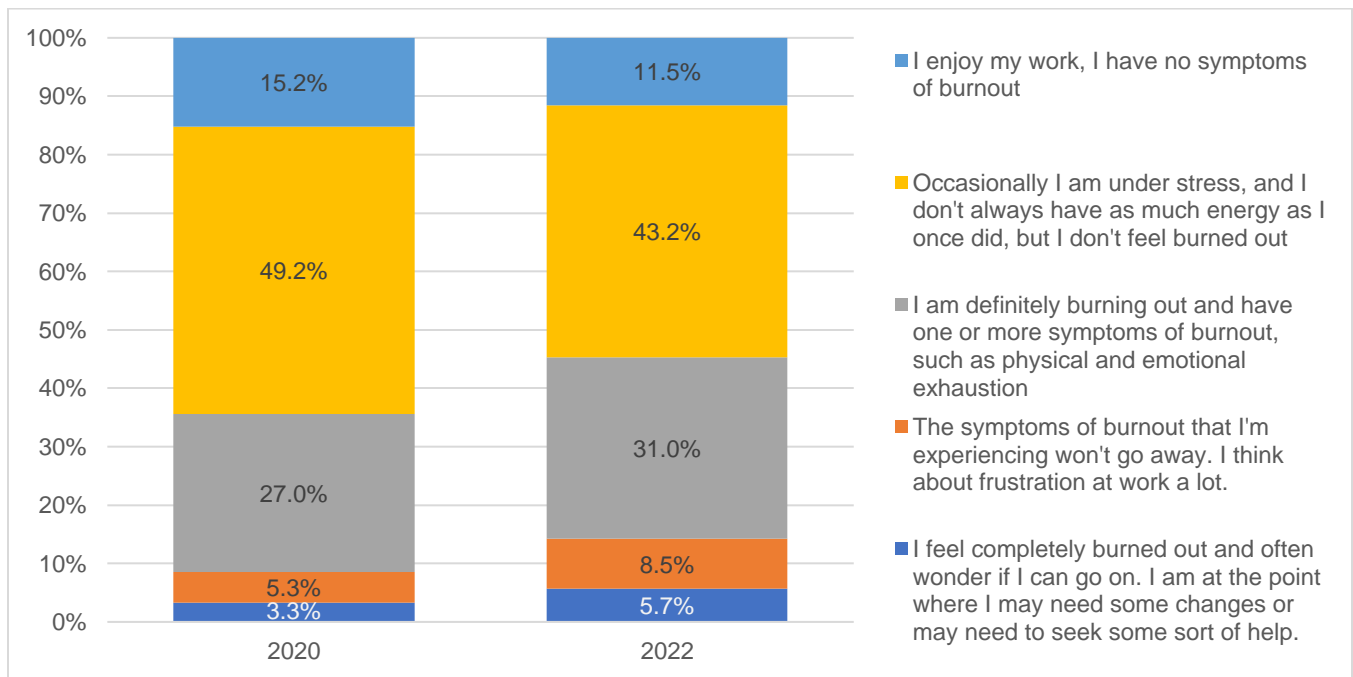
Note: Number of cases=2,280. Data are weighted to represent all RNs with active licenses.

Burnout

Figure 8.15 presents data on the degree to which employed RNs were experiencing burnout in 2020 and 2022. In 2022, 45.2% of RNs reported some degree of burnout, with 5.7% of RNs experiencing severe burnout and felt they might need to seek help, and another 8.5% having persistent symptoms of burnout. Nearly 55% of RNs were

either not experiencing burnout (11.5%) or were experiencing relatively minor stress (43.2%). Overall, rates of burnout were notably higher in 2022 compared with 2020; in 2020, only 35.6% of RNs indicated they had some degree of burnout.

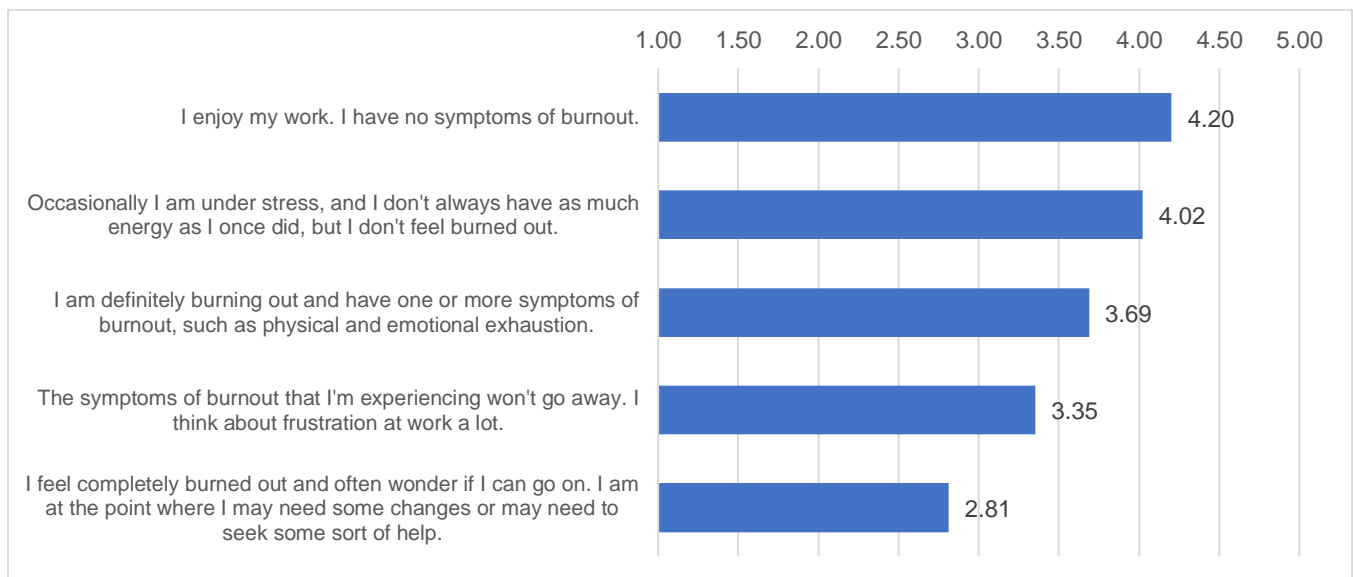
Figure 8.15. Burnout of currently employed RNs in California, 2020 and 2022



Note: Number of cases=2,252. Data are weighted to represent all RNs with active licenses.

Figure 8.16 compares job satisfaction by the level of burnout experienced by nurses in 2022; nurses who reported lower levels of burnout were also more satisfied with their work.

Figure 8.16. Satisfaction with the nursing profession in relation to the level of burnout reported by currently employed RNs residing in California, 2022



Note: Number of cases=2,237. 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.

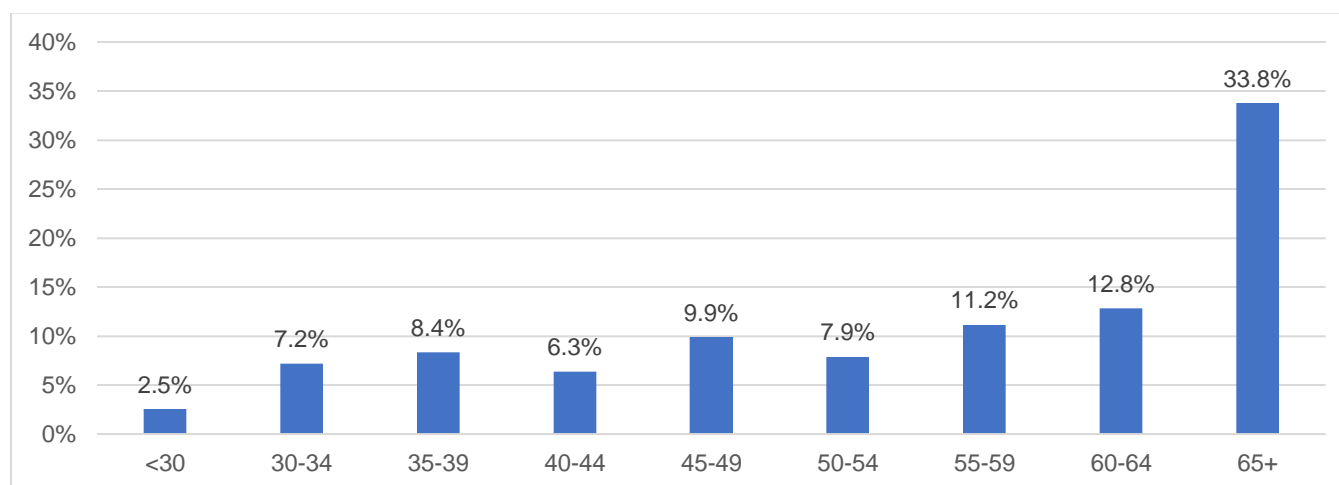
9. RNs Not Currently Working in Nursing

Twenty percent of nurses with active California licenses who lived in California were not working in nursing jobs in 2022 (Chapter 5, Table 5.3). In this chapter, we examine the education of RNs who did not work in nursing in 2022 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 in 2022 tended to be older than working nurses, as seen in Figure 9.1. The average age for RNs not working in nursing was 54.3 years (Table 9.1), whereas the average age of working RNs was 44.4 years (Chapter 5, Figure 5.3). The percentage of licensed RNs not working in nursing generally increased with age, as shown in Figure 9.1. Over 57% of RNs who were not working as nurses were 55 years and older and 33.8% were 65 years and older. Among younger nurses (under 40 years old), the largest age group of RNs who were not working in nursing was 35-39 years old.

Figure 9.1. Age distribution of RNs with active California licenses and California addresses who are not working in nursing positions, 2022



Note: Number of cases=634. Data might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Last Job in the Nursing Field

Table 9.1 depicts the age at which RNs with active licenses last worked as nurses. Of those not working as RNs in 2022, 3% reported they had never worked as an RN. Among RNs not working in the nursing profession in 2022 who had previously worked in nursing, 52.8% last worked as nurses at age 60 or older. However, 27.8% last worked as nurses when they were under 45 years old. There is considerable variation across years. Between 2012 and 2014, the percentage that last worked when they were under 45 years old averaged 34.8%. In 2016, the percentage was 51.8%, falling back to 25.6% in 2018.

Table 9.1. Age at which California-resident RNs not currently working in nursing but holding active California licenses last worked as nurses, by survey year

	2012	2014	2016	2018	2020	2022
Under 35	16.2%	18.3%	28.1%	13.3%	15.0%	16.2%
35-44	20.4%	14.7%	23.7%	12.3%	13.5%	11.6%
45-54	15.3%	13.4%	19.3%	11.1%	11.6%	9.0%
55-59	10.8%	12.8%	12.1%	12.4%	13.7%	10.4%
60-64	18.6%	19.6%	10.1%	22.1%	20.2%	24.0%
65 and older	18.7%	21.3%	6.7%	28.9%	26.0%	28.8%
Mean age	51.1	51.9	45.2	54.7	53.6	54.3
Number of cases	693	762	579	590	667	494

Note: Columns might not total 100% due to rounding. Data (2012-2022) are weighted to represent all RNs with active licenses.

Over 68% of RNs who had active licenses and lived in California but did not work in nursing in 2022 had been out of nursing for less than five years, as seen in Table 9.2. The mean number of years that non-working licensed nurses had not been working in nursing was 4.9 years in 2022.

Table 9.2. Length of time since California-resident RNs not currently working in nursing but holding active California licenses last worked as nurses, by survey year

	2012	2014	2016	2018	2020	2022
One year or less	21.9%	29.1%	27.5%	30.1%	38.2%	42.1%
2-4 years	23.3%	27.2%	31.9%	26.0%	23.6%	26.4%
5-9 years	17.6%	18.8%	17.4%	21.5%	18.0%	15.2%
10-14 years	10.8%	9.4%	7.3%	9.9%	8.3%	7.2%
15-24 years	10.6%	10.7%	6.4%	8.0%	7.6%	4.9%
25 or more years	5.0%	4.7%	4.6%	4.4%	4.3%	4.2%
Mean (years)	7.7	6.7	4.9	6.4	5.8	4.9
Number of cases	740	762	598	590	667	493

Note: Columns might not total 100% due to rounding. Data (2012-2022) are weighted to represent all RNs with active licenses.

Over 56% of the RNs with active licenses who did not hold nursing positions in 2022 had previously worked 15 or more years in the field, as seen in Table 9.3. Nearly 25% of those working as nurses in 2022 reported less than five years of experience, which is a slightly smaller percentage than in 2018 and 2020, but larger than in prior years.

Table 9.3. Number of years California-resident RNs practiced nursing before stopping work, by survey year

	2012	2014	2016	2018	2020	2022
Less than 5 years	13.9%	13.8%	15.0%	29.7%	27.7%	24.8%
5-9 years	13.0%	14.4%	13.1%	7.9%	12.1%	10.2%
10-14 years	12.3%	10.5%	8.1%	8.6%	7.7%	8.9%
15-24 years	20.6%	15.7%	19.0%	17.8%	13.8%	16.8%
25 or more years	40.2%	45.6%	44.8%	36.0%	38.8%	39.4%
Mean (years)	20.7	21.9	22.2	18.5	18.9	20.0
Number of cases	779	866	660	807	859	628

Note: Columns might not total 100% due to rounding. Data (2012-2022) 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 various factors in their decision to not hold a nursing position. As seen in Table 9.4, the factors most frequently identified as “very important” in 2022 were retirement (46.5%), negative effect of work on health or well-being (33.5%), stress on the job (30.4%), other family responsibilities (24%), and lack of support from employer/supervisor (21.3%). The most frequent reasons in 2020 also included retirement (36%), family responsibilities (19.1%), and stress on the job (18.8%).

Table 9.5 examines these responses by age and by the number of years since the nurse last worked in nursing. For each year, the first column presents the share of nurses who last worked in nursing within the previous five years and rated a factor as important or very important, while the second column presents the share of nurses who have been out of nursing work for more than five years and rated a factor as important or very important.

In 2022, the most important reasons for not working in nursing among nurses who last held a nursing position within the past five years were retirement (41.8%), negative effect of work on health or well-being (34.5%), stress on the job (33.1%), lack of support from employer/supervisor (28.2%), and the inability to deliver quality care consistently (26.3%). 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 (15.6%), negative effect of work on health or well-being (13.1%), stress on the job (12.9%), and other family responsibilities (12%).

The most important factors influencing a nurse’s decision not to work in a nursing position vary with the age of the nurse, as seen in the last two columns of Table 9.5. In 2022, the most important reasons for not working in nursing among nurses younger than 55 years were the negative effect of work on health or well-being (20.6%), stress on the job (19.5%), salary (18.3%), family responsibilities (17.1%), and inconvenient schedules (15.8%). The most important reasons for not working in nursing among nurses 55 years and older were retirement (49.2%), the negative effect of work on health or well-being (25.9%), stress on the job (25.5%), lack of support from employer/supervisor (21.5%), and inability to deliver quality care consistently (17.5%).

Table 9.4. Importance of factors influencing the decision to not hold a nursing position for RNs who have active California licenses and reside in California, 2022

	Not at all important/Does not apply	Somewhat important	Important	Very important
Retired	39.1%	4.2%	10.3%	46.5%
Laid off	94.1%	1.2%	1.5%	3.2%
Difficult to find desired position	79.4%	3.1%	8.2%	9.3%
Cannot find any work as an RN/APRN	91.1%	2.9%	3.5%	2.5%
Childcare responsibilities	82.6%	1.9%	2.0%	13.5%
Other family responsibilities	64.2%	4.2%	7.6%	24.0%
Inconvenient schedules	68.3%	5.7%	9.7%	16.2%
Stress on the job	46.2%	8.8%	14.6%	30.4%
Negative effect of work on my health or well-being	45.3%	8.2%	13.0%	33.5%
Unsafe workplace	65.8%	5.3%	13.4%	15.5%
Job-related illness/injury	72.9%	5.0%	7.9%	14.1%
Non-job-related illness / injury	78.6%	4.1%	7.8%	9.6%
Salary	60.2%	8.7%	11.3%	19.9%
Dissatisfied with benefits	72.2%	10.5%	8.5%	8.8%
Lack of support from my employer/supervisor	58.2%	5.2%	15.2%	21.3%
Inability to deliver quality care consistently	62.0%	5.3%	13.5%	19.3%
Lack of respect from the public for nurses	75.5%	6.1%	9.9%	8.5%
Dissatisfaction with nursing profession	66.6%	11.2%	10.5%	11.8%
Moving to a different area	86.7%	1.5%	6.0%	5.8%
Travel	80.8%	5.7%	6.3%	7.2%
Wanted to try another occupation	85.3%	3.8%	3.3%	7.6%
Returned to school	87.1%	3.4%	2.8%	6.7%
Other	95.3%	0.0%	1.0%	3.8%

Note: Number of cases=523. Data might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

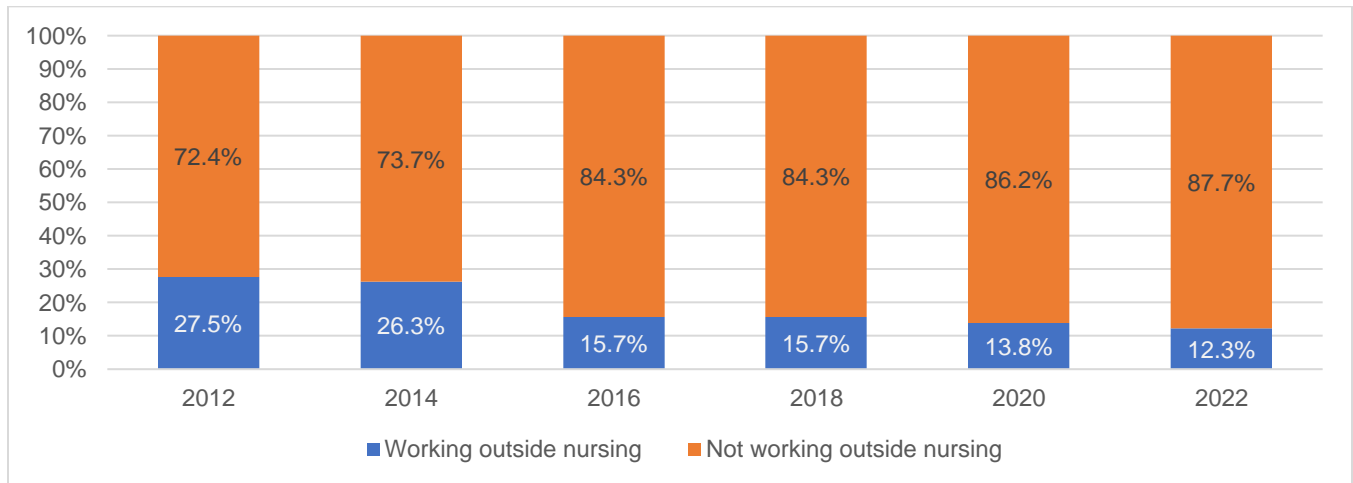
Table 9.5. Share of California-resident nurses with active California licenses who rate factors as "important" or "very important" in their decision to not work in nursing, by how long since they last worked as an RN and by age, 2022

	Years since last worked in nursing		Age of nurse	
	5 years or less	More than 5 yrs	Under 55 yrs	55 yrs and older
Retired	41.8%	15.6%	7.6%	49.2%
Laid off	4.2%	0.7%	3.3%	1.4%
Difficult to find desired position	11.3%	6.5%	10.2%	7.4%
Cannot find any work as an RN/APRN	4.7%	1.5%	4.4%	1.6%
Childcare responsibilities	9.1%	5.7%	12.0%	3.5%
Other family responsibilities	20.1%	12.0%	17.1%	14.5%
Inconvenient schedules	20.3%	6.2%	15.8%	10.2%
Stress on the job	33.1%	12.9%	19.5%	25.5%
Negative effect of work on my health or well-being	34.5%	13.1%	20.6%	25.9%
Unsafe workplace	22.9%	6.5%	15.1%	13.8%
Job-related illness/injury	16.8%	5.6%	10.8%	11.2%
Non-job-related illness / injury	13.0%	4.2%	7.6%	9.8%
Salary	22.8%	8.6%	18.3%	12.9%
Dissatisfied with benefits	12.3%	4.9%	11.3%	6.0%
Lack of support from my employer/supervisor	28.2%	8.6%	15.1%	21.5%
Inability to deliver quality care consistently	26.3%	6.9%	15.3%	17.5%
Lack of respect from the public for nurses	15.3%	3.8%	11.7%	6.7%
Dissatisfaction with nursing profession	18.0%	4.1%	11.0%	11.2%
Moving to a different area	9.7%	2.3%	7.9%	4.0%
Travel	10.6%	2.7%	4.6%	8.9%
Wanted to try another occupation	4.7%	6.1%	4.5%	6.4%
Returned to school	4.1%	5.3%	5.2%	4.4%
Other	3.7%	1.2%	1.6%	3.1%
Number of cases	339	154	166	357

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

Some nurses who are not employed in nursing positions are employed outside nursing. Figure 9.2 presents the non-nursing employment status of RNs residing in California who did not work in nursing. In 2022, 12.3% of RNs residing in California who were not employed in nursing were working in another field; this is the lowest reported percentage. A large decrease in this percentage occurred in 2016 (from 26.4% in 2014 to 15.7% in 2016), with continued minor decreases in the years following.

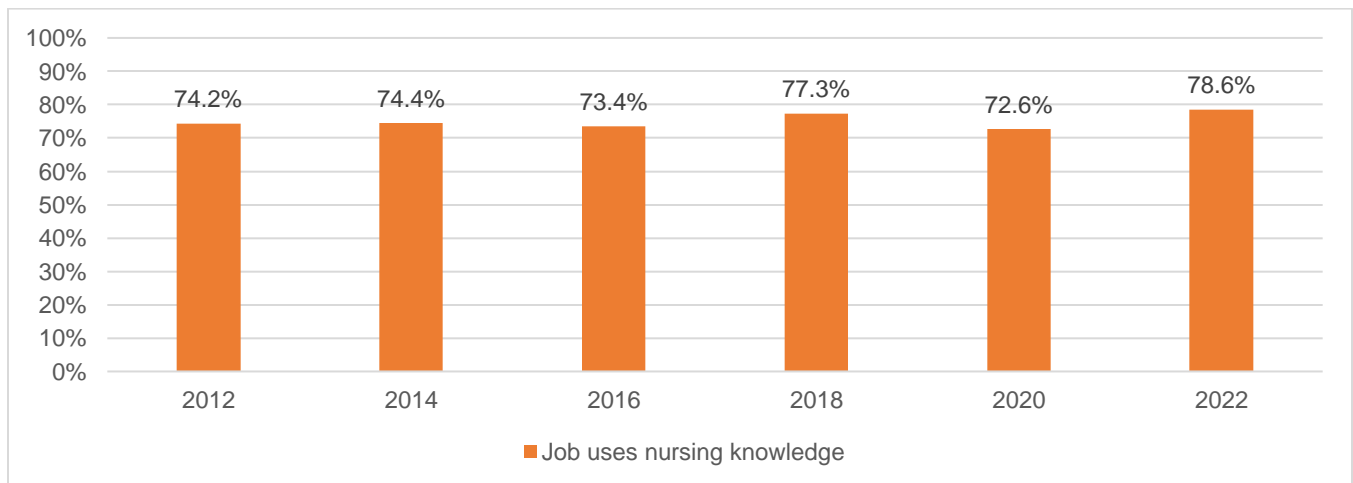
Figure 9.2. Current employment status of California-resident RNs with active California licenses who are not currently working as RNs, by survey year



Note: 2022 number of cases=634. Data (2012-2022) 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 9.3, 78.6% said their non-nursing job used their nursing knowledge.

Figure 9.3. Utilization of nursing knowledge in non-nursing jobs for California-resident nurses with active California licenses but who are not currently employed in nursing, by survey year



Note: 2022 number of cases=57. Data (2012-2022) are weighted to represent all RNs with active licenses.

As shown in Table 9.6, most non-nursing jobs held by RNs not employed in nursing were in health services (59.3%), as was the case for RNs working in nursing who held secondary non-nursing jobs (Chapter 5, Table 5.23). For RNs not working in nursing, other common areas of reported employment included “other” fields (19.5%) and education (17.7%).

Table 9.6. Field outside of nursing as reported by California-resident RNs not working in nursing with positions outside of nursing, 2012-2022

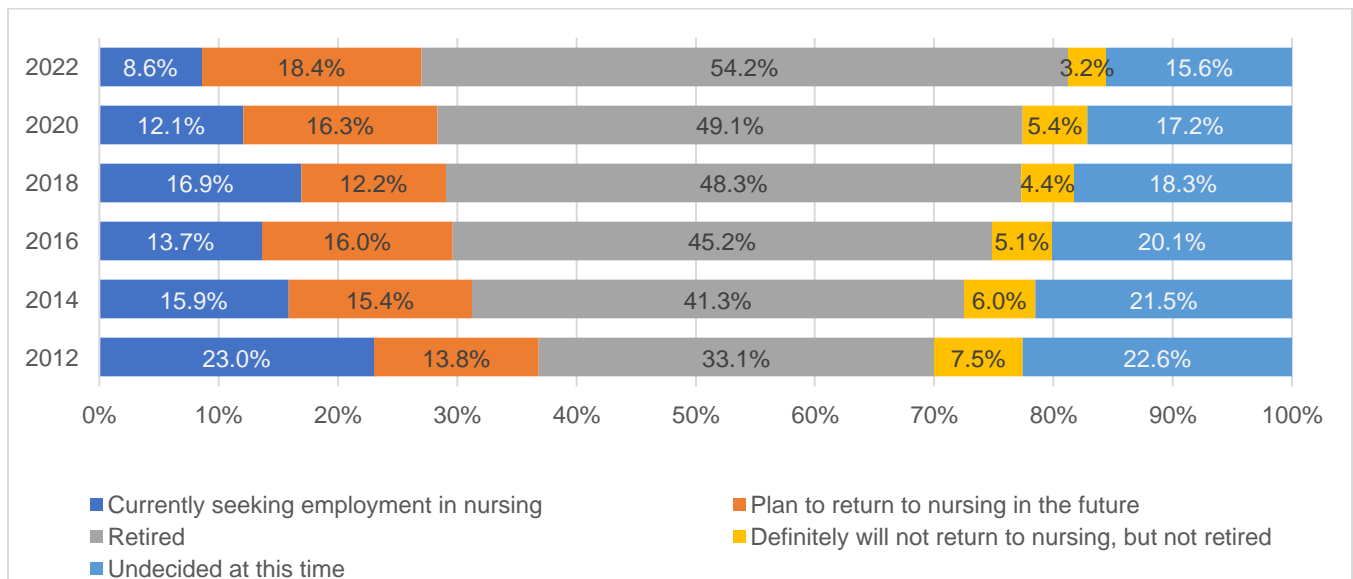
	2012	2014	2016	2018	2020	2022
Health services	54.7%	44.8%	52.4%	46.0%	51.0%	59.3%
Retail sales	8.6%	22.2%	5.0%	7.7%	8.9%	1.5%
Education	11.9%	13.7%	9.5%	14.0%	13.1%	17.7%
Financial services	7.7%	12.4%	15.3%	3.7%	8.8%	4.4%
Consulting	4.4%	4.6%	3.7%	7.7%	6.3%	0.8%
Other	24.4%	23.3%	9.4%	44.5%	13.3%	19.5%
Number of cases	207	108	92	105	83	59

Note: Data are weighted to represent all RNs with licenses

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

RNs with active California licenses who were not employed in nursing were asked about their future plans. Their responses are summarized in Figure 9.4. Twenty-seven percent said they planned to return to nursing or were currently seeking employment in nursing. Over 54% were retired, a higher percentage than in any previous survey, and 3.2% said that although they were not retired, they would definitely not return to nursing. Nearly 16% were undecided about their future plans. The share of RNs currently seeking nursing work or definitely planning to return to nursing were flipped in 2020 compared with 2018, with a larger share of RNs planning to return to nursing in the future than the share currently seeking employment. In 2022, an estimated 5,203 RNs not working in the profession were seeking employment in nursing.

Figure 9.4. Future plans of California-resident nurses with active licenses not working in the profession, 2012-2022



Note: 2022 number of cases=522. Data are weighted to represent all RNs with active licenses.

Table 9.7 examines the plans of nurses not working in nursing by age and status as recent RN graduates. In 2022 75.8% of non-working recent graduates were seeking employment, with another 24.2% planning to return to nursing. Nearly 36% of non-working California RNs under 35 years of age were seeking nursing work and an additional 55.4% were planning to return to nursing in the future. For nurses over 60 years old, larger percentages reported the potential for returning but no definite plans to do so (“undecided at this time”): 58.4% of 60 to 64-year-olds, and 46.2% of those over 64).

Table 9.7. Future plans of all California-resident nurses with active licenses not working in the profession and not retired, by survey year and age

Intentions regarding returning to nursing	All non-retired RNs not working in nursing	All new graduates (2020 to 2022)	Age at time of survey					
			Under 35	35-44	45-54	55-59	60-64	Over 64
Definitely will not return	6.6%	0.0%	0.0%	2.7%	16.2%	4.6%	15.0%	1.7%
Undecided at this time	36.1%	0.0%	8.9%	27.0%	33.1%	28.8%	58.4%	46.2%
Currently seeking work	16.9%	75.8%	35.7%	23.8%	28.2%	7.5%	4.7%	7.0%
Plan to return	40.5%	24.2%	55.4%	46.5%	22.6%	59.2%	21.9%	45.1%

Note: 2022 number of cases=218. Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Table 9.8 presents the time frame in which nurses who said they planned to return to nursing expected to do so. Nearly 36% say they expected to return to nursing within the year and another 45.8% planned to return in one to two years. Some RNs had longer-term plans, with 4.9% planning to return in five or more years.

Table 9.8. Time frame within which California-resident nurses who are not working in nursing positions but plan to return to nursing plan to do so, 2012-2022

	2012	2014	2016	2018	2020	2022
Less than one year	49.4%	41.0%	47.7%	36.8%	43.9%	35.8%
1 to 2 years	37.1%	37.2%	41.3%	35.3%	26.5%	45.8%
3 to 4 years	4.2%	13.0%	8.8%	12.4%	16.1%	13.5%
5 or more years	9.3%	8.8%	2.2%	15.5%	13.5%	4.9%
Number of cases	86	102	82	90	87	77

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

In every survey since 2012, nurses have been asked about their satisfaction with the nursing profession as a whole. Table 9.9 compares the satisfaction of RNs employed in nursing at the time of their response with those who were not employed in nursing. Professional satisfaction of RNs not employed in nursing decreased from 76.5% in 2020 to 67.5% in 2020. Unsurprisingly, nurses who were not employed in nursing were generally less satisfied with the nursing profession overall than were RNs who were working in the profession. In 2022, nearly 19% of nurses not employed in nursing reported that they were either dissatisfied or very dissatisfied with the profession compared to 14.9% of nurses employed in nursing.

Table 9.9. Satisfaction with the nursing profession of RNs residing in California, by employment in the nursing profession, 2012-2020

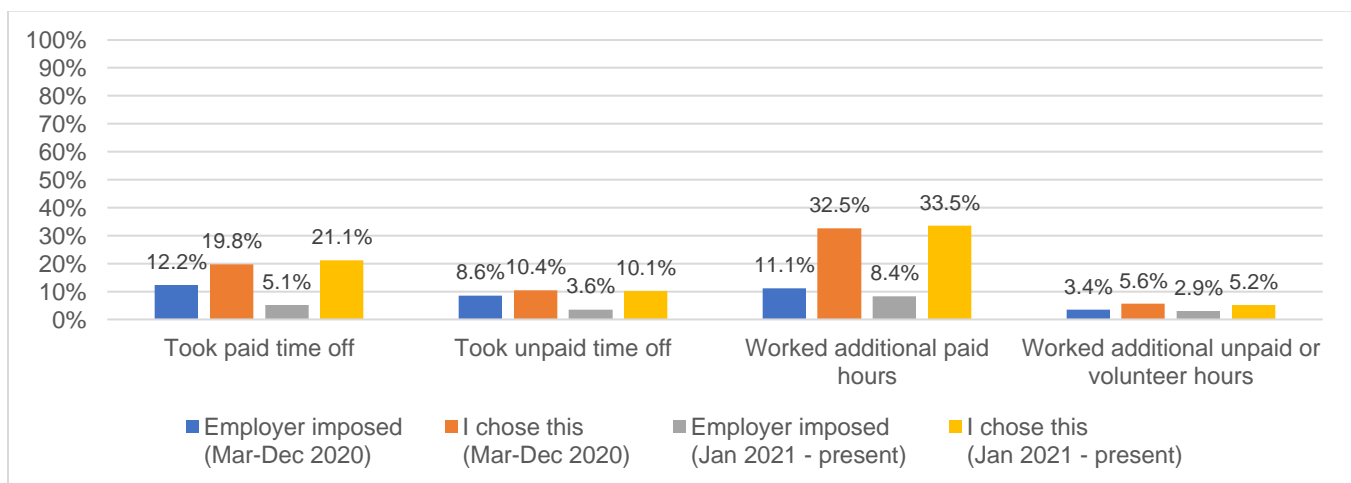
	2012		2014		2016		2018		2020		2022	
	Employed in nursing	Not employed in nursing	Employed in nursing	Not employed in nursing	Employed in nursing	Not employed in nursing	Employed in nursing	Not employed in nursing	Employed in nursing	Not employed in nursing	Employed in nursing	Not employed in nursing
Very satisfied	38.1%	27.8%	42.1%	30.9%	43.2%	29.7%	42.3%	36.8%	39.1%	32.9%	27.3%	27.1%
Satisfied	47.1%	35.7%	43.9%	39.2%	45.0%	47.6%	43.5%	41.0%	45.7%	43.6%	47.7%	40.4%
Neither satisfied nor dissatisfied	6.6%	21.9%	5.8%	15.7%	5.3%	9.8%	7.0%	11.5%	6.7%	10.8%	10.2%	14.1%
Dissatisfied	5.3%	10.9%	3.7%	9.1%	2.6%	9.7%	2.8%	5.0%	4.0%	5.6%	8.3%	12.5%
Very dissatisfied	2.9%	3.7%	3.6%	3.4%	3.9%	3.3%	4.4%	5.8%	4.6%	7.0%	6.5%	5.9%

Note: 2022 number of cases=2,832. Data are weighted to represent all RNs with active licenses.

10. Impact of COVID-19 on Nursing

With the onset of the COVID-19 pandemic, the nursing workforce in California encountered many changes to their workplace, hours, and career plans. Figures 10.1 to 10.5 depict differences in employer-imposed changes compared to self-chosen changes to their work by RNs currently working and residing in California. In Figure 10.1, employer-imposed changes to paid and unpaid time off, and paid and unpaid additional hours worked are presented for different periods of the pandemic (March 2020 to December 2020, vs. January 2021 to the time of the survey). While employer-imposed time off affected 12.2% of RNs early in the pandemic, it became less common one year after the pandemic began (5.1%). Larger shares of RNs chose to take paid time off in both periods (19.8% in March to December 2020, and 21.1% from January 2021 onward). Taking unpaid time off followed a similar trend, with more RNs choosing to take time off for both periods than was enforced by employers. Nearly three-times as many RNs chose to work additional paid hours than RNs that were required to by employers, for both periods of the pandemic. Approximately one-tenth of RNs reported employer-imposed additional unpaid work for both periods of the pandemic (11.1% in 2020, and 8.4% in 2021).

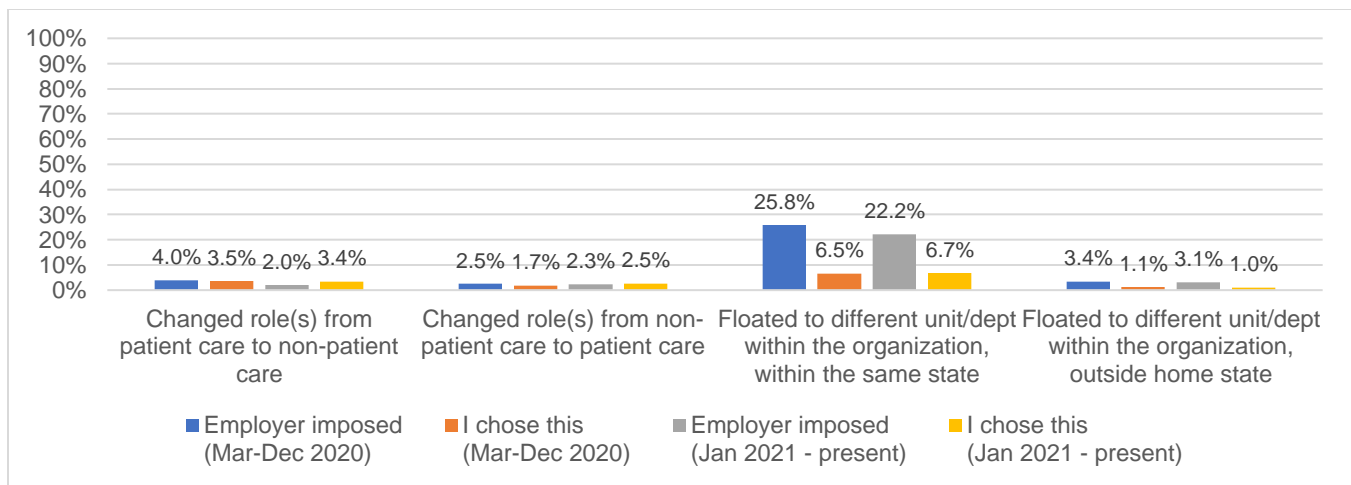
Figure 10.1. Employer-imposed and chosen changes to time off, and hours worked experienced by RNs currently working and residing in California during different points of the pandemic



Note: Number of cases=2,092. Data are weighted to represent all RNs with active licenses.

Figure 10.2 depicts changes to RNs' roles and the floating practices of their workplace, including whether these were employer-imposed or self-chosen, for different periods of the pandemic (March 2020 to December 2020, vs. January 2021 to the time of the survey). The percentage of RNs that was required by their employer to change their role from patient care to non-patient care fell 2 percentage points between the two periods of the pandemic (4% in 2020, vs. 2% in 2021), while the share choosing this increased stayed constant (3.5% in 2020 vs. 3.4% in 2021). The share of RNs changing their roles from non-patient care to patient care was not very common during both periods of the pandemic for both employer-imposed and self-chosen decisions. The majority of floating-decisions were employer imposed, whether within the state or out of the state, ranging from 25.8% to 22.2% for in-state floating, and 3.4% to 3.1% for outside the home state floating assignments.

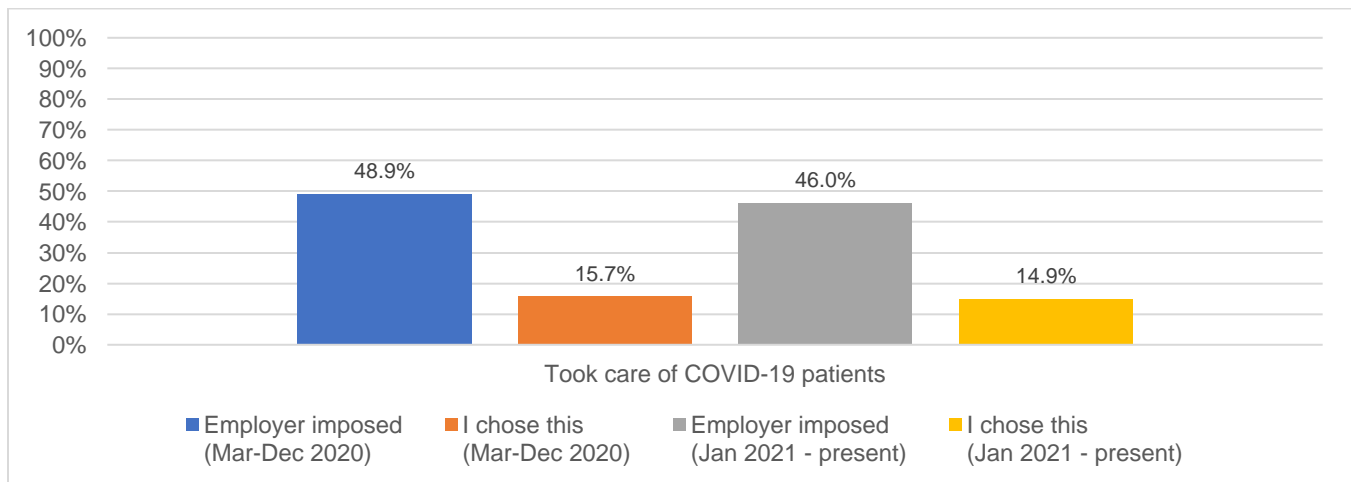
Figure 10.2. Employer-imposed and chosen changes to nursing role, and floating experienced by RNs currently working and residing in California during different points of the pandemic



Note: Number of cases=2,092. Data are weighted to represent all RNs with active licenses.

The care of COVID-19 patients has largely been an employer-imposed decision, as shown in Figure 10.3. Nearly 49% of RNs were required to care for COVID-19 patients, while only 15.7% chose to do so early in the pandemic. Similarly, later in pandemic, 46% of RNs were required to care for COVID-19 patients, while only 14.9% chose to do this.

Figure 10.3. Employer-imposed and chosen changes to caring for COVID-19 patients experienced by RNs currently working and residing in California during different points of the pandemic



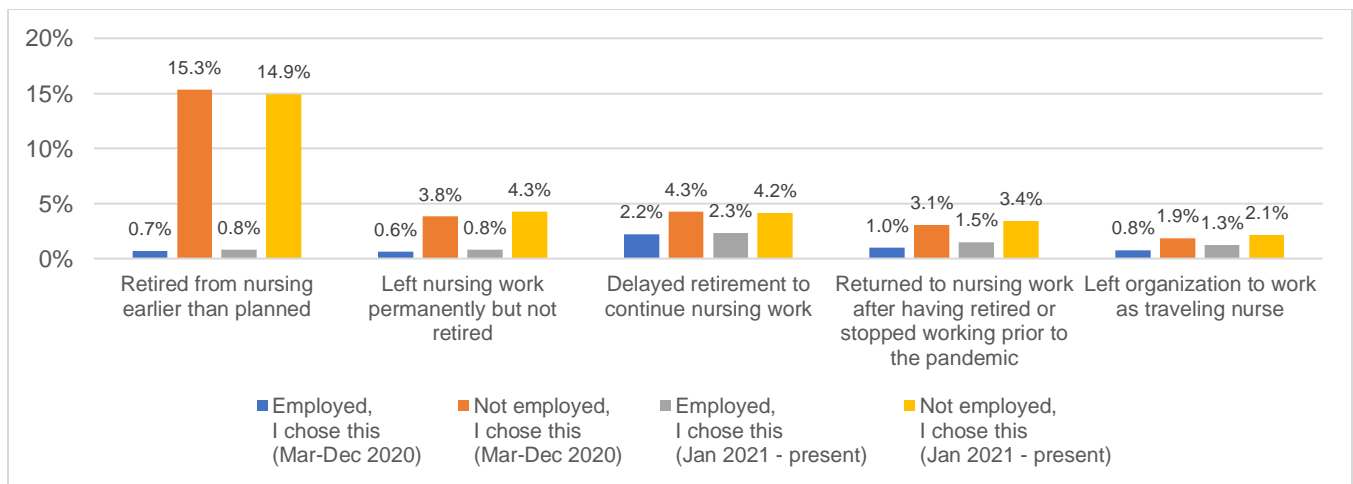
Note: Number of cases=2,092. Data are weighted to represent all RNs with active licenses.

RNs were asked to describe the decisions they chose during different points of the pandemic; their responses are presented in Figure 10.4. Among RNs who were employed in nursing at the time of the survey, a small percentage indicated that they retired during the pandemic (but have since returned to work). Among those not employed at the time of the survey, 15.3% indicated they retired during the first phase of the pandemic (March-December 2020) and 14.9% retired after the first phase. Similarly, among those who were not employed at the time of the survey, similar percentages left nursing in the early phase of the pandemic as left later. Among those currently working, 2.2% indicated they made that decision early in the pandemic, and 2.3% made the decision

later in the pandemic, while among those not working, 4.3% delayed their retirement early in the pandemic and 4.2% delayed their retirement later in the pandemic.

Some nurses returned to nursing work during the pandemic after previously retiring or stopping nursing work. Among those working at the time of the survey, 1% had returned to nursing work early in the pandemic and 1.5% had returned later in the pandemic. However, many people who returned to nursing work after retirement later returned to retirement. Specifically, 3.1% indicated they returned to work early in the pandemic and 3.4% returned to work later in the pandemic – but are not working now. Finally, some RNs left their organization to pursue traveling nursing. Among those working at the time of the survey, 0.8% left their organization for travel nursing early in the pandemic, and 1.3% left later in the pandemic. Among those not working, 1.9% and 2.1% shifted to travel nursing early and late in the pandemic, respectively.

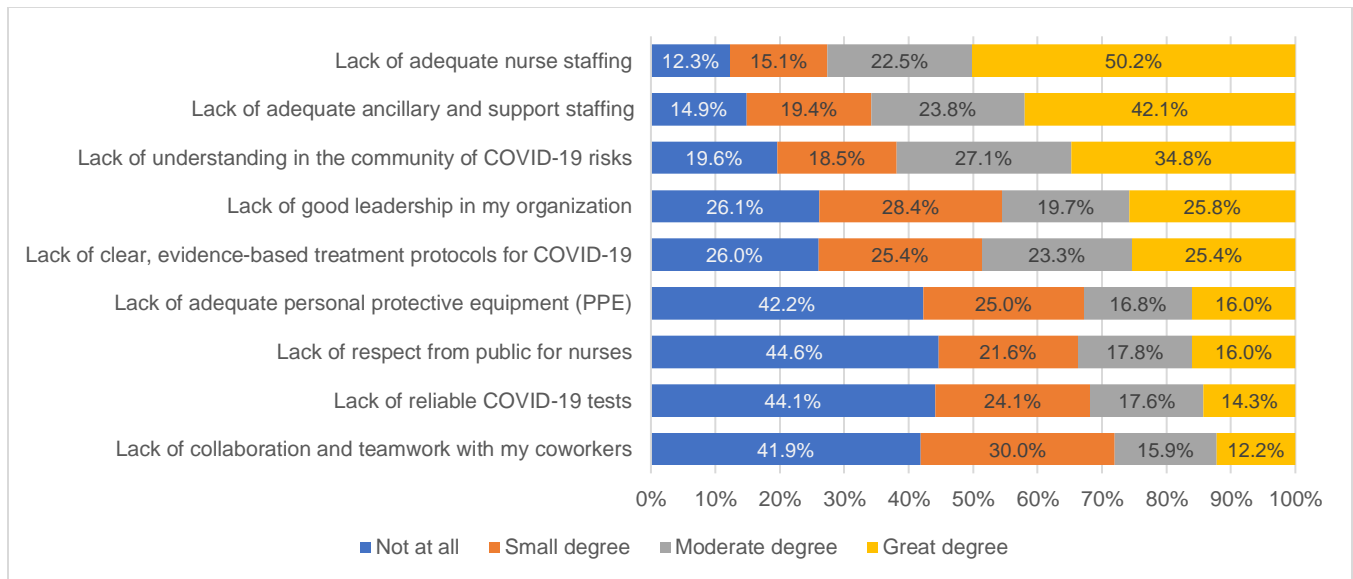
Figure 10.4. Chosen changes to retirement and leaving nursing experienced by RNs currently working not working RNs residing in California during different points of the pandemic



Note: Number of cases of currently employed (2,092) and not employed (283) = 2,375. Data will not total 100% due to the ability to select multiple responses. Data are weighted to represent all RNs with active licenses.

The pandemic affected many aspects of the nursing workplace as shown in Figure 10.5, where RNs were asked to describe the degree to which they became upset or frustrated with each of the following items in the 9 months prior to completing the survey. The lack of adequate nurse staffing caused the greatest degree of upset and frustration among RNs, with nearly over 50% reporting this issue. Other upsetting factors included a lack of adequate ancillary and support staffing (42.1%), lack of understanding in the community of COVID-19 risks (34.8%). To a lesser degree, RNs were also upset at the lack of good leadership in their organization (25.8%), and the lack of clear, evidence-based treatment protocols for COVID-19 patients (25.4%).

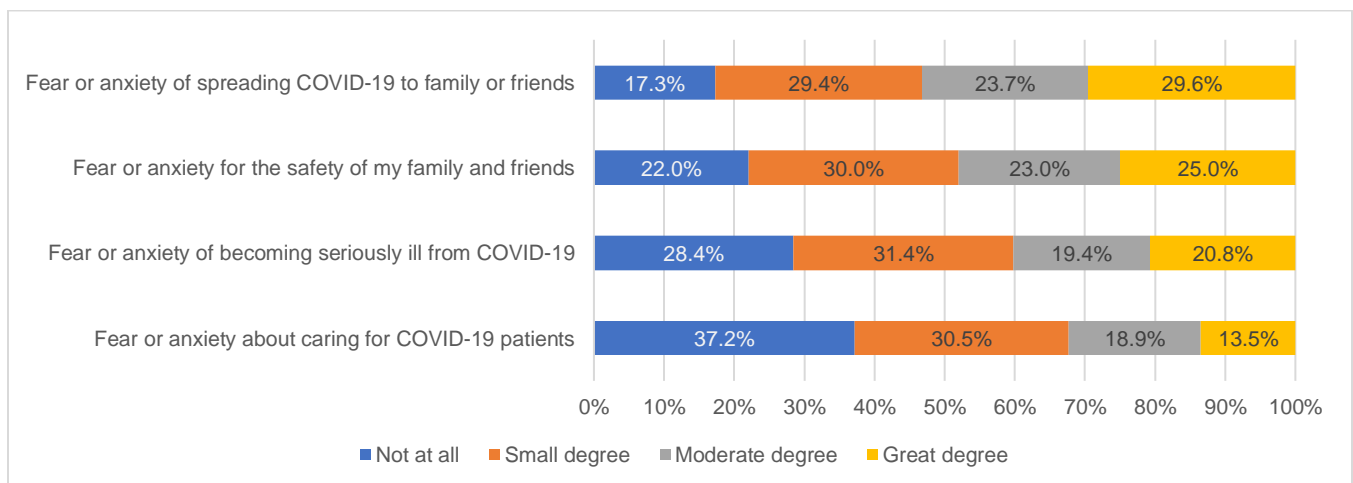
Figure 10.5. Degree of upset and frustration experienced by RNs currently working and residing in California



Note: Number of cases=2,056. Data are weighted to represent all RNs with active licenses.

The demands of the COVID-19 pandemic placed a great deal of strain on RNs.⁶ Figure 10.6 depicts aspects of the workplace that caused RNs to feel fear or anxiety. Over half of the responding RNs held at least moderate degree of fear and anxiety for the potential spread of COVID-19 to family or friends (53.3%), followed by worry for the safety of family and friends (48%). Approximately a third of RNs felt anxiety about caring for COVID-19 patients (32.4%).

Figure 10.6. Feelings of fear and anxiety experienced by RNs currently working and residing in California



Note: Number of cases=2,064. Data are weighted to represent all RNs with active licenses.

⁶ Berlin, G., Lapointe, M., Murphy, M., & Viscardi, M. (2021, May). Nursing in 2021: Retaining the healthcare workforce when we need it most. McKinsey & Company. <https://www.mckinsey.com/industries/healthcare/our-insights/nursing-in-2021-retaining-the-healthcare-workforce-when-we-need-it-most>

Over half of RNs reported having contracted the COVID-19 virus in Table 10.1 (52%). While most RNs experienced mild, short-term symptoms that did not require hospitalization, nearly a quarter reported experiencing serious symptoms (22.8%), including hospitalization (1.1%). Most reported having fully recovered from their infection (67.8%), and nearly a third of RNs reported mild lingering symptoms of illness (30.4%). Approximately 2% reporting serious lingering symptoms.

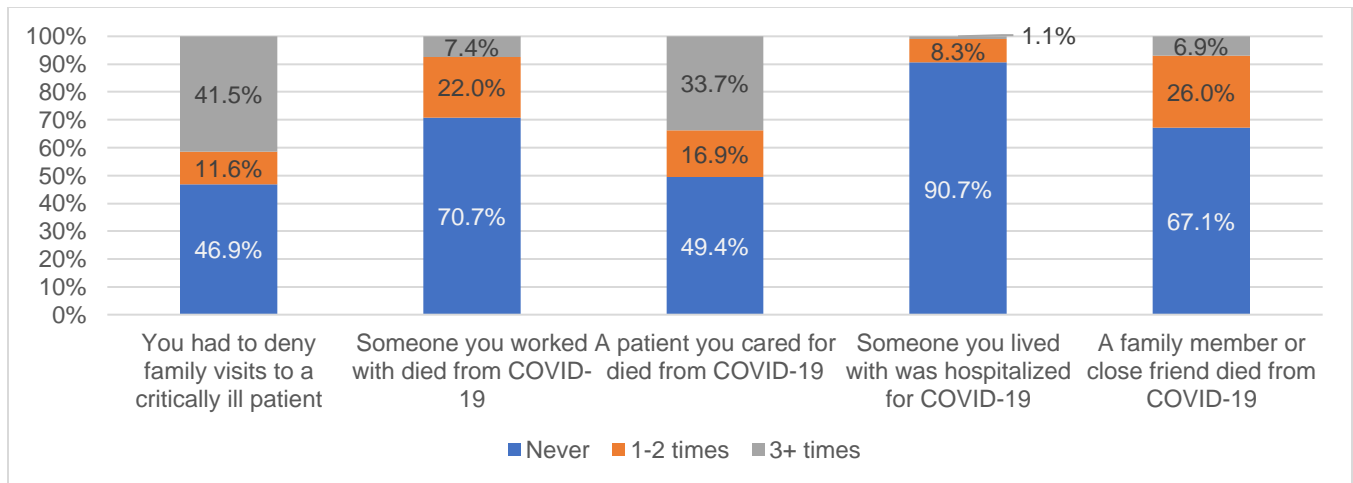
Table 10.1. Prevalence and severity of COVID-19 infection experienced by RNs currently working and residing in California

Have you ever heard a COVID-19 infection	%
Yes, confirmed by test	52.0%
Had symptoms, but not tested	4.5%
No	43.6%
Number of cases	2,068
How serious was your infection?	%
Mild short-term symptoms, treated at home	76.2%
Serious symptoms, but not hospitalized	22.8%
Serious symptoms, hospitalized	1.1%
Number of cases	1,038
Has your recovery been complete?	%
I have no lingering symptoms or illness	67.8%
I have mild lingering symptoms/illness	30.4%
I have serious lingering symptoms/illness	1.8%
Number of cases	926

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

RNs were asked how frequently they encountered a series of situations during the COVID-19 pandemic in Figure 10.7. In the midst of the pandemic, nurses frequently had to deny family visits to critically ill patients, with over 53% having done this at least once; however, a 46.7% of RNs never had to do this. Nearly 30% had at least one coworker die from COVID-19. Approximately half of RNs experienced caring for a COVID-19 patient who died (50.6%). More than 9% of RNs had someone they live with require hospitalization for COVID-19 (9.3%), and nearly one-third (32.9%) suffered the loss of a family member or close friend because of COVID-19.

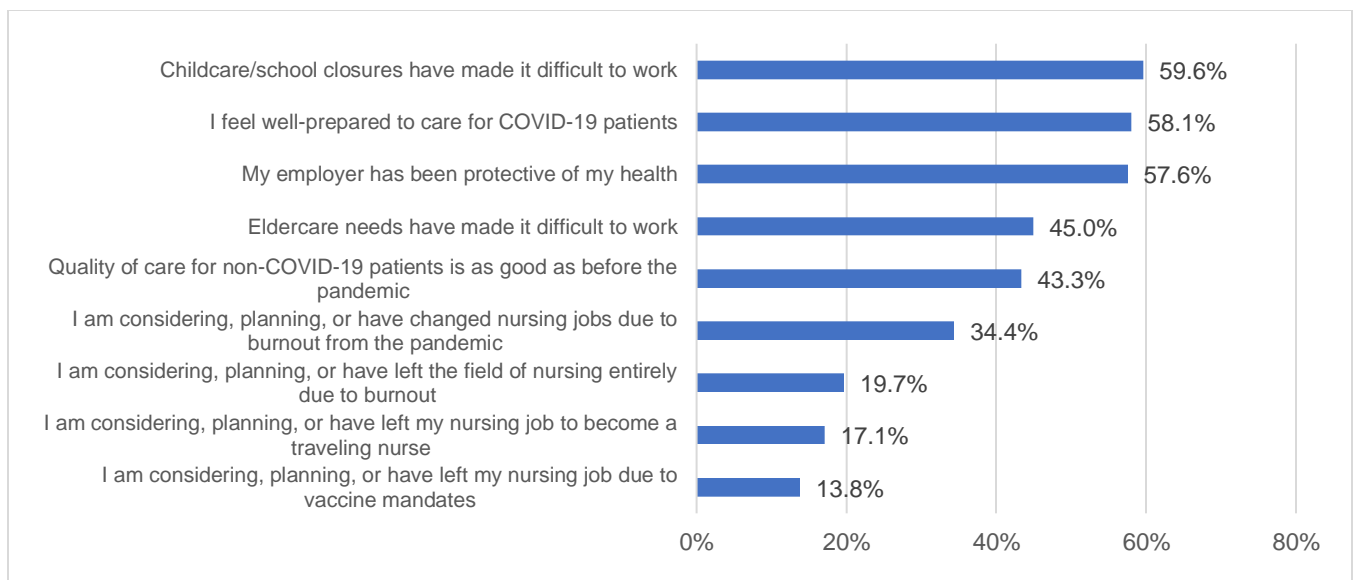
Figure 10.7. Frequency of denied visits, and friends/family members contracting COVID-19 experienced by RNs currently working and residing in California



Note: Number of cases=2,055. Data are weighted to represent all RNs with active licenses.

Nearly 60% of RNs agreed or strongly agreed with the statement that childcare and school closures had made it difficult to work during the COVID-19 pandemic, as shown in Figure 10.8. Over 58% felt well-prepared to care for COVID-19 patients, and 57.6% agreed their employers had been protective of their health, but only 43.3% agreed that the quality of care for non-COVID-19 patients is as good as before the pandemic. Few nurses agreed that they left, or were considering leaving nursing entirely due to burnout (19.7%), to become a travel nurse (17.1%), or because of vaccine mandates (13.8%).

Figure 10.8. Degree to which RNs agreed or strongly agreed with aspects of the COVID-19 period, for RNs currently working and residing in California



Note: Number of cases=1,935. Data are weighted to represent all RNs with active licenses.

11. Thematic Analysis of Nurses' Comments

Introduction

Respondents to both the online and mailed 2022 surveys were invited to provide comments to two prompts: (1) "How has COVID-19 had affected your work as a nurse?, Please describe how your work may have changed, changes in your workplace, concerns about the support you have in your work, or opportunities to contribute to meeting local and state needs," and (2) "If you have additional thoughts or ideas about the nursing profession in California, please write them below." Comments were received from 1,193 respondents, representing 84.6% of the total survey responses. Survey respondents who entered narrative comments were somewhat older than those who did not comment and were somewhat less likely to be from non-white racial/ethnic groups (Table 11.1).

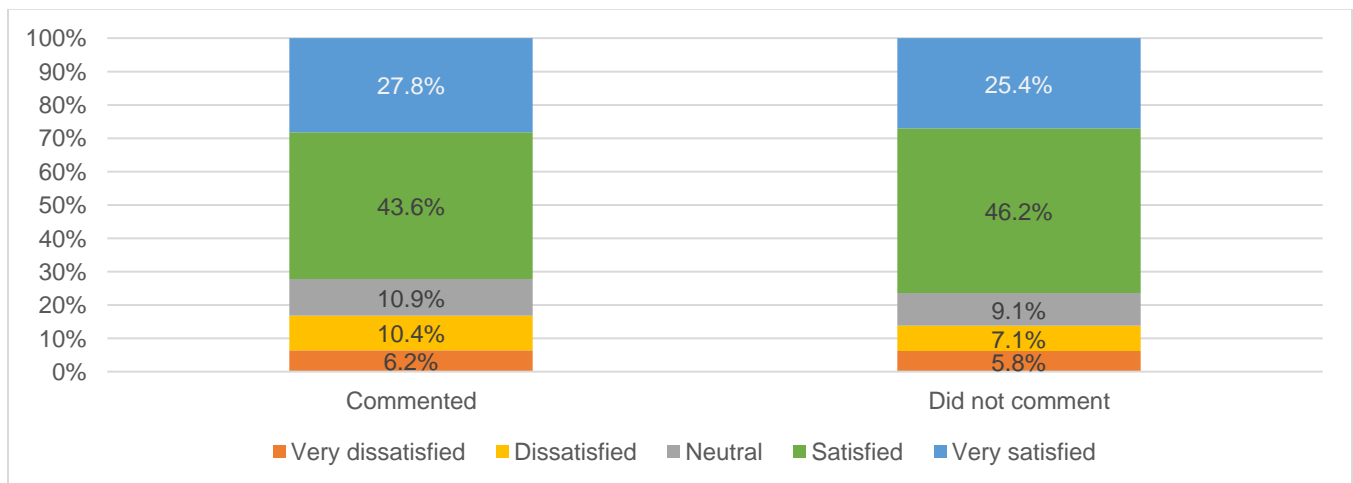
Table 11.1. Characteristics of respondents who commented and all survey respondents

	Respondents who Commented	All Survey Respondents
Age (years)	52.8	49.5
Ethnicity (% White)	45.9%	48.8%

Note: All survey respondents' number of cases=3,092. Respondents who commented number of cases=1,193. Age data in table are not weighted.

Survey respondents who commented were generally less satisfied with the nursing profession than those who did not comment. Of those who commented, 16.6% were dissatisfied or very dissatisfied with the nursing profession, while only 12.9% of those who did not comment were dissatisfied or very dissatisfied.

Figure 11.1. Satisfaction of respondents who commented and did not comment



Note: All survey respondents' number of cases=3,092. Respondents who commented number of cases=1,193. Age data in table are not weighted.

The volume of qualitative data prohibited the thematic analysis methods used for prior surveys. Instead, we applied several methods used to analyze large volumes of qualitative data. The qualitative analysis was completed in collaboration with Drs. Aaron Baird and Yusen Xia, who are faculty in the Data Science in Business Program at the J. Mack Robinson College of Business, Georgia State University, and with Donald Sull and Ryan Melehan, who are in the leadership team of [CultureX](#), which is a MIT-affiliated company using artificial intelligence tools to assess organizations' culture.

Word Cloud Analysis

The first phase of analysis focused on developing word clouds, which are visual depictions of the words found in the data. Words that occur more frequently in the data are represented as larger and bolder in the word cloud. The process of creating a word cloud eliminates unimportant words such as “the” and pronouns.

Figure 11.2 presents the word cloud made from responses in the 2022 survey’s general comments area and The words most often used by nurses in general comments were “nurse” and “nursing”, “patient”, “work”, “hospital”, and “need”. Other common words in the cloud that provide some insight into the experiences of RNs include “support”, “help”, “pay”, “career”, and “better.”

Figure 11.2. Word cloud of general comments



Figure 11.3 presents the word cloud for the COVID-19 question. The words most often used in these comments included “covid,” “patient,” “nurse,” “work,” “time,” and “staff.” Other common words in the cloud include “difficult,” “support,” “mask,” and “change.”

Figure 11.3. Word cloud of COVID-19 comments



Common themes of COVID-19 comments

Additional analyses conducted by the team at Georgia State University included an assessment of the topics addressed in the comments about how the COVID-19 pandemic affected nurses. The most common topics were:

- Nursing staff / nurse-to-patient ratio in hospitals
- Vaccine mandate
- Patient care during COVID-19 period
- Mask mandate
- Increase in mental stress due to lack of staffing during the COVID-19 period
- Switch to remote work to provide telehealth/telemedicine
- Online classes to teach nursing
- Adversely affected / mentally exhausted
- Retired during the COVID-19 period
- Procedures for extra protection during the COVID-19 period such as wearing PPE kit
- Increase in workload during pandemic

Detailed analysis using CultureX and text analyses

The CultureX algorithm identified common topics and themes, along with the degree to which comments related to that topic or theme were positive or negative. The algorithm requires that a comment be very clearly negative or positive to be coded as such; most comments were viewed as neutral even though a careful reading of each comment revealed that many expressed serious concerns about the current state of nursing work.

Many of those who commented pointed to the COVID-19 pandemic as a time when nursing work became more challenging and some RNs noted that many problems that have been attributed to the pandemic had existed previously.

COVID-19 has showed us the cracks of our current healthcare system - lack of supplies, unity, inaccurate education, inadequate staffing pre-COVID + during COVID, unfair pay to nurses (too low for the high risk)

[The pandemic] basically changed the entire way that I feel about nursing care, nurses, administration, healthcare in the country and in the world. This was a system that had so many cracks before COVID and the aftermath is that it will break.

Comments often reflected multiple issues, including workload, compensation, and the overall climate of nursing and the healthcare system.

...there are so many nurse colleagues of mine who entered this profession and feel stuck in it due to their financial situation and inflation... that they do not feel they can leave their jobs even if they wanted to. With the recent RaDonna Vaught case verdict [the RN who was convicted of murder for a medical error], minimal pay, long hours, political climate (even within medicine), price and difficulty of nursing school, hospital climate where nurses 'eat their young', and the mental and physical toll that the job itself takes on each nurse, I don't know why anyone would want to go into the nursing profession and work bedside in a hospital.

Nursing has become very demanding the standards of care for patients have increased while the pay as a staff and flexibility of having time off have decreased. It has become very tolling on nurses and the expectation and compensation is not at the same level.

We need safe staffing, higher pay + better benefits. I am disgusted by the fact that our hospital continued to expand, build new towers yet we were not given compensation for covid pay and put in harm's way.

While many nurses expressed deep concerns and frustrations, some had positive comments about nursing and their jobs.

I found a job I like w/ great coworkers, pay + schedule. I can't imagine leaving it.

Nursing in California had been great. There's a lot of opportunities to grow professionally/advance the profession - get certifications, masters or change in the field you love to excel. Most of the hospitals give equal opportunity for all nurses to develop their skills, to be able to give excellent care to our patients.

My career as a certified nurse midwife continues to be a joy. I am now in a position to work for greater midwifery philosophy of care in an integrated MD/CNM practice.

Compensation

Compensation was the most frequent theme identified by the CultureX algorithm, with common topics including pay in general, pay relative to the cost of living, and pay associated with advanced education and training. Although many nurses acknowledged they receive a relatively high level of pay, they also viewed their pay as inadequate compared with the cost of living, stress on the job, and cost of education.

The inflation in California has skyrocketed and even with good pay, it is challenging to live in small rural towns. The increased house payments and daily living cost is making it harder for nurses to solely depend on one job.

Nurses are paid well in comparison to other states. However, California is extremely expensive to live in. It is very hard to save money without working overtime. There is no possibility to buy a home as a single nurse in CA.

I am the main financial provider in my household. In addition to paying for my monthly expenses, I pay for my undergraduate student loans (which is about \$1400/ month). Although on paper my pay looks reasonable, the net-income is hardly enough to survive off of.

For me, I am incredibly disappointed in the lack of return on investment with my nursing degree. The loan debt forces you to make changes- like leave the nursing field just to pay off the debt (or really just interest because it is unaffordable).

Some RNs suggested that California policymakers and employers establish specific policies to increase the incentive to join and remain in the nursing profession.

Please assist us in convincing our state officials to increase more the benefits and compensations of all front line medical workers. It's not just a pay but more of a moral support making us think that we will be rewarded for saving people's lives.

California nurses need additional pay depending on our role like precepting, relief supervisor etc.

CA should offer incentives to increase the number of direct patient care nurses, the pandemic has left our healthcare systems with a shortage of all employees, including RNs. Incentive examples like a cash incentive, loan repayment, or increase education reimbursement for tuition.

Nurses with advanced practice certification, such as nurse practitioners and nurse midwives, also commented about their compensation. Some noted that they believe the pay of advanced practice nurses is lower than that of bedside RNs, which is a barrier to holding advanced practice jobs. Some nurse practitioners also compared their earnings with those of primary care physicians, expressing frustration that they are paid less for similar work.

I recently became an FNP and will probably never practice in the field b/c the pay is less than I can make as an inpatient RN but the workload + responsibilities are greatly increased.

NPs need higher compensation. We perform the same exact tasks as MDs for a fraction of the pay.

Many states are allowing NPs full unrestricted care because our outcomes are comparable or better than the standard outcomes. However, physician's lobbying groups in California continue to convey NPs as underqualified clinicians. This overall outlook makes NPs look less valuable to an unknowing public, the institutions we work in, and ourselves, even though it's not true.

NPs are pulling the load of PC [primary care] in California yet the MDs/DOs have little to no respect for us. We cannot bill the same amounts so our pay is not raised. I provide better care for my patients + they have better outcomes than those cared for by MD/DOs in my practice.

Need Nurse Midwives supported in home births and pay equal to other master's nurses hospital nurses.

Concerns were also expressed about the low pay received by nurse educators. The fact that most nursing faculty positions pay less than patient care positions was noted as a barrier to expanding nursing education and ensuring high-quality training for new nurses.

Nursing school educators and instructors are the foundation and key in providing quality nurses, however, the opportunities and pay for these instructors is severely deficient and should be addressed.

Nursing home and long-term care settings were also identified as having low compensation in the comments, which is corroborated by the salary data presented in this report.

Very low pay for nurses in nursing homes.

Disappointing working wages/salary for nurses working in SNFs, LTC.

Inadequate compensation was viewed as a fundamental problem driving nursing shortages. Nurses were particularly frustrated with this in the context of growing reliance on highly-paid traveling nurses.

There is little to no reason for many nurses to stay in their profession when job demands have greatly increased since the start of the covid pandemic but pay has not increased. Retaining good nurses does not seem to be of importance, and instead travel nurses are brought in to do the same work but receive nearly double the pay of regularly staffed nurses.

For years we've advocated for more staff, salary increases to retain who we have in order to help with the work load....now all of a sudden they can pay travelers, but most of our staff have left....too late!

Myself and a lot of my colleagues have made the decision to leave our staff job and join the travel nursing forces. Better pay and better compensation is what we are striving for.

It's sad that travel nurses make sooooo much money, yet they don't want to pay staff nurses this much and then when the government found out how much travel nurses make, they decided to put a cap on it. No that's not the point. The point is to pay your staff more money... if the hospitals paid the nurses almost the same as the travelers, more staff would stay!

Work schedules and flexibility

A large number of comments were related to the theme of work schedules. Specific topics within this theme included the number of hours of work, paid time off, meal and work breaks, schedule flexibility, and schedule predictability.

I enjoy the fact that meal breaks and 15 minute breaks are mandated in California. Working in other states where this in not the case, has made me grateful for this.

However, not all nurses reported that they had adequate break time; some nurses work in positions that are not covered by state regulations that mandate specific break times.

As a NP, we don't get regular breaks or lunch hours We are expected to be "on call" at office.

Nurses also expressed frustration regarding denials of requested vacation time, being called in for unscheduled shifts, and the impact of nursing schedules on their families.

The department I am in is horrific when it comes to using vacation. The scheduler follows a guideline to only approve a max of two license staff members at a time. Staff are frequently denied vacation days. One example, I was denied for my birthday which landed on a weekday and I asked for it 3 years in advance. Staff call in sick on days they were not approved off, which causes an unnecessary cycle of overtime and stress/burnout.

Shift work, taking call and working holidays are all part of it but very hard on a family. I have seen so many young mothers who are good nurses leave for more scheduled jobs. Scheduling has to be creative and if there is enough on-call or per-diem nurses to fill the last min request, it helps to keep everyone happy.

I have been threatened with termination if I did not come in on an unscheduled shift, put in unsafe nurse to patient ratios and floated to departments that I was not properly trained in.

We need schedules that fit better with family life and school/daycare hours. We need more options for shift times to fit our family lives, various types of hours, various part-time to full-time options, more flexibility in hours.

Workload

Workload was one of the most common themes of comments, with many negative comments about the sufficiency of staffing.

Some comments noted the importance of having adequate support staff and resources to manage workloads.

I have watched the healthcare system begin to fail by a lack of supplies and hospitals taking staffing cuts on CNAs to help the nurses with critically ill patients... We need more help on units (CNAs, resource nurses, etc), safer working conditions, and more time off to mentally heal.

Many comments acknowledged that California's hospitals are mandated to meet minimum nurse-to-patient ratios, which ensures better staffing than found in other states.

I feel lucky to live in CA where we have nurse to patient ratios, I have worked in many other states that do not and won't leave CA because of this.

California is the best state to practice nursing due to the state mandated Nurse-Patient Ratio. I am still in the profession because the work condition in California tolerable compared to other states.

The patient ratio law in California is amazing this needs to be passed in every state.

However, some respondents believe that their employers are not following the regulations in good faith, causing unsafe working conditions and increasing workloads beyond a reasonable level.

Employers continue to abuse ratio loopholes due to covid crisis.

There needs to be more of an incentive on the parts of management to provide adequate staffing. Patient ratios frequently go out the window because management refuses to hire adequate staff, does not approve overtime, or simply will look the other way because they want their budget to continue to work their way. It's disgusting, unethical, and extremely unsafe.

Heavy workloads were cited by some nurses as detrimental to patient safety as well as their own well-being.

Supposedly, California is one of the best states to work for due to ratios, etc. Currently, nurses are being run into the ground, have too high a patient load, do not get breaks for simple things like personal care (going to the bathroom). It is unsafe and when patient safety is addressed to management, it goes ignored. I do not want to be responsible for a patient's harm due to being overworked. And I do not want to dread going to work anymore. My co-worker told me she cries every day she has to come to work. Who wants to be in a profession that makes you feel like this on a daily basis?

I now worry before every shift about having enough staff to do my job safely, to be able to care for my patients and to protect my license. I worry my coworkers will quit or leave for travel positions because they pay better.

While travel nurses were acknowledged as necessary to ensure enough staff to care for patients, some nurses expressed concern about the readiness of travel nurses for their assignments.

Expand / require better mandates for 'experienced' travel nurses. I have had travel nurses 'with xxx years experience' come to my trauma level 2 hospital, get oriented for one day, and not know how to manage hypoxia, a vent, or an insulin drip.

Concerns about workloads were shared by nurses in nurse practitioner and long-term care roles, as well.

So few resources for mental health, substance abuse, regular access to care in community made my job stressful as a NP. 23 patients per day, staff shortages and lack of support was unbearable. Rural NP job in primary care in CA was awful.

I worked for a FQHC, 20 mins/patient, too little time. This affected my health. You aren't doing the PCP [primary care provider] any favors or the patients It is extremely unhealthy! I do nearly everything an MD does & get a fraction of the pay.

There is no limit or ratio of nurse to residents. Given that older adults acuity and needs are increasing, working with 75 residents is unsafe and does not leave room to provide quality care. This model of care in nursing home leaves an impression that people at their end of life are not

cared for equally as the people in other healthcare settings which strongly points out to ageism and careless from policy maker perspective. Ironically, everyone is headed eventually to nursing homes, the saying one's quality of sleep depends on how one makes the bed, is very much going to become true if there is no dramatic change in the healthcare model in the long term care facilities.

Employers' priorities and leadership

A large number of comments related to the theme of the degree to which employers were focused on their customers – i.e., their patients. These comments often pointed to organizations' financial incentives and what was perceived as an increase in interference by insurance companies and regulators in the delivery of high-quality patient care.

I love nursing but the trends I see in profession are disheartening. Corporate management of hospitals decreases respect for nurses.

The quality of care is decreasing- Insurance companies are getting in the way of good care with those that make the decisions on time of care to patients who have no medical background. The doctors and nurses should be making those decisions, not Insurance companies, reading numbers and documents, instead of sitting with the patients and their families for the proper care.

90% treating charts 10% treating patients. My greatest reason for hating my job. The redundancy of the mass of paperwork required is undeniably the greatest reason to leave this profession.

The way all nursing staff has been treated has only gotten worse over the last 2+ years. We are expected to sacrifice our own health and well-being on a daily basis working short staffed without breaks and proper PPE...The only thing I've seen is how little nurses are valued by hospital administration and by government agencies. I've seen nurses leaving the profession in droves.

Many comments reflected a perception that healthcare leaders do not focus on staff concerns, which is detrimental to patient care.

Owners and managers are more about profits and maximizing patient ratios then they are about nurses well-being and overall patient care.

A few rotten apples spoil the bunch. Toxic manager / admin have changed the work culture at my hospital. Their attitude is shut up and do what you are told. No room for feedback.

Neither the doctors nor the nursing manager cared that our center consistently broke the nurse-patient ratios and didn't get our required breaks. They only cared about the volume of patients and getting them in and out of surgery as quickly as possible. Patient safety didn't seem to be a concern. Nursing management did not support the nursing staff concerns regarding these matters. This constant rush severely impacted my health and well-being.

Management and administration do not seem to care about those actually working the 'frontlines'. They impose mandates and protocols without considering the effect it has on workflow, staff safety, and staff satisfaction. There is no drive from any level of management to boost morale or improve staff satisfaction. The only thing management looks at is finances and HCAHPS. You will not have either of you continue to disappoint and tear down your staff.

The employer appears to care less about its employees and only cares about having bodies at work, not the well-being of employees which is really sad. I only see this type of corporate greed

in healthcare getting worse and honestly when asked about the profession I urge others not to go into it.

I work with a great team and our immediate supervisors are fantastic. Managers and directors are not very responsive. Their heads are buried in corporate nonsense and they have completely forgotten what it is like to provide good quality patient care. they do not understand providing high quality patient care is the best part of our job and do not support us to that end.

During the pandemic I feel that we put ourselves at risks brought up patient safety concerns and were ignored or under appreciated. It has brought to light that hospitals and large organizations do not care about their staff. As a nurse I do not feel respected or appreciated by my organization. I have lost my faith in our management team. Our management team works for the hospital CEO and does not advocate for the nurses.

For my entire career I have had incompetent supervisors, managers, leaders in clinical settings. This is worse now with financial pressures exerted on healthcare settings.

Administration has been incredibly unsupportive of staff and their actions do not reflect their words. They do not support a just culture environment, especially during the pandemic. Continue to add more work and responsibilities. No one can voice concerns without fear of retaliation. They took vacations when staff were unable to due to short staffing.

Increased outward disrespect to nurses from hospital administration. Constant shaming about issues related to pay, retention, "resilience", etc. As nurses leave, administration and professional organizations publicly shame nurses and continue to say that the challenges are related to lack of self-care and resilience. The pandemic showed that profit motive in healthcare is unsustainable.

Many of those who commented made recommendations to improve the support they receive from health care leaders.

Management needs to listen to the floor nurses. Most times managers have not been on the floor or worked the floor in decades that they forgot how it's like to be in the front lines. They hide behind their desk and not even come out to see how the staff are doing.

RNs will be well motivated to work if the supervisors from Charge Nurses, Nurse Managers, and Directors of Nursing will lead by example, walk the talk, and also a very great educators to their subordinates.

My employer is currently quite " top-down ", not really multi-disciplinary or a collaborative management work environment...it would be a better work environment if these approaches were adopted.

Some nurses expressed frustration at superficial acknowledgements of their work and ineffective programs that were claimed to be supportive.

I have been bothered by the lack of understanding by administrators as to what the Hospital staff is truly needing. We don't need more pizza parties, we don't need "awards" and happy talk. We need staffing. We need help with a patient population that is becoming more aggressive.

As nurses we in general have entered the profession from a point of caring about the health and welfare of those around us, even to the detriment of our own health. This is being taken advantage of and abused by pushing more demand of our time, safety, and wellbeing for the

"greater good" of our patients. I can honestly say, every time I hear the phrase "healthcare heroes" I feel the need to spit, those who use that term want nothing more than for us to be satisfied with the pat on the head and to fall in line, ignoring all the egregious abuse thrown at us every single day.

One manager reflected on some of their efforts to better support staff.

As a manager, I have had to strategize how to increase the moral, teach staff soft skills to increase their capacity to be more resilient. There has been a big focus in our organization with caring for the caregiver. We have provided areas in the hospital for staff to take a moment to reflect and reset their day. I have personally seen these strategies be effective and I find that when the staff feel supported and cared for, it benefits their patients.

However, some comments reflected skepticism that their leaders would make positive changes to support nurses.

The report will have so much good information that the higher ups will do nothing about except it read it and throw it out. Change takes too long and that's why nurses will continue to leave.

A few nurses made very positive comments about their employers, and the data indicate that many nurses are satisfied with their current employment.

My employer has been amazing, Very supportive and appreciative of all staff including nurses.

My organization has been incredibly supportive, transparent...I believe [my employer] values "our people" and sees the faculty, staff, students as the strength of the organization.

Incivility and violence from patients, colleagues, and the public

There were many comments that nurses face incivility from patients, colleagues and the public. One nurse summarized the situation:

1) Patients + family members are more hostile -> accusing us of "killing" people, threatening anything from lawsuits to violence. 2) Disconnect between management + staff is greater, more resentment, more hostility. 3) Overall "burnout" seems to be causing more bullying, less teamwork, + the exodus of experienced (older) nurses, influx of new grads, + workplace hostility + lack of willingness to work together + help + teach is creating an unsafe environment. 4) Policies change so often, it feels like nobody knows anything, there's no consistency + it creates problems with patients + staff.

Some nurses pointed to the COVID-19 pandemic as a turning point that generated mistrust toward health care providers from the public and opened the doors to hostility and abuse.

Patients + family members are more hostile -> accusing us of "killing" people, threatening anything from lawsuits to violence.

I was verbally assaulted 3 times outside of work, simply because I had my RN name badge on. The division of the public and the anger due to it [the pandemic] has been heartbreaking. I am still proud to be a nurse... I just don't publicize it so much anymore.

COVID has made work the most stressful, physically, and mentally exhausting experience of my entire career. The lack of respect, the verbal and physical abuse from patients and family members is unlike anything I have ever experienced.

Even prior to the pandemic we were often treated like garbage by patients/visitors, working in unsafe situations and repeatedly exposed to trauma. The healthcare system does a poor job of proactively caring for healthcare workers.

The amount of workplace violence that administration accepts is driving many nurses out of the workforce. This has been made worse by the pandemic. Many nurses are being punched, kicked, assaulted at work. Senior management does nothing to address this.

Some comments pointed to rising workplace violence and injury associated with increasing behavioral health conditions among patients, including serious mental illness and substance use disorders.

Increased mental health and substance abuse hospitalizations. More physical violence and verbal violence from patients. lack of adequate nursing staff due to burn out.

The patients we serve are noted to have more substance abuse issues and behavioral issues, in general have increased.

Workplace violence has become real threat & workplace injury rates are skyrocketing. It is very concerning. Seems like only a younger demographic <50 yrs will be able to handle bedside nursing as time goes on due to increased risk for injury.

The urgent need to address incivility in the workplace and provide nurses with the respect they are due was apparent in many comments.

Perception of nurses needs to improve. We are not garbage bags to be filled up or abused, hit or treated poorly by MDs, staff and especially middle management who really do not care about the welfare of nurses.

Nurses used to be a respected profession. More and more frequently we are victims of violence (lateral violence in the workplace as well as verbal and physical abuse from patients and/or family members).

Burnout

The combination of heavy workloads, workplace incivility, lack of supportive leadership, inadequate pay, and trauma from the pandemic have led to high levels of burnout among many nurses. This is apparent in both the survey data and the comments made by nurses.

COVID has affected my work tremendously. I suffered severe burnout during the pandemic. It led me to become depressed and anxious about going to work. I will always love nursing and caring for patients directly. However, when my mental health was suffering through COVID, I had to choose myself and step back for a bit. I had to seek therapy and get help to deal with my anxiety/depression. It is very difficult to walk into your workplace and see fellow nurses burning out as well and being exhausted. More and more nurses are walking away and that leaves us very short staffed. Feeling like we have no support weighs heavily on us nurses.

Since the pandemic started, I feel completely burned out in my profession. Workload & daily demands have increased a lot, yet there are less resources available on the floor. I feel overwhelmed, unable to perform my job at the level I want to or feel capable of. Patient ratios remain the same despite COVID patients requiring much more of your time & attention. Management is also disconnected from what is actually happening at the bedside, instead focusing attention on issues that seem less important or unrealistic. Staff is burned out & unhappy

making the work environment feel more isolating. I don't feel supported by co-workers, mostly because they are overwhelmed as well and are unable to provide any additional help when needed.

Burnout and stress were identified by nurses as exacerbating workplace problems, including both civility and workload.

Overall "burnout" seems to be causing more bullying, less teamwork, + the exodus of experienced (older) nurses, influx of new grads, + workplace hostility + lack of willingness to work together + help + teach is creating an unsafe environment.

Burnt out nurses. Staff leaving/quitting nursing completely or for jobs that compensated more for the burnout. More pay etc. Staffing shortages due to burn out and low pay.

Burnout was reported by RNs who worked in settings other than hospitals, as well.

I am a public health nursewe are continuing to do telehealth visits. I have completely disengaged from my position and I just can't connect with people over a screen or phone. My mental health has suffered dramatically.

Some RNs discussed their current feelings in contrast to past enthusiasm for nursing.

Prior to Covid I would always encourage my younger sisters or other peers considering a profession in nursing to go for it. I would talk endlessly about my job satisfaction, how nursing brings me a sense of meaning and purpose. Now I tell people to NOT be a nurse and instead pursue tech or engineering. I burnt out after years of never being recognized for my work or contributions, having to deal with overwhelming stressful situations...the workload was tremendous every single day I worked bedside and I would leave completely drained emotionally, physically and mentally.

I used to love being a nurse. I was so proud and enjoyed so much of it. But it has become unbearable for me. There's no joy in it anymore. I have an enormous amount of student loans that can't be forgiven because they have been refinanced. I will never afford a house. I am basically paying to be a nurse, and I dread work every day.

Some nurses pointed to an exodus of nurses due to burnout and its impact on staffing and quality of care. Some nurse leaders are experiencing this stress alongside staff nurses, and seeking solutions that can enable them to remain in their jobs.

The biggest change experienced is how many experienced nurses on my unit left the bedside due to burnout. The nurses who left the bedside felt there was a lack of leadership by our unit manager and hospital wide. Being in the charge nurse role this meant having many inexperienced nurses or float nurses working on our high acuity unit. This then caused more stress in my position and had ultimately caused me to question my continuance in the charge nurse role.

Nursing education and the transition to practice

The future stability of the nursing workforce depends on the success of nurses who have recently entered the profession, as well as the successful onboarding of nurses who change roles or employers. Many nurses commented about challenges in these areas. One nurse recommended:

Establish legitimate new graduate preceptorships, many hospitals claim to have new graduate programs, but when you show up to be trained they simply leave you on your own. This places

new nurses in unsafe situations, this doesn't teach them anything, it places them at risk of losing their license, so they leave the hospital.

Other respondents also expressed concerns about the onboarding of new staff.

Quality of training seems to be very diluted on top of no management physically present in the area to ensure policy and procedures are followed. Corrections and directions from us staff do not seem to be as effective as coming from higher-ups. Bad practice is then perpetuated and passed on to the newcomers.

Nurses need more support, and with several veteran nurses leaving the profession, new nurses are taught by nurses with minimal experience which is dangerous.

We need more training opportunities from employers, more entry-level training, more training in different departments.

Similarly, some advanced practice nurses thought that nurse practitioners were not getting as much hands-on training as ideal.

...Additional time to mentor students decreased dramatically. Unable to take students now from MSN programs due to less time for mentoring.

NPs should have a mandatory 1 year residency! Instead of being thrown directly into the profession. It would make the transition better! Also, better respected in the field, I believe.

Finally, even with widely-reported shortages of nurses in California, some respondents commented on the challenge they faced finding a job in California.

I am also a new grad and great at my job, I've been applying to several hospitals not only to get experience and advance my skills but to also help out but no they won't give me a chance because they apparently don't want to hire new grads even if they are going to help out. I also don't understand the requirement of having your bachelors to work in hospitals as it's completely useless, the patient doesn't care about if we learn about management or leadership they care about how they are going to be taken care of.

I had a very hard time getting a job when I moved to California because every job required X amount of experience. There are no good entry points for nurses into the profession unless you know someone or went to a local school. This was discouraging enough to make me want to leave the profession.

Conclusions from the narrative comments

Many nurses are reporting a crisis in the nursing profession, with high levels of burnout, poor support from leadership, and inadequate staffing that compromises patient safety.

The lack of respect from the public, the increased workload related to lack of ancillary staff, the asinine charting requirements and decreased RN staffing is demoralizing and soul-crushing. I'm very much looking forward to leaving nursing in the next 5 years.

The themes and comments describe above illustrate the depth of the challenges and the urgent need for health care leaders to sincerely listen to and address nurses' concerns. Fortunately, many RNs continue to find joy in being nurses and their employers can build on this to create the improvements needed to stem attrition from the profession.

12. Discussion

The data from the 2022 Survey of Registered Nurses indicate that a growing number of older RNs have left nursing and a large number intend to retire or quit within the next two years. At the same time, unemployment among younger RNs increased. There also were concerning decreases in many aspects of job satisfaction among working RNs. Together, these data suggest that the pandemic negatively affected many aspects of the workplace and spurred some nurses to retire early.

The results of this survey are consistent with other studies that have reported concerns about nurses' stress during the pandemic and the potential for greater numbers to leave their jobs or to leave nursing entirely.⁷ A national survey in 2023 reported that 31% of nurses may leave their current jobs within the next year, which is lower than the 35% of California nurses that may leave within two years, but still concerning.⁸ Another national survey conducted by the National Council of State Boards of Nursing and National Forum of State Nursing Workforce Centers reported that 62% of nurses reported an increase in their workload after the COVID-19 pandemic and 45.1% feel burned out.⁹ This study also reported that comments about unsafe staffing levels, feeling underappreciated, and low pay were greatest among nurses with fewer years of experience.

A recent study of nurses in Michigan reported that 39% planned to leave their position within one year, which is notably higher than reported among California RNs.¹⁰ Nonetheless, the concerns reported by Michigan nurses as drivers of nurse attrition – inadequate staffing, exhaustion and burnout, workplace violence, and toxic practice environments – were reported by many California nurses as well. Other research has pointed to the importance of supportive, non-abusive supervision in improving nursing workforce outcomes;¹¹ employers need to implement strategies to address the quality of the work environment.

Large numbers of nurses are entering the workforce, with the numbers of people graduating from California's RN education programs continuing to increase. It is essential that these nurses be successfully transitioned into practice. Some recently-graduated nurses have reported difficulty finding work and the ability of organizations to provide comprehensive orientations has been challenged in the midst of staff shortages. However, high-quality onboarding can increase the retention of nurses, particularly programs that are structured as either nurse residencies or individualized mentoring, last a full year, and ensure that preceptors and mentors are well-trained.¹²

With a shortage of RNs likely already underway, employers need to redouble their efforts to retain RNs and develop career paths for newly-graduated RNs. Strategies to mitigate burnout need to go beyond stopgap measures such as encouraging meditation and yoga; these approaches do not address the fundamental causes of burnout. Numerous recommendations have been made, with recent advisement by faculty at Duke University

⁷ Berlin, Gretchen, Meredith Lapointe, Mhoire Murphy, and Molly Viscardi. Nursing in 2021: Retaining the healthcare workforce when we need it most. McKinsey Insights, May 11, 2021. <https://www.mckinsey.com/industries/healthcare/our-insights/nursing-in-2021-retaining-the-healthcare-workforce-when-we-need-it-most>

⁸ Berlin, Gretchen, Faith Burns, Connor Essick, Meredith Lapointe, and Mhoire Murphy. Nursing in 2023: How hospitals are confronting shortages. McKinsey & company, May 2023.

⁹ Martin, Brendan, Nicole Kaminski-Ozturk, Charlie O'Hara, and Richard Smiley. Examining the Impact of the COVID-19 Pandemic on Burnout and Stress Among U.S. Nurses. *Journal of Nursing Regulation*, 2023, 14(1): 4-12.

¹⁰ Medvec, Barbara R., Deanna J. Marriott, Lara Khadr, et al. Patterns and correlates of nurse departures from the health care workforce: Results from a statewide survey. *Medical Care*, 2023, 61:321-327.

¹¹ Labrague, Leodoro J. Abusive supervision and its relationship with nursing workforce and patient safety outcomes: A systematic review. *Western Journal of Nursing Research*, 2024, 46 (1): 52-63.

¹² Vazquez-Calatayud, Monica, and Mari Carmen Esevenri-Azcoiti. Retention of newly-graduated registered nurses in the hospital setting: A systematic review. *Journal of Clinical Nursing*, 2023, 32(19-20):6849-6862

being an exemplar.¹³ Interventions need to be at both the individual level and systemic level. Employers also urgently need to rapidly develop and implement strategies to mitigate the potential harm of shortages over the next five years. Without rapid and sustained effort, rising rates of stress, dissatisfaction, and shortages will not be resolved.

¹³ Cunningham, Tim, and Rosa M. Gonzalez-Guarda. Burned Out on Burnout—The Urgency of Equity-Minded Structural Approaches to Support Nurses. *JAMA Health Forum*, 2023, 4(12):e235249.

Appendix A. Technical Appendix

Survey Development

UCSF worked with the BRN to update the survey questionnaires for 2022. Specifically, the survey update included the following steps:

- A review of past surveys conducted for the BRN, particularly the survey conducted in 2020.
- 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 survey based on feedback from BRN and UCSF staff, as well as other experts.
- Development of formatted survey instruments.
- Testing of survey instruments by nurses recruited by UCSF, the Nursing Workforce Advisory Committee, and the BRN.
- Development of the web-based survey.
- Testing of the web-based survey by staff at the BRN and UCSF.
- Editing the formatted survey for printing and editing of the web-based survey 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 445,244 nurses with active licenses residing in the United States to UCSF on March 17, 2022. This database included name, mailing address, birth date, date of licensure in California, date of last renewal, and license status. 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. Note that the sample frame included all people with an active California RN license, including those who also are advanced practice nurses (nurse practitioners, nurse midwives, clinical nurse specialists, and nurse anesthetists).

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 six age groups, and selected the sample to be surveyed based on target numbers for each region and age group. Eight of the regions were agglomerations of California counties; 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.¹⁴ With this type of sampling, surveys returned from each stratum (region-age group, 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 2020 survey, thus requiring at least 750 surveys be mailed to nurses in each region. The first four columns of Table A.1 present our final sampling scheme.

Due to an error in the direct mailing services of the printer, Nurse Practitioners and Nurse Midwives who had been selected to receive a survey specifically for them additionally received an RN survey. These additional responses were weighed to produce statistically valid estimates of the full population of registered nurses in California.

¹⁴ See, for example, Si, Yajuan, Sunghee Lee, & Steven G. Heeringa, 2024, "Population Weighting in Statistical Analysis," *JAMA Internal Medicine*, 184(1):98-99. Doi:10.1001/jamainternmed.2023.6300.

Process for Data Collection and Coding

We used a combination of email and paper mail to field the survey in order to maximize the response rate. Over time, the number of RNs who respond to the BRN survey online has increased, but our experience with this survey is consistent with that reported by others: response rates to paper surveys remain higher than online surveys.¹⁵ The 2022 survey was first sent by email to all RNs selected for the survey with email addresses available in the Board of Registered Nursing's database. This email was delivered to 5,427 RNs on April 18, 2022. Reminder emails were sent on April 27, 2022, May 5, 2022, May 18, 2022, and a final email before closing all data collection on February 2, 2023.

A cover letter from the Board of Registered Nursing was mailed along with the survey instrument to all RNs selected for the survey who had not already completed the online survey with a postage-paid return envelope and information about how to complete the survey. The survey was mailed through the U.S. Postal Service on July 29, 2022. A reminder postcard was sent on August 12, and a second copy of the questionnaire was mailed on October 14 to non-respondents. Reminder postcards were sent on November 10, 2022, and January 6, 2023. Data collection ended on March 30, 2023.

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 second copy 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 a computer program to ensure only valid codes were entered and logical checks on the data were met. Approximately 51.7% of the respondents completed the survey online, an increase of approximately 16 percentage points from 2020.

Response Rates and Representativeness of the Data

By the end of the data collection period, questionnaires were received from 3,104 of the 8,000 RNs to whom surveys were mailed. Twelve of these indicated that they refused to participate, and thus there were 3,092 useable responses. A total of 800 cases were determined to be ineligible for the survey due to being the survey packet being returned for lack of a current mailing address (797), reported death or other inability to participate (1), revised residence outside the United States, or a lapsed license (2). Thus, there were a total of 7,200 eligible nurses and a 42.9% response rate for the eligible population. Table A.2 details the survey response outcomes for the years 2012 through 2022. Note that the response rate in 2022 was lower than in previous years; this is part of a long-term trend toward lower response rates which may have been accelerated by the continuing effects of the COVID-19 pandemic.

Survey responses were matched to the original sampling database so that response bias could be examined. The last three columns of Table A.1 present the regional distribution of survey respondents and the response rate for each region. There was some difference in response rates across regions. Nurses in the San Francisco Bay Area,

¹⁵ Kidd, Joanna C., Sue Colley, & Sarah Dennis, 2019, "Surveying Allied Health Professionals Within a Public Health Service: What Works Best, Paper or Online?" *Evaluation and the Health Professions*, 44 (3): 226-234. doi: 10.1177/0163278719870568.

Northern Counties, and Los Angeles were more likely to respond to the survey than average, while nurses residing out of state had the lowest response rate, followed by RNs living in the Inland Empire region. The age distribution of respondents also differed from that of the sample, as seen in Table A.3. Younger nurses were less likely to respond to the survey, with only 24.7% of nurses under the age of 35 years completing the survey. In contrast, 54.4% of nurses aged 65 and older responded to the survey. Thus, younger nurses (35 years and under) are underrepresented in the data, while nurses 55 and older are overrepresented.

To address differential response rate by age group and region and account for the stratification of the sample design, post-stratification weights were used to ensure that all analyses reflected the full statewide population of RNs with active California licenses. The post-stratification weights were based on the number of nurses in the sample file for each region and each age group. We used Stata MP 15.1, a commonly employed 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 RNs.

Unweighted tables based on the full dataset of 3,092 nurses with active licenses may vary from the true population values by +/-1.57 percentage points from the values presented, with 95% confidence. The use of weights improves the accuracy and representativeness of the reported tabulations and means presented in this report.

Table A.1. California’s nursing workforce, survey sample, survey respondents, and response rate, by region, 2022

Region	Counties	Actively Licensed RNs		Survey Sample		Survey Respondents		Response rate
		#	%	#	%	#	%	%
Northern Counties	Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Siskiyou, Sierra, Tehama, Trinity	10,630	2.3%	900	11.3%	402	13.0%	44.7%
Sacramento	El Dorado, Placer, Sacramento, Sutter, Yolo, Yuba	30,245	6.5%	910	11.4%	379	12.3%	41.6%
San Francisco Bay Area	Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma	84,702	18.1%	900	11.3%	410	13.3%	45.6%
Central Valley/ Sierra	Alpine, Amador, Calaveras, Fresno, Inyo, Kern, Kings, Madera, Mariposa, Merced, Mono, San Joaquin, Stanislaus, Tulare, Tuolumne	39,508	8.5%	910	11.4%	347	11.2%	38.1%
Central Coast	Monterey, San Benito, San Luis Obispo, Santa Barbara	10,488	2.2%	910	11.4%	349	11.3%	38.4%
Los Angeles	Los Angeles, Orange, Ventura	132,460	28.4%	900	11.3%	383	12.4%	42.6%
Inland Empire	Riverside, San Bernardino	44,648	9.6%	910	11.4%	289	9.4%	31.8%
Border Counties	Imperial, San Diego	36,916	7.9%	910	11.4%	355	11.5%	39.0%
Out of State	All states other than California	77,277	16.6%	750	9.4%	178	5.8%	23.7%
TOTAL		466,874	100%	8,000	100.0%	3,092	100.0%	38.7%

Note: The estimated number of RNs per region was taken from the California Board of Registered Nursing database.

Table A.2. Survey outcomes and response rates for RNs with active California licenses, 2012-2022

	2012	2014	2016	2018	2020	2022
Questionnaires mailed	10,000	10,000	8,000	8,000	8,000	8,000
In California	8,900	9,100	7,100	7,000	7,110	7,250
Out of state	1,100	900	900	1,000	890	750
Ineligible cases*	142	188	193	331	261	800
Eligible cases	9,858	9,812	7,807	7,669	7,739	7,202
Surveys returned	5,541	5,599	4,190	4,964	4,197	3,104
Refusals and incomplete surveys**	12	26	12	25	74	12
Total respondents	5,529	5,573	4,178	4,608	4,123	3,092
In California***	4,967	5,047	3,793	4,049	3,726	2,912
Out of state***	562	526	385	559	397	180
Response rate of all surveys mailed	55.3%	55.7%	52.2%	57.6%	51.5%	38.7%
Response rate of eligible population	56.1%	56.8%	53.5%	60.1%	54.2%	43.1%

*Ineligible cases include surveys that were undeliverable or surveys returned with an indication that the nurse was deceased, disabled, or possessed a lapsed license.

**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 least complete response 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.

Table A.3. California’s active nursing workforce, survey sample, survey respondents, and response rate, by age group, 2022

Age Group	Actively Licensed RNs		Survey Sample		Survey Respondents		Response Rate
	#	%	#	%	#	%	%
Under 35 years	111,319	23.8%	2,335	29.2%	577	18.7%	24.7%
35-44 years	120,288	25.8%	1,745	21.8%	671	21.7%	38.5%
45-54 years	103,071	22.1%	1,545	19.3%	638	20.6%	41.3%
55-64 years	80,995	17.3%	1,310	16.4%	627	20.3%	47.9%
65 years and older	51,201	11.0%	1,065	13.3%	579	18.7%	54.4%
Missing age	0	0.0%	0	0.0%	0	0.0%	N/A
TOTAL	446,874	100.0%	8,000	100.0%	3,092	100.0%	38.7%

Appendix B. Tabulations of Responses, 2012-2022

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

	2012	2014	2016	2018	2020	2022
Diploma	10.3%	10.2%	6.1%	5.1%	3.7%	4.2%
Associate Degree Program	45.8%	44.3%	42.7%	43.9%	46.0%	44.3%
Baccalaureate Program	2.7%	40.1%	44.5%	43.1%	45.2%	45.2%
Master's Program	39.0%	0.6%	0.8%	1.3%	1.6%	1.1%
Entry-Level Master's Program	2.1%	1.9%	1.9%	2.2%	2.1%	3.7%
Doctoral Program	0.0%	0.1%	0.1%	0.7%	0.0%	0.1%
30-Unit Option Program	0.0%	1.6%	1.3%	3.0%	1.2%	1.3%
Foreign	*	*	2.3%	*	*	*
Other	*	*	0.4%	1.5%	0.1%	0.2%
Number of cases	4,913	5,032	3,784	3,921	3,652	2,839

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

* Question was not asked in this survey year.

2. In what state or country did you complete your pre-licensure RN education?

	2012	2014	2016	2018	2020	2022
California	59.7%	60.6%	61.5%	56.4%	63.3%	61.7%
Other US state	20.4%	18.5%	19.0%	17.7%	20.5%	23.1%
Australia	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%
Canada	0.8%	0.9%	1.0%	1.0%	0.2%	1.0%
China	0.4%	0.2%	0.2%	0.6%	0.3%	0.1%
England	0.3%	0.7%	0.5%	0.7%	0.0%	0.2%
India	0.6%	0.6%	0.7%	1.2%	1.1%	0.9%
Ireland	0.0%	0.0%	0.1%	0.0%	0.1%	0.0%
Korea	1.0%	1.0%	0.6%	0.7%	0.5%	0.2%
Philippines	13.7%	13.6%	14.0%	17.8%	11.3%	11.2%
Other Country	2.7%	3.8%	2.4%	3.7%	2.6%	1.4%
Number of cases	4,905	5,047	3,756	2,312	2,966	2,303

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

3. In what year did you graduate from that program?

	2012	2014	2016	2018	2020	2022
1940s	0.0%	0.0%	0.0%	2.0%	0.0%	0.1%
1950s	1.0%	0.7%	0.4%	0.3%	0.0%	0.0%
1960s	4.3%	4.3%	3.2%	2.1%	1.4%	1.1%
1970s	16.1%	15.3%	12.7%	8.9%	7.4%	6.3%
1980s	19.1%	18.0%	15.1%	14.3%	12.2%	12.6%
1990s	23.5%	21.1%	17.5%	18.0%	17.4%	15.9%
2000s	28.7%	27.2%	26.0%	24.4%	25.1%	25.9%
2010s	7.0%	13.3%	25.2%	30.0%	36.0%	31.8%
2020s	*	*	*	*	0.4%	6.3%
Number of cases	4,900	4,993	3,747	3,964	3,602	2,794

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

4. 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
		1960s	1970s	1980s	1990s	2000s	2010s	2020s	
BSN	16.2%	0.1%	2.6%	8.5%	8.0%	11.1%	50.7%	19.1%	493
MSN	14.9%	0.0%	1.5%	4.6%	10.4%	18.4%	46.5%	18.5%	587
Doctorate, nursing (DNP)	0.5%	0.0%	0.0%	0.0%	0.0%	0.0%	49.0%	51.1%	9
Doctorate, nursing (PhD)	0.2%	0.0%	0.0%	20.3%	37.5%	13.8%	16.3%	12.1%	12
Associate, non-nursing	7.1%	0.2%	4.1%	5.9%	15.6%	32.6%	40.8%	0.9%	194
Bachelor's, non-nursing	8.3%	0.0%	5.5%	14.4%	23.1%	26.1%	29.6%	1.4%	264
Master's, non-nursing	4.7%	0.3%	2.6%	13.0%	18.3%	21.1%	31.4%	13.3%	123
Doctorate, non-nursing	1.3%	0.0%	0.0%	15.1%	29.1%	10.8%	28.4%	16.6%	35

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.

5. Immediately prior to starting your basic RN nursing education, were you employed in a health occupation?

	2012	2014	2016	2018	2020	2022
No	57.3%	58.7%	61.2%	58.3%	56.0%	52.6%
Clerical or Administrative	5.4%	5.1%	5.5%	6.2%	5.8%	7.9%
Military Medical Corps	0.9%	0.9%	0.5%	0.9%	0.7%	1.5%
Nursing Aide	14.5%	13.6%	14.8%	14.7%	14.8%	20.8%
Other Health Technician	4.4%	3.8%	4.9%	3.9%	3.2%	5.6%
Medical Assistant	3.0%	2.9%	2.9%	2.9%	3.5%	5.1%
LPN/LVN	9.7%	8.8%	7.1%	8.7%	9.3%	8.6%
Other	4.8%	6.1%	2.2%	0.4%	6.7%	10.1%
EMT	*	*	0.9%	0.9%	0.8%	1.9%
Number of cases	4,942	5,038	3,784	3,925	3,621	2,833

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

* Question was not asked in this survey year.

6. In what state/country were you first licensed as an RN?

	2012	2014	2016	2018	2020	2022
California	64.1%	65.3%	68.3%	66.3%	69.1%	68.1%
Other US	18.7%	18.0%	18.0%	17.2%	16.6%	18.6%
Australia	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%
Canada	0.8%	0.8%	1.0%	0.7%	0.3%	1.1%
China	0.3%	0.0%	0.1%	0.6%	0.2%	0.1%
England	0.4%	0.6%	0.5%	0.5%	0.1%	0.4%
India	0.5%	0.4%	0.5%	0.7%	0.9%	0.9%
Ireland	0.0%	0.0%	0.1%	0.0%	0.1%	0.1%
Korea	0.9%	0.6%	0.5%	0.5%	0.5%	0.2%
Philippines	11.7%	9.4%	9.2%	11.3%	9.8%	8.9%
Other Country	2.4%	4.8%	2.0%	2.1%	2.3%	1.6%
Number of cases	4,914	5,047	3,662	3,904	3,556	2,789

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

7. In what year were you first licensed as an RN in the United States?

	2012	2014	2016	2018	2020	2022
1950s	0.5%	0.3%	0.2%	0.0%	0.1%	0.0%
1960s	2.5%	2.9%	2.0%	1.2%	1.1%	0.6%
1970s	11.1%	10.4%	7.7%	5.9%	5.4%	4.5%
1980s	17.7%	16.9%	14.0%	12.8%	11.4%	10.1%
1990s	19.1%	16.9%	17.3%	15.4%	15.2%	12.4%
2000s	37.8%	33.7%	31.7%	27.7%	27.2%	27.2%
2010s	11.3%	18.9%	27.1%	36.8%	38.3%	34.8%
2020s	*	*	*	*	1.4%	10.5%
Number of cases	4,967	5,047	3,793	4,049	3,723	2,405

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

8. In how many states, other than California, do you hold an active RN license?

	2012	2014	2016	2018	2020	2022
0	89.5%	91.6%	91.7%	90.7%	91.2%	91.0%
1	7.9%	6.3%	7.0%	9.1%	8.0%	7.0%
2	1.9%	1.4%	0.8%	0.3%	0.5%	1.4%
3	0.6%	0.5%	0.1%	0.0%	0.0%	0.2%
4	0.1%	0.0%	0.1%	0.0%	0.1%	0.3%
5 or more	0.1%	0.0%	0.2%	0.0%	0.1%	0.1%
Number of cases	4,967	5,047	3,793	3,911	3,577	2,831

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

9. Are any of these Nurse Licensure Compact states? (Question first asked in 2022)

	2022
No	65.9%
Yes	34.1%
Number of cases	300

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

10. Which of the following certifications, if any, have you received from the California Board of Registered Nursing since your initial licensure as an RN?

	2012	2014	2016	2018	2020	2022
Nurse Anesthetist	0.6%	1.1%	0.4%	0.6%	0.7%	0.6%
Public Health Nurse	16.6%	17.5%	17.6%	17.4%	17.4%	18.2%
Nurse Midwife	0.5%	0.6%	0.5%	0.8%	0.7%	2.1%
Psychiatric/Mental Health Nurse	1.5%	1.1%	0.6%	1.5%	1.1%	1.3%
Nurse Practitioner	5.4%	5.4%	5.3%	6.0%	7.7%	12.1%
Clinical Nurse Specialist	2.8%	2.2%	1.9%	1.6%	2.1%	2.2%
None	75.7%	75.1%	76.4%	75.2%	73.7%	69.0%
Number of cases	4,657	5,047	3,793	4,049	3,726	2,914

Note: Nurses can have more than one certification, so columns will not total 100%. Data are weighted to represent all RNs with active licenses.

11. How long have you practiced as an RN? Exclude years since graduation during which you did not work as an RN.

	2012	2014	2016	2018	2020	2022
Less than 5 years	19.9%	20.8%	21.9%	26.5%	21.8%	19.3%
5-9 years	17.2%	16.9%	19.9%	16.5%	19.1%	16.6%
10-14 years	12.8%	13.3%	12.4%	13.1%	15.9%	16.4%
15-19 years	11.9%	10.8%	11.0%	10.6%	9.6%	12.9%
20-24 years	10.0%	9.2%	8.6%	9.4%	8.5%	10.0%
25-29 years	9.3%	7.2%	7.4%	6.3%	8.1%	6.2%
30-34 years	8.4%	8.8%	6.3%	6.2%	6.3%	6.5%
35+ years	10.4%	13.1%	12.4%	11.4%	10.9%	12.1%
Number of cases	4,691	4,971	3,757	3,988	3,702	2,898

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

12. How satisfied are you with the nursing profession overall?

	2012	2014	2016	2018	2020	2022
Very Dissatisfied	3.0%	3.6%	3.8%	4.6%	5.0%	6.5%
Dissatisfied	6.1%	4.6%	3.5%	3.2%	4.2%	9.0%
Neither satisfied nor dissatisfied	8.9%	7.5%	5.9%	7.7%	7.3%	10.9%
Satisfied	45.4%	43.6%	45.4%	43.1%	45.4%	46.4%
Very satisfied	36.6%	40.7%	41.3%	41.4%	38.1%	27.3%
Number of cases	4,764	4,998	3,705	3,911	3,605	2,832

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

13. Are you currently enrolled in a nursing degree program or specialty certification program?

	2012	2014	2016	2018	2020	2022
No	88.1%	90.0%	90.5%	88.7%	88.8%	91.6%
Yes	11.9%	10.0%	9.5%	11.3%	11.2%	8.5%
Number of cases	4,854	5,047	3,694	3,903	3,576	2,839

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

14. What is your degree objective?

	2012	2014	2016	2018	2020	2022
Associate Degree in Nursing	5.2%	5.0%	0.9%	0.8%	0.0%	0.3%
Baccalaureate Degree in Nursing	33.0%	42.3%	37.6%	40.1%	24.4%	20.3%
Master's Degree in Nursing	29.3%	34.8%	30.5%	39.1%	45.4%	38.1%
Non-degree Specialty Certification	27.1%	11.3%	11.5%	8.8%	11.4%	13.3%
Doctoral Degree	5.4%	*	0.0%	*	*	*
Doctoral Degree (DNP)	*	5.8%	6.4%	8.4%	12.1%	13.5%
Doctoral Degree (PhD)	*	4.1%	2.9%	1.5%	1.1%	4.6%
Non-nursing Associate	*	*	0.5%	0.3%	0.3%	0.5%
Non-nursing Baccalaureate	*	*	1.3%	0.8%	0.1%	0.0%
Non-nursing Master's	*	*	6.7%	4.1%	6.6%	12.1%
Non-nursing Doctoral	*	*	1.8%	0.6%	0.5%	0.0%
Non-nursing Certification	*	*	3.2%	4.1%	2.5%	0.4%
Number of cases	472	444	296	382	329	210

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

* Question was not asked in this survey year.

15. What percent of coursework is through online or distance learning? (Question first asked in 2016)

	2016	2018	2020	2022 Currently	2022 Normally
0%	17.8%	13.8%	1.9%	1.5%	21.1%
1-25%	6.1%	8.6%	0.0%	1.9%	4.8%
26-50%	8.9%	7.0%	0.0%	5.3%	15.0%
51%-75%	2.6%	3.7%	0.0%	5.1%	3.3%
76%-100%	64.5%	66.9%	98.1%	86.2%	55.7%
Number of cases	350	367	309	199	123

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

16. Why did you decide to return to school? (Question first asked in 2020)

	2020	2022
Personal fulfillment or enrichment	74.5%	59.5%
Employer requires me to obtain BSN	4.7%	8.9%
Difficulty finding a job with current education	*	6.6%
To be eligible for a promotion or higher-level position	43.0%	47.9%
Employer encourages me to advance my education	19.6%	17.0%
Desire for new skills to improve the quality of care I provide	56.8%	41.5%
To prepare me to work in a different setting	51.6%	43.2%
To get a higher salary	44.8%	41.6%
Interest in an administrative/ management career	20.8%	14.1%
Interest in a faculty/teaching career	22.8%	17.2%
Interest in becoming an advanced practice nurse (NP, CNM, CRNA, CNS)	36.5%	32.6%
Desire to change careers out of nursing	4.0%	5.9%
Getting burned out in current job	*	33.2%
Number of cases	329	220

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

17. Are you currently employed in registered nursing?

	2012	2014	2016	2018	2020	2022
Employed in nursing	85.1%	83.4%	86.2%	81.4%	81.5%	80.0%
Not employed in nursing	14.9%	16.6%	13.8%	18.6%	18.5%	20.0%
Number of cases	4,967	5,047	3,789	4,049	3,726	2,914

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

	2012	2014	2016	2018	2020	2022
Under 5 hours	0.7%	0.8%	0.8%	1.0%	0.4%	0.7%
5-7.5 hours	2.8%	3.5%	2.4%	3.0%	1.8%	2.7%
8 hours	45.3%	44.7%	43.3%	39.1%	43.1%	40.9%
8.5-11.5 hours	11.4%	12.0%	9.8%	10.9%	10.9%	14.6%
12 hours	38.5%	37.5%	42.3%	43.2%	41.1%	38.1%
More than 12 hours	1.2%	1.6%	1.4%	2.8%	2.7%	2.9%
Number of cases	3,313	3,334	2,441	2,618	2,375	1,636

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

B. Hours per week

	2012	2014	2016	2018	2020	2022
Less than 1 Hour	0.0%	0.2%	0.0%	0.0%	0.2%	0.1%
1 to 20 Hours	7.8%	7.0%	5.9%	5.3%	15.3%	7.4%
21 to 30 Hours	12.4%	12.2%	11.3%	10.4%	10.3%	10.7%
31 to 40 hours	68.0%	66.5%	39.5%	40.6%	37.0%	36.7%
41 to 60 hours	10.8%	12.2%	40.9%	41.1%	34.7%	41.9%
60+ hours	1.1%	2.0%	2.4%	2.6%	2.5%	3.3%
Number of cases	3,953	4,034	3,402	3,086	2,753	2,158

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

C. Overtime hours per week (Any overtime)

	2012	2014	2016	2018	2020	2022
None or less than one hour	69.3%	65.2%	61.7%	62.8%	68.2%	65.9%
1-2 hours	10.5%	12.3%	11.1%	12.5%	9.8%	8.1%
3-4 hours	5.9%	6.6%	8.7%	7.0%	5.3%	7.2%
5-6 hours	3.7%	2.8%	4.5%	4.4%	3.9%	5.1%
7-8 hours	3.4%	4.2%	3.8%	4.0%	2.5%	4.2%
8+ hours	7.2%	8.9%	10.2%	9.2%	10.3%	9.6%
Number of cases	3,953	3,728	2,788	2,953	2,609	1,897

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

D. On-Call hours per week

	2012	2014	2016	2018	2020	2022
No on-call hours	89.5%	89.5%	92.0%	90.4%	91.3%	93.2%
0.5-9 hours	3.9%	3.9%	2.8%	3.5%	2.8%	2.2%
10-19 hours	3.8%	3.8%	2.4%	3.0%	2.9%	2.1%
20-29 hours	1.3%	1.2%	0.9%	15.2%	1.4%	0.9%
30 or more hours	1.4%	1.6%	2.0%	15.8%	1.7%	1.6%
Number of cases	3,960	5,047	3,793	4,049	3,726	2,914

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

19. How many months per year do you work as an RN? (Question first asked in 2012)

	2012	2014	2016	2018	2020	2022
Less than 8 months	1.3%	1.1%	0.8%	1.5%	1.3%	0.8%
8-10 months	0.8%	0.8%	0.5%	1.5%	1.1%	1.1%
11-12 months	98.0%	98.1%	98.8%	97.0%	97.6%	98.1%
Number of cases	3,983	4,020	2,984	3,116	2,786	2,169

Note: 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: (Question first asked in 2012)

	2012	2014	2016	2018	2020	2022
Plan to increase hours of nursing work	11.6%	11.0%	9.9%	10.7%	9.7%	6.7%
Plan to work approximately as much as now	72.0%	70.6%	72.3%	70.9%	69.6%	65.6%
Plan to reduce hours of nursing work	10.5%	10.7%	10.7%	11.4%	12.3%	18.6%
Plan to leave nursing entirely, but not retire	0.9%	1.0%	0.7%	0.7%	0.8%	1.9%
Plan to retire	5.1%	6.7%	6.4%	6.3%	7.5%	7.1%
Number of cases	3,180	4,005	2,985	3,124	2,806	2,212

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

B. ...five years:

	2012	2014	2016	2018	2020	2022
Plan to increase hours of nursing work	10.8%	10.4%	9.7%	10.8%	9.9%	6.4%
Plan to work approximately as much as now	50.9%	50.2%	50.9%	52.8%	50.2%	44.1%
Plan to reduce hours of nursing work	20.8%	20.0%	21.2%	17.7%	20.4%	25.8%
Plan to leave nursing entirely, but not retire	3.0%	2.7%	1.7%	2.1%	2.1%	4.4%
Plan to retire	14.5%	16.7%	16.6%	16.6%	17.4%	19.3%
Number of cases	3,142	3,906	2,892	3,075	2,768	2,166

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

21. Based on your definition of burnout, how would you rate your level of burnout? (Question first asked in 2020)

	2020	2022
I enjoy my work. I have no symptoms of burnout	16.0%	12.2%
Occasionally I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out	49.4%	44.2%
I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion	26.3%	29.9%
The symptoms of burnout that I'm experiencing won't go away. I think about frustration at work a lot	5.2%	8.3%
I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help	3.2%	5.5%
Number of cases	2,826	2,252

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

22. In your principal nursing position, are you...?

	2012	2014	2016	2018	2020	2022
Regular Employee	96.2%	96.6%	97.1%	95.9%	95.6%	95.6%
Temp or Agency	1.2%	1.1%	1.0%	1.0%	2.0%	0.9%
Self-Employed	2.2%	1.7%	1.2%	1.8%	1.3%	1.9%
Traveling RN	0.5%	0.7%	0.6%	1.4%	1.1%	1.6%
Number of cases	4,015	4,096	3,042	3,145	2,825	2,251

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

23. How long have you been employed with your principal employer?

	2012	2014	2016	2018	2020	2022
Less than 5 years	42.0%	48.5%	37.4%	43.4%	38.4%	37.5%
5-9 years	23.8%	20.8%	22.8%	17.2%	20.9%	21.9%
10-14 years	11.8%	13.1%	14.7%	15.3%	15.0%	13.1%
More than 14 years	22.3%	17.7%	25.2%	24.1%	25.8%	27.6%
Number of cases	4,034	5,046	3,032	3,120	2,802	2,224

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

24. How many hours per week do you normally work in your principal nursing position?

	2012	2014	2016	2018	2020	2022
0-20 Hours	8.0%	9.4%	7.4%	8.1%	9.8%	8.1%
21-30 Hours	12.6%	12.2%	12.0%	11.0%	12.7%	11.8%
31-40 hours	69.2%	68.8%	40.5%	41.9%	39.7%	37.7%
41-60 hours	9.3%	8.3%	38.5%	37.7%	36.3%	40.6%
60+ hours	0.9%	1.2%	1.6%	1.3%	1.5%	1.9%
Number of cases	4,000	4,079	3,052	3,122	2,529	2,234

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

25. How many months per year do you normally work in your principal nursing position?

	2012	2014	2016	2018	2020	2022
Less than 8 months	1.1%	1.3%	1.5%	1.6%	1.3%	1.1%
8-10 months	2.6%	3.1%	2.5%	3.9%	2.8%	3.8%
11-12 months	96.3%	95.6%	96.0%	94.6%	9.6%	95.1%
Number of cases	3,946	4,038	3,019	3,117	2,772	2,207

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

26. Which one of the following best describes the job title of your principal nursing position?

	2012	2014	2016	2018	2020	2022
Direct Patient Care Provider/Staff Nurse	54.8%	50.0%	50.1%	49.9%	46.8%	43.6%
Senior management, any setting	2.1%	1.6%	1.8%	1.3%	1.1%	0.6%
Middle management, any setting	6.1%	5.1%	5.6%	3.9%	4.8%	2.6%
Front-line management	3.1%	2.1%	2.1%	2.2%	2.2%	3.6%
Charge Nurse/Team Leader	10.9%	1.7%	1.8%	1.6%	1.2%	2.2%
Direct care and Charge Nurse (both)	*	16.1%	15.3%	15.0%	13.9%	12.1%
Clinical Nurse Specialist	0.9%	0.5%	0.6%	0.5%	0.5%	0.6%
Certified Registered Nurse Anesthetist	0.7%	0.3%	0.5%	0.6%	0.9%	0.6%
Certified Nurse Midwife	0.2%	0.4%	0.2%	0.4%	0.1%	1.3%
Nurse Practitioner	3.6%	3.7%	4.0%	4.9%	6.7%	9.6%
School Nurse	1.2%	1.6%	1.4%	1.5%	1.1%	1.2%
Public Health Nurse	1.2%	1.5%	1.6%	1.6%	1.4%	2.1%
Educator, academic setting	1.6%	1.5%	1.0%	1.2%	1.3%	1.6%
Educator, service setting/clinical nurse educator	1.1%	1.1%	1.1%	0.9%	0.9%	0.9%
Patient Care Coordinator/Case Manager/Discharge Planner	4.0%	5.3%	5.5%	3.1%	4.5%	4.0%
Infection Control Nurse	0.2%	0.3%	0.3%	0.0%	0.3%	0.5%
Quality Improvement Nurse/Utilization Review	2.1%	2.3%	2.0%	2.0%	2.5%	1.6%
Occupational Health Nurse	0.2%	0.1%	0.3%	0.3%	0.2%	0.1%
Telenursing	1.0%	0.9%	1.2%	0.7%	1.2%	0.6%
Nurse Coordinator	1.0%	*	0.2%	0.2%	*	*
Consultant	*	0.5%	*	*	*	*
Researcher	0.3%	0.4%	0.5%	0.3%	0.2%	*
Patient Educator	0.4%	0.8%	0.6%	0.4%	0.7%	0.2%
Clinical Nurse Leader	0.3%	0.2%	0.3%	0.4%	0.4%	*
Informatics/Clinical documentation specialist	*	*	*	*	0.4%	10.0%
Wound and/or Ostomy Nurse	*	*	*	*	0.4%	0.6%
Other	3.0%	2.3%	1.7%	6.5%	6.7%	*
Number of cases	4,046	4,097	3,065	3,129	2,813	2,250

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

* Question was not asked in this survey year.

27. 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?

	2012	2014	2016	2018	2020	2022
Hospital, acute care or emergency department	52.2%	48.9%	54.6%	51.5%	50.5%	47.2%
Hospital, nursing home unit	0.7%	1.0%	0.5%	0.4%	0.3%	1.6%
Hospital-based ambulatory care department	8.0%	10.3%	8.3%	7.0%	7.6%	7.8%
Hospital-based ancillary department	1.4%	0.8%	1.1%	1.1%	1.2%	0.6%
Hospital, other department	*	4.6%	2.2%	2.8%	2.1%	2.5%
Skilled nursing/extended care/nursing home	4.0%	4.0%	2.9%	2.4%	2.5%	2.0%
University or college	1.4%	1.8%	1.0%	1.2%	1.2%	1.6%
Academic nursing program	*	*	*	*	*	*
Public clinic, rural health center, FQHC	1.8%	3.6%	2.0%	2.9%	2.4%	3.3%
Home health nursing agency or service	2.6%	3.9%	3.6%	3.1%	5.2%	4.9%
Hospice	1.7%	0.2%	0.3%	0.1%	0.1%	0.2%
Ambulatory care setting (office, surgery center)	7.2%	5.3%	1.2%	1.5%	1.3%	2.0%
Other clinic/ambulatory	*	*	0.7%	1.8%	1.5%	1.9%
Public health dept/community health agency	*	*	1.5%	1.0%	1.4%	2.2%
Dialysis	1.3%	0.9%	1.0%	1.2%	1.4%	0.7%
Telenursing organization/call center	0.8%	0.7%	0.6%	0.5%	0.9%	1.1%
Occupational health/employee health	0.6%	0.1%	0.5%	0.4%	0.5%	0.3%
School health (K-12 or college)	1.5%	1.7%	1.5%	1.5%	1.3%	2.3%
Mental health/drug and alcohol treatment	*	*	*	*	*	*
Outpatient mental health/substance abuse	0.9%	0.4%	0.4%	0.6%	0.7%	0.4%
Inpatient mental health/substance abuse	1.5%	1.7%	1.8%	1.4%	1.1%	1.4%
Insurance organization	*	0.6%	*	*	*	*
Forensic setting (correctional facility, prison, jail)	1.6%	1.5%	1.5%	1.9%	1.5%	1.3%
Other inpatient setting	*	*	0.3%	0.2%	0.6%	0.4%
Private medical practice clinic, physician office	*	*	4.7%	3.7%	4.7%	4.7%
Government agency (local, state, federal)	1.2%	1.5%	0.8%	0.8%	1.5%	1.0%
Case management/disease management	2.6%	2.2%	2.2%	2.3%	2.1%	1.1%
Self-employed	0.6%	0.4%	0.3%	0.7%	0.4%	0.5%
Long-term care	*	*	*	*	*	*
Rehabilitation	2.2%	*	1.3%	1.5%	1.3%	0.7%
Urgent care	0.4%	0.3%	0.5%	0.4%	0.4%	0.4%
Other	3.8%	3.8%	2.7%	6.2%	4.6%	6.1%
Number of cases	4,049	4,092	3,033	3,557	2,787	2,235

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

* Question was not asked in this survey year.

28. Mark the clinical area in which you most frequently provide direct patient care in your principal nursing position.

	2012	2014	2016	2018	2020	2022
Not involved in direct patient care	12.3%	13.6%	12.0%	11.2%	12.8%	10.8%
Ambulatory/outpatient	8.6%	*	*	*	*	*
Ambulatory/outpatient (primary care)	*	3.9%	3.7%	3.3%	3.9%	3.7%
Ambulatory/outpatient (specialty care)	*	3.7%	3.8%	4.1%	3.9%	5.3%
Cardiology	2.6%	2.0%	1.3%	2.1%	2.3%	*
Community/public health	1.4%	1.3%	0.9%	1.4%	1.1%	1.9%
Corrections	0.9%	1.0%	1.0%	1.3%	0.9%	1.0%
Dialysis	1.6%	1.4%	1.8%	1.7%	2.3%	1.1%
Emergency trauma	6.2%	6.3%	6.9%	7.2%	5.1%	5.7%
Geriatrics	3.1%	3.6%	2.6%	2.0%	2.1%	1.9%
Home health care	2.6%	2.5%	2.2%	2.4%	2.6%	3.3%
Hospice	1.7%	1.5%	1.5%	1.1%	1.7%	2.0%
Intensive care	7.2%	7.5%	7.8%	9.1%	9.1%	9.4%
Labor & delivery	4.1%	2.9%	2.9%	4.0%	4.5%	3.4%
Medical/surgical	9.7%	9.9%	8.3%	9.6%	8.0%	9.5%
Mother-baby or normal newborn nursery	2.9%	2.6%	2.8%	2.6%	2.0%	2.8%
Neonatal care	3.1%	2.8%	3.2%	2.7%	2.8%	3.0%
Obstetrics	1.2%	1.7%	1.3%	0.6%	0.8%	
Oncology	2.3%	1.8%	3.1%	2.7%	3.2%	2.8%
Pediatrics	2.6%	3.9%	0.7%	2.6%	2.8%	3.0%
Peri-operative/Surgery/PACU/Anesthesia	7.0%	8.1%	7.5%	6.8%	6.5%	6.7%
Psych/Mental health	3.1%	3.0%	3.4%	2.9%	3.3%	3.9%
Rehabilitation	1.8%	1.3%	1.8%	1.5%	1.8%	0.9%
School (K-12)	1.2%	1.3%	1.2%	1.5%	1.0%	1.1%
Step down unit	1.6%	1.5%	1.4%	1.6%	1.3%	6.4%
Telemetry	3.0%	3.5%	4.4%	5.0%	5.6%	
Multiple area	1.3%	0.8%	1.6%	*	*	*
Endoscopic	*	0.2%	*	0.5%	0.3%	*
Radiology	*	0.6%	0.2%	0.3%	*	*
Orthopedics	*	1.0%	0.7%	0.8%	0.9%	*
Other	7.0%	5.0%	7.1%	6.2%	6.2%	10.6%
Number of cases	4,005	4,040	3,056	3,102	2,750	2,236

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

* Question was not asked in this survey year.

29. Please rate each of the following factors of your most recent nursing position:

This question about most recent position was asked only for those currently working as nurses from 2012-2022.

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: 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

Note: 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

Note: 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

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

2022 Survey of California Registered Nurses

2020	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied	Number of cases
Your job overall	1.4%	6.2%	9.9%	53.5%	28.9%	2,739
Your salary	3.0%	12.9%	12.7%	46.0%	25.5%	2,722
Employee benefits	3.3%	11.8%	13.9%	45.4%	25.6%	2,572
Adequacy of RN skill level where you work	1.4%	6.3%	11.1%	51.8%	29.4%	2,662
Adequacy of the number of RNs where you work	6.5%	21.2%	15.9%	40.0%	16.4%	2,640
Adequacy of clerical support services	6.1%	18.8%	19.5%	40.7%	14.9%	2,649
Non-nursing tasks required	5.8%	18.1%	29.1%	37.1%	9.9%	2,541
Amount of paperwork required	7.6%	19.9%	20.9%	41.9%	9.7%	2,603
Your workload	6.4%	18.9%	20.1%	43.4%	11.1%	2,715
Physical work environment	3.7%	12.7%	18.8%	48.3%	16.6%	2,690
Work schedule	1.8%	6.2%	12.8%	51.2%	28.0%	2,725
Job security	1.7%	4.4%	14.0%	47.7%	32.2%	2,703
Opportunities for advancement	4.1%	14.2%	27.4%	40.5%	13.7%	2,590
Support from other nurses you work with	2.2%	6.6%	10.8%	46.8%	33.6%	2,662
Teamwork between coworkers and yourself	1.9%	5.2%	8.9%	45.6%	38.4%	2,709
Leadership from your nursing administration	11.5%	16.5%	20.9%	34.0%	17.1%	2,636
Involvement in patient care decisions	2.3%	6.6%	16.5%	53.3%	21.3%	2,603
Relations with physicians	1.5%	5.1%	16.4%	51.1%	25.9%	2,642
Relations with other non-nursing staff	1.0%	2.3%	11.2%	57.5%	28.0%	2,681
Relations with agency/registry nurses	1.4%	4.3%	29.7%	48.9%	15.8%	1,891
Interaction with patients	0.6%	2.2%	7.7%	54.3%	35.3%	2,556
Time available for patient education	4.0%	20.1%	18.9%	41.4%	15.7%	2,543
Involvement in policy/management decisions	9.4%	19.6%	30.7%	30.1%	10.1%	2,546
Opportunities to use your skills	1.9%	5.2%	13.8%	52.5%	26.5%	2,703
Opportunities to learn new skills	2.9%	12.3%	18.1%	46.7%	20.1%	2,684
Quality of preceptor and mentor programs	7.3%	16.0%	26.2%	36.8%	13.8%	2,399
Employer-supported educational opportunities	7.1%	16.1%	22.1%	38.5%	16.2%	2,627
Quality of patient care where you work	1.7%	6.5%	13.1%	51.4%	27.4%	2,616
Feeling that work is meaningful	1.6%	4.8%	11.4%	46.5%	35.6%	2,709
Recognition for a job well done	6.6%	14.6%	20.8%	40.2%	17.8%	2,709

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

2022	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied	Number of cases
Your job overall	1.4%	9.3%	12.7%	52.9%	23.6%	2,209
Your salary	5.4%	19.5%	15.4%	43.8%	15.9%	2,212
Employee benefits	4.7%	14.6%	16.3%	45.2%	19.1%	2,087
Adequacy of RN skill level where you work	1.9%	8.4%	15.3%	52.4%	22.0%	2,125
Adequacy of the number of RNs where you work	11.9%	30.8%	17.8%	32.3%	7.2%	2,082
Adequacy of clerical support services	8.0%	24.9%	21.5%	37.5%	8.2%	2,151
Non-nursing tasks required	7.2%	21.0%	34.0%	32.4%	5.4%	2,082
Amount of charting required	7.9%	20.6%	26.2%	39.5%	5.8%	2,137
Your workload	8.0%	25.8%	21.3%	37.1%	7.7%	2,203
Physical work environment	4.0%	14.7%	20.9%	46.9%	13.4%	2,178
Work schedule	2.7%	8.0%	15.2%	50.0%	24.1%	2,207
Job security	2.3%	4.5%	12.2%	50.4%	30.6%	2,193
Opportunities for advancement	4.5%	13.6%	28.2%	40.4%	13.4%	2,102
Support from other nurses you work with	1.7%	6.7%	14.0%	47.6%	30.1%	2,134
Teamwork between coworkers and yourself	2.1%	6.3%	10.7%	48.3%	32.5%	2,193
Leadership from your nursing administration	13.3%	19.8%	19.9%	33.6%	13.4%	2,092
Involvement in patient care decisions	2.3%	7.7%	18.0%	52.1%	19.8%	2,102
Relations with physicians	2.1%	4.8%	20.3%	52.1%	20.8%	2,112
Relations with other non-nursing staff	1.0%	3.9%	13.2%	59.3%	22.6%	2,163
Relations with agency/registry nurses	1.8%	5.4%	29.4%	51.3%	12.2%	1,533
Interaction with patients	0.9%	3.0%	12.9%	51.9%	31.3%	2,099
Time available for patient education	5.4%	20.7%	21.7%	38.7%	13.5%	2,068
Involvement in policy/management decisions	8.8%	21.3%	31.7%	29.4%	8.8%	2,055
Opportunities to use your skills	2.2%	5.9%	13.6%	52.7%	25.5%	2,186
Opportunities to learn new skills	3.2%	10.8%	20.7%	47.1%	18.3%	2,184
Quality of preceptor and mentor programs	6.8%	16.9%	27.9%	36.1%	12.3%	1,886
Employer-supported educational opportunities	7.6%	15.4%	26.3%	37.9%	12.8%	2,120
Quality of patient care where you work	1.8%	10.7%	17.2%	51.4%	19.0%	2,126
Feeling that work is meaningful	2.7%	6.4%	13.4%	47.9%	29.6%	2,203
Recognition for a job well done	7.7%	17.6%	24.2%	34.2%	16.3%	2,196
Respect from the public for nurses	5.4%	10.6%	23.3%	43.6%	17.2%	2,167

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

30. Where is your principal nursing position located?

This question was excluded for confidentiality.

31. 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.

	2012	2014	2016	2018	2020	2022
Less than 5 miles	15.9%	16.8%	14.6%	14.8%	13.9%	14.3%
5-9 miles	23.2%	21.5%	20.9%	22.9%	22.3%	21.7%
10-19 miles	30.3%	30.8%	33.1%	32.1%	32.0%	33.2%
20-39 miles	23.3%	23.8%	24.4%	23.1%	23.9%	23.7%
40 or more miles	7.4%	7.1%	7.1%	7.0%	8.0%	7.2%
Number of cases	3,950	4,008	2,952	3,031	2,668	2,055

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

32. To what extent, if any, do these factors affect your ability to provide high-quality patient care or to do your best work in your principal nursing position?

	Not at all	A little	Moderate extent	Great extent	Number of cases
Workplace violence	50.1%	26.8%	13.2%	9.8%	2,016
Substance use disorders of patients	24.9%	31.1%	24.8%	19.1%	2,039
Immigration status of patients	58.4%	20.7%	14.7%	6.2%	1,976
Patient care decisions outside my control	20.4%	40.7%	26.6%	12.4%	2,034
Functionality of electronic health records	27.8%	29.0%	23.0%	20.2%	2,088
Poor leadership from manager/institution	25.2%	28.7%	22.2%	23.9%	2,122
Institution supports my professional judgement	22.8%	26.6%	27.9%	22.7%	2,097

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

33. To what extent do you agree with the statements below about the organization for which you work in your principal nursing position? (Question first asked in 2022)

	Strongly agree	Agree	Somewhat agree	Somewhat disagree	Disagree	Strongly disagree	Number of cases
If I did the best job possible, my organization would notice	11.9%	25.6%	30.0%	11.6%	12.6%	8.3%	2,186
My organization really cares about my well-being	9.8%	23.8%	30.4%	14.1%	13.5%	8.3%	2,188
My organization responds to my complaints	8.2%	21.9%	31.0%	17.7%	13.4%	7.9%	2,177
My organization takes pride in my accomplishments	11.0%	25.7%	30.6%	13.9%	12.6%	6.1%	2,185
My organization values my contribution to its well-being	11.3%	27.5%	29.9%	13.5%	10.4%	7.4%	2,188

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

34. What is the likelihood that you will leave your principal nursing position within two years? (Question first asked in 2020)

	2020	2022
Will not leave	37.1%	30.6%
Small possibility	31.9%	33.6%
Reasonably likely	20.0%	22.4%
Definitely leaving	11.0%	13.5%
Number of cases	2,676	2,187

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

35. To what extent do these factors contribute to your desire to leave or stay in your principal nursing position? (Question first asked in 2020)

	Strongly makes me want to stay	←		Does not affect my plan to stay/leave	→		Strongly makes me want to leave	Number of cases
	1	2	3	4	5	6	7	
Work environment	28.1%	14.7%	8.3%	20.4%	13.5%	7.2%	7.8%	2,179
Manager/administration	18.5%	13.7%	8.1%	22.3%	13.9%	8.8%	14.9%	2,179
Availability/lack of loan repayment	8.7%	2.6%	3.1%	72.9%	3.7%	2.2%	6.8%	2,132
Availability/lack of training opportunities	10.5%	8.2%	8.6%	51.6%	11.2%	3.9%	6.0%	2,152
Patient population	16.6%	12.3%	7.3%	46.5%	9.4%	3.7%	4.2%	2,161
Length of commute	31.2%	8.3%	4.7%	37.9%	8.9%	3.7%	5.3%	2,164
Opportunities for advancement (or lack of)	10.7%	10.2%	8.0%	45.3%	11.3%	5.5%	9.1%	2,151
Schedule/hours	34.3%	12.6%	7.9%	26.7%	8.9%	4.1%	5.4%	2,168
Proximity to family and friends	26.8%	11.5%	6.4%	45.3%	4.1%	2.6%	3.3%	2,164
Proximity to spouse/partner's job	20.2%	7.1%	4.4%	61.3%	2.7%	1.5%	2.8%	2,148
Pay and benefits	23.0%	14.9%	10.7%	17.4%	15.5%	7.9%	10.6%	2,171
Physical demands of the job	12.1%	11.7%	7.8%	34.3%	15.9%	9.6%	8.6%	2,162
Respect from the public for nurses	15.3%	10.8%	7.6%	51.8%	7.8%	4.1%	2.6%	2,163
Teamwork with my coworkers	35.0%	22.3%	12.6%	18.3%	7.0%	2.2%	2.6%	2,167
Childcare or eldercare challenges	6.3%	4.3%	3.4%	69.0%	7.7%	4.3%	4.9%	2,145

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

36. 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.

	2012	2014	2016	2018	2020	2022
Less than \$25,000	3.5%	3.3%	2.8%	3.9%	2.6%	3.7%
\$25,000 to \$49,999	6.9%	6.2%	5.3%	4.6%	4.1%	3.8%
\$50,000 to \$74,999	23.4%	21.1%	17.4%	14.8%	11.1%	7.0%
\$75,000 to \$99,999	31.5%	31.8%	29.8%	27.3%	24.4%	16.5%
\$100,000 to \$124,999	23.8%	24.2%	26.7%	26.6%	28.1%	29.4%
Over \$125,000	10.9%	13.4%	18.0%	23.0%	29.7%	39.6%
Number of cases	3,692	3,824	2,849	2,928	2,543	2,038

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

37. Does your compensation from your principal position include:

	2012	2014	2016	2018	2020	2022
Retirement plan	85.1%	87.3%	78.4%	76.9%	80.8%	81.2%
Personal health insurance	87.6%	88.1%	79.9%	78.5%	81.6%	84.7%
Dental insurance	88.5%	87.3%	78.7%	76.1%	80.3%	82.6%
Family health insurance	70.7%	71.0%	66.2%	62.8%	67.8%	46.5%
Tuition reimbursement	43.2%	44.7%	41.4%	41.9%	43.7%	74.2%
Paid time off for education	20.2%	20.7%	20.4%	20.4%	21.9%	20.9%
None	*	*	11.5%	12.8%	9.9%	10.1%
Number of cases	3,540	3,611	3,028	3,098	2,697	2,161

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

* Question was not asked in the survey year.

38. 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 first asked in 2012)

	2012	2014	2016	2018	2020	2022
Yes, volunteering	9.0%	9.0%	7.9%	7.8%	7.6%	8.2%
Number of cases	3,316	4,014	3,029	3,064	2,710	2,165
If volunteering, in internship/residency	7.8%	4.6%	6.1%	3.4%	6.6%	4.5%
Number of cases	375	512	341	303	206	165

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

39. 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	2012	2014	2016	2018	2020	2022
0 to 25 percent of time	28.3%	27.7%	27.4%	24.9%	26.6%	27.7%
26 to 50 percent of time	17.4%	18.9%	18.8%	21.0%	24.0%	22.7%
51 to 75 percent of time	27.4%	26.8%	27.6%	28.5%	26.3%	26.5%
76 to 100 percent of time	27.0%	26.6%	26.2%	25.6%	23.1%	23.0%
Number of cases	3,880	3,943	2,899	2,965	2,484	1,935

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

B. Patient education

Patient education	2012	2014	2016	2018	2020	2022
0 to 25 percent of time	89.7%	88.9%	90.5%	91.1%	91.0%	90.2%
26 to 50 percent of time	9.4%	10.0%	8.5%	8.2%	8.0%	9.2%
51 to 75 percent of time	0.7%	0.7%	0.4%	0.5%	0.5%	0.4%
76 to 100 percent of time	0.3%	0.4%	0.7%	0.2%	0.4%	0.2%
Number of cases	3,880	3,943	2,899	2,965	2,484	1,935

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

C. Indirect patient/client care (consultation, planning, evaluating care)

Indirect patient/client care	2012	2014	2016	2018	2020	2022
0 to 25 percent of time	91.3%	90.6%	89.4%	92.0%	88.5%	91.0%
26 to 50 percent of time	4.5%	5.6%	6.3%	5.6%	7.4%	5.5%
51 to 75 percent of time	1.6%	1.7%	1.8%	1.2%	1.9%	1.6%
76 to 100 percent of time	2.5%	2.1%	2.4%	1.2%	2.2%	1.9%
Number of cases	3,880	3,943	2,899	2,965	2,484	1,935

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	2012	2014	2016	2018	2020	2022
0 to 25 percent of time	96.7%	96.7%	97.0%	96.9%	97.1%	94.6%
26 to 50 percent of time	1.9%	1.7%	1.7%	1.5%	1.4%	3.4%
51 to 75 percent of time	0.4%	0.6%	0.5%	0.3%	0.3%	0.7%
76 to 100 percent of time	1.0%	1.0%	0.9%	1.4%	1.3%	1.4%
Number of cases	3,880	3,943	2,899	2,965	2,484	1,935

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

E. Supervision

Supervision	2012	2014	2016	2018	2020	2022
0 to 25 percent of time	88.1%	88.5%	87.9%	89.4%	89.4%	90.0%
26 to 50 percent of time	6.3%	5.7%	6.1%	3.9%	5.5%	3.7%
51 to 75 percent of time	2.6%	2.8%	2.8%	2.2%	2.6%	2.6%
76 to 100 percent of time	3.1%	2.9%	3.2%	4.6%	2.4%	3.7%
Number of cases	3,880	3,943	2,899	2,965	2,484	1,935

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

F. Administration

Administration	2012	2014	2016	2018	2020	2022
0 to 25 percent of time	94.7%	95.4%	94.8%	95.5%	95.3%	95.0%
26 to 50 percent of time	3.1%	2.4%	2.7%	2.5%	2.4%	1.8%
51 to 75 percent of time	0.7%	0.9%	0.9%	0.4%	0.4%	1.1%
76 to 100 percent of time	1.6%	1.3%	1.6%	1.6%	1.9%	2.1%
Number of cases	3,880	3,943	2,899	2,965	2,484	1,935

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

G. Research

Research	2012	2014	2016	2018	2020	2022
0 to 25 percent of time	99.3%	99.2%	99.5%	99.4%	99.7%	99.3%
26 to 50 percent of time	0.3%	0.4%	0.3%	0.4%	0.1%	0.4%
51 to 75 percent of time	0.0%	0.2%	0.2%	0.0%	0.0%	0.2%
76 to 100 percent of time	0.3%	0.2%	0.1%	0.2%	0.2%	0.1%
Number of cases	3,880	3,943	2,899	2,965	2,484	1,935

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

H. Non-nursing tasks (housekeeping, etc.)

Non-nursing tasks (housekeeping, etc.)	2012	2014	2016	2018	2020	2022
0 to 25 percent of time	99.4%	99.7%	99.5%	99.6%	99.1%	99.1%
26 to 50 percent of time	0.5%	0.3%	0.4%	0.3%	0.8%	0.9%
51 to 75 percent of time	0.1%	0.0%	0.1%	0.1%	0.1%	0.0%
75 to 100 percent of time	0.0%	0.0%	0.1%	0.0%	0.1%	0.0%
Number of cases	3,880	3,943	2,899	2,965	2,484	1,935

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

I. Other

Other	2012	2014	2016	2018	2020	2022
0 to 25 percent of time	96.2%	96.3%	98.5%	97.2%	98.0%	99.1%
26 to 50 percent of time	1.2%	1.1%	0.6%	0.9%	0.7%	0.1%
51 to 75 percent of time	0.5%	0.4%	0.2%	0.4%	0.1%	0.1%
75 to 100 percent of time	2.2%	2.2%	0.7%	1.5%	1.2%	0.8%
Number of cases	3,880	3,943	2,899	2,965	2,484	1,935

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

40. Do you currently hold more than one nursing job?

	2012	2014	2016	2018	2020	2022
No	84.9%	85.6%	88.2%	88.8%	87.2%	86.7%
Yes	15.1%	14.4%	11.8%	11.2%	12.8%	13.3%
Number of cases	4,031	4,086	3,066	2,982	2,661	2,180

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

41. How many nursing positions do you hold in addition to your principal job?

	2012	2014	2016	2018	2020	2022
One	76.7%	75.6%	72.2%	77.4%	78.0%	88.2%
Two	19.8%	20.9%	24.4%	21.4%	20.9%	11.4%
Three or more	*	*	*	*	1.2%	0.4%
Three	1.8%	3.0%	2.5%	1.1%	*	*
Four or more	1.7%	0.3%	1.0%	0.1%	*	*
Number of cases	548	529	347	310	311	277

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

* Question was not asked in this survey year.

42. In your other nursing positions, are you...

	2012	2014	2016	2018	2020	2022
Regular employee	73.7%	72.5%	72.7%	77.6%	77.5%	80.2%
Employed through a temporary service agency	8.7%	14.7%	11.5%	10.9%	11.8%	9.0%
Self-employed	16.5%	14.1%	13.9%	10.4%	14.2%	12.4%
Travel nurse or employed through a travel agency	2.1%	1.9%	1.9%	2.6%	1.3%	2.3%
Number of cases	537	515	340	308	284	274

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.

43. What type of work do you do in your other nursing positions?

	2012	2014	2016	2018	2020	2022
Hospital staff	37.5%	37.9%	40.4%	41.5%	31.7%	33.1%
Public health/community health	2.5%	1.9%	1.1%	2.4%	3.1%	5.3%
Long-term acute care	3.2%	0.6%	1.3%	1.6%	1.8%	3.7%
School Health	1.8%	1.3%	0.5%	1.1%	2.6%	3.4%
Nursing home/skilled nursing facility staff	5.6%	5.8%	8.5%	7.8%	4.2%	4.0%
Mental health/substance abuse	2.5%	4.5%	2.8%	4.7%	2.4%	4.7%
Home health or hospice	11.1%	8.9%	11.8%	8.7%	19.6%	9.4%
Telehealth/telenursing	2.1%	1.4%	0.6%	1.3%	3.2%	3.8%
Teaching health professions/nursing students	10.7%	12.4%	10.6%	11.2%	12.6%	17.1%
Ambulatory care, school health, occupational health	13.1%	14.4%	14.3%	5.1%	7.2%	8.4%
Self-employed	3.9%	3.1%	4.7%	2.1%	4.0%	2.4%
Other	16.1%	18.4%	13.5%	20.3%	21.9%	24.9%
Number of cases	539	528	348	308	312	275

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.

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44. Please indicate the following for your other nursing positions.

A. Hours worked per week

Hours worked per week	2012		2014		2016		2018		2020		2022	
	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	Add'l Job 1	Add'l Job 2
8 or less	23.3%	42.3%	37.8%	70.0%	30.8%	66.0%	34.7%	62.8%	48.0%	46.9%	41.6%	56.7%
9-16	57.1%	32.0%	38.7%	11.9%	46.0%	26.6%	43.4%	20.5%	36.6%	44.0%	33.5%	41.4%
17-24	13.4%	20.4%	15.8%	14.3%	16.8%	6.5%	13.9%	13.9%	10.0%	1.7%	15.0%	1.9%
25-32	3.3%	4.7%	2.4%	3.2%	1.7%	0.0%	2.5%	1.8%	2.3%	0.0%	4.7%	0.0%
33-40	2.3%	0.7%	5.1%	0.5%	1.2%	0.9%	5.5%	1.0%	2.9%	7.4%	4.8%	0.0%
More than 40	0.7%	0.0%	0.3%	0.0%	3.6%	0.0%	0.0%	0.0%	0.3%	0.0%	0.4%	0.0%
Number of cases	458	45	472	60	314	039	268	31	253	35	274	43

Note: Data are weighted to represent all RNs with active licenses.
There were not enough respondents to report data for 3rd or more jobs.

B. Months worked per year

Months worked per year	2012		2014		2016		2018		2020		2022	
	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	Add'l Job 1	Add'l Job 2
Less than 4	8.8%	6.3%	6.3%	19.7%	8.7%	17.8%	15.9%	18.8%	9.4%	35.2%	18.5%	21.6%
4-6	8.0%	2.7%	9.4%	8.2%	11.1%	19.7%	34.5%	46.1%	16.5%	29.2%	19.6%	10.2%
7-9	5.0%	18.4%	6.3%	10.4%	7.1%	15.9%	31.1%	21.4%	55.2%	15.4%	24.2%	55.4%
10-12	78.2%	72.6%	78.0%	61.7%	73.1%	46.5%	18.5	13.7%	18.9%	20.2%	37.7%	12.9%
Number of cases	436	40	420	54	287	36	82	11	28	18	65	17

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

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C. Estimated pre-tax annual income: Job 1

Job 1	2010	2012	2014	2016	2018	2020	2022
Less than \$25,000	97.5%	70.3%	63.8%	56.6%	58.0%	61.8%	54.1%
\$25,000 to \$49,999	1.7%	20.4%	22.6%	27.4%	28.2%	24.7%	23.3%
\$50,000 to \$74,999	0.9%	6.4%	7.6%	9.2%	9.0%	7.7%	13.1%
\$75,000 to \$99,999	0.0%	2.3%	3.4%	5.8%	2.9%	1.8%	2.9%
\$100,000 to \$124,999	0.0%	0.6%	2.3%	0.9%	0.6%	2.6%	4.2%
Over \$125,0000	0.0%	0.0%	0.3%	0.2%	1.5%	1.3%	2.4%
Number of cases	521	386	405	282	239	204	219

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

D. Estimated pre-tax annual income: Job 2

Job 2	2010	2012	2014	2016	2018	2020	2022
Less than \$25,000	98.6%	83.1%	73.4%	91.9%	91.3%	66.5%	96.9%
\$25,000 to \$49,999	1.4%	11.6%	10.8%	8.1%	1.6%	19.8%	0.0%
\$50,000 to \$74,999	0.0%	5.3%	14.7%	0.0%	0.8%	6.9%	3.1%
\$75,000 to \$99,999	0.0%	0.0%	0.0%	0.0%	6.4%	0.0%	0.0%
\$100,000 to \$124,999	0.0%	0.0%	1.0%	0.0%	0.0%	6.8%	0.0%
Over \$125,0000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Number of cases	65	42	49	36	26	28	34

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

45. Are you currently employed through a temporary agency, traveling agency, or registry?

	2012	2014	2016	2018	2020	2022
Temporary agency or registry	2.2%	2.1%	1.4%	1.6%	2.2%	1.8%
Traveling agency	0.6%	0.4%	0.6%	0.6%	0.9%	1.5%
Neither temporary nor traveling agency	97.4%	97.5%	97.9%	97.8%	96.9%	96.7%
Number of cases	3,907	5,047	3,793	4,049	3,726	2,157

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

46. In what year did you most recently begin work as a temporary, registry, or traveling nurse? (Question first asked in 2022)

	2022
One year ago or less	39.6%
2-4 years ago	40.6%
5+ years ago	19.8%
Number of cases	44

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

47. Please indicate which of the following reasons describe why you work for a temporary agency, traveling agency, or registry. (Check all that apply.)

	2012	2014	2016	2018	2020	2022
Wages	33.3%	26.8%	37.4%	44.2%	66.2%	73.3%
Control of work location	24.3%	18.5%	40.5%	37.5%	40.7%	50.3%
Maintain skills/get experience	36.0%	27.3%	27.2%	25.6%	21.5%	33.3%
Unable to find a permanent RN job	30.7%	17.9%	4.7%	14.8%	1.9%	3.2%
Unable to find enough hours at my primary job	*	4.0%	1.8%	14.8%	9.3%	5.6%
Benefits	0.0%	0.2%	0.5%	4.4%	4.0%	*
Control of work conditions	16.4%	7.8%	25.8%	14.9%	25.9%	29.3%
Waiting for a desirable permanent position	24.9%	11.9%	15.2%	24.3%	8.3%	13.4%
Control of schedule	39.8%	38.5%	46.0%	56.4%	47.0%	55.0%
Supplemental income	45.1%	35.7%	28.9%	27.6%	42.8%	18.5%
Travel/see other parts of the country	6.8%	10.0%	5.2%	14.6%	13.8%	46.9%
Other	2.9%	15.9%	15.7%	9.4%	5.8%	11.1%
Number of cases	78	104	68	70	32	110

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

* Question was not asked in this survey year.

48. What was the last year you worked for pay as a registered nurse?

	2012	2014	2016	2018	2020	2022
One year ago or less	42.0%	34.7%	33.1%	38.9%	52.7%	53.0%
2-4 years ago	18.6%	22.5%	33.7%	18.8%	16.4%	24.8%
5-9 years ago	17.3%	17.2%	16.2%	22.1%	15.9%	10.6%
10-14 years ago	9.6%	9.8%	6.5%	12.4%	6.1%	5.6%
15-24 years ago	8.9%	11.9%	7.2%	4.8%	6.8%	3.9%
25 or more years ago	3.7%	3.9%	3.4%	3.0%	2.2%	2.2%
Number of cases	743	774	578	590	667	494

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

49. How important were each of the following factors in why are you are not employed in nursing?

2012	Not at all Important	Somewhat Important	Important	Very Important
Cannot find any work as an RN	69.0%	3.8%	5.6%	21.6%
Difficult to find desired nursing position	58.4%	7.7%	8.6%	25.2%
Retired	79.3%	1.6%	6.1%	13.0%
Childcare responsibilities	69.7%	4.0%	3.7%	22.6%
Other family responsibilities	61.3%	10.5%	5.2%	23.0%
Moving to a different area	81.3%	3.9%	2.7%	12.2%
Stress on the job	55.5%	9.4%	10.3%	24.8%
Job-related illness/injury	81.2%	3.1%	4.2%	11.5%
Non-job-related illness/injury	78.2%	2.5%	4.4%	14.8%
Salary	67.6%	8.8%	9.7%	14.0%
Dissatisfied with benefits	78.2%	6.3%	7.6%	7.9%
Other dissatisfaction with your job	61.9%	8.4%	13.0%	16.7%
Dissatisfaction with the nursing profession	67.9%	10.9%	7.0%	14.2%
Travel	80.9%	2.3%	6.0%	10.8%
Wanted to try another occupation	71.7%	6.0%	9.0%	13.3%
Inconvenient schedules in nursing jobs	64.3%	8.1%	8.8%	18.8%
Returned to school	79.6%	3.6%	2.9%	14.0%
Laid off	91.8%	0.2%	1.6%	6.4%
Other	81.3%	0.2%	3.5%	15.0%
Number of cases	749			

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

2014	Not at all Important	Somewhat Important	Important	Very Important
Cannot find any work as an RN	65.8%	5.5%	5.7%	23.0%
Difficult to find desired nursing position	56.0%	7.7%	9.1%	27.2%
Retired	76.0%	2.3%	3.9%	17.7%
Childcare responsibilities	68.9%	2.0%	4.6%	24.6%
Other family responsibilities	59.4%	8.5%	11.4%	20.7%
Moving to a different area	74.3%	5.6%	6.3%	13.8%
Stress on the job	56.3%	10.2%	12.5%	21.0%
Job-related illness/injury	80.5%	2.9%	6.1%	10.5%
Non-job-related illness/injury	84.9%	1.7%	3.7%	9.7%
Salary	63.9%	10.4%	10.5%	15.2%
Dissatisfied with benefits	75.3%	5.9%	10.6%	8.2%
Other dissatisfaction with your job	66.4%	8.4%	10.9%	14.4%
Dissatisfaction with the nursing profession	70.7%	12.3%	8.5%	8.5%
Travel	80.7%	7.9%	7.8%	3.6%
Wanted to try another occupation	79.4%	4.1%	7.0%	9.5%
Inconvenient schedules in nursing jobs	67.0%	10.7%	8.1%	14.2%
Returned to school	85.6%	1.9%	4.5%	8.0%
Laid off	90.5%	2.8%	1.7%	5.0%
Other	77.7%	0.0%	8.0%	14.3%
Number of cases	836			

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

2016	Not at all Important	Somewhat Important	Important	Very Important
Cannot find any work as an RN	75.8%	4.3%	8.1%	11.9%
Difficult to find desired nursing position	59.2%	5.1%	12.7%	23.0%
Retired	73.9%	2.4%	5.4%	18.3%
Childcare responsibilities	65.6%	4.3%	5.9%	24.1%
Other family responsibilities	59.5%	8.4%	11.8%	20.3%
Moving to a different area	80.8%	2.0%	6.6%	10.6%
Stress on the job	54.3%	7.8%	17.8%	20.0%
Job-related illness/injury	79.4%	6.2%	6.1%	8.4%
Non-job-related illness/injury	74.0%	6.6%	5.4%	14.0%
Salary	65.3%	6.1%	16.2%	12.4%
Dissatisfied with benefits	77.2%	5.3%	12.7%	4.8%
Other dissatisfaction with your job	59.5%	11.0%	13.8%	15.7%
Dissatisfaction with the nursing profession	67.1%	9.4%	13.9%	9.6%
Travel	81.2%	4.8%	7.9%	6.1%
Wanted to try another occupation	79.0%	3.1%	7.3%	10.6%
Inconvenient schedules in nursing jobs	71.0%	6.7%	10.4%	11.8%
Returned to school	80.1%	3.2%	3.8%	12.9%
Laid off	92.2%	0.2%	3.3%	4.4%
Other	85.1%	0.0%	2.3%	12.6%
Number of cases	614			

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

2020	Not at all Important	Somewhat Important	Important	Very Important
Cannot find any work as an RN	75.2%	4.3%	12.6%	8.0%
Difficult to find desired nursing position	54.8%	9.6%	15.4%	20.2%
Retired	70.1%	3.0%	10.7%	16.2%
Childcare responsibilities	59.5%	1.5%	12.3%	26.7%
Other family responsibilities	49.3%	4.2%	18.5%	28.0%
Moving to a different area	71.6%	3.8%	9.5%	15.1%
Stress on the job	42.3%	5.9%	30.3%	21.5%
Job-related illness/injury	71.2%	7.8%	7.4%	13.6%
Non-job-related illness/injury	83.6%	1.7%	7.7%	7.0%
Salary	54.6%	14.8%	18.7%	11.9%
Dissatisfied with benefits	65.6%	9.4%	18.3%	6.7%
Other dissatisfaction with your job	58.9%	11.8%	11.5%	17.9%
Dissatisfaction with the nursing profession	72.8%	10.0%	8.7%	8.5%
Travel	77.5%	3.7%	8.7%	10.1%
Wanted to try another occupation	76.9%	4.9%	10.2%	8.1%
Inconvenient schedules in nursing jobs	60.0%	5.9%	22.9%	11.2%
Returned to school	81.4%	2.5%	8.8%	7.3%
Laid off	86.7%	1.1%	5.6%	6.5%
Other	81.2%	0.0%	7.1%	11.7%
Number of cases	694			

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

2022	Not at all Important	Somewhat Important	Important	Very Important
Retired	64.2%	3.1%	6.4%	26.4%
Laid off	92.6%	0.5%	2.1%	4.8%
Difficult to find desired nursing position	66.9%	4.3%	13.0%	15.7%
Cannot find any work as an RN/APRN	83.4%	3.9%	6.0%	6.7%
Childcare responsibilities	68.1%	2.0%	3.7%	26.3%
Other family responsibilities	49.1%	4.0%	8.9%	37.9%
Inconvenient schedules in nursing jobs	52.8%	6.8%	13.5%	26.9%
Stress on the job	37.0%	11.0%	14.1%	37.8%
Negative effect of work on my health or well-being	32.2%	10.3%	14.4%	43.1%
Unsafe workplace	53.5%	6.6%	18.0%	21.9%
Job-related illness/injury	67.1%	5.7%	10.2%	16.9%
Non-job-related illness/injury	72.8%	5.9%	7.7%	13.6%
Salary	44.6%	7.4%	16.6%	31.4%
Dissatisfied with benefits	61.9%	9.4%	13.9%	14.8%
Lack of support from my employer/supervisor	48.5%	7.1%	17.1%	27.2%
Inability to deliver care consistently	50.7%	4.3%	18.5%	26.6%
Lack of respect from the public for nurses	65.1%	6.9%	12.5%	15.6%
Dissatisfaction with the nursing profession	55.8%	14.0%	11.9%	18.3%
Relocated to a different area	76.5%	2.7%	11.1%	9.7%
Travel	76.9%	6.7%	8.0%	8.5%
Wanted to try another occupation	79.0%	6.1%	5.1%	9.8%
Returned to school	78.2%	6.6%	6.8%	8.5%
Other	94.9%	0.0%	1.1%	4.0%
Number of cases	523			

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?

	2012	2014	2016	2018	2020	2022
Currently seeking employment in nursing	31.8%	24.6%	24.0%	30.2%	22.0%	19.1%
Plan to return to nursing in the future	19.8%	21.8%	27.0%	22.4%	30.2%	31.6%
Retired	16.3%	22.1%	22.2%	22.1%	23.6%	27.3%
Definitely will not return to nursing but not retired	7.4%	6.7%	5.4%	4.1%	4.9%	3.4%
Undecided at this time	24.8%	24.8%	21.3%	21.3%	19.4%	18.6%
Number of cases	762	808	591	651	704	522

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	2020	2022
Less than one year	50.3%	45.3%	44.6%	37.3%	41.6%	33.7%
1-2 years	38.7%	36.6%	40.9%	37.2%	28.1%	41.2%
3-4 years	2.6%	10.6%	11.5%	12.4%	15.9%	18.7%
5 or more years	8.4%	7.5%	3.0%	13.1%	14.4%	6.4%
Number of cases	86	125	82	90	87	77

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

51. To what extent would these changes affect your desire to return to nursing?

	Would not affect my plans	→				Would greatly increase my desire to return to nursing	Number of cases
		1	2	3	4		
Job opportunities became more available	49.8%	4.0%	7.8%	5.1%	33.3%	443	
Work environments improved	36.5%	1.6%	6.5%	6.9%	48.6%	442	
Student loan repayment become more available	74.5%	0.4%	2.2%	3.2%	19.6%	426	
On-the-job training and development become more available	44.5%	1.6%	7.1%	10.2%	36.7%	437	
School/childcare schedules became more stable	58.5%	2.3%	5.1%	4.1%	30.0%	428	
Commute became shorter	46.2%	5.7%	17.8%	9.1%	21.2%	433	
Employers offered more opportunities for advancement	47.3%	5.7%	8.6%	11.9%	26.5%	432	
Pay improved	35.5%	1.4%	10.2%	10.2%	42.8%	440	
Work schedules improved	31.1%	1.3%	10.2%	13.7%	43.8%	437	
Fringe benefits improved	43.3%	6.4%	12.0%	11.3%	26.9%	432	
Physical demands of the job were lessened	32.1%	3.2%	15.2%	17.8%	31.7%	440	
Management/administration became more attentive to nursing staff needs	28.0%	1.9%	11.4%	15.3%	43.4%	442	
My personal health situation improved	47.3%	7.5%	8.8%	12.1%	24.3%	433	
Other	63.8%	0.3%	3.8%	1.1%	30.9%	134	

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

52. (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? (Question first asked in 2012)

	2012	2014	2016	2018	2020	2022
Yes, volunteering	15.2%	15.5%	10.6%	11.1%	8.9%	11.4%
Number of cases	771	794	593	729	702	489
If volunteering, in internship/residency	7.2%	12.3%	7.4%	0.0%	1.6%	0.0%
Number of cases	225	135	204	100	87	87

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

53. Have you changed work status, positions, or employers in the past year? (Check all that apply.)

	2012	2014	2016	2018	2020	2022
No change in job, position, or work status	73.4%	77.0%	70.1%	70.6%	81.0%	73.7%
Added second nursing job	13.8%	5.3%	4.6%	4.0%	14.2%	10.5%
Added second non-nursing job	1.4%	0.7%	0.4%	0.5%	1.0%	1.0%
Stopped working second nursing job	*	2.6%	2.5%	2.3%	9.5%	6.1%
Stopped working second non-nursing job	*	0.5%	0.6%	0.8%	0.8%	1.0%
Retired	*	*	5.6%	6.9%	*	*
Not working now, but was working earlier this year	6.8%	2.1%	1.4%	1.1%	17.1%	20.4%
Now in an RN job, was not last year	6.1%	1.1%	1.3%	1.4%	4.5%	4.4%
New position with same employer	29.5%	6.9%	8.5%	7.5%	*	*
Same position with different employer	14.2%	2.8%	4.4%	4.0%	*	*
New position with different employer	20.2%	6.4%	5.8%	5.3%	*	*
Changed principal employer	*	*	*	*	59.5%	25.6%
Changed secondary nursing employer	*	*	*	*	2.5%	41.3%
Other change in job or position	18.5%	1.6%	3.9%	1.6%	10.3%	1.8%
Number of cases	1,230	4,924	3,683	3,775	3,377	2,700

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

* Question was not asked that year.

54. If you changed your principal employer, in what setting did you previously work? (Question first asked in 2020)

	2020	2022
Hospital	53.9%	61.7%
Ambulatory care (physician office, surgery center, urgent care center)	12.3%	10.3%
Long-term care (nursing home, skilled nursing facility, extended care)	13.8%	8.7%
Home health (including home-based hospice)	7.8%	2.1%
Other	12.3%	17.3%
Number of cases	246	301

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

55. Have you changed job titles in the past year?

	2020	2022
Yes	49.5%	55.2%
No	50.5%	44.8%
Number of cases	255	55.2%

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

56. Have you changed job titles in the past year?

This question was omitted as responses exhibited considerable variability.

57. Has there been a change in how much you work as an RN in the past year?

	2012	2014	2016	2018	2020	2022
No change in hours	60.8%	62.7%	64.6%	62.3%	34.6%	25.7%
Did not work as RN last year	19.0%	7.7%	6.5%	8.8%	*	*
Increased hours – employer imposed	11.1%	5.2%	5.1%	4.3%	7.7%	8.5%
Increased hours – my choice	29.1%	10.8%	10.8%	10.5%	16.0%	19.1%
Decreased hours – employer imposed	14.6%	4.9%	2.4%	2.7%	8.1%	3.6%
Decreased hours – my choice	21.5%	11.0%	10.8%	12.2%	20.0%	33.9%
Other change in hours	11.0%	7.5%	3.6%	2.1%	12.9%	9.1%
Number of cases	1,870	4,909	3,560	3,709	580	726

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

* Question was not asked that year.

58. How important were each of the following factors in your change in employment or hours worked during the past year?

2012	Not at all important	Somewhat important	Important	Very Important	Does not apply	Number of cases
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	Not at all important	Somewhat important	Important	Very Important	Number of cases
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.

2020	Not at all important	Somewhat important	Important	Very Important	Number of cases
Retired	49.8%	7.3%	14.9%	28.0%	278
Childcare responsibilities	53.7%	7.5%	14.3%	24.5%	288
Other family responsibilities	30.4%	12.3%	25.0%	32.3%	389
Salary	17.8%	14.3%	25.3%	42.6%	445
Benefits	63.2%	4.8%	12.7%	19.2%	205
Laid off	47.2%	11.9%	11.5%	29.4%	245
Employer reduced hours	58.4%	8.0%	15.2%	18.4%	239
Change in spouse/partner work situation	38.9%	11.0%	17.6%	32.4%	296
Change in financial status	52.2%	4.7%	15.5%	27.5%	260
Relocation/moved to a different area	36.4%	6.7%	18.8%	38.1%	320
Promotion/career advancement	41.6%	8.9%	21.1%	28.5%	273
Change in my health status	31.5%	9.7%	18.4%	40.3%	362
Wanted more convenient hours	27.7%	11.4%	24.1%	36.9%	401
Dissatisfaction with previous position	20.5%	13.4%	19.3%	46.9%	439
Stress on the job	21.1%	12.0%	20.9%	46.0%	401
Desire to use my skills more/learn new skills	59.3%	8.4%	12.7%	19.6%	243
Other	98.3%	0.1%	1.0%	0.6%	442

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

2022	Not at all important	Somewhat important	Important	Very Important	Number of cases
Retired	53.6%	7.0%	9.9%	29.6%	296
Laid off	74.7%	6.6%	6.8%	11.8%	232
Employer reduced my hours	69.7%	3.3%	8.4%	18.6%	246
Employer increased my hours	63.3%	5.1%	13.3%	18.2%	273
Promotion/career advancement	38.5%	10.2%	18.1%	33.2%	399
Desire to fully use skills/learn new skills	22.0%	7.9%	32.1%	38.0%	492
Childcare responsibilities	50.4%	4.1%	9.9%	35.6%	354
Other family responsibilities	31.2%	9.1%	17.0%	42.7%	432
Change in spouse/partner work situation	52.4%	4.7%	18.4%	24.5%	350
Wanted or needed more convenient work hours	32.3%	5.9%	19.1%	42.8%	500
Stress on the job	15.9%	8.5%	18.3%	57.3%	606
Negative effect of work on my health or well-being	16.8%	8.1%	18.5%	56.5%	594
Unsafe workplace	31.9%	8.4%	24.1%	35.6%	484
Job-related illness/injury	45.1%	5.3%	20.9%	28.7%	345
Non-job-related illness/injury	49.3%	7.7%	19.0%	24.0%	332
Salary/benefits	20.8%	7.7%	24.9%	46.6%	567
Lack of support from my employer/supervisor	24.1%	7.3%	20.1%	48.5%	539
Inability to deliver quality care consistently	26.2%	7.4%	26.3%	40.1%	510
Other dissatisfaction with my job	21.6%	10.3%	21.7%	46.4%	532
Dissatisfaction with the nursing profession	31.6%	13.1%	28.2%	27.1%	482
Relocated to a different area	45.6%	10.2%	9.8%	34.5%	327
Change in household financial status	39.1%	10.8%	16.1%	34.0%	360
Wanted to try another occupation	47.1%	8.3%	15.0%	29.6%	328
Returned to school	61.7%	5.3%	5.9%	27.0%	260
Other	89.6%	0.0%	2.5%	7.9%	555

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

59. Are you currently employed outside nursing?

	2012	2014	2016	2018	2020	2022
No	93.4%	94.1%	95.6%	95.4%	96.2%	96.2%
Yes	6.6%	6.0%	4.4%	4.6%	3.8%	3.8%
Number of cases	4,761	4,887	3,642	3,816	3,396	2,672

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

60. Does your position utilize any of your nursing knowledge?

	2012	2014	2016	2018	2020	2022
No	24.8%	30.1%	34.0%	28.4%	33.3%	31.7%
Yes	75.2%	69.9%	65.9%	71.6%	66.7%	68.3%
Number of cases	303	277	155	166	126	98

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

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61. Please indicate the following for work positions outside of nursing.

A. Hours worked per week

Hours worked per week	2012		2014		2016		2018		2020	2022
	Job #1	Job #2	Job #1	Job #2	Job #1	Job #2	Job #1	Job #2	Job (s)	Job (s)
8 or less	18.2%	36.7%	23.8%	42.1%	24.7%	36.9%	23.7%	19.5%	7.3%	17.6%
9-16	18.3%	19.1%	17.4%	5.1%	26.4%	30.5%	6.5%	24.2%	11.4%	20.2%
17-24	18.1%	12.7%	12.6%	15.7%	17.6%	25.7%	11.9%	19.9%	10.6%	14.3%
25-32	6.4%	2.1%	10.1%	0.9%	9.9%	6.9%	13.0%	1.8%	15.8%	2.2%
33-40	28.2%	23.0%	25.3%	30.2%	11.9%	0.0%	37.7%	33.3%	36.4%	25.4%
41-48	1.3%	0.0%	2.5%	0.0%	9.5%	0.0%	7.3%	1.2%	7.1%	7.1%
Over 48	9.5%	6.3%	8.3%	6.1%	0.0%	0.0%	0.0%	0.0%	11.4%	13.1%
Number of cases	254	57	245	31	124	60	94	16	88	89

Note: Not enough observations for the 3rd position to report data. Data are weighted to represent all RNs with active licenses. From 2020 onwards, respondents were asked combine information regarding non-nursing positions if they had more than one position.

B. Months worked per year

	2020	2022
Less than 4	0.0%	6.3%
4 to 6	34.0%	2.6%
7 to 9	5.9%	0.9%
10 to 12	60.1%	90.2%
Number of cases	23	83

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

C. Estimated annual pre-tax income

Estimated annual pre-tax income	2012		2014		2016		2018		2020	2022
	Job #1	Job #2	Job #1	Job #2	Job #1	Job #2	Job #1	Job #2	Job (s)	Job (s)
Less than \$25,000	72.7%	87.6%	47.7%	57.6%	50.1%	81.1%	34.6%	62.6%	27.2%	26.3%
\$25,000 to \$49,999	8.2%	12.4%	14.5%	2.0%	18.4%	18.9%	18.3%	8.9%	12.0%	11.4%
\$50,000 to \$74,999	10.3%	0.0%	6.9%	10.0%	7.5%	0.0%	12.3%	0.0%	14.4%	17.4%
\$75,000 to \$99,999	2.5%	0.0%	9.2%	8.4%	8.1%	0.0%	13.4%	9.2%	9.5%	4.5%
\$100,000 to \$124,999	0.7%	0.0%	10.2%	9.3%	8.3%	0.0%	7.1%	8.3%	8.7%	0.3%
Over \$125,000	5.6%	0.0%	11.5%	12.7%	7.6%	0.0%	14.4%	11.0%	28.3%	40.2%
Number of cases	128	27	214	29	110	47	85	14	71	63

Note: Data are weighted to represent all RNs with active licenses. From 2020 onwards, respondents were asked combine information regarding non-nursing positions if they had more than one position.

62. Please indicate the field(s) of your work position(s) outside nursing. (Check all that apply.)

	2012	2014	2016	2018	2020	2022
Health-related services	55.4%	47.6%	47.0%	45.6%	45.0%	38.8%
Pharmaceutical or biotech services	*	5.8%	6.9%	5.9%	14.1%	13.8%
Retail sales & services	9.9%	15.2%	12.9%	8.7%	11.6%	0.8%
Education	11.8%	15.7%	12.9%	14.8%	12.8%	10.3%
Financial, accounting, & insurance services	7.3%	7.4%	5.8%	4.3%	7.0%	8.1%
Consulting	4.5%	7.0%	10.1%	9.4%	10.6%	9.7%
Other	29.0%	22.8%	27.5%	44.8%	16.3%	27.7%
Number of cases	296	299	158	122	85	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 asked in this survey year.

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63. Do you reside outside California?

This question was excluded as it did not pertain to California Residents.

64. 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.

65. 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.

66. 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.

67. Did you experience any of the following changes during the pandemic? (Check all that apply.)

	Employer imposed (Mar-Dec 2020)	I chose this (Mar-Dec 2020)	Employer imposed (Jan 2021 -)	I chose this (Jan 2021 -)
Took paid time off (by choice or furloughed)	11.3%	18.9%	4.9%	19.7%
Took unpaid time off (by choice or furloughed)	8.6%	10.2%	3.4%	9.5%
Worked additional paid hours	10.3%	31.4%	7.4%	31.3%
Worked additional unpaid or volunteer hours	3.3%	5.8%	2.7%	5.1%
Changed role(s) from patient care to non-patient care	3.8%	3.4%	2.0%	3.2%
Changed role(s) from non-patient care to patient care	2.6%	1.7%	2.4%	2.2%
Floated to a different unit/department within the organization, within the same state	24.5%	6.1%	20.6%	6.0%
Floated to a different unit/department within the organization, outside home state	3.3%	1.3%	3.1%	0.9%
Took care of COVID-19 patients	46.6%	15.2%	42.3%	13.8%
Retired from nursing earlier than planned	---	2.5%	---	2.5%
Left nursing work permanently but not retired	---	1.0%	---	1.3%
Delayed retirement to continue nursing work	---	2.9%	---	2.8%
Returned to nursing work after having retired or stopped working prior to the pandemic	---	1.4%	---	1.8%
Left my organization to work as a traveling nurse	---	0.9%	---	1.3%
Number of cases	2,379			

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

68. To what degree did you become upset or frustrated about each of the following in the past 9 months?

	Not at all	A small degree	A moderate degree	A great degree
Lack of adequate personal protective equipment	42.7%	23.7%	16.9%	16.7%
Lack of reliable COVID-19 tests	44.6%	23.4%	17.6%	14.4%
Lack of clear, evidence-based treatment protocols for COVID-19	27.9%	23.9%	23.0%	25.2%
Lack of understanding in the community of COVID-19 risks	21.0%	18.1%	26.7%	34.3%
Lack of adequate nurse staffing	14.3%	14.6%	22.1%	48.9%
Lack of adequate ancillary and support staffing	17.1%	18.4%	23.2%	41.3%
Lack of collaboration and teamwork with my coworkers	42.1%	29.5%	15.6%	12.9%
Lack of good leadership in my organization	27.7%	27.0%	19.2%	26.1%
Lack of respect from the public for nurses	45.1%	20.8%	17.8%	16.3%
Number of cases	2,272			

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

69. To what degree have you experienced these feelings during the past six months?

	Not at all	A small degree	A moderate degree	A great degree
Fear or anxiety about caring for COVID-19 patients	38.7%	29.0%	18.2%	14.1%
Fear or anxiety for the safety of my family and friends	23.3%	28.8%	23.0%	24.9%
Fear or anxiety of becoming seriously ill from COVID-19	29.0%	30.6%	19.6%	20.9%
Fear or anxiety of spreading COVID-19 to family or friends	18.8%	28.8%	23.3%	29.1%
Number of cases	2,284			

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

70. Have you ever had a COVID-19 infection?

	2022
Have you ever had a COVID-19 infection?	
Yes, confirmed by test	50.2%
Had symptoms but not tested	4.9%
No	44.9%
How serious was your infection?	
Mild short-term symptoms, treated at home	78.4%
Serious symptoms, but not hospitalized	21.6%
Serious symptoms, hospitalized	0.0%
Has your recovery been complete?	
I have no lingering symptoms or illness	69.9%
I have mild lingering symptoms/illness	28.6%
I have serious lingering symptoms/illness	1.6%
Number of cases	2,343

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

71. During the COVID-19 pandemic, did you experience the following?

	Never	1-2 times	3-4 times	5 or more times
You had to deny family visits to a critically ill patient	49.4%	11.3%	8.1%	31.3%
Someone you worked with died from COVID-19	71.8%	21.3%	3.6%	3.2%
A patient you cared for died from COVID-19	51.7%	16.5%	10.7%	21.0%
Someone you lived with was hospitalized for COVID-19	91.1%	7.7%	0.7%	0.4%
A family member or close friend died from COVID-19	67.6%	25.7%	4.3%	2.5%
Number of cases	2,309			

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

72. To what extent do you agree with the following statements about the pandemic?

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Number of cases
My employer has been protective of my health	9.7%	12.9%	19.9%	35.8%	21.7%	2,293
I feel well-prepared to care for COVID-19 patients	8.2%	11.9%	23.4%	39.8%	16.7%	2,108
Quality of care for non-COVID-19 patients is as good as before the pandemic	13.8%	22.2%	21.3%	29.0%	13.7%	2,170
Childcare/school closures have made it difficult to work	6.6%	6.2%	28.3%	34.4%	24.5%	1,254
Eldercare needs have made it difficult to work	9.0%	8.5%	37.5%	30.8%	14.1%	1,036
I am considering, planning, or have changed nursing jobs due to burnout from the pandemic	23.3%	20.6%	22.1%	19.0%	15.0%	1,881
I am considering, planning, or have left my nursing job to become a traveling nurse	43.7%	23.3%	16.9%	10.7%	5.4%	1,520
I am considering, planning, or have left the field of nursing entirely due to burnout	34.2%	26.2%	17.9%	12.9%	8.7%	1,776
I am considering, planning, or have left my nursing job due to vaccine mandates	57.4%	17.8%	10.6%	6.3%	7.9%	1,803

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

73. Year of Birth (converted to age groups)

	2012	2014	2016	2018	2020	2022
Under 30 years	9.3%	7.4%	8.4%	8.8%	9.0%	8.9%
30-34 years	10.6%	11.1%	12.6%	13.1%	13.9%	13.7%
35-39 years	12.0%	10.3%	11.2%	12.0%	13.3%	14.1%
40-44 years	11.6%	13.1%	12.3%	11.8%	10.9%	11.7%
45-49 years	10.2%	10.1%	11.1%	12.4%	11.0%	11.3%
50-54 years	13.5%	11.8%	10.5%	9.2%	11.2%	11.1%
55-59 years	13.3%	13.5%	11.5%	10.1%	9.5%	7.6%
60-64 years	11.2%	11.6%	12.1%	11.7%	9.7%	9.9%
65 years and older	8.3%	11.1%	10.4%	11.0%	11.6%	11.8%
Number of cases	4,967	5,047	3,793	4,049	3,726	2,914

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

74. Gender

	2012	2014	2016	2018	2020	2022
Male	11.1%	11.1%	11.1%	12.5%	88.3%	12.3%
Female	88.9%	89.0%	88.9%	87.3%	11.7%	87.4%
Non-binary	*	*	*	0.2%	0.0%	0.1%
Trans Woman	*	*	*	*	*	0.0%
Trans Man	*	*	*	*	*	0.0%
Genderqueer	*	*	*	*	*	0.0%
Gender non-conforming	*	*	*	*	*	0.1%
Prefer to self-describe	*	*	*	*	*	0.1%
Number of cases	4,894	5,000	3,676	3,828	3,423	2,663

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

* Question was not asked in this survey year.

75. Country of birth

	2012	2014	2016	2018	2020	2022
Canada	1.1%	1.2%	1.2%	1.3%	1.1%	1.5%
China	0.7%	0.6%	0.7%	2.4%	1.8%	0.6%
Germany	0.5%	0.3%	0.3%	0.4%	0.5%	0.3%
India	1.1%	1.0%	1.4%	2.6%	2.9%	1.4%
Japan	0.5%	0.5%	0.6%	1.3%	1.1%	0.1%
Korea	1.6%	1.5%	1.2%	2.3%	2.4%	1.0%
Mexico	1.9%	1.4%	1.3%	3.2%	3.0%	1.7%
Nigeria	0.4%	0.7%	0.5%	1.2%	1.9%	0.5%
Philippines	17.8%	17.8%	18.2%	30.0%	27.5%	15.7%
United Kingdom	*	*	0.8%	0.7%	0.3%	0.5%
United States	66.3%	65.8%	65.2%	39.5%	41.2%	67.4%
Vietnam	0.6%	0.9%	0.6%	2.2%	2.0%	0.7%
Taiwan	*	*	0.5%	1.1%	1.0%	0.3%
Armenia	*	*	*	*	*	0.6%
Ukraine	*	*	*	*	*	0.4%
Indonesia	*	*	*	*	*	0.4%
El Salvador	*	*	*	*	*	0.4%
Hong Kong	*	*	*	*	*	0.4%
Iran	*	*	*	*	*	0.4%
Guyana	*	*	*	*	*	0.4%
Thailand	*	*	*	*	*	0.3%
Denmark	*	*	*	*	*	0.3%
Myanmar	*	*	*	*	*	0.3%
Number of cases	4,840	4,946	3,615	2,004	1,728	2,617

Note: Only countries with greater than 0.3% reported here. Data are weighted to represent all RNs with active licenses.

* Question was not asked in this survey year.

76. Parents' highest education

	2020		2022	
	Mother	Father	Mother	Father
High school or less	42.1%	37.8%	39.5%	35.9%
Some college	17.3%	18.6%	17.1%	17.1%
Associate degree	11.0%	8.0%	10.0%	7.1%
Bachelor's degree	22.1%	22.5%	23.1%	23.3%
Graduate degree	7.6%	13.1%	9.3%	15.5%
Don't know			1.2%	1.2%
Number of cases	3,318	3,268	2,586	2,507

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

77. Marital status

	2012	2014	2016	2018	2020	2022
Never Married	17.8%	17.7%	19.1%	22.5%	19.1%	19.2%
Married/Domestic Partnership	67.4%	67.3%	66.6%	64.1%	68.6%	68.2%
Separated/Divorced/Widowed	14.8%	15.0%	14.4%	13.4%	12.3%	12.6%
Number of cases	4,876	4,983	3,688	3,801	3,399	2,656

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

78. Do you have children living at home with you?

	2012	2014	2016	2018	2020	2022
No	49.9%	49.7%	49.7%	49.0%	49.9%	51.2%
Yes	50.1%	50.3%	50.3%	51.0%	50.1%	48.8%
Number of cases	4,884	4,985	3,698	3,802	3,405	2,651

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

79. If Yes, how many are children are...?

2012	0 to 2 years	3 to 5 years	6 to 12 years	13-18 years	19+ years
0 children	72.7%	74.9%	92.1%	87.3%	43.0%
1 child	24.6%	22.1%	6.1%	9.7%	42.6%
2 children	2.7%	2.9%	1.8%	2.9%	12.4%
3 or more children	0.0%	0.1%	0.0%	0.2%	1.7%
Number of cases	1,378				

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

2014	0 to 2 years	3 to 5 years	6 to 12 years	13-18 years	19+ years
0 children	81.8%	82.4%	68.1%	70.7%	58.4%
1 child	16.1%	15.0%	21.4%	21.2%	30.0%
2 children	2.1%	2.5%	8.9%	6.6%	9.5%
3 or more children	0.0%	0.0%	1.6%	1.4%	2.0%
Number of cases	2,230				

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

2016	0 to 2 years	3 to 5 years	6 to 12 years	13-18 years	19+ years
0 children	82.5%	84.3%	73.9%	76.1%	75.9%
1 child	6.9%	2.8%	4.7%	5.5%	10.4%
2 children	7.2%	8.0%	12.0%	9.9%	7.7%
3 or more children	3.5%	4.9%	9.5%	8.6%	6.0%
Number of cases	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
0 children	77.3%	80.7%	67.3%	70.8%	63.4%
1 child	19.2%	16.7%	21.6%	21.0%	25.1%
2 children	3.5%	2.6%	9.9%	7.5%	9.3%
3 or more children	0.0%	0.0%	1.0%	0.7%	2.2%
Number of cases	2,230				

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

2020	0 to 2 years	3 to 5 years	6 to 12 years	13-18 years	19+ years
0 children	76.7%	81.1%	69.5%	74.9%	60.0%
1 child	20.2%	17.4%	20.1%	17.8%	28.4%
2 children	3.0%	1.5%	9.0%	6.7%	8.9%
3 or more children	0.0%	0.0%	1.5%	0.6%	2.7%
Number of cases	1,655				

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

2022	0 to 2 years	3 to 5 years	6 to 12 years	13-18 years	19+ years
0 children	77.8%	82.2%	70.5%	73.4%	56.3%
1 child	20.6%	15.8%	20.4%	21.4%	29.1%
2 children	1.6%	2.1%	7.3%	4.4%	11.7%
3 or more children	0.0%	0.0%	1.8%	0.8%	2.9%
Number of cases	1,228				

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

80. 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. (Question first asked in 2014)

	2014	2016	2018	2020	2022
Yes	20.4%	19.4%	20.5%	23.4%	26.5%
No	79.6%	80.6%	79.5%	76.6%	73.6%
Number of cases	4,403	3,691	3,793	3,395	2,656

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

81. If Yes, how many adults do you assist or care for? (Question first asked in 2014)

	2014	2016	2018	2020	2022
1 adult	76.6%	74.7%	71.6%	72.1%	69.9%
2 adults	19.6%	23.7%	25.7%	25.1%	25.5%
3 or more	3.9%	1.6%	2.7%	2.8%	4.6%
Number of cases	815	765	595	590	520

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

82. Other than English, what languages do you speak fluently?

	2012	2014	2016	2018	2020	2022
No other language	59.7%	57.8%	58.4%	55.2%	55.7%	*
Spanish	11.6%	11.9%	11.1%	13.2%	12.9%	12.5%
Korean	1.9%	1.6%	1.3%	1.4%	1.5%	1.1%
Vietnamese	0.9%	1.0%	0.9%	1.6%	1.8%	0.9%
Tagalog or other Filipino language	18.0%	18.5%	18.9%	18.0%	16.8%	14.5%
French	1.0%	1.6%	1.3%	1.2%	0.4%	0.6%
Hindi or other South Asian language	1.5%	1.5%	1.9%	2.1%	2.6%	1.4%
Mandarin	1.5%	1.5%	2.1%	2.4%	2.3%	1.6%
Cantonese	1.4%	1.0%	1.8%	1.3%	2.0%	1.1%
Other Chinese dialect	0.7%	0.5%	1.0%	0.3%	0.9%	*
Other	6.4%	6.9%	5.0%	4.9%	5.1%	3.5%
Sub-Saharan African Language	*	*	0.8%	1.2%	1.9%	0.4%
Armenian	*	*	*	*	*	0.7%
Farsi	*	*	*	*	*	0.4%
Arabic	*	*	*	*	*	0.5%
Japanese	*	*	*	*	*	0.5%
Russian	*	*	*	*	*	3.5%
Number of cases	4,711	4,777	3,535	3,689	3,286	2,914

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

* Question was not asked in this survey year. In 2022, data are only for those who speak another language.

83. Home Zip Code:

This question was excluded for confidentiality.

84. What is your ethnic/racial background?

Note: Questions was significantly changed in 2012 and 2018.

	2012	2014	2016	2018	2020	2022
Caucasian / White / European / Middle Eastern	54.9%	54.1%	57.3%	50.9%	52.5%	53.7%
African American / Black / African	5.1%	4.9%	4.7%	6.4%	5.5%	4.4%
American Indian / Native American / Alaskan Native	0.3%	0.5%	2.0%	2.5%	1.6%	1.5%
Central American	0.7%	0.9%	0.7%	2.0%	1.7%	2.2%
South American	0.6%	0.4%	1.3%	1.1%	1.2%	1.2%
Caribbean	*	*	*	*	*	0.7%
Mexican	4.6%	4.6%	7.2%	9.5%	9.2%	10.9%
Other Hispanic	0.7%	0.8%	1.7%	2.4%	1.8%	1.4%
Cambodian	0.0%	0.0%	0.1%	0.2%	0.1%	0.3%
Chinese	2.9%	3.1%	4.0%	4.8%	5.4%	5.2%
Fijian	0.0%	0.0%	0.0%	0.1%	0.1%	0.2%
Filipino	20.1%	18.6%	21.6%	21.2%	20.1%	21.1%
Guamanian	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%
Native Hawaiian	0.1%	0.0%	0.2%	0.2%	0.3%	0.5%
Indian	1.5%	1.2%	1.7%	2.2%	2.0%	2.0%
Indonesian	0.4%	0.2%	0.3%	0.2%	0.3%	0.4%
Japanese	1.3%	1.0%	1.4%	1.6%	1.3%	1.5%
Korean	2.0%	1.6%	1.6%	2.1%	1.8%	1.7%
Laotian/Hmong	0.0%	0.2%	0.4%	0.4%	0.2%	0.3%
Pakistani	0.0%	0.0%	0.1%	0.1%	0.2%	0.0%
Samoan	0.1%	0.0%	0.0%	0.0%	0.1%	0.2%
Thai	0.3%	0.4%	0.3%	0.4%	0.4%	0.3%
Tongan	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Vietnamese	0.8%	1.0%	1.0%	1.6%	1.9%	1.6%
Other Asian / Pacific Islander	0.2%	0.1%	0.3%	0.7%	1.0%	1.4%
Other or Mixed	3.0%	6.2%	7.4%	1.1%	0.9%	1.4%
Cuban	0.1%	0.2%	0.1%	0.4%	0.2%	*
Number of cases	4,797	4,961	3,688	3,741	3,376	2,619

Note: Columns will not total 100%. Data are weighted to represent all RNs with active licenses. From 2018 onwards, respondents could select multiple options.

85. 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:

	2012	2014	2016	2018	2020	2022
Less than \$30,000	3.3%	1.9%	1.7%	1.6%	0.9%	2.3%
\$30K-\$44,999	2.8%	2.1%	1.6%	2.0%	1.3%	2.5%
\$45K-\$59,999	3.4%	3.1%	3.1%	2.5%	1.3%	4.6%
\$60K-\$74,999	8.8%	6.9%	5.6%	6.0%	4.0%	6.5%
\$75K-\$99,999	16.5%	17.6%	14.6%	14.3%	10.3%	12.1%
\$100K-\$124,999	20.3%	20.4%	21.2%	18.3%	18.4%	18.1%
\$125K-\$149,999	14.6%	14.3%	13.7%	14.2%	15.7%	13.9%
\$150K-\$174,999	10.5%	11.3%	12.9%	12.5%	13.5%	14.2%
\$175K-\$199,999	7.3%	7.4%	8.1%	7.5%	10.0%	6.9%
\$200K or more	12.8%	15.1%	17.5%	20.9%	24.7%	19.0%
Number of cases	4,605	4,754	3,499	3,603	3,242	2,437

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

86. Approximately what percentage of your total household income comes from your nursing job(s)?

	2012	2014	2016	2018	2020	2022
None	9.7%	10.2%	7.9%	9.2%	8.4%	10.1%
Less than 20 percent	3.4%	3.4%	2.9%	3.7%	3.0%	3.2%
20 to 39 percent	6.4%	6.9%	7.2%	7.3%	6.8%	6.9%
40 to 59 percent	17.3%	18.1%	19.6%	17.9%	22.8%	20.4%
60 to 79 percent	18.2%	18.6%	19.0%	16.5%	17.2%	16.9%
80 to 99 percent	12.9%	13.5%	13.5%	12.3%	12.0%	12.5%
100 percent	32.1%	29.3%	29.9%	33.2%	29.9%	30.0%
Number of cases	4,775	4,905	3,615	3,694	3,312	2,587

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

87. Have you ever served on active duty in the US Armed Forces? (Question revised in 2022)

	2022
I now serve on active duty	0.3%
I previously served on active duty	2.8%
I now am on reserves	0.3%
I previously was on reserves	1.3%
I have never been on active duty or reserves	96.2%
Number of cases	2,500
If you have served, are/were you in the medical corps?	69.7%
Number of cases	126

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

Appendix C. 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 and I'll see that you receive another copy. (If you have recently mailed your completed questionnaire, or completed the survey online, 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 2022 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. (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 2022 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. (If you have already mailed your completed questionnaire, please disregard this notice.) Thank you.

Lela Chu, Project Manager
UC San Francisco

Emails for RNs with email addresses

Invitation

Subject Line: Board of Registered Nursing Survey of RNs
From name: California Board of Registered Nursing Survey

Dear \${m://FirstName} \${m://LastName}:

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 445,000 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 2023.

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 linked 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 25 minutes. You may also receive a hard-copy version of this survey in the mail if we do not hear from you via the online survey system.

You may complete the survey online at: **SURVEYLINK**.

Your USERNAME is: XXXXX

Your PASSWORD 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. 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 irb@ucsf.edu

We hope we can count on your participation and look forward to receiving your completed survey.

Sincerely,
Loretta Melby
Executive Officer
California Board of Registered Nursing

Reminder 1

Subject Line: Reminder: BRN 2022 RN Survey

From name: BRN Survey Manager

Hello FirstName LastName!

The **California Board of Registered Nursing**, working with the University of California, San Francisco emailed you a link to the 2022 survey about a week ago. We have not heard from you and wanted to make sure you received a link to the survey and that your username and password were working properly. The survey link was sent to people with active California RN licenses regardless of whether or not they are currently working.

Whether you are currently working as an RN/APRN or not, we need your input regarding work in California.

Follow this link to the Survey: SURVEYLINK

Your USERNAME is: XXXXX

Your PASSWORD is: XXX

If you need assistance completing this survey on-line, please call me toll-free at 1-877-276-8277 or email me at lela.chu@ucsf.edu. If we do not hear from you, you may receive a paper version of this survey in your mail. If you have already completed your questionnaire, please disregard this notice. Thank you.

Lela Chu, Project Manager
UC San Francisco

Reminder 2

Subject Line: Reminder: CA BRN/UCSF Survey of RNs

From name: RN Survey in California

Dear FirstName LastName:

The **California Board of Registered Nursing**, working with the University of California, San Francisco emailed you a link to the 2020 survey about two weeks ago (April 18th). We have not heard from you and wanted to make sure you received a link to the survey and that your username and password were working. The survey link was sent to people with active California RN licenses regardless of whether or not they are currently working as an RN.

We need your input to better understand how our nursing workforce can support coming healthcare changes.

Follow this link to the Survey: SURVEYLINK

Your **USERNAME** is: XXXXX

Your **PASSWORD** (all CAPS) is: XXX

If you need assistance completing it on-line, **please call me toll-free at 1-877-276-8277** or email me at lela.chu@ucsf.edu. If we do not hear from you, you may receive a paper version of this survey in your mail. (If you have already completed your questionnaire, please disregard this notice.) Thank you.

Lela Chu, Project Manager
UC San Francisco

Reminder 3

Subject Line: Please reply: Board of Registered Nursing Survey
From name: Board of Registered Nursing/UCSF

Dear FirstName LastName:

In early July, we emailed you a link to an online survey asking about your experiences as an RN in California. 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 as an RN, have moved out-of-state, or are retired, we still need your participation. The BRN wants to understand patterns of retirement and reasons for not working as a nurse.

The California Board of Registered Nursing is extremely interested in understanding working conditions, salaries and other issues pertinent to RNs/APRNs in California. Your input will help the Board understand how best to utilize the nursing workforce in future workforce planning.

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 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 RNs/APRNs. More information about UCSF human subjects' protections for this study can be found on the first page of the online survey.

I've taken the liberty of emailing you one more time, in the event that you may have overlooked your initial invitation during the holiday season. Completion of the survey should take no more than 20 minutes. 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 also receive a paper survey in the mail if we do not hear from you via the online system.

Survey Link: SURVEYLINK
Your USERNAME is: XXXXX
Your PASSWORD is: XXX

If you have any difficulty accessing or completing the survey, or if you have any questions about your participation in this study, please call Lela Chu at UC San Francisco toll-free at 1-877-276-8277, or by email at 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 irb@ucsf.edu.

We hope we can count on your participation and look forward to receiving your completed survey.

Sincerely,



Loretta Melby
Executive Officer
California Board of Registered Nursing

Letter for Active RN



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 F (916) 574-8637 | 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 500,000 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 2023.

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/brn2022>

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. 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 irb@ucsf.edu

We hope we can count on your participation and look forward to receiving your completed survey.

Sincerely,

Loretta Melby
Executive Officer
California Board of Registered Nursing

Follow-up Letter for Active RN



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov



NAME
ADDRESS1
ADDRESS2
ADDRESS3

Dear NAME:

Over a month 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 or stay in 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/brn2022>

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.

Thank you in advance for your cooperation.

Sincerely,

Loretta Melby
Executive Officer
California Board of Registered Nursing

Appendix D. Questionnaire



University of California
San Francisco

California Board of Registered Nursing Survey of Registered Nurses 2022

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:

₁ YES

₂ 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, please email Lela.Chu@ucsf.edu or call toll-free: 1 (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
2022 RN SURVEY**

SECTION A: EDUCATION & LICENSURE

1. What types of **nursing** degree programs have you completed? Include both initial and advanced education.

	Year completed	Location (2-letter state code or name of country)
Associate degree in nursing	_____	_____
30-unit option program (LVN-to-RN)	_____	_____
Baccalaureate in nursing (BSN or BS with nursing major)	_____	_____
Entry Level Master's program (ELM, MEPN, etc.)	_____	_____
Diploma program (hospital-based)	_____	_____
Master's Degree in nursing (non-ELM)	_____	_____
Post-Master's Certificate in nursing	_____	_____
Doctor of Nursing Practice (DNP)	_____	_____
Research-based Nursing Doctorate (PhD, DNSc, etc.)	_____	_____
Other (Describe): _____	_____	_____

2. What types of **non-nursing** post-secondary degree programs have you **completed**, before and/or after your nursing education? (Please report current enrollment in **Question #10**)

	Year
Associate degree (non-nursing)	_____
Bachelor's degree (non-nursing)	_____
Master's Degree (non-nursing)	_____
Doctorate (JD, MD, PhD, etc.)	_____
Other program type (Describe): _____	_____

3. **Prior** to starting your initial RN education, were you employed in a health occupation?
(**Check all that apply.**)

- a No
- b Yes, healthcare clerical or administrative
- c Yes, military medical corps
- d Yes, nursing aide/assistant
- e Yes, other health technician/therapist
- f Yes, medical assistant
- g Yes, licensed practical/vocational nurse
- h Yes, other (**Specify**): _____)

4. In what US state or other country were you **first licensed** as an RN?

2-letter US 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**?

- 0 No other states
- 1 Yes (list states: _____)

Are any of these Nurse Licensure Compact states? 1 Yes 0 No

7. Which of the following **California BRN certifications or listings** do you have?
(**Check all that apply.**)

- a None
- b Nurse Anesthetist
- c Public Health Nurse
- d Nurse-Midwife
- e Psychiatric/Mental Health Nurse
- f Nurse Practitioner
- g 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 during which you did not work as an RN.

_____ years and _____ months

9. **How satisfied are you with the nursing profession overall?**

- 1 Very dissatisfied
- 2 Dissatisfied
- 3 Neither satisfied nor dissatisfied
- 4 Satisfied
- 5 Very satisfied

10. Are you currently enrolled in a degree program or certification program?

₁ Yes ₂ No → **Skip to Question #14**

11. What is your objective? (Check all that apply.)

- _a Associate degree in Nursing (ADN)
- _b Baccalaureate of Science in Nursing (BSN)
- _c Master's degree in Nursing (MSN)
- _d Doctor of Nursing Practice (DNP)
- _e Research or education-focused Doctorate in Nursing (PhD, DNSc, etc.)
- _f Non-degree nursing certificate
- _g Non-nursing Associate degree
- _h Non-nursing Baccalaureate degree
- _i Non-nursing Master's degree
- _j Non-nursing professional Doctorate (JD, MD, etc.)
- _k Non-nursing research or education-focused Doctorate(PhD, EdD, etc.)
- _l Non-nursing certificate

12. What percent of coursework is through online or distance learning?
Currently: _____% Normally: _____%

13. Why did you decide to return to school?
(Check all that apply.)

- _a Personal fulfillment or enrichment
- _b Employer requires me to obtain BSN
- _c Difficulty finding a job with current education
- _d To be eligible for a promotion or higher-level position
- _e Employer encourages me to advance my education
- _f Desire for new skills to improve the quality of care I provide
- _g To prepare me to work in a different setting
- _h To get a higher salary
- _i Interest in an administrative/ management career
- _j Interest in a faculty/teaching career
- _k Interest in becoming an advanced practice nurse (NP, CNM, CRNA, CNS)
- _l Desire to change careers out of nursing
- _m Getting burned out in current job

14. Are you **currently employed for pay** in a position that **requires an RN license**, including any Advanced Practice Registered Nurse positions?

₁ **Yes**, working full-time, part-time or per diem

Continue to Section B below

₂ **No** → **Skip to Section C, page 7**

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.

15. 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
- e. _____ # hours in **direct patient care** per week

16. How many **months** per year do you work as an RN?
_____ # months per **year**

17. What are your intentions regarding your nursing employment in the next:

Two Years? (Check only one.)	Five Years? (Check only one.)
<input type="checkbox"/> ₁ Plan to increase hours of nursing work	<input type="checkbox"/> ₁ Plan to increase hours of nursing work
<input type="checkbox"/> ₂ Plan to work approximately as much as now	<input type="checkbox"/> ₂ Plan to work approximately as much as now
<input type="checkbox"/> ₃ Plan to reduce hours of nursing work	<input type="checkbox"/> ₃ Plan to reduce hours of nursing work
<input type="checkbox"/> ₄ Plan to leave nursing entirely but not retire	<input type="checkbox"/> ₄ Plan to leave nursing entirely but not retire
<input type="checkbox"/> ₅ Plan to retire	<input type="checkbox"/> ₅ Plan to retire

18. Overall, based on your definition of burnout, how would you rate your level of burnout? (Check only one.)

- ₁ I enjoy my work. I have no symptoms of burnout
- ₂ Occasionally I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out
- ₃ I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion
- ₄ The symptoms of burnout that I'm experiencing won't go away. I think about frustration at work a lot
- ₅ I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help

Questions 19 - 34 refer to your principal nursing position, which is the current RN or APRN position in which you spend most of your working time.

19. In your **principal** nursing position, are you...?
(Check only one.)

- ₁ A regular employee (including per diem)
- ₂ Employed locally through a temporary agency
- ₃ Travel nurse/travel agency
- ₄ Self-employed

20. How long have you been employed as an RN with your **principal** employer in any position?

_____ years and _____ months

21. How many **hours per week** do you normally work in your **principal** nursing position?

_____ # hours per week

22. How many **months per year** do you normally work in your **principal** nursing position?

_____ # months per year

23. Which one of these best describes the **job title** of your **principal** nursing position? (Check only one.)

- ₁ Staff nurse/direct care nurse
- ₂ Charge Nurse and direct care nurse
- ₃ Charge Nurse or Team Leader (not direct care)
- ₄ Senior management (CEO, Vice President, Dean)
- ₅ Middle management (Asst. Director, Dept. Head, Associate Dean)
- ₆ Front-line management (Head Nurse, Manager)
- ₇ Clinical Nurse Specialist (CNS)
- ₈ Certified Registered Nurse Anesthetist (CRNA)
- ₉ Certified Nurse-Midwife (CNM)
- ₁₀ Nurse Practitioner (NP)
- ₁₁ School Nurse
- ₁₂ Public Health/Community Health Nurse
- ₁₃ Educator, academic setting (professor, instructor)
- ₁₄ Staff educator, service setting (in-service educator)
- ₁₅ Patient educator
- ₁₆ Patient care coordinator/case manager/discharge planner/patient navigator
- ₁₇ Quality improvement/utilization review nurse
- ₁₈ Informatics/Clinical documentation specialist
- ₁₉ Infection control nurse
- ₂₀ Occupational health nurse
- ₂₁ Telenursing/telephone advice nurse
- ₂₂ Other (Please describe): _____

24. 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.)

Hospital (not mental health)

- ₁ Hospital, **inpatient** care or **emergency** dept.
- ₂ Hospital, **ancillary** unit (GI lab, radiology, etc.)
- ₃ Hospital, **ambulatory care** department (outpatient, surgery, clinic, etc.)
- ₄ Hospital, **nursing home** unit
- ₅ Hospital, **other** type of department (administration, home health, etc.)

Other inpatient setting

- ₆ **Nursing home/extended care/skilled nursing facility/group home**
- ₇ **Rehabilitation** facility/ long-term acute care
- ₈ Inpatient **mental health**/substance abuse
- ₉ **Correctional** facility/prison/jail
- ₁₀ **Inpatient hospice** (not hospital-based)
- ₁₁ **Other inpatient setting**

Clinic/ambulatory

- ₁₂ **Private** medical practice, clinic, office, etc.
- ₁₃ **Public** clinic, rural health center, FQHC, etc.
- ₁₄ **School health** service (K-12 or college)
- ₁₅ Outpatient **mental health**/substance abuse
- ₁₆ **Urgent care**, not hospital-based
- ₁₇ **Ambulatory surgery** center (free-standing)
- ₁₈ **Other clinic/ambulatory**
(Please describe): _____

Other types of employment settings

- ₁₉ **Occupational health** or employee health service
- ₂₀ **Public health** or community health agency (not a clinic)
- ₂₁ **Government agency** other than public/community health or corrections
- ₂₂ Outpatient **Dialysis Center**
- ₂₃ University or college (**academic** department)
- ₂₄ **Home health** agency/hospice agency
- ₂₅ **Case management**/disease management
- ₂₆ **Call center**/telenursing center
- ₂₇ Self-employed
- ₂₈ **Other setting**
(Please describe): _____

25. Indicate the clinical area in which you **most frequently** provide direct patient care in your **principal** nursing position. (Check only one.)

- | | | |
|---|--|--|
| <input type="checkbox"/> ₀ Not involved in direct patient care | <input type="checkbox"/> ₈ Emergency/trauma | <input type="checkbox"/> ₁₆ Oncology |
| <input type="checkbox"/> ₁ General medical-surgical | <input type="checkbox"/> ₉ Geriatrics | <input type="checkbox"/> ₁₇ Pediatrics |
| <input type="checkbox"/> ₂ Critical care/Intensive care | <input type="checkbox"/> ₁₀ Gynecology/family planning | <input type="checkbox"/> ₁₈ Psychiatry/mental health |
| <input type="checkbox"/> ₃ Ambulatory care – primary care | <input type="checkbox"/> ₁₁ Home health care | <input type="checkbox"/> ₁₉ Rehabilitation |
| <input type="checkbox"/> ₄ Ambulatory care – specialty | <input type="checkbox"/> ₁₂ Hospice | <input type="checkbox"/> ₂₀ School health (K-12 or college) |
| <input type="checkbox"/> ₅ Community/public health | <input type="checkbox"/> ₁₃ Labor & delivery | <input type="checkbox"/> ₂₁ Step-down or telemetry |
| <input type="checkbox"/> ₆ Corrections | <input type="checkbox"/> ₁₄ Mother-baby unit or newborn nursery | <input type="checkbox"/> ₂₂ Surgery/peri-operative |
| <input type="checkbox"/> ₇ Dialysis | <input type="checkbox"/> ₁₅ Neonatal care | <input type="checkbox"/> ₂₃ Other (Specify): _____ |

26. 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"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
B. Your salary	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
C. Employee benefits	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
D. Adequacy of RN skill level where you work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
E. Adequacy of the number of RN staff where you work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
F. Adequacy of clerical support services	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
G. Non-nursing tasks required	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
H. Amount of charting required	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
I. Your workload	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
J. Physical work environment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
K. Work schedule	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
L. Job security	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
M. Opportunities for advancement	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
N. Support from other nurses you work with	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
O. Teamwork between coworkers and yourself	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
P. Leadership from your nursing administration	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Q. Involvement in patient care decisions	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
R. Relations with physicians	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
S. Relations with other non-nursing staff	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
T. Relations with agency or registry nurses	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
U. Interaction with patients	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
V. Time available for patient education	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
W. Involvement in policy or management decisions	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
X. Opportunities to use my skills	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Y. Opportunities to learn new skills	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Z. Quality of preceptor and mentor programs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
AA. Employer-supported educational opportunities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
BB. Quality of patient care where you work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
CC. Feeling that work is meaningful	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
DD. Recognition for a job well done	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
EE. Respect from the public for nurses	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

27. Where is your **principal** nursing position located?
(Please complete all items.)

- a. Zip Code _____
- b. City _____
- c. State _____ (2-letter)

28. 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, indicate the **average** one-way distance to your current or most recent employment location.

_____ miles one-way

29. To what extent, if any, do the following factors affect your ability to provide **high-quality patient care** or to **do your best work** in your **principal nursing position**?

	Not at all	A little	Moderate extent	Great extent	Does not apply
Workplace violence	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Patients with substance use disorders	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Immigration status of patients	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Patient care decisions outside my control	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Functionality of electronic health records	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Poor leadership from manager/institution	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Institution support of my professional judgement	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

30. To what extent do you agree with the statements below about **the organization for which you work** in your **principal nursing position**?

	Strongly agree	Agree	Somewhat agree	Somewhat disagree	Disagree	Strongly Disagree
If I did the best job possible, my organization would notice	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
My organization really cares about my well-being	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
My organization responds to my complaints	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
My organization takes pride in my accomplishments	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
My organization values my contribution to its well-being	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

31. What is the likelihood that you will leave your **principal nursing position** within **two years**?

- ₁ Will not leave
- ₂ Small possibility
- ₃ Reasonably likely
- ₄ Definitely leaving

32. To what extent do these factors contribute to your desire to leave or stay in your **principal nursing position**?

	Strongly makes me want to <u>stay</u>			Does not affect my plan to <u>stay/leave</u>			Strongly makes me want to <u>leave</u>
A. Work environment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
B. Manager/administration	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
C. Availability/lack of loan repayment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
D. Availability/lack of training opportunities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
E. Patient population	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
F. Length of commute	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
G. Opportunities for advancement (or lack of)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
H. Schedule/hours	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
I. Proximity to family and friends	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
J. Proximity to spouse/partner's job	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
K. Pay and benefits	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
L. Physical demands of the job	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
M. Respect from the public for nurses	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
N. Teamwork with my coworkers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
O. Childcare or eldercare challenges	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

33. 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

34. Does your compensation from your **principal** nursing position offer: **(Check all that apply.)**

- _a Retirement plan
- _b Personal health insurance
- _c Family/dependent health insurance
- _d Dental insurance
- _e Tuition reimbursement
- _f Paid time to pursue an educational degree
- _g None of these benefits

35. Are you doing **volunteer work** as an RN or APRN (working in an unpaid capacity)?

- ₂ No ₁ Yes → Are you in an internship/ transition/residency program?
₁ Yes ₂ No

36. 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 (consulting, planning, evaluating care)
- d. _____% Teaching, precepting or orienting students or new hires/staff
- e. _____% Supervision/management
- f. _____% Administration
- g. _____% Research
- h. _____% Non-nursing tasks (housekeeping, etc.)
- i. _____% Other **(Describe):** _____

100% Total _____

37. Do you currently hold more than one nursing job?

- ₁ Yes
₂ No → **Skip to Question #42 (right)**

38. How many **additional** nursing positions do you hold? **(do not count your principal job)**

- ₁ One ₂ Two ₃ Three or more

39. In your **other** nursing positions, are you...? **(Check all that apply.)**

- _a A regular employee _c Self-employed
- _b Employed through a temporary agency, not traveling _d Travel nurse or employed through a traveling nurse agency

40. What type of work do you do in your **other nursing positions?** **(Check all that apply.)**

- _a Hospital staff
- _b Public health or community health
- _c Long-term acute care
- _d School health
- _e Nursing home, extended care, or skilled nursing facility staff
- _f Mental health or substance abuse treatment
- _g Home health or hospice
- _h Telehealth/telenursing
- _i Teaching health professions or nursing students
- _j Ambulatory care, occupational health
- _k Self-employed
- _l Other **(Please describe:** _____
_____)

41. Please report the following for your **other** nursing positions. **Do not repeat your principal position.**

Additional position 1:

Average hours worked per week: _____

Months worked per year: _____

Estimated pre-tax annual income: _____

Additional position 2:

Average hours worked per week: _____

Months worked per year: _____

Estimated pre-tax annual income: _____

All other additional positions:

Average hours worked per week: _____

Months worked per year: _____

Estimated pre-tax annual income: _____

42. Are you currently employed through a temporary agency, traveling agency, or registry for any of your nursing jobs? **(Check all that apply.)**

- _a Yes, a temporary agency or registry
- _b Yes, a traveling agency
- _c No **(Skip to Section D on page 8.)**

43. In what year did you most recently begin work as a temporary, registry, or traveling nurse?

44. Please indicate which of the following reasons describe why you work for a temporary agency, traveling agency, or registry. (Check all that apply.)

- _a Wages
- _b Supplemental income
- _c Waiting for a desirable permanent position
- _d Unable to find any permanent RN job
- _e Travel/see other parts of the country
- _k Other (Please describe): _____
- _f Unable to work enough hours at my primary job
- _g Maintain skills/get experience
- _h Control of schedule
- _i Control of work conditions
- _j Control of work location

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, next page

45. 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

46. 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
Retired	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Laid off	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Difficult to find desired nursing position	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Cannot find any work as an RN/APRN	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Childcare responsibilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Other family responsibilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Inconvenient schedules in nursing jobs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Stress on the job	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Negative effect of work on my health or well-being	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Unsafe workplace	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Job-related illness/injury	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Non-job-related illness/injury	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Salary	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Dissatisfied with benefits	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Lack of support from my employer/supervisor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Inability to deliver quality care consistently	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Lack of respect from the public for nurses	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Dissatisfaction with the nursing profession	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Relocated to a different area	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Travel	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Wanted to try another occupation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Returned to school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Other (Describe): _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

47. Which of the following best describes your current intentions regarding work in nursing?

- ₁ Currently seeking employment in nursing
- ₂ Plan to work in nursing in the future, but not looking for a job now → How soon?
- ₃ Retired
- ₄ Definitely will not return to nursing, but not retired
- ₅ Undecided at this time
- ₁ Less than one year
- ₂ 1-2 years
- ₃ 3-4 years
- ₄ 5 or more years

48. To what extent would these changes affect your desire to return to nursing?

	Would not affect my plans	—————→			Would greatly increase my desire to return_to nursing
A. Job opportunities became more available	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
B. Work environments improved	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C. Student loan repayment become more available	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
D. On-the-job training and development became more available	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E. School/childcare schedules became more stable	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
F. Commute became shorter	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
G. Employers offered more opportunities for advancement	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
H. Pay improved	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
I. Work schedules improved	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
J. Fringe benefits improved	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
K. Physical demands of the job were lessened	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
L. Management/administration became more attentive to nursing staff needs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
M. My personal health situation improved	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
N. Other (Describe): _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

49. Are you doing volunteer work as an RN or APRN (working in an unpaid capacity)?
₂ No ₁ Yes → Are you in an internship/transition residency program? ₁ Yes ₂ No

SECTION D: CHANGES IN THE PAST YEAR

50. Have you changed employers, positions, how much you work, or whether you work, in the **past 12 months**?

₁ Yes ₂ No → **Skip to Section E on the next page.**

51. Have you changed **employers or whether you work** in the past year? (**Check all that apply.**)

- | | |
|--|--|
| <input type="checkbox"/> _a I am not working in nursing now, but was working earlier this year | <input type="checkbox"/> _e Added second non-nursing job |
| <input type="checkbox"/> _b I was not working earlier this year, but am working now in nursing | <input type="checkbox"/> _f Changed second nursing employer |
| <input type="checkbox"/> _c Changed principal employer | <input type="checkbox"/> _g Stopped working in second nursing job |
| <input type="checkbox"/> _d Added second nursing job | <input type="checkbox"/> _h Stopped working in secondary non-nursing job |
| <input type="checkbox"/> _i Other (Please describe): _____ | |

52. If you changed your principal employer, in what setting did you previously work? **Check only one.**

- ₁ Hospital
- ₂ Ambulatory care (physician office, surgery center, urgent care center)
- ₃ Long-term care (nursing home, skilled nursing facility, extended care)
- ₄ Home health (including home-based hospice)
- ₅ Other (**Describe**): _____

53. Have you changed **job titles** in the past year?

₁ Yes ₂ No → **Skip to Question #55**

54. What was your job title before the change?

55. Has there been a change in **how much you work** as an RN in the past year? (**Check only one.**)

- ₁ No change in hours worked
- ₂ Increased hours – employer imposed
- ₃ Increased hours – my choice
- ₄ Decreased hours – employer imposed
- ₅ Decreased hours – my choice

₆ Other (**Please describe**): _____

56. 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	Important	Very important	Does not apply
Retired	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Laid off	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Employer reduced my hours	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Employer increased my hours	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Promotion/career advancement	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Desire to fully use skills/learn new skills	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Childcare responsibilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Other family responsibilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
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
Wanted or needed more convenient work hours	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Stress on the job	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Negative effect of work on my health or well-being	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Unsafe workplace	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Job-related illness/injury	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Non-job-related illness/injury	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Salary/benefits	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Lack of support from my employer/supervisor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Inability to deliver quality care consistently	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Other dissatisfaction with my job	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Dissatisfaction with the nursing profession	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Relocated to a different area	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Change in household financial status	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Wanted to try another occupation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Returned to school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Other (Describe): _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

SECTION E: EMPLOYMENT IN NON-NURSING POSITIONS

57. Are you currently employed in a **non-nursing** position (that does not require a registered nursing license)?

₁ Yes ₂ No → **Skip to Section F**

58. Does your position utilize any of your nursing knowledge?

₁ Yes ₂ No

59. Please report the following for your **non-nursing** positions (combined if you have more than one).

Average hours worked per week: _____

Months worked per year: _____

Estimated pre-tax annual income: _____

60. Please indicate the field(s) of your work position(s) outside of nursing. (**Check all that apply.**)

_a Health-related services outside of nursing

_b Pharmaceuticals, biotechnology, or medical devices

_c Retail sales and services

_d Education (non-nursing, including K-12 or college)

_e Financial, accounting, and insurance services

_f Consulting organization

_g Other (**Please describe**): _____

SECTION F: RESIDENCE OUTSIDE CALIFORNIA

61. Do you reside primarily outside California?

- ₁ Yes ₂ No → **Skip to Section G, below**
 ↓

62. If you reside outside California, please check any of the following that apply regarding the past 12 months. **(Check all that apply.)**

- _a Worked as an RN in California for temporary agency/registry in the past 12 months
- _b Worked as an RN for California employer in telenursing in the past 12 months
- _c Worked as an RN for out-of-state telenursing employer with California clients in the past 12 months
- _d Regularly commuted to California for an RN job in the past 12 months
- _e Worked as an RN in California in the past 12 months but have since moved out
- _f Did not work as an RN in California in the past 12 months

63. How many months did you work in **California** as an RN in the past 12 months?

_____ months or

- ₀ Did not work as an RN in CA

64. If you reside outside California, do you plan to work as an RN in California in the next **two years**? **(Check all that apply.)**

- _a **Yes**, I plan to travel to California intermittently to work as an RN
- _b **Yes**, I plan to relocate to California and work as an RN
- _c **Yes**, I plan to perform telenursing for a California employer
- _d **Yes**, I plan to perform telenursing for out-of-state employer with California clients
- _e **Yes**, I plan to regularly commute to California to work as an RN
- _f **No**, I plan to keep my California license active but do not plan to practice in California
- _g **No**, I plan to let my California license lapse

SECTION G: THE COVID-19 PANDEMIC

Please complete this section if you were employed in nursing any time between March 2020 and today.

If you were not employed in nursing at any time since March 2020, please skip to Section H on page 12

65. Did you experience any of the following changes during the pandemic? **(Check all that apply.)**

	March-December 2020		January 2021-present	
	Employer imposed this	I chose this	Employer imposed this	I chose this
Took paid time off (by choice or furloughed)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Took unpaid time off (by choice or furloughed)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Worked additional paid hours	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Worked additional unpaid or volunteer hours	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Changed role(s) from patient care to non-patient care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Changed role(s) from non-patient care to patient care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Floated to a different unit/department within the organization, within the same state	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Floated to a different unit/department within the organization, outside home state	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Took care of COVID-19 patients	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Retired from nursing earlier than planned		<input type="checkbox"/> ₂		<input type="checkbox"/> ₄
Left nursing work permanently but not retired		<input type="checkbox"/> ₂		<input type="checkbox"/> ₄
Delayed retirement to continue nursing work		<input type="checkbox"/> ₂		<input type="checkbox"/> ₄
Returned to nursing work after having retired or stopped working prior to the pandemic		<input type="checkbox"/> ₂		<input type="checkbox"/> ₄
Left my organization to work as a traveling nurse		<input type="checkbox"/> ₂		<input type="checkbox"/> ₄

66. To what degree did you become upset or frustrated about each of the following in the past 9 months?

	Not at all	A small degree	A moderate degree	A great degree
Lack of adequate personal protective equipment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Lack of reliable COVID-19 tests	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Lack of clear, evidence-based treatment protocols for COVID-19	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Lack of understanding in the community of COVID-19 risks	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Lack of adequate nurse staffing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Lack of adequate ancillary and support staffing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Lack of collaboration and teamwork with my coworkers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Lack of good leadership in my organization	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Lack of respect from the public for nurses	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

67. To what degree have you experienced these feelings during the past six months?

	Not at all	A small degree	A moderate degree	A great degree
Fear or anxiety about caring for COVID-19 patients	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Fear or anxiety for the safety of my family and friends	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Fear or anxiety of becoming seriously ill from COVID-19	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Fear or anxiety of spreading COVID-19 to family or friends	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

68. Have you ever had a COVID-19 infection?

_a Yes, confirmed by test _b Had symptoms but not tested _c No → **Skip to the next question**

How serious was your infection? →

- ₁ Mild short-term symptoms, treated at home
- ₂ Serious symptoms, but not hospitalized
- ₃ Serious symptoms, hospitalized

Has your recovery been complete? →

- ₁ I have no lingering symptoms or illness
- ₂ I have mild lingering symptoms/illness
- ₃ I have serious lingering symptoms/illness

69. During the COVID-19 pandemic, did you experience the following?

	Never	1-2 times	3-4 times	5 or more times
You had to deny family visits to a critically ill patient	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Someone you worked with died from COVID-19	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
A patient you cared for died from COVID-19	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Someone you lived with was hospitalized for COVID-19	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
A family member or close friend died from COVID-19	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

70. To what extent do you agree with the following statements about the pandemic?

	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree	Does not apply
My employer has been protective of my health	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
I feel well-prepared to care for COVID-19 patients	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Quality of care for non-COVID-19 patients is as good as before the pandemic	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Childcare/school closures have made it difficult to work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Eldercare needs have made it difficult to work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
I am considering, planning, or have changed nursing jobs due to burnout from the pandemic	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
I am considering, planning, or have left my nursing job to become a traveling nurse	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
I am considering, planning, or have left the field of nursing entirely due to burnout	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
I am considering, planning, or have left my nursing job due to vaccine mandates	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

SECTION H: DEMOGRAPHICS

71. Year of birth: _____
72. What is your gender identity?
- ₁ Female ₃ Trans Woman ₅ Non-binary
₂ Male ₄ Trans Man ₆ Genderqueer
₇ Gender non-conforming
₈ Prefer to self-describe: _____
73. In what country were you born?
- ₁ USA
₂ Other country: _____
74. What was your parents' highest education?
- | | |
|--|--|
| <p><u>Mother</u></p> <p><input type="checkbox"/>₁ High school or less <input type="checkbox"/>₁ High school or less
 <input type="checkbox"/>₂ Some college <input type="checkbox"/>₂ Some college
 <input type="checkbox"/>₃ Assoc. degree <input type="checkbox"/>₃ Assoc. degree
 <input type="checkbox"/>₄ Bachelor's degree <input type="checkbox"/>₄ Bachelor's degree
 <input type="checkbox"/>₅ Graduate degree <input type="checkbox"/>₅ Graduate degree
 <input type="checkbox"/>₆ Don't know <input type="checkbox"/>₆ Don't know</p> | <p><u>Father</u></p> <p><input type="checkbox"/>₁ High school or less <input type="checkbox"/>₁ High school or less
 <input type="checkbox"/>₂ Some college <input type="checkbox"/>₂ Some college
 <input type="checkbox"/>₃ Assoc. degree <input type="checkbox"/>₃ Assoc. degree
 <input type="checkbox"/>₄ Bachelor's degree <input type="checkbox"/>₄ Bachelor's degree
 <input type="checkbox"/>₅ Graduate degree <input type="checkbox"/>₅ Graduate degree
 <input type="checkbox"/>₆ Don't know <input type="checkbox"/>₆ Don't know</p> |
|--|--|
75. Marital status ₁ Single
₂ Currently married/partnered
₃ Separated/divorced/widowed
76. Do you have children living at home with you?
₂ No ₁ Yes If Yes, **how many** are:
- _____ # 0-2 years old
 _____ # 3-5 years old
 _____ # 6-12 years old
 _____ # 13-17 years old
 _____ # 18 years or older
77. 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.**
- ₁ Yes ₂ No
- If Yes, **how many** adults do you assist or care for? ₁ 1 adult ₂ 2 adults ₃ 3 or more
78. Do you speak any of these non-English languages fluently?
- _a Spanish _e Vietnamese _i Arabic
_b Cantonese _f Armenian _j Japanese
_c Mandarin _g Korean _k Russian
_d Tagalog _h Farsi
_i Other (specify: _____)

79. Your home Zip code: _____
or foreign country: _____
80. What is your ethnic/racial background? **(Check all that apply).**
- _a Caucasian/White/European/Middle Eastern
_b African-American / Black / African
_c American Indian/Native American/Alaskan Native
- Latino/Hispanic
- _d Central American _g Mexican
_e South American _h Other Hispanic
_f Caribbean
- Asian/Pacific Islander
- _i Cambodian _o Indian _t Pakistani
_j Chinese _p Indonesian _u Samoan
_k Fijian _q Japanese _v Thai
_l Filipino _r Korean _w Tongan
_m Guamanian _s Laotian/ Hmong _x Vietnamese
_n Hawaiian _y Other Asian
- _z Other
81. 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:
- ₁ Less than \$50,000 ₆ \$150,000 – \$174,999
₂ \$50,000 - \$74,999 ₇ \$175,000 – \$199,999
₃ \$75,000 - \$99,999 ₈ \$200,000 - \$224,999
₄ \$100,000 - \$124,999 ₉ \$225,000 – \$249,999
₅ \$125,000 – \$149,999 ₁₀ \$250,000 or more
82. Approximately what percentage of your **total household** income comes from your nursing job(s)?
- ₁ None ₄ 40-59% ₇ 80-99%
₂ 1-19% ₆ 60-79% ₈ 100%
₃ 20-39%
83. Have you ever served on active duty or reserves in the U.S. Armed Forces? (Check all that apply)
- _a I now serve on active duty
_b I previously served on active duty
_c I now am on reserves
_d I previously was on reserves
_e I have never been on active duty or reserves
- If you have served, are/were you in the medical corps? ₁ Yes ₂ No

How has COVID-19 affected your work as a nurse? Please describe how your work may have changed, changes in your workplace, concerns about the support you have in your work, or opportunities you have had to contribute to meeting local and state needs.

If you have additional thoughts to share about your work or the nursing profession in California, please write them below.

Yes, I would like to be notified when the report is published.

My email address is: _____