

**California Board of Registered Nursing**  
*2006 Survey of Registered Nurses*



Conducted for the  
California Board of Registered Nursing

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University of California, San Francisco  
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## **Survey of Registered Nurses in California, 2006**

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### **Executive Summary**

The 2006 Survey of California Registered Nurses is the fifth in a series of surveys designed to describe licensed nurses in California and to examine changes over time. Other studies were completed in 1990, 1993, 1997, and 2004. The survey solicited information about: (1) opinions about the most recent nursing position; (2) work hours and description of employment; (3) education, licensure, and demographics; (4) reasons for discontinuing nursing work temporarily or permanently; (5) employment with temporary or traveling agencies and registries; (6) employment in California for nurses who reside outside California; and (7) intentions regarding future work in nursing. Like the 2004 survey, the 2006 survey targeted two populations: (1) RNs with active California licenses who reside in California and outside California, and (2) RNs whose California licenses had become inactive or lapsed within the two years prior to the survey, but who still lived in California. In contrast, the 1990, 1993, and 1997 surveys were sent only to RNs with active licenses and California addresses; these previous surveys did not include out-of-state RNs, RNs with inactive licenses, or RNs with lapsed licenses.

The response rate for the 2006 survey of nurses with active licenses was 60 percent, yielding information about 4,546 nurses with California addresses, and 520 nurses who live outside California. The 2004 survey obtained a slightly higher response rate from nurses with active licenses (65.2%). The response rate for the 2006 survey of nurses with inactive and lapsed licenses was 53.1 percent, which is higher than the response rate in 2004 (36.8%). The survey resulted in responses from 303 nurses with inactive licenses (60.6% response rate) and 113 nurses with lapsed licenses (22.6% response rate).

### ***Demographics***

California has a large, diverse workforce of RNs. Between 1991 and 2004, the average age of California's statewide population of working RNs rose from 42.9 to 47.6, and declined to 47.1 by 2006. In 2006, 45.4 percent of working nurses were 50 years or older. Nursing continues to be a predominantly female profession, but the percent of men entering the profession is increasing. In 1990, only 5.4% of RNs were male; in 2004 7.4% were men, and by 2006 the share was 10.5%. The ethnic diversity of California's working nurses has changed since 1990, although the share that is white remained stable at approximately 62% between 2004 and 2006. It is notable that whites do not comprise the majority of nurses under 35 years old.

The shares of married nurses and nurses who have never been married have been fairly stable since 1993. A rising share of working RNs have no children living at home. In 2004, 45.7% of working RNs had no children at home; this share rose to 53.1% in 2006. For those nurses with children living at home, the children were on average younger in 2006 than in 2004. A stable share of RNs – approximately 26% – had other dependents living at home in 2004 and 2006, as compared with 15.3% in 1990.

About 92% of working RNs in California reported working in a large metropolitan area with a population of 400,000 or more. Approximately 4% work in smaller metropolitan areas with a population between 50,000 to 400,000. The remaining 4% of nurses work in small cities, towns, or rural areas with populations under 50,000. The total share of nurses working in cities or suburbs of cities with a population over 50,000 was 96.1 percent in 2006 and 81 percent in 2004. This reverses a trend between 1990 and 2004 when a growing share of nurses worked in small cities, towns, and rural areas. Since 1997, the average one-way commute of RNs has been about 16 miles; in 1990, the average was 13.1 miles.

## ***Nursing Education***

Diploma programs continue to decline as a source of basic nursing education for California registered nurses. In 1990, the share of working RNs whose initial education was in a diploma program was 32.3%. By 2004, this share had dropped to 18.5%, and in 2006 it was 15.7%. The share of working RNs whose initial licensure was an associate degree remained stable between 2004 and 2006, at 47.5%, while the share entering the profession with a baccalaureate or master's degree rose. In 1990, only 28.7% of RNs entered nursing with a baccalaureate or master's degree; in 2006 this share was 37.1%.

The percentage of working registered nurses who were educated in California has risen somewhat since 1990. In 1990 and 1993, about 53% of California's working RNs were educated within the state; in 2004, this share was 58.3%, and in 2006 it was 56.7%. Between 1990 and 2004, there was a drop in the share of RNs educated in other states, and a rise in the share educated in other countries. Between 2004 and 2006, the share educated in other states rose, from 22.2% to 25.6%, while the share educated overseas dropped from 19.4% to 17.8%.

The average age at which working California nurses graduated from their initial RN education program has risen over time. In 1990, the average age at graduation was 25.4 years; in 2006 the average age was 27.1 years. This trend is consistent with national data; a higher share of new graduates are in their 30s and 40s than in the past.

Many registered nurses continue their education beyond that completed for initial licensure. For example, in 1990, only 13% of nurses whose initial education was an associate degree continued to receive a baccalaureate or graduate degree. By 2004, this share rose to 21.9%, and in 2006 the share was 26%.

## ***Licensure***

The share of working RNs who reside in California that has a license in at least one other state has fluctuated over time. Between 1990 and 2004, the percentage ranged from 13% to 17.2%; in 2006 it rose to 19.4%. A rising share of RNs has received one or more additional certifications from the California Board of Registered Nursing. In 2006, 23.7% had at least one additional certification; the share was only 16.4% in 1993.

## ***Employment***

Employment rates of registered nurses are very high, particularly for a profession composed of many older and female workers. Over 86% of nurses with active licenses and California addresses were working in nursing positions at the time of the survey; this share has ranged from 82.6% to 89.3% since 1990. Employment rates vary substantially with age. In 2004 and 2006, the share of nurses under 55 years old that works has been stable at over 90%. In 2004, 90.3% of nurses 55 to 59 years old who resided in California were working in nursing positions; this share dropped to 84.6% in 2006. The employment rate for nurses 60 to 64 years dropped from 78.7% to 72.7%, and the rate for nurses 65 years and older with active licenses and California residences dropped from 55.4% to 48.7%. The average tenure of registered nurses who live in California in their current positions increased from 7.0 years in 1990 to 8.7 in 2006.

## ***Job Titles***

Most working RNs report a primary job title of staff nurse or direct care provider (61.7%). The share of staff nurses/direct care providers has ranged between 60% and 63% in every survey year except 2004. In 2004, the percent of respondents reporting a job title of staff nurse/direct care provider was much lower, most likely because the 2004 survey respondents were not given the option of reporting a job

title of “staff nurse” unless they wrote it in the “other” response option. The share working in patient care coordination, discharge planning, and case management was constant at about 4% between 2004 and 2006. The share of RNs in management positions has been stable over time, ranging from 14% to 17%. There have been increases in the shares who are nurse practitioners (2.2 % in 1990; 4.7% in 2006) and educators in academic settings (1.2% in 1990, 2.3% in 2006).

### ***Work Setting***

The percentage of registered nurses employed in acute hospital settings declined steadily from 67.9% in 1990 to 60.2% in 1997, then increased to 62.7% in 2006. Other common workplaces of RNs include ambulatory care settings, such as clinics and outpatient surgery centers (6.3%), universities and colleges (3.3%), home health agencies (3.0%), public health agencies (2.5%), nursing homes (2.3%) and forensic settings such as prisons (2.0%). Between 1990 and 2006, there were decreases in the share of RNs working in extended care facilities (5.6% to 2.3%) and ambulatory care (11.8% to 6.3%). The share working in “other” settings has risen, from 1.5% in 1990 to 6.9% in 2006. The clinical areas in which RNs work has changed over time, with 34% working in medical-surgical departments in 1990, and only 17.1% in this area in 2006. The share working in peri-operative inpatient and outpatient departments has risen from 6.3% in 1990 to 9.1% in 2006.

In 2006, a higher share of RNs who live outside California did not work in California in 2006 (65%) as compared with 2004 (43.1%). For nurses who were living outside California when the 2006 survey sample was selected, 42 percent reported that they plan to travel to California to work as an RN intermittently over the next five years. The percentage of nurses who practiced telehealth/telemedicine across state lines was at 3% in 1997 and dropped to 2.1% in 2004. It remained relatively stable between 2004 and 2006, at 2.3% in 2006. Of the nurses with active California licenses who lived outside the state (520 respondents), 21% worked for a traveling or temporary agency; in 2004, the share was 23.6%. Out-of-state nurses licensed in California who were employed with temporary or traveling agencies worked an average of 5.1 months in California during the 12 months prior to the 2006 survey.

### ***Hours of work***

The average number of hours worked per week by RNs changed little between 1990 and 2006, ranging from 35.2 to 36.3 hours over this period. There has been some increase in the average length of daily shifts, from 9.1 hours in 1997 to 9.6 hours in 2006. The share of nurses working 8 hour shifts dropped from 45% in 1997 to 42.8% in 2006; the share working 12-hour shifts rose from 24.4% to 34.7%. About half (50.9%) of nurses said they worked some overtime in a “usual week”, with 25.2% working 4 or fewer hours of overtime per week.

### ***Employment Through Temporary Agencies***

Only 3.4 percent of RNs who reside in California work for a temporary agency or registry, and 1.2 percent work for a traveling agency. For nurses who reside in California, wages are the dominant reason to work for a temporary or traveling agency, or for a registry. Over half of these nurses also select agency/registry work or traveling assignments to have control of their schedule and control of their work location.

### ***Use of health information technologies***

In 2006, nurses were asked whether they use specific health information systems in their principal nursing position, and about their experience with these systems. Over 46% of RNs who live in California use electronic patient records that include nurse charting, attesting to the importance of these systems in many care settings. Twenty percent (20%) use computerized physician orders, and 15% use scanning

systems for supplies inventory. Barcode medication administration systems are less common, with only 11.6% of RNs living in California using one in their principal nursing position. Nurses were asked whether they think these health information systems generally work well. Over fifteen percent (15.7%) of California residents say all systems work well and 57.9% say the systems are generally helpful, but have some flaws. Nineteen percent (19%) report that the systems have problems that affect their work, and 7.4% report the systems interfere with their ability to deliver care. Respondents were not asked to identify how frequently these systems hinder the delivery of care.

### ***Nurses' income and earnings***

Nurse incomes have risen dramatically since 1990, as found in the Surveys of Registered Nurses. In 1990, average annual income was \$31,504 for California residents working in nursing positions; by 2002 it was \$59,572, and by 2006 it had risen to \$73,542. Between 2004 and 2006 there was substantial growth in the incomes of nurses; the share earning more than \$80,000 rose from 17.7% in 2004 to 34% in 2006. The contribution of nursing income to total household income grew from 58.7% in 1990 to 65.5% in 2004, and higher still to 75% by 2006.

### ***Multiple jobs***

Seventeen percent of RNs who reside in California reported that they held more than one nursing position in 2006 as compared with 21.9% in 2004. About 44% of these RNs work as hospital staff for at least one of their additional positions. Eleven percent are engaged in teaching nursing or other health professions students in a secondary position. Eight percent do home health or hospice work. Seventeen percent were employed through a temporary agency for at least one of their additional positions, and 17% were self-employed. The highest rate of active nurses holding multiple nursing positions is reported by RNs whose primary jobs are in school nursing (35%), universities or colleges (30%) and public health agencies (25%). Nurses working in hospice and mental health settings are least likely to hold any additional positions.

### ***Temporary departure from nursing work***

Nurses were asked whether they had stopped working as a registered nurse for a period of more than one year. The proportion of California-resident RNs who stopped working as registered nurses for more than a year decreased from 25.1% in 1990 to 19.2% in 1997, then to 14.9% in 2006. Among those who had temporarily stopped working, 23 percent were out of nursing for only one year, and another 22% stopped working for two years. In the 2006 survey, child care responsibilities were cited by over half of the nurses who left nursing for more than one year; this share has steadily decreased from 72% in 1990. Caution should be used in making comparisons over time because the survey questions were revised between 2004 and 2006. Other frequently reported reasons in 2006 include other family responsibilities (39.5%), job stress (27.8%), moving to a different area (26.7%), and dissatisfaction with the nursing profession (26.8%). Working nurses who previously left the profession for a year or longer were also asked how long it took before they again demonstrated competency in RN duties upon their return to work. Over 66 percent reported that they were able to demonstrate competency in four or fewer weeks in 2006; the share was 52.6% in 2004.

### ***Job satisfaction of working registered nurses***

Nurses were asked to rate their satisfaction with 29 aspects of their primary nursing position, in addition to their satisfaction with the profession overall. Satisfaction ratings for most job aspects did not change much between 1997 and 2006 except that satisfaction with job security and opportunities for advancement showed marked improvements. There also has been some improvement between 2004 and

2006 in satisfaction with the adequacy of RN staffing, employee benefits, and adequacy of clerical support; however, average satisfaction with the adequacy of RN staffing and the adequacy of clerical support is still not high. The five aspects of nursing that received the highest satisfaction ratings in 2006 were interactions with patients, feeling that work is meaningful, job security, job overall, and work schedule. These factors also were rated as highly satisfactory in 2004. The five lowest rated aspects of nursing in 2006 were amount of paperwork required, involvement in policy and management decisions, non-nursing tasks required, leadership from administration, and preceptorship/mentoring programs. In 2004, the amount of paperwork required, involvement in policy and management decisions, non-nursing tasks required, and leadership from administration were among the lowest-rated aspects of nursing. In 2004, the adequacy of RN staffing also was among the five factors with the lowest satisfaction ratings; in 2006, this factor was not as dissatisfying.

### ***Future plans of working registered nurses***

Since 1993, over half of respondents to the Survey of Nurses plans to work approximately as much as they do now, although this share dropped from 60% in 1993 to 53% in 2006. In 2006, 9.5% planned to increase their hours of nursing work, which is an increase compared with previous years, which ranged from a low of 6.7 percent in 1990 to a high of 8.5 percent in 1997. About 22% plan to reduce their hours of nursing work; this share has been relatively stable since 1990. In both 2004 and 2006, about 3% of nurses plan to leave nursing entirely, but not retire. In 2006, 12.8% of working nurses said they plan to retire within five years, as compared with 10.6% in 2004.

### ***Nurses with active licenses who do not work in nursing***

An analysis of data collected from nurses with active licenses who are not working in the profession and nurses with inactive or lapsed licenses shows that some of these nurses are likely to return to nursing work.

Of the nurses with active licenses who were not working in the profession at the time of the survey, 16.4% reported that retirement was an important factor in their decision to not work in nursing in 2006 as compared with 30.5 percent in 2004. Nearly one-third (31.6%) said they were either retired or would definitely not return to nursing in 2006, which is an improvement from the rate that responded similarly in 2004 (34.7%). Nurses who are not presently working in nursing positions but might return to the profession account for 9 percent of the approximately 260,000 RNs who have active licenses and reside in California. The share working in jobs that do not require a RN license rose from 22.7% in 2004 to 33.9% in 2006.

Among nurses with inactive licenses, 48% were retired in 2006. Only 12.6% said they plan to work as an RN in the next five years; 87% said they do not plan to practice in California in the next five years. However, 44.6% said they might reactivate their licenses in the future. Nurses who were uncertain of their plans, or said they definitely do not plan to return to nursing, were asked to identify factors that might be important in a future decision to return to nursing. The most important factors were flexible work hours, better nurse-to-patient ratios, better support from nursing management, availability of re-entry programs and mentoring, and adequate support staff for non-nursing tasks.

Nurses with lapsed licenses are unlikely to return to nursing work. Retirement was cited as the reason for a lapsed license by 67% of these nurses. Only 8.8% said they plan to work as a RN in California in the next five years. Only 10.3% said they might reactivate their California license in the future.

## *Summary*

California has a diverse workforce of nurses, and this diversity is increasing with the entry of more men and ethnic minorities into the profession. However, this workforce is aging. Although a remarkably high share of RNs works in nursing positions, this employment rate drops with age. In 2004, 10.6 percent of nurses who were working in nursing positions reported that they planned to retire within five years; this rate rose to 12.8 percent in 2006.

Nurses are well-educated, and a large share of nurses pursues additional education after entering the profession. The commitment to ongoing professional education is one of the strengths of the nursing workforce. Nurses have a wide range of job opportunities available, and can take advantage of even more with appropriate educational advancement.

The employment settings of RNs have been relatively stable over the past decade, with most nurses working in staff nurse positions, and most working in acute-care hospitals. Nurses work in a wide range of fields, including long-term care, management, patient care coordination, education, home health, community health, and public health.

Nurses are generally satisfied with their jobs, the profession, and their interactions with patients. The areas in which nurses report the lowest levels of satisfaction are their involvement in policy and management decisions, leadership from administration, paperwork, and the non-nursing tasks required of them. There were improvements in average nurse satisfaction with the adequacy of RN staffing, employment-related benefits, and adequacy of clerical support services between 2004 and 2006.

The strengths of the profession of nursing – increasing diversity, broad job opportunities, career mobility, commitment to ongoing education, and high rates of professional satisfaction – must be sustained to ensure that California’s nursing workforce thrives in the future.

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

This study of registered nurses with California licenses is the fifth in a series of surveys designed to describe licensed registered nurses in California and to examine changes over time. Surveys have been conducted in 1990, 1993, 1997, 2004, and 2006. The Board of Registered Nursing (BRN) has commissioned various organizations to conduct and analyze the surveys; the 2006 survey was conducted by the Center for California Health Workforce Studies and School of Nursing at the University of California, San Francisco (UCSF). UCSF worked collaboratively with the University of California, Berkeley, Survey Research Center, to conduct the survey, and all data analyses were performed at UCSF.

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

The purpose of the surveys is to collect and evaluate nursing workforce data to understand the demographics of the nursing workforce, education of the workforce, employment patterns of registered nurses (RNs), nurse perceptions of the work environment, reasons for discontinuing work in nursing, and RN plans for future employment.

The 2006 study consisted of two surveys: (1) a survey sent to RNs with active California licenses, including both California and out-of-state addresses, and (2) RNs whose California licenses had become inactive or lapsed within in the two years prior to the survey. The 2004 study also consisted of two surveys of these same populations. The first three surveys (1990, 1993, 1997) included only active status RNs with California addresses. The 2006 survey was unique in that it offered respondents the option to complete a survey in a secured online format using a web-based interface. Approximately 8.3 percent of the respondents completed the survey online.

Each time the survey has been conducted, the survey questions and content have been modified slightly based on findings from the previous survey, and items of interest added. Generally, however, consistency of measures has been maintained, which permits the reliable, valid measurement and analysis of trends in California's nursing workforce over time.

The 2006 survey provided a space for respondents to make notes or share observations for the Board of Registered Nursing. These narrative comments are not analyzed in this report, but instead will be reported in a separate document at a later time.

### ***Survey Development***

UCSF worked with the BRN to update the survey questionnaires for 2006. Specifically, the survey update included the following steps:

- A review of past surveys conducted for the BRN in 1990, 1993, 1997, and 2004;
- A review of the National Sample Surveys of Registered Nurses, conducted by the United States Bureau of the Health Professions, from 2000 and 2004;
- Collaboration with staff at the BRN to identify current issues;
- Coordination with the BRN to draft questions for the surveys;
- A review of draft questions by the BRN staff, staff at the UC-Berkeley Survey Research Center, and UCSF;
- Informal input from key stakeholders such as the California Nurses' Association, Association of California Nurse Leaders, and California Institute for Nursing and Health Care;
- Revision of the surveys based on feedback from staff and stakeholder reviews;
- Development of formatted survey instruments;
- Development of the web-based surveys;

- Beta-testing of the survey instruments by nurses recruited by UCSF and the BRN;
- Beta-testing of the web-based surveys by staff at the BRN and UCSF;
- Editing the formatted surveys for printing and mailing.

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

All RNs selected for the surveys were mailed a cover letter from the Board of Registered Nursing, which included information about how to complete the survey online; the survey; and a postage-paid return envelope. The survey was mailed on October 2, 2006. A reminder postcard was sent on October 18, and the questionnaire was remailed on November 8 to non-respondents. A final reminder postcard was sent on December 7, 2006. Data collection ended on January 5, 2007. All survey printing, mailing, and tracking were conducted by the Survey Research Center at the University of California, Berkeley.

In order to elicit the highest possible response rate, 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 at UCSF, and a list of respondents to the web survey was transmitted to the Berkeley Survey Research Center weekly. The first reminder postcard was sent to all nurses selected for the survey, but the re-mailing of the survey and final reminder postcard 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 at the Berkeley Survey Research Center, except the narrative comments. These will be manually typed and analyzed by UCSF. The data were directly entered using CASES software twice, by two different people at two different times. The two entries for each survey respondent were compared, using a computer program that identifies discrepancies between the entries. Any differences were checked against the paper survey, and corrections were made accordingly. After the comparisons were complete, discrepancies corrected, and duplicate records deleted, the data were checked again by another computer program to ensure only valid codes were entered and logical checks on the data were met.

### ***The Active RN Sample***

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

The survey of nurses with active licenses was sent to 9,000 RNs with addresses in California and other states. The Board of Registered Nursing delivered a database to UCSF on January 25, 2006, of all licensed RNs in California. This database included name, mailing address, birth date, year of graduation from nursing school, year of licensure in California, and license status. The database included 305,495 nurses with active licenses, 1,906 of whom had addresses outside the United States. These nurses were excluded from eligibility for the survey, as were 35 whose birth date in the licensure file indicated that they were under 18 years old or over 100 years old. Thus, there were a total of 303,554 nurses residing in the United States that were eligible to be surveyed.

In previous years, the sample selected to receive the survey were selected randomly. This sampling method is widely used in the field of survey research and usually results in data that can be extrapolated to the full population being studied. However, a simple random sample might not be well-suited to analyzing sub-populations, such as nurses residing in specified regions. In order to obtain a survey dataset that could be used to examine the characteristics of nurses in different regions of California, we stratified the eligible population into 10 regions, and selected the sample to be surveyed based on targets in each region. This type of sampling strategy, called a stratified random sample, is



widely used in survey research and well-documented in numerous textbooks. With this type of sampling, surveys returned from each strata (region, in this case) are weighted to produce statistically valid estimates of the full population.

The original sample for the Active RN survey was planned to be 8,000 nurses. Our goal was to have at least 300 respondents per region. To reach this goal, we assumed that the response rate for each region would be at least 50 percent, thus requiring at least 600 surveys be mailed to nurses in each region. More than 600 nurses were surveyed in some regions, such as the Los Angeles area. We analyzed data from the 2004 Survey of Registered Nurses and the license file sent to us by the BRN to ensure that our sampling scheme would not result in an under-sampling of minority or foreign nurses.

After developing our sampling scheme, we were approached by the Gordon and Betty Moore Foundation regarding expansion of the sample in the 5-county San Francisco Bay Area to assist the Foundation in evaluating the Betty Irene Moore Nursing Initiative. The Foundation provided funding to increase the 5-county Bay Area sample by 1,000 nurses, resulting in a total sample of 9,000; this expanded sample was approved by the Executive Officer of the BRN.

Table 1.1 presents our final sampling scheme. In order to extrapolate the data to the full population of nurses residing in and outside California, we weighted all analyses of the Active RN survey to reflect the stratified sampling scheme used. In the tables presented in this report, we combined the 5-County San Francisco Bay Area with the rest of the Bay Area, so the data are consistent with previous reports.

#### Response Rates for the Active RN Survey

By the end of the data collection period (January 5, 2007), completed questionnaires were received from 60 percent (5,066) of the 8,448 eligible nurses with active California licenses to whom the survey packets were mailed. The 2006 response rate is comparable to the rates obtained in the four previous surveys. Table 1.2 details the survey response outcomes for all five surveys (1990, 1993, 1997, 2004, and 2006).

#### Representativeness of Active RN Respondents

Survey responses were matched back to the original sample database so that response bias could be examined. There is a definite relationship between response rate, age and geographic region, as seen in Table 1.3. As was found in the 2004 survey, the regional distribution of respondents is statistically significantly different from that of the population (Chi-squared = 51.91,  $p < 0.001$ ). Nurses in the northern part of California were more likely to respond to the survey, while the lowest response rates were in the Inland Empire and Border regions. Only 43 percent of nurses with non-California addresses responded to the survey. The stratification weights used in the analysis corrects for these differential response rates.

The age distribution of respondents is different than that of the sample (Chi-squared = 109.97,  $p < 0.001$ ). Younger nurses were substantially less likely to respond to the survey, with only 36 percent of nurses under age 25 responding, and only 42 percent of those aged 25 to 34 years completing the survey. In contrast, over 65 percent of nurses aged 55 years and older responded to the survey.

Thus, nurses in the younger age groups (ages 45 and under) are somewhat under-represented among those who responded to the 2006 survey. To address the differential response rate by age group, post-stratification weights were used to ensure that all analyses reflect the full statewide population of RNs with active California licenses. The post-stratification weights are based on the numbers of nurses in each region and each age group. We used Stata SE 9, a commonly-used statistical package, to analyze the data. The survey data analysis commands in this software were used to conduct all analyses of the data on nurses with active licenses, using the post-stratification weights.

**Table 1.1. Stratification of sample for survey of RNs with active California licenses, by region, 2006**

Region	Counties	Actively Licensed RNs in Region		Sample	
		Number	Percent	Number	Percent
North of Sacramento	Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Siskiyou, Sierra, Tehama, Trinity	8,970	3.5%	700	7.8%
Sacramento	El Dorado, Placer, Sacramento, Sutter, Yolo, Yuba	17,921	6.9%	700	7.8%
5-County San Francisco Bay Area	Alameda, Marin, San Francisco, San Mateo, Santa Clara	38,622	14.9%	1,700	18.9%
Remainder of SF Bay Area	Contra Costa, Napa, Santa Cruz, Solano, Sonoma	22,532	8.7%	600	6.7%
Central Valley & Sierra	Alpine, Amador, Calaveras, Fresno, Inyo, Kern, Kings, Madera, Mariposa, Merced, Mono, San Joaquin, Stanislaus, Tulare, Tuolumne	23,842	9.2%	700	7.8%
Central Coast	Monterey, San Benito, San Luis Obispo, Santa Barbara	7,826	3.0%	700	7.8%
Los Angeles	Los Angeles, Orange, Ventura	88,305	34.0%	1300	14.4%
Inland Empire	Riverside, San Bernardino	27,207	10.5%	700	7.8%
Border	Imperial, San Diego	24,306	9.4%	700	7.8%
Outside California	All states other than California	44,023	16.7%	1,200	13.3%
<b>TOTAL</b>		<b>303,554</b>	<b>100.0%</b>	<b>9,000</b>	<b>100.0%</b>

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

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

	<b>1990*</b>	<b>1993</b>	<b>1997</b>	<b>2004</b>	<b>2006</b>
<b>Questionnaires mailed</b>	<b>5,400</b>	<b>3,685</b>	<b>4,000</b>	<b>8,796</b>	<b>9,000</b>
In California				7,653	7,800
Outside California				1,143	1,200
Ineligible cases					
Undeliverable	598	272	54	854	548
Retired **	66	173	320		
Deceased or disabled	10	47	50	157	4
Refusals ***				14	12
<b>Eligible cases</b>	<b>4,680</b>	<b>3,297</b>	<b>3,726</b>	<b>7,932</b>	<b>8,448</b>
<b>Total respondents</b>	<b>3,112</b>	<b>2,476</b>	<b>2,784</b>	<b>5,168</b>	<b>5,066</b>
In California				4,575	4,546
Outside California				593	520
Response rate of all surveys mailed	57.6%	67.2%	69.6%	58.8%	56.3%
<b>Response rate of eligible population **</b>	<b>66.5%</b>	<b>75.1%</b>	<b>74.7%</b>	<b>65.2%</b>	<b>60.0%</b>

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

\*\*Retired nurses with active licenses were included in the 2004 and 2006 samples; they were omitted from the analytical sample in the 1990, 1993, and 1997 surveys.

\*\*\*Individuals who responded that they did not wish to participate were counted as eligible cases.

**Table 1.3. Representativeness of RNs with active California licenses who responded to the survey, by age group and region, 2006**

	<b>Population</b>	<b>Sample</b>	<b>Respondents</b>	<b>Difference: Respondents – Sample *</b>	<b>Response rate of sample</b>
<b>Region</b>					
North of Sacramento	2.95%	7.8%	8.74%	0.97%	63.3%
Sacramento	5.90%	7.8%	8.53%	0.75%	61.7%
5-County San Francisco Bay Area	12.72%	18.9%	20.08%	1.19%	59.8%
Remainder of San Francisco Bay Area	7.42%	6.7%	6.75%	0.08%	57.0%
Central Valley & Sierra	7.85%	7.8%	7.92%	0.14%	57.3%
Central Coast	2.58%	7.8%	8.21%	0.43%	59.4%
Los Angeles	29.09%	14.4%	14.45%	0.00%	56.3%
Inland Empire	8.96%	7.8%	7.56%	-0.22%	54.7%
Border	8.01%	7.8%	7.52%	-0.26%	54.4%
Outside California	14.5%	13.3%	10.24%	-3.09%	43.3%
<b>Age Group</b>					
Under 25 years	1.18%	0.5%	0.30%	-0.20%	35.7%
25-34 years	16.82%	14.6%	10.94%	-3.66%	42.2%
35-44 years	22.65%	21.8%	19.25%	-2.55%	49.6%
45-54 years	32.64%	32.6%	34.09%	1.49%	58.8%
55-64 years	20.14%	23.1%	26.71%	3.61%	65.2%
65 years and older	6.57%	7.4%	8.72%	1.32%	66.4%

\* The difference between the distributions of respondents and the sample indicates whether nurses in the region or age group were more or less likely to respond than average.

## *The Inactive/Lapsed RN Sample*

### Selection of the Inactive/Lapsed Sample

The database delivered to UCSF by the Board of Registered Nursing included 93,306 nurses with licenses that were no longer active. Inactive nurses – licenses renewed without supporting continuing education documentation – comprised 21,496 of these, and nurses whose licenses had lapsed – that is, had not been renewed – numbered 71,779. The remainder had some other license status, such as suspended or revoked. Among the nurses with inactive licenses, 13,911 had California addresses, and 31,510 of the nurses with lapsed licenses had California addresses. We limited our sample to these nurses, with the expectation that the majority of nurses with lapsed or inactive licenses and out-of-state addresses had moved outside California and would not be likely to return to work in California. A sample of 1,000 registered nurses with inactive or lapsed California licenses were randomly selected from the Board of Registered Nursing’s database of nurses. Half the sample was drawn from nurses with licenses that had lapsed between January 1, 2005, and January 25, 2006. The other half of the sample was drawn from nurses with “inactive” licenses with expiration dates after January 1, 2006. These inactive licenses would have been renewed in the two years prior to when the sample was drawn.

### Response Rates for the Inactive/Lapsed RN Survey

A total of 1,000 surveys were mailed to nurses with inactive or lapsed licenses on October 2, 2006. Data collection closed on January 5, 2007, at which time 416 completed questionnaires were received. The post office returned 206 surveys as undeliverable, 11 RNs sampled were deceased or disabled, and one RN returned the survey with a refusal to participate. We did not identify which of these ineligible cases were from the lapsed or inactive subsamples. The overall response rate was 53.1 percent of the eligible population. The response rate was much higher for nurses with inactive licenses than for those with lapsed licenses, as seen in Table 1.4.

The sample for the inactive survey was based on a database of nurse license data provided by the BRN on January 25, 2006. Some nurses listed in these data as having an inactive or lapsed license status may have reactivated or renewed their license between the date the licensure file was delivered and the date the survey was mailed. Table 1.5 presents the self-reported license status of respondents to the survey of inactive and lapsed RNs. Nearly 90 percent of nurses who were sampled as having an inactive license confirmed this status in the survey, 4.4 percent reported their license was delinquent at the time of the survey, and 6 percent reported they had an active license. Over 75 percent of nurses who were in the lapsed license sample reported their licenses were indeed lapsed at the time of the survey. Thirteen percent reported they had an inactive license, and 12 percent had an active license. In the analyses of the inactive/lapsed survey, we excluded the 31 nurses (7.5%) who self-reported that their licenses were active.

RNs were asked how long their license has been lapsed or inactive. Among the RNs with lapsed licenses (as identified in the BRN database), 20 percent responded their license had lapsed 3 or more years prior to the survey, although the nurses selected for the survey had licenses lapse between January 1, 2005, and January 25, 2006. The discrepancy between the self-reported and database-identified time since lapse of licensure demonstrates the inherent inaccuracy associated with surveys.

**Table 1.4. Survey outcomes and response rates for registered nurses with inactive or lapsed California licenses, 2004 and 2006**

	<b>2004 – Inactive and lapsed</b>	<b>2006 – Inactive and lapsed</b>	<b>2006 – Inactive</b>	<b>2006 - Lapsed</b>
<b>Questionnaires mailed</b>	<b>4,635</b>	<b>1,000</b>	<b>500</b>	<b>500</b>
In California	2,109	1,000	500	500
Outside California	2,526	0	0	0
Ineligible cases				
Undeliverable	1,838	206	*	*
Deceased or disabled	31	11	*	*
Refusals	26	1	*	*
<b>Eligible cases</b>	<b>2,766</b>	<b>783</b>	<b>*</b>	<b>*</b>
<b>Total respondents</b>	<b>1,018</b>	<b>416</b>	<b>303</b>	<b>113</b>
In California	627	416	303	113
Outside California	391	0	0	0
Response rate of all surveys mailed	22.0%	41.6%	60.6%	22.6%
<b>Response rate of eligible population **</b>	<b>36.8%</b>	<b>53.1%</b>	<b>*</b>	<b>*</b>

\* Indicates data are unknown.

\*\* Individuals who responded that they did not wish to participate were counted as eligible cases.

Note: Nurses with a license designation of “retired” were not included in 2006, but were included in 2004. However, in both years, some nurses returned surveys indicating that they had been out of the field for so long that they did not feel as if their responses would be pertinent. These returned surveys are designated “refused”.

**Table 1.5. Self-reported license status by nurses responding to the Inactive/Lapsed survey, 2006**

<b>Self-Reported Status</b>	<b>2006 – All respondents</b>	<b>2006 – Inactive</b>	<b>2006 - Lapsed</b>
Active	7.5%	6.0%	11.7%
Inactive	68.8%	89.6%	12.6%
Lapsed	23.8%	4.4%	75.7%

#### Representativeness of Inactive/Lapsed RN Respondents

Survey responses were examined to determine whether response bias existed. Table 1.6 presents the regional and age distributions of inactive RNs in the eligible population, and the distributions of responses. The regional response distribution is statistically significantly different from the population distribution (Chi-squared = 6.421,  $p < 0.05$ ). The 5-county San Francisco Bay Area and Los Angeles region are over-represented in the data, while the Border counties are substantially under-represented. The Border region also had a lower response rate in the 2004 survey. The numbers of responses in other regions did not differ substantially from expectations. The age group distribution is statistically

significantly different for the survey respondents than the general population (Chi-squared = 14.54,  $p < 0.001$ ). Specifically, nurses in the oldest age category are over-represented, while those between 55 and 64 years, and between 35 and 44 years, are under-represented. We analyzed the data for nurses with inactive licenses using weights to adjust for different response rates among age categories. We did not develop weights for both age and region because the sample size was not sufficient to do so.

Table 1.6 also presents the regional and age distributions of RNs with lapsed licenses (who did not renew their licenses before expiration). The regional distribution of respondents is statistically significantly different from that of the population (Chi-squared = 10.87,  $p < 0.001$ ), as is the age distribution of respondents (Chi-squared = 41.08,  $p < 0.001$ ). The Sacramento, Central Valley & Sierra, and outlying San Francisco areas are somewhat over-represented among the respondents. The discrepancy by age group is more substantial. RNs with expired licenses age 65 or older were more than twice as likely to respond to the survey as RNs in other age groups, and thus they are over-represented in the data. A similar pattern of response was identified in the 2004 survey. Because the total number of respondents with lapsed licenses is small, we cannot adjust for different response rates using weights. Instead, we present results separately for RNs age 65 and older, and for RNs under age 65.

**Table 1.6. Representativeness of RNs with *inactive and lapsed* California licenses who responded to the survey, by age group and region, 2006**

	RNs with Inactive Licenses			RNs with Lapsed Licenses		
	Population	Respondents	Difference	Population	Respondents	Difference
<b>Region</b>						
North of Sacramento	4.18%	2.97%	-1.21%	4.02%	5.31%	1.29%
Sacramento	7.05%	5.94%	-1.11%	6.39%	8.85%	2.46%
5-County S.F. Bay Area	16.56%	18.48%	1.92%	14.34%	15.93%	1.59%
Remainder of S.F. Bay Area	9.86%	9.90%	0.04%	8.54%	10.62%	2.08%
Central Valley & Sierra	8.09%	6.93%	-1.16%	8.62%	14.16%	5.54%
Central Coast	3.84%	3.63%	-0.21%	3.19%	3.54%	0.35%
Los Angeles	32.45%	36.96%	4.51%	31.35%	26.55%	-4.80%
Inland Empire	8.46%	7.92%	-0.54%	10.89%	7.96%	-2.92%
Border	9.51%	7.26%	-2.25%	12.66%	7.08%	-5.58%
<b>Age Group</b>						
Under 25 years	0.00%	0.00%	0.00%	0.12%	0.00%	-0.12%
25-34 years	1.01%	0.00%	-1.01%	12.38%	1.77%	-10.61%
35-44 years	6.76%	4.62%	-2.14%	15.83%	7.08%	-8.75%
45-54 years	19.32%	20.13%	0.82%	20.10%	14.16%	-5.94%
55-64 years	28.42%	22.11%	-6.30%	20.34%	20.35%	0.01%
65 years and older	44.50%	53.14%	8.64%	31.23%	56.64%	25.41%

### *Precision of estimates*

The size of the sample surveyed and 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. Analyses of the survey responses of nurses with inactive licenses also were conducted with weights, to adjust for the age difference between respondents and the population. The sample size and weighting ensure that the data presented in this report are representative of the statewide population of registered nurses.

Tables based on the full dataset of 5,066 nurses with active licenses may vary from the true population values by +/-1.3 percentage points from the values presented, with 95 percent confidence. Tables based on the dataset of 303 nurses with inactive licenses may vary from the true population values by +/-5.6 percentage points from the values presented, with 95 percent confidence. Tables based on the dataset of 113 nurses with lapsed licenses may vary from the true population values by +/-9.2 percentage points from the values presented, with 95 percent confidence. Because of the relatively low precision of the estimates based on the dataset of nurses with lapsed licenses, these results should be interpreted with caution.

The previously-conducted surveys of registered nurses were not weighted to ensure that survey responses represented the full population of nurses. The use of weights improves the accuracy and representativeness of the 2006 survey as compared with previous years. However, because all previous surveys had relatively large sample sizes, they also provided estimates of the true population that are expected to be within a few percentage points of the true values.



## Chapter 2. Profile of the Statewide Population of Registered Nurses with Active Licenses

The statewide population of nurses with active California RN licenses, which numbers 303,544 nurses, is described in this chapter. Subsequent chapters focus on the characteristics of nurses by their employment status, and compare the 2006 data with those of previous surveys.

### *Demographics of Nurses with Active Licenses*

As seen in Table 2.1, 45.5 percent of nurses with active California licenses are 50 years or older. The population of nurses with California addresses has a similar age distribution to that of all nurses with California licenses. The age distribution of actively-licensed RNs varies substantially by region in California, as seen in Table 2.2 and Figure 2.1. The Northern Counties and Central Coast have a somewhat older population of nurses, on average, while nurses in the Central Valley, Los Angeles, Inland Empire, and Border counties tend to be younger. Nurses with active California licenses who reside outside the state tend to be younger than those residing in California.

**Table 2.1. Age distribution of RNs with active California licenses, 2006**

	All Active RNs	California Residents
Under 30 years	6.7%	7.5%
30-34 years	10.9%	10.3%
35-39 years	10.4%	10.6%
40-44 years	12.3%	12.3%
45-49 years	14.3%	13.9%
50-54 years	18.4%	19.1%
55-59 years	12.9%	12.6%
60-64 years	7.4%	7.7%
65 years and older	6.6%	6.1%

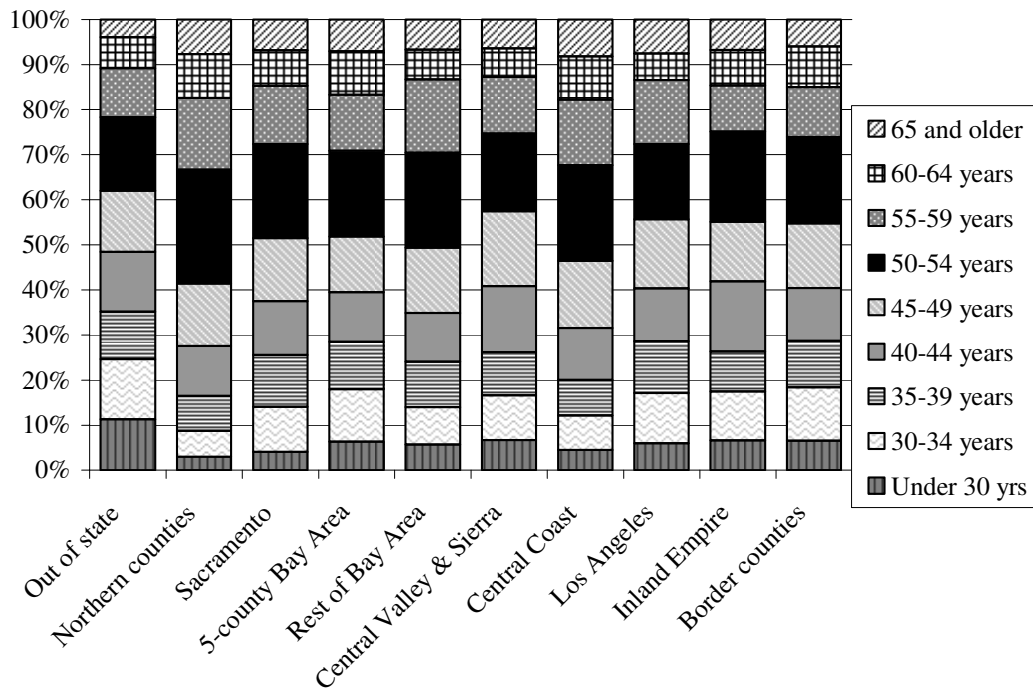
Note: Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

**Table 2.2. Age distribution of RNs with active California licenses, by region, 2006**

	Out of state	Northern Counties	Sacramento	Bay Area	Central Valley/ Sierra	Central Coast	Los Angeles	Inland Empire	Border Counties
Under 30 years	11.4%	3.1%	4.1%	6.2%	6.7%	4.5%	6.0%	6.6%	6.5%
30-34 years	13.3%	5.7%	10.0%	10.4%	9.9%	7.6%	11.1%	10.9%	11.9%
35-39 years	10.4%	7.7%	11.6%	10.3%	9.6%	7.9%	11.5%	8.9%	10.3%
40-44 years	13.3%	11.1%	11.8%	10.9%	14.6%	11.5%	11.7%	15.5%	11.7%
45-49 years	13.6%	13.9%	14.1%	13.2%	16.6%	14.9%	15.3%	13.2%	14.3%
50-54 years	16.3%	25.2%	20.8%	19.8%	17.2%	21.2%	16.7%	20.0%	19.2%
55-59 years	10.9%	15.9%	12.9%	13.8%	12.7%	14.6%	14.1%	10.2%	11.1%
60-64 years	6.9%	9.7%	7.8%	8.5%	6.2%	9.6%	5.9%	7.9%	9.0%
65 and over	3.9%	7.7%	6.9%	6.9%	6.4%	8.2%	7.5%	6.8%	6.0%

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

**Figure 2.1. Age distribution of RNs with active California licenses, by region, 2006**



Note: Data for Figure 2.1 can be found in Table 2.2.

Nursing continues to be a predominantly female profession. 90.2 percent of the state’s active RNs are female (Figure 2.2). There is some variation in the proportion of men in the profession by age group, as seen in Table 2.3. Nurses between 35 and 44 years have the greatest share of men, who represent 13.6 percent of nurses in this age group. Eleven percent of nurses under 35 years old are male. Fewer than 10 percent of nurses 45 years or older are male.

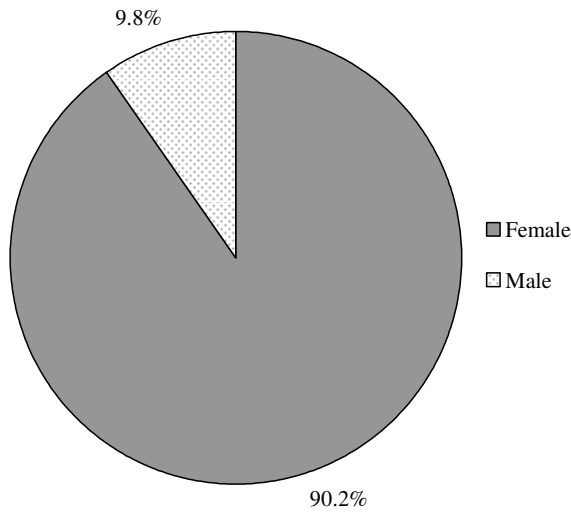
Figure 2.3 presents the racial and ethnic composition of California’s nursing workforce. Over 64 percent of actively-licensed RNs are white, and Filipinos represent 16 percent of the RN workforce. Hispanic and Latino nurses account for 5.7 percent of the nursing workforce, and Asians who are not Filipino or Asian Indian comprise 5.5 percent. Black and African-American nurses represent 4.5 percent of California’s active nurses.

**Table 2.3. Gender of the statewide population of RNs with active California licenses, by age group, 2006**

	Female	Male
Under 35 years	88.8%	11.2%
35-44 years	86.4%	13.6%
45-54 years	91.0%	9.0%
55-64 years	92.7%	7.3%
65 years and older	96.2%	3.8%

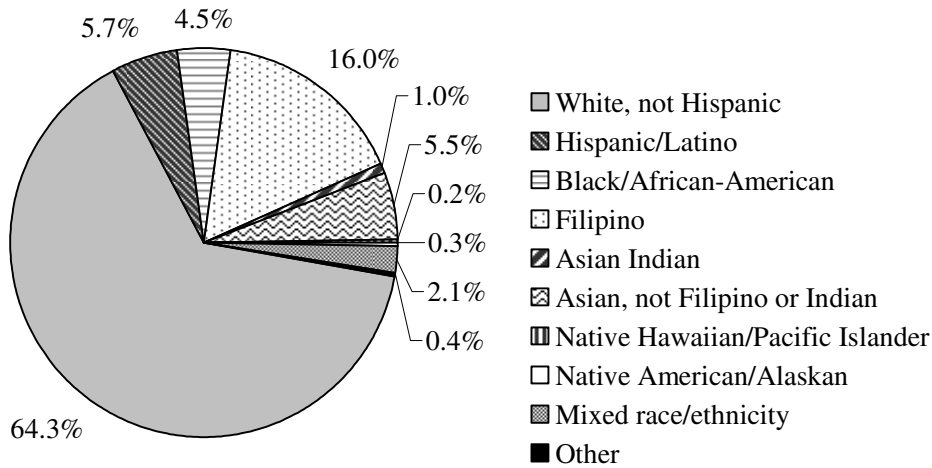
Notes: Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

**Figure 2.2. Gender of the statewide population of RNs with active California licenses, 2006**



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

**Figure 2.3. Ethnic and racial composition of the statewide population of RNs with active California licenses, 2006**



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

The racial and ethnic composition of the workforce is changing, as demonstrated by Table 2.4. Non-Hispanic Whites make up 47.8 percent of the nurses under 35 years old, Filipinos comprise 25 percent, Hispanics/Latinos account for 10 percent, and Asians who are not Filipino or Asian Indian represent 7 percent. There is a steady increase in the share of white nurses, and a corresponding decline in the shares of Hispanic/Latino and Filipino nurses, as age increases.

There also are notable regional differences in the racial and ethnic composition of California's nursing workforce, as seen in Figure 2.4 and Table 2.5. Nurses in the Northern Counties and Central Coast are less diverse than those in the San Francisco Bay Area, Los Angeles, and Inland Empire. Asian and Filipino nurses comprise a greater share of the RN workforce in the San Francisco Bay Area and Los Angeles, while Hispanic/Latino nurses are better-represented in the Inland Empire and Central Valley.

**Table 2.4. Ethnic and racial composition of the statewide population of RNs with active California licenses, by age group, 2006**

	Under 35 years	35-44 years	45-54 years	55-64 years	65 years and older
White, not Hispanic	47.8%	54.5%	69.4%	77.0%	79.0%
Hispanic/Latino	10.3%	7.7%	4.3%	2.7%	2.3%
Black/African-American	4.1%	4.6%	4.5%	4.5%	5.2%
Filipino	25.2%	21.0%	13.5%	9.3%	6.3%
Asian Indian	2.5%	0.9%	0.3%	1.1%	0.3%
Asian, not Filipino or Indian	7.1%	7.8%	4.6%	3.5%	4.4%
Native Hawaiian/Pacific Islander	<0.1%	0.2%	0.4%	<0.1%	<0.1%
Native American/Alaskan	0.1%	0.4%	0.5%	0.1%	<0.1%
Mixed race/ethnicity	2.0%	2.6%	2.1%	1.6%	2.5%
Other	0.8%	0.4%	0.3%	0.3%	<0.1%

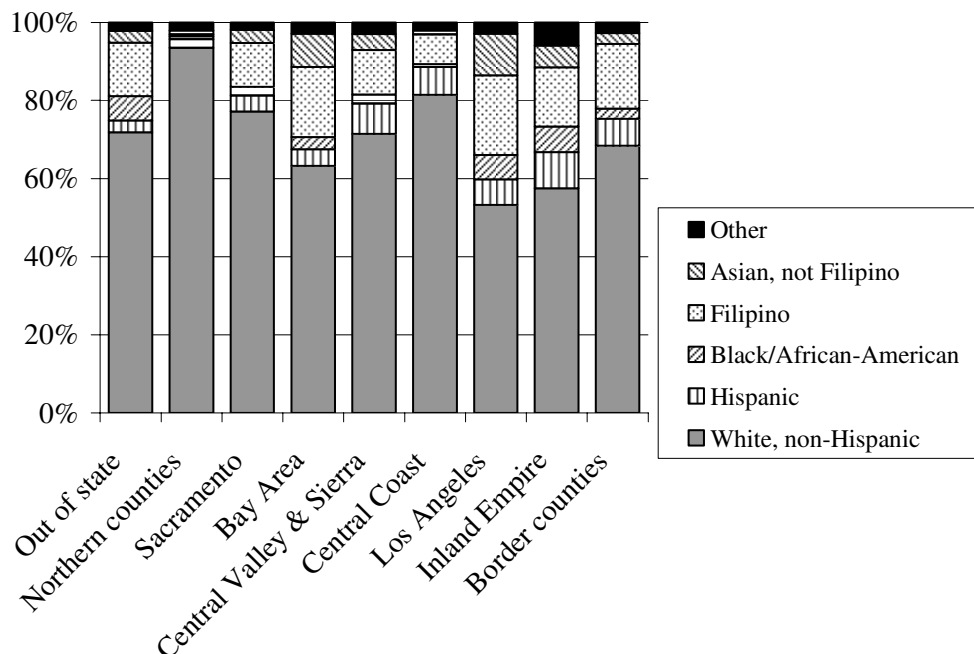
Notes: Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

**Table 2.5. Ethnic and racial composition of RNs with active California licenses, by region, 2006**

	White, non-Hispanic	Hispanic	Black/African-American	Filipino	Asian, not Filipino	Other
Out of state	71.8%	3.1%	6.2%	13.8%	3.0%	2.1%
Northern counties	93.5%	2.3%	0.7%	0.5%	1.0%	2.1%
Sacramento	77.2%	4.0%	2.2%	11.3%	3.4%	1.9%
San Francisco Bay Area	63.2%	4.2%	3.2%	17.9%	8.5%	2.9%
Central Valley/ Sierra	71.4%	7.8%	2.3%	11.4%	4.1%	3.0%
Central Coast	81.4%	7.2%	0.7%	7.7%	1.0%	2.1%
Los Angeles	53.3%	6.5%	6.3%	20.4%	10.7%	2.9%
Inland Empire	57.6%	9.2%	6.6%	15.2%	5.6%	5.9%
Border counties	68.4%	6.9%	2.6%	16.5%	2.8%	2.8%

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

**Figure 2.4. Ethnic and racial composition of RNs with active California licenses, by region, 2006**



Notes: Data are weighted to represent all RNs with active licenses. Data for Figure 2.4 can be found in Table 2.5.

Ethnic diversity is associated with language diversity among California’s registered nurses. As seen in Table 2.6, Tagalog, a common language of the Philippines, is spoken fluently by over 13 percent of California’s nurses. Younger RNs are more likely to speak Tagalog, and also are more likely to speak Spanish. Overall, slightly over 10 percent of nurses speak Spanish fluently. Approximately one percent of actively-licensed RNs speak Mandarin or Korean, and less than one percent speaks Hindi, Cantonese, or Vietnamese. Eight percent reported that they speak some other language fluently; the most-often cited languages were French (1%) and German (0.8%). Various other languages are spoken as well, including Arabic, other dialects from the Philippines, other European languages, and some African languages.

The share of nurses who speak a foreign language fluently varies substantially by region of California, as seen in Table 2.7. Over 15 percent of nurses in Los Angeles, the San Francisco Bay Area, and Border Counties report fluency in Tagalog, while fewer than 9 percent are fluent in the Central Valley/Sierra and Central Coast regions. Nurses in Southern California are more likely to speak Spanish than nurses in Northern California.

Most of California’s actively licensed RNs (68.5%) are married or in a domestic partner relationship, as seen in Figure 2.5. Fifteen percent are separated or divorced, and 13 percent have never married. The remaining 3.3 percent are widowed.

**Table 2.6. Languages spoken by the statewide population of RNs with active California licenses, by age group, 2006**

	All RNs	Under 35 years	35-44 years	45-54 years	55-64 years	65 years and older
Tagalog	13.6%	18.5%	17.8%	12.5%	8.9%	5.9%
Spanish	10.3%	13.4%	11.3%	9.7%	7.5%	9.3%
Mandarin	1.2%	1.3%	1.9%	1.3%	0.5%	0.7%
Korean	1.1%	1.8%	1.5%	0.7%	0.5%	1.5%
Hindi	0.8%	2.1%	0.8%	0.2%	0.7%	0.3%
Cantonese	0.8%	0.4%	1.5%	0.7%	0.6%	0.1%
Vietnamese	0.5%	1.1%	1.1%	0.1%	0.1%	0.3%
Other	8.0%	8.4%	8.8%	7.6%	7.1%	9.5%

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

**Table 2.7. Languages spoken by RNs with active California licenses, by region, 2006**

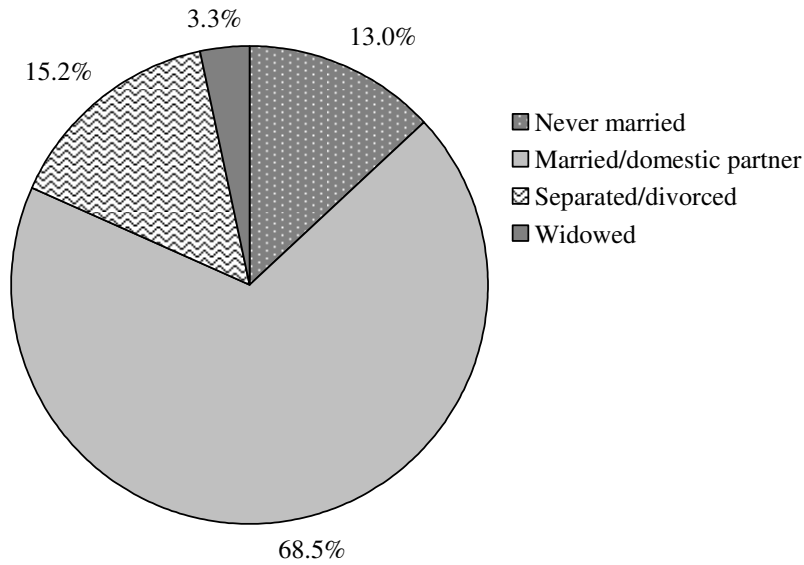
	Tagalog	Spanish	Other
Northern counties	0.2%	5.2%	3.5%
Sacramento	9.5%	6.0%	8.8%
San Francisco Bay Area	15.3%	8.4%	13.0%
Central Valley & Sierra	8.9%	11.8%	10.4%
Central Coast	7.4%	12.9%	7.0%
Los Angeles	17.3%	13.1%	15.1%
Inland Empire	14.1%	12.9%	9.1%
Border Counties	15.0%	12.8%	7.4%
Outside California	10.8%	5.8%	7.3%

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

Many of California’s nurses have children living at home, as seen in Table 2.8. Nearly half (49.8%) of nurses have at least one child living at home. Nurses between 35 and 44 years old are most likely to have children at home, with 74 percent reporting that they have at least one child. The presence of children in the house is not limited to younger nurses, however; 10 percent of nurses 65 years and older report having children living at home. Nurses with children living at home had an average of 1.8 children in the household, with nurses between 35 and 44 years having, on average, the greatest number of children (2.1). About 31 percent of nurses have children under age 13 years and no older children; 85 percent of nurses under 35 years have younger children only. Forty-seven percent of nurses have children only 13 years and older, and 21 percent have children both over and under 13 years old.

Nurses were asked about whether there are “any other people (parents, spouse, grandchildren, friends) dependent on you for care?” This survey item has been changed over the years to identify nurses who are providing care for adults who might be disabled, elderly, or in need of special support. Over twenty percent (23.5%) of nurses responded that others are dependent on them for care, with an average of 1.9 dependents per nurse.

**Figure 2.5. Marital status of the statewide population of RNs with active California licenses, 2006**



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

**Table 2.8. Presence of children and other dependents in households of the statewide population of RNs with active California licenses, 2006**

	All RNs	Under 35 years	35-44 years	45-54 years	55-64 years	65 years and older
<b>No children</b>	<b>50.2%</b>	<b>54.3%</b>	<b>26.0%</b>	<b>42.0%</b>	<b>74.1%</b>	<b>89.5%</b>
<b>Any children</b>	<b>49.8%</b>	<b>45.7%</b>	<b>74.0%</b>	<b>58.0%</b>	<b>25.9%</b>	<b>10.5%</b>
<b>For those with children...</b>						
Average number of children	1.8	1.8	2.1	1.9	1.6	1.5
Only children under 13 years	31.2%	84.9%	50.2%	13.5%	3.9%	0.6%
Only children 13 years and older	47.6%	30.7%	16.4%	62.3%	84.4%	90.0%
Children both over and under 13 years	21.2%	14.8%	33.4%	24.2%	11.7%	9.5%
<b>Other dependents</b>	<b>23.5%</b>	<b>19.3%</b>	<b>26.9%</b>	<b>25.1%</b>	<b>22.9%</b>	<b>17.4%</b>
<b>For those with other dependents...</b>						
Average number of dependents	1.7	1.9	1.7	1.6	1.6	1.4

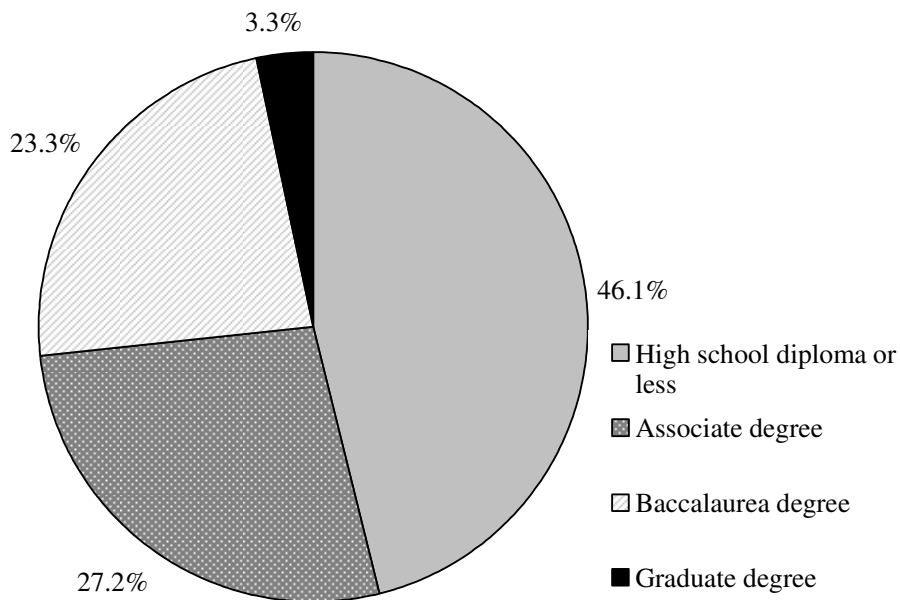
Note: Data are weighted to represent all RNs with active licenses.

### Education and Licensure of California's Active Nursing Workforce

Over half of California's nurses with active licenses had a college degree before completing a basic prelicensure nursing education program, as seen in Figure 2.6. An associate degree was held by 27.2 percent of nurses, 23.3 percent had a baccalaureate degree, and 3.3 percent had a graduate degree before attending nursing school. Over half of active RNs did not work in any health occupation before attending a nursing program, as seen in Figure 2.7. Nearly 20 percent of RNs worked as a nursing aide prior to completing basic RN education, and 10.3 percent were licensed practical/vocational nurses. "Other" health occupations worked by 13.2 percent of nurses before their RN education, with jobs such as phlebotomy, health education, dental assisting, respiratory therapy, paramedic, laboratory assistant, and various clerk and administrative positions. Some nurses reported previous experience in the military with medical corps assignments. Several respondents reported working as nurses or physicians in other countries prior to completing an education program to be licensed as a RN in the United States.

Most of California's RNs entered the profession with an Associate Degree in Nursing. Figure 2.8 presents the shares of nurses whose primary nursing education was a diploma, an associate degree, a baccalaureate of science in nursing (BSN), a master's degree, an entry-level master's program, or a doctoral program. Figure 2.9 presents the same information by age group, and Figure 2.10 presents the education distribution by region. Diploma programs were dominant in nursing education through the 1950s, after which time Community College-based Associate Degree programs grew rapidly. At this time, there are no diploma programs operating in California, and few nationwide. Older nurses are more likely to have received their initial nursing education in a diploma program; fewer than five percent of California's nurses under 35 years old received a diploma. Over half of nurses under 35 years old received a BSN for their pre-licensure education.

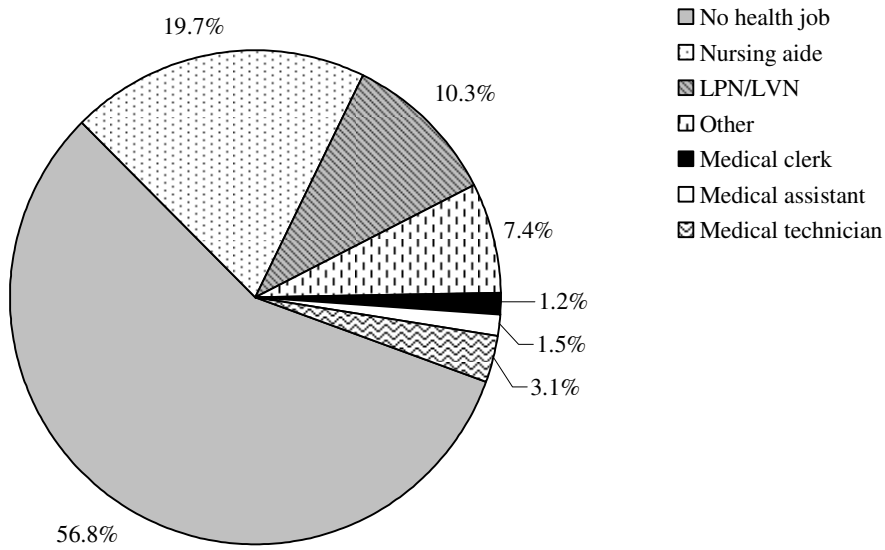
**Figure 2.6. Highest education obtained prior to basic nursing education for the statewide population of RNs with active California licenses, 2006**



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

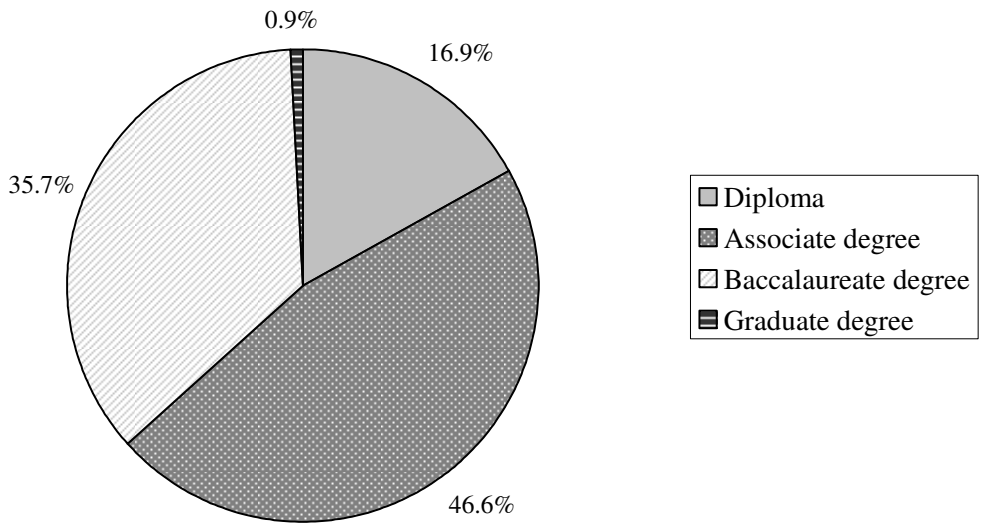


**Figure 2.7. Employment in health occupations *prior to* basic nursing education for the statewide population of RNs with active California licenses, 2006**



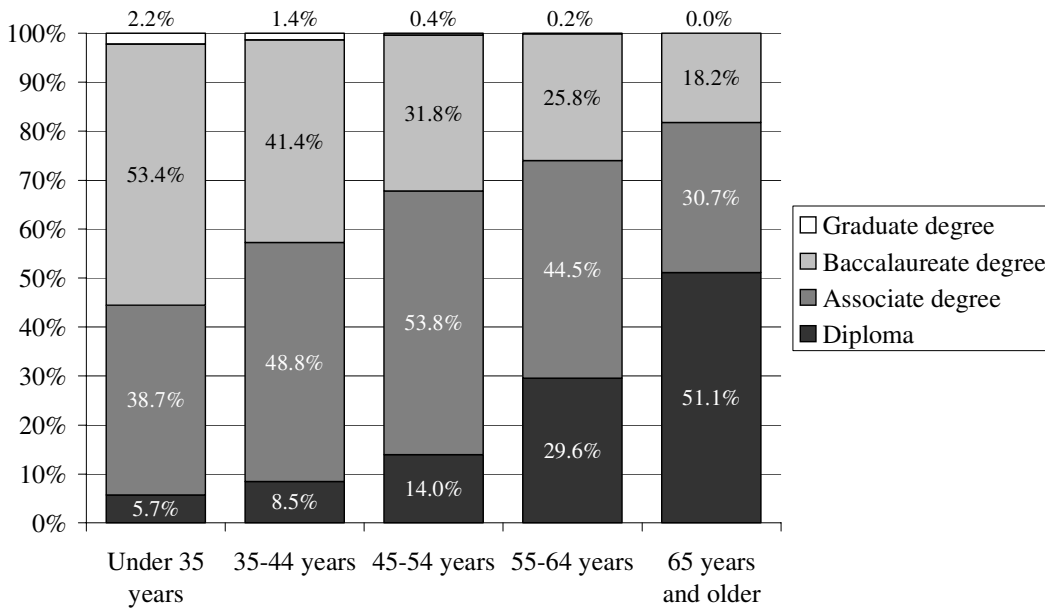
Note: Data are weighted to represent all RNs with active licenses.

**Figure 2.8. Pre-licensure RN education completed by the statewide population of RNs with active California licenses, 2006**



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

**Figure 2.9. Basic pre-licensure RN education completed by the statewide population of RNs with active California licenses, by age group, 2006**



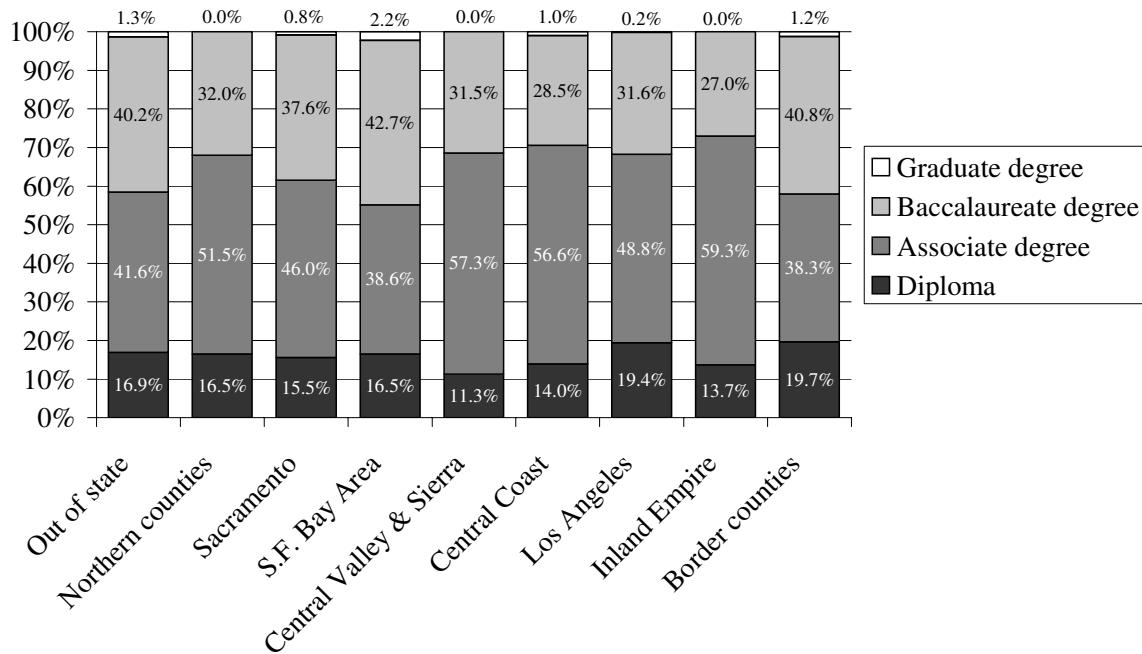
Note: Data are weighted to represent all RNs with active licenses.

There is some regional variation in the type of pre-licensure education program completed by actively-licensed RNs, as seen in Figure 2.10. Greater shares of nurses received their pre-licensure education in baccalaureate programs in the San Francisco Bay Area and Border counties. These overall shares can be compared with the percent of new RN graduates who received baccalaureate degrees, as reported in the 2005-2006 BRN Annual Schools Report. In the San Francisco Bay Area, 36 percent of graduates were from BSN programs in the 2005-2006 academic year. However, in the Southern Border region, only 23 percent received a BSN in the 2005-2006 academic year, which is lower than the statewide average of 25 percent.

Table 2.9 presents the age of nurses at the time they graduated from their pre-licensure RN education program, overall and by the decade in which nurses graduated. The first column, labeled “All nurses” shows that 52 percent of California’s active RNs completed their nursing education when they were younger than 25 years. An additional 20 percent were between 25 and 29 years, and the remaining 28 percent were 30 years or older. However, as the remaining columns show, the average age at graduation has been rising over the decades. In the 1940s, 1950s, and 1960s, over 90 percent of nursing graduates were in their early 20s. This pattern changes in the 1970s, when less than 75 percent of RN graduates were under 25 years. By the 2000s, only 27 percent of pre-licensure graduates were under 25 years old, and nearly 38 percent of pre-licensure graduates were 35 years or older.

The states and countries in which most of California’s nurses received their pre-licensure education are presented in Table 2.10. The majority of California’s RNs completed their pre-licensure education within California. New York and Illinois educated about 2 percent of California’s nurses. Among nurses under 45 years, many were educated in Massachusetts, Michigan, Arizona, and Alabama. Over ten percent of nurses were educated in the Philippines; this share is over 13 percent among nurses 44 years and younger.

**Figure 2.10. Basic pre-licensure RN education completed by RNs with active California licenses, by region, 2006**



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

**Table 2.9. Age distribution at time of graduation from pre-licensure RN education, for the statewide population of RNs with active California licenses, 2006**

Age at graduation	All nurses	Decade of graduation						
		1940s	1950s	1960s	1970s	1980s	1990s	2000s
Under 25	52.1%	100%	96.2%	92.5%	74.5%	47.5%	39.5%	27.3%
25-29 years	19.6%	<0.1%	2.3%	6.1%	15.6%	24.4%	20.7%	24.1%
30-34 years	10.7%	<0.1%	0.2%	1.0%	5.4%	14.8%	15.0%	11.0%
35-39 years	7.5%	<0.1%	<0.1%	0.5%	3.2%	8.4%	12.5%	7.8%
40-44 years	3.8%	<0.1%	<0.1%	<0.1%	1.0%	3.5%	7.0%	5.1%
45 and older	6.3%	<0.1%	1.3%	<0.1%	0.3%	1.3%	5.2%	24.7%

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

**Table 2.10. State or country in which pre-licensure education was obtained by the statewide population of RNs with active California licenses, by age group, 2006**

	All nurses	Under 35 years	35-44 years	45-54 years	55-64 years	65 years and older
California	54.5%	54.7%	58.2%	56.0%	51.0%	45.1%
Philippines	10.9%	13.2%	13.6%	10.4%	8.2%	5.8%
New York	2.3%	1.2%	0.9%	2.3%	4.0%	4.6%
Illinois	2.1%	0.9%	1.5%	2.0%	3.5%	3.3%
Pennsylvania	1.6%	1.2%	0.7%	1.6%	2.5%	2.9%
Massachusetts	1.3%	1.9%	0.4%	1.1%	1.8%	2.4%
Canada	1.3%	1.1%	1.5%	1.0%	1.0%	3.5%
Michigan	1.3%	2.0%	0.3%	1.5%	1.4%	0.9%
Texas	1.2%	1.3%	1.4%	1.3%	0.7%	1.0%
Ohio	1.1%	1.2%	0.7%	0.6%	1.7%	2.3%
Washington	1.0%	0.6%	1.2%	0.8%	1.2%	1.8%
Arizona	0.9%	1.8%	0.4%	1.1%	0.5%	1.1%
Korea	0.9%	1.3%	1.2%	0.6%	0.5%	1.1%
England	0.7%	0.3%	0.7%	0.6%	1.0%	2.3%
Alabama	0.6%	1.8%	0.4%	0.5%	0.3%	0.0%
India	0.5%	1.3%	0.4%	0.1%	0.6%	0.6%
Other state	14.5%	12.2%	13.1%	15.0%	16.0%	18.9%
Other country	3.3%	2.0%	3.7%	3.5%	3.8%	2.5%

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

About 23 percent of nurses with active California licenses have RN licenses in other states, as seen in Table 2.11. Thirteen percent have a license in one other state, and 9 percent have licenses in 2 or more other states. Nurses can easily maintain licenses in multiple states, regardless of whether they plan to work in those states. Some nurses maintain multiple licenses because they work as traveling nurses or telemedicine nurses; others want to maintain a license in the state in which they were first licensed for sentimental reasons. These issues are discussed later in this report.

Many nurses pursue additional education after their pre-licensure education, as seen in Table 2.12. About 38 percent of nurses with active California licenses received some additional education. The most commonly received degree is a baccalaureate of science in nursing (BSN), with 20 percent of RNs receiving this after their pre-licensure education. Nearly 12 percent of nurses eventually receive a master's degree in nursing. Many nurses also pursue non-nursing baccalaureate and master's degrees. The education distribution of the highest nursing education received by nurses (Figure 2.11) is quite different from the pre-licensure distribution (Figure 2.8). Eleven percent of nurses with active licenses have a master's degree, and over 40 percent have a BSN. Fewer than half of California's nurses report that their highest nursing education is an Associate Degree or Diploma. As seen in Figure 2.12, over 50 percent of nurses under 35 years old have a baccalaureate degree.

**Table 2.11. Number of *other states* in which the statewide population of RNs with active California licenses also have licenses, by age group, 2006**

	All nurses	Under 35 years	35-44 years	45-54 years	55-64 years	65 years and older
California only	77.4%	73.9%	76.4%	78.8%	77.8%	81.3%
1 other state	13.5%	12.8%	15.6%	13.0%	13.0%	12.0%
2 other states	4.3%	5.6%	3.9%	3.7%	4.6%	5.0%
3 other states	2.1%	5.1%	1.6%	1.5%	1.7%	0.7%
4 or more states	2.7%	2.7%	2.5%	3.0%	2.9%	1.0%

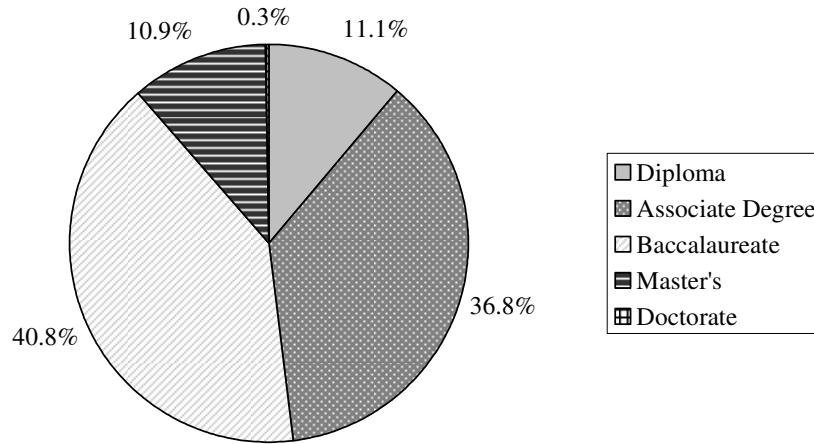
Note: Columns may not add to 100% due to rounding. Data are weighted to represent all RNs with active licenses.

**Table 2.12. *Additional degrees* completed after pre-licensure education by the statewide population of RNs with active California licenses, 2006**

	All	Under 35 years	35-44 years	45-54 years	55-64 years	65 years and older
No additional degrees	62.1%	71.1%	67.6%	59.5%	55.6%	51.9%
AD – Nursing	6.5%	6.3%	8.1%	5.6%	6.6%	6.1%
BSN	20.6%	18.3%	20.1%	22.0%	21.0%	21.4%
MSN	11.9%	9.6%	10.6%	13.7%	12.7%	10.7%
Doctorate in nursing	0.3%	<0.1%	<0.1%	0.3%	0.8%	0.1%
AD – Non-nursing	1.9%	0.8%	2.3%	1.6%	2.7%	3.0%
BS/BA – Non-nursing	5.3%	1.6%	2.7%	6.1%	8.1%	10.9%
MS/MA – Non-nursing	5.0%	1.0%	2.6%	5.4%	8.6%	11.2%
Doctorate – Non-nursing	1.0%	0.4%	0.2%	1.0%	2.3%	1.3%

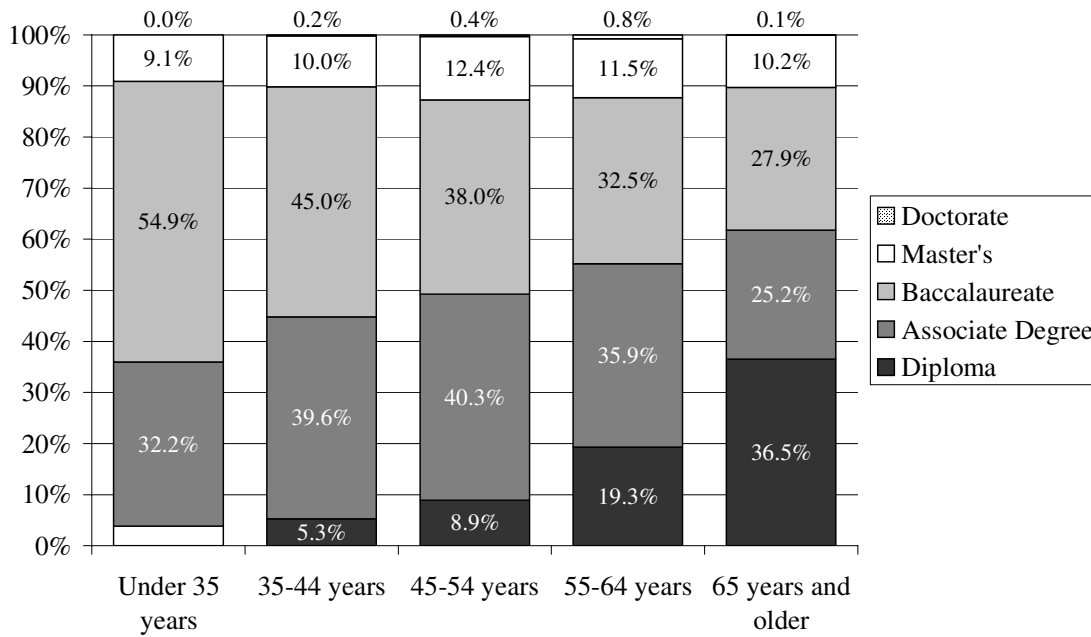
Notes: Respondents could report obtaining multiple additional degrees, so columns will not add to 100%. Data are weighted to represent all RNs with active licenses.

**Figure 2.11. Highest level of nursing education completed by the statewide population of RNs with active California licenses, 2006**



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

**Figure 2.12. Highest level of nursing education completed by the statewide population of RNs with active California licenses, by age group, 2006**



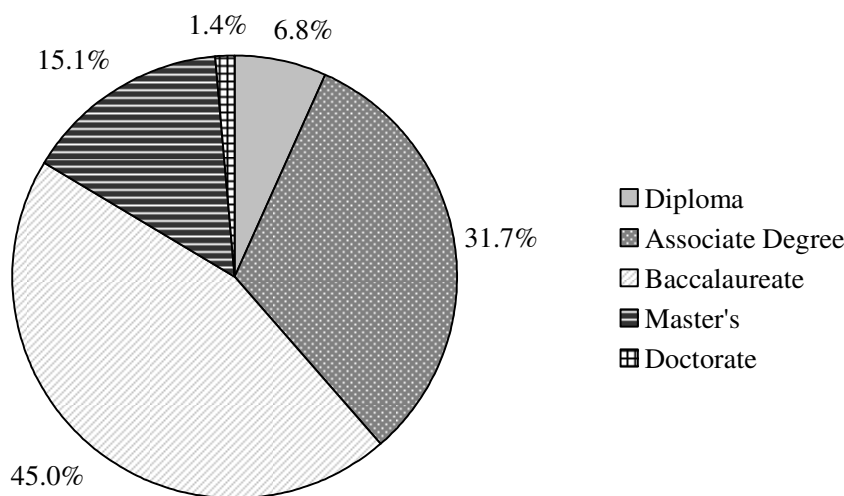
Note: Data are weighted to represent all RNs with active licenses.

Nurses' educational advancement is not limited to nursing degrees, as seen in Figure 2.13. When all additional degrees, including non-nursing degrees, are considered, over 61 percent of nurses with active licenses have at least a baccalaureate degree. Sixteen percent have a graduate degree.

While 78.9 percent of RNs reported no additional certifications, as seen in Table 2.13, many nurses obtain certifications demonstrating specialization in a field. Nearly 15 percent of nurses with active California licenses have a Public Health Nurse certification. Baccalaureate programs in nursing in California provide the coursework required to obtain this certification. Many BSN graduates thus obtain the public health certification, even if they do not intend to work in a public health setting. Certification as a Nurse Practitioner is relatively common, representing 5.5 percent of RNs. Approximately three percent have a psychiatric/mental health nurse certification, and another 3 percent have certification as a clinical nurse specialist.

Some of California's nurses are currently enrolled in a nursing degree or specialty certification program. Table 2.14 provides some information about these nurses. Overall, nearly 7 percent of RNs are now enrolled in school, with the share enrolled being higher among younger RNs. Of those enrolled, most are working toward a BSN (37.6%) or master's degree (35.9%). Over 20 percent report that they are pursuing a doctoral degree. Nurses are using a variety of resources to finance their education. Over three-fourths are using personal or family resources to support their education. Forty percent are benefiting from employer-provided tuition reimbursement. Nearly 15 percent have received a loan, scholarship, or other financial aid from a state or local government agency, with younger RNs being more likely to have this source of funding. Nurses also are receiving federal and non-government scholarships and loans.

**Figure 2.13. Highest degree earned, including non-nursing degrees, by the statewide population of RNs with active California licenses, 2006**



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

**Table 2.13. Certifications received by the statewide population of RNs with active California licenses, beyond pre-licensure education, by age group, 2006**

	All	Under 35 years	35-44 years	45-54 years	55-64 years	65 years and older
None	78.9%	83.3%	83.2%	76.1%	75.4%	77.5%
Nurse Anesthetist	0.8%	0.5%	1.2%	0.8%	0.6%	0.6%
Public Health Nurse	14.5%	13.0%	13.5%	15.5%	15.1%	15.5%
Nurse Midwife	1.3%	1.0%	1.8%	1.1%	1.5%	0.4%
Psychiatric/Mental Health	2.9%	1.9%	2.1%	3.4%	4.0%	2.8%
Nurse Practitioner	5.5%	4.3%	4.3%	7.5%	5.9%	2.2%
Clinical Nurse Specialist	3.1%	1.7%	2.1%	3.4%	4.4%	4.1%

Notes: Respondents could report obtaining multiple certifications, so columns will not add to 100%. Data are weighted to represent all RNs with active licenses.

**Table 2.14. Current enrollment in nursing degree or specialty certification program among the statewide population of RNs with active California licenses, by age group, 2006**

	All nurses	Under 35 years	35-44 years	45-54 years	55-64 years	65 years and older
<b>Currently enrolled</b>	<b>6.6%</b>	<b>10.5%</b>	<b>7.8%</b>	<b>7.0%</b>	<b>2.8%</b>	<b>1.1%</b>
Of those enrolled, objective is...						
Associate Degree	0.7%	<0.1%	<0.1%	2.0%	<0.1%	<0.1%
Baccalaureate Degree	37.6%	38.6%	44.6%	25.9%	51.5%	14.7%
Master's Degree	35.9%	48.1%	36.4%	42.1%	18.3%	14.9%
Doctoral Degree	21.4%	11.6%	17.2%	21.7%	25.7%	70.4%
Non-degree specialty certification	4.5%	1.8%	1.8%	8.3%	4.4%	<0.1%
Tuition and fees are financed by...						
Personal/family resources	75.9%	76.3%	70.2%	76.4%	87.8%	36.2%
Federal government	2.7%	2.0%	4.2%	4.0%	<0.1%	<0.1%
State/local government	14.5%	26.7%	15.9%	11.6%	9.9%	<0.1%
University fellowship	1.0%	2.6%	<0.1%	1.5%	<0.1%	<0.1%
Employer tuition reimbursement	40.0%	38.9%	36.8%	38.8%	42.5%	63.8%
Federally assisted loan	5.7%	3.0%	11.1%	6.6%	1.3%	<0.1%
Non-government scholarship, loan, grant	6.6%	15.4%	10.4%	4.0%	<0.1%	<0.1%
Other	3.2%	5.4%	4.5%	0.6%	4.8%	<0.1%

Notes: Respondents could report multiple sources of funding, so columns will not add to 100%. Data are weighted to represent all RNs with active licenses.



**Employment Status of RNs with Active Licenses**

A high share of nurses is currently employed in a nursing position, defined as a position that requires an RN license, as seen in Table 2.15. Over 86 percent of nurses with active licenses and California addresses were working at the time of the survey. The share of nurses employed in nursing varies somewhat from year to year, but has consistently been over 82 percent of the actively licensed workforce.

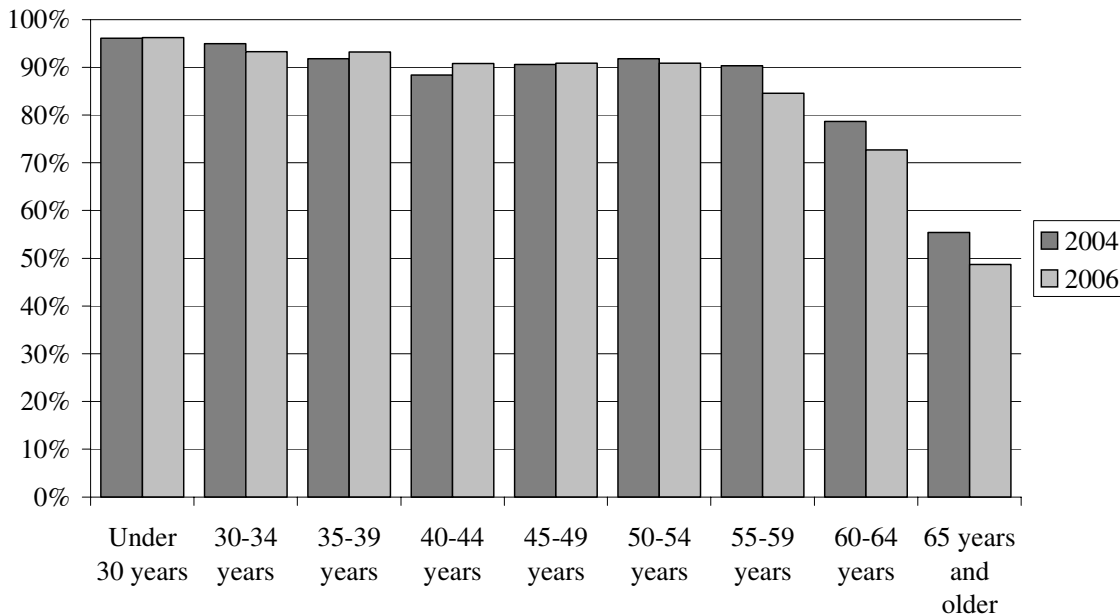
The employment status of nurses with active licenses varies by age group, as seen in Figure 2.14 and Table 2.16. Over 90 percent of nurses under 55 years old are working in nursing positions. The share of nurses 55 years and older working in nursing positions declined between 2004 and 2006. However, nearly half of nurses 65 years and older work in a nursing position, which is a remarkable employment rate for a group this age. The 2006 survey does not allow us to pinpoint an explanation for the decline in employment among nurses 55 years and older. It may be of use in the future to determine the reasons fewer nurses in these age groups are working in the profession. As California’s nursing workforce ages, it is important that these nurses be retained in the workplace.

**Table 2.15. Employment status of the statewide population of RNs with active California licenses, by survey year**

	1990	1993	1997	2004	2006
Employed in nursing	82.6%	89.3%	84.2%	87.5%	86.7%
Not employed in nursing	17.4%	10.7%	15.8%	12.5%	13.3%
Number of respondents	2,724	2,476	2,955	4,280	4,346

Note: 2006 data are weighted to represent all RNs with active licenses.

**Figure 2.14. Employment status of the statewide population of RNs with active California licenses, by age group, 2004 and 2006**



Note: 2006 data are weighted to represent all RNs with active licenses.

There is some variation in employment rates by the region in which the nurse resides, as shown in Table 2.17. Nurses living in the Inland Empire and San Francisco Bay Area are more likely to work than nurses in Northern counties or the Central Coast. These latter regions have an older-than-average nursing workforce, which likely explains the lower employment rates in these regions.

**Table 2.16. Employment status of the statewide population of RNs with active California licenses, by age group, 2004 and 2006**

	<b>Employed in nursing, 2004</b>	<b>Employed in nursing, 2006</b>
Under 30 years	96.1%	96.2%
30-34 years	95.0%	93.3%
35-39 years	91.8%	93.2%
40-44 years	88.4%	90.8%
45-49 years	90.6%	90.9%
50-54 years	91.8%	90.9%
55-59 years	90.3%	84.6%
60-64 years	78.7%	72.7%
65 years and older	55.4%	48.7%

Note: Columns may not add to 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

**Table 2.17. Employment status of RNs with active California licenses, by region, 2006**

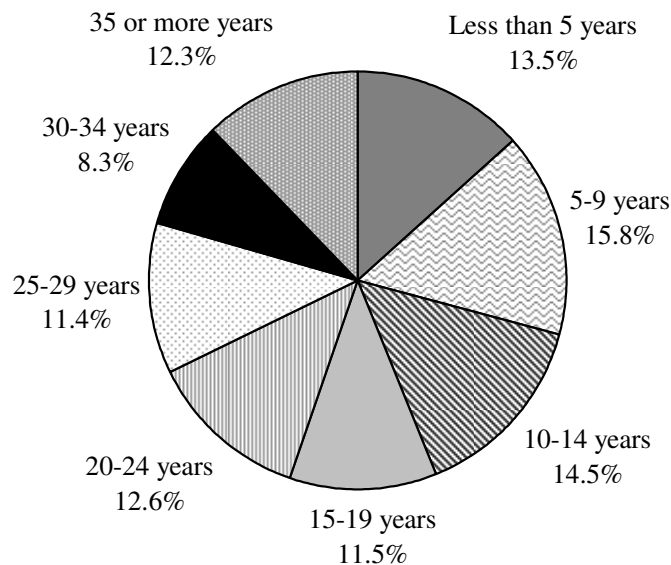
	<b>Employed in nursing</b>	<b>Not employed in nursing</b>
Northern counties	85.8%	14.2%
Sacramento	86.4%	13.6%
San Francisco Bay Area	87.6%	12.4%
Central Valley & Sierra	88.4%	11.6%
Central Coast	85.9%	14.1%
Los Angeles	86.0%	14.0%
Inland Empire	89.0%	11.0%
Border Counties	87.4%	12.6%
Outside California	85.3%	14.7%

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

Nursing competency is achieved through both education and experience. Figures 2.15 and 2.16 present the number of years of experience nurses report, excluding years during which they did not work in nursing. As seen in Figure 2.15, nearly 30 percent of California’s active nurses have fewer than 10 years of experience, and over half have fewer than 20 years of experience. The experience of nurses varies somewhat by the region of their residence, and is closely associated with the ages of nurses, as seen in Figure 2.16 and Table 2.18.

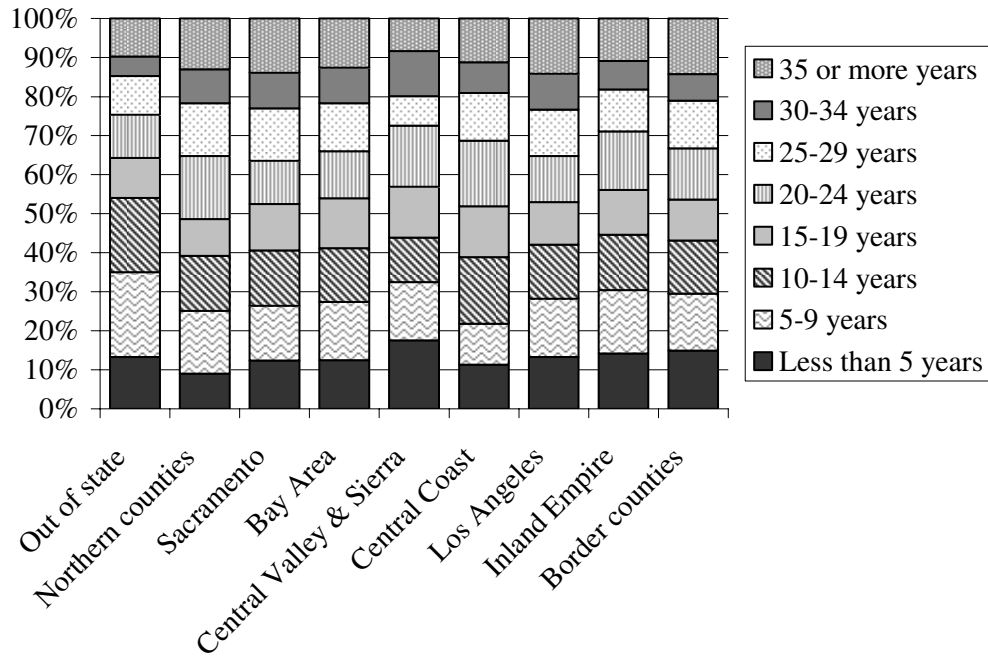
Demographics, education, and experience of nurses contribute to their decisions to work in or outside of nursing, and also affect their employment experiences. Chapter 3 of this report describes the population of nurses who are currently employed in nursing positions, and later chapters explore the situations of nurses who were not working in nursing when surveyed.

**Figure 2.15. Years of experience in nursing among the statewide population of RNs with active California licenses, 2006**



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

**Figure 2.16. Years of experience in nursing among RNs with active California licenses, by region, 2006**



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

**Table 2.18. Years of experience in nursing among RNs with active California licenses, by region, 2006**

	Out of state	Northern Counties	Sacramento	Bay Area	Central Valley/ Sierra	Central Coast	Los Angeles	Inland Empire	Border Counties
Less than 5 years	13.3%	9.0%	12.3%	12.5%	17.5%	11.3%	13.3%	14.2%	14.9%
5-9 years	21.7%	16.1%	14.1%	14.9%	15.0%	10.5%	14.8%	16.2%	14.6%
10-14 years	19.0%	14.1%	14.2%	13.8%	11.4%	17.0%	13.9%	14.2%	13.6%
15-19 years	10.3%	9.4%	11.9%	12.8%	13.0%	13.1%	10.9%	11.5%	10.5%
20-24 years	11.1%	16.1%	11.2%	12.0%	15.6%	16.8%	11.7%	15.0%	13.1%
25-29 years	9.9%	13.6%	13.4%	12.4%	7.5%	12.2%	12.0%	10.7%	12.2%
30-34 years	5.0%	8.7%	9.1%	9.1%	11.6%	8.0%	9.2%	7.4%	6.8%
35 or more years	9.8%	13.0%	13.9%	12.6%	8.3%	11.1%	14.2%	10.8%	14.3%

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

## Chapter 3. Profile of Working Registered Nurses with Active California Licenses

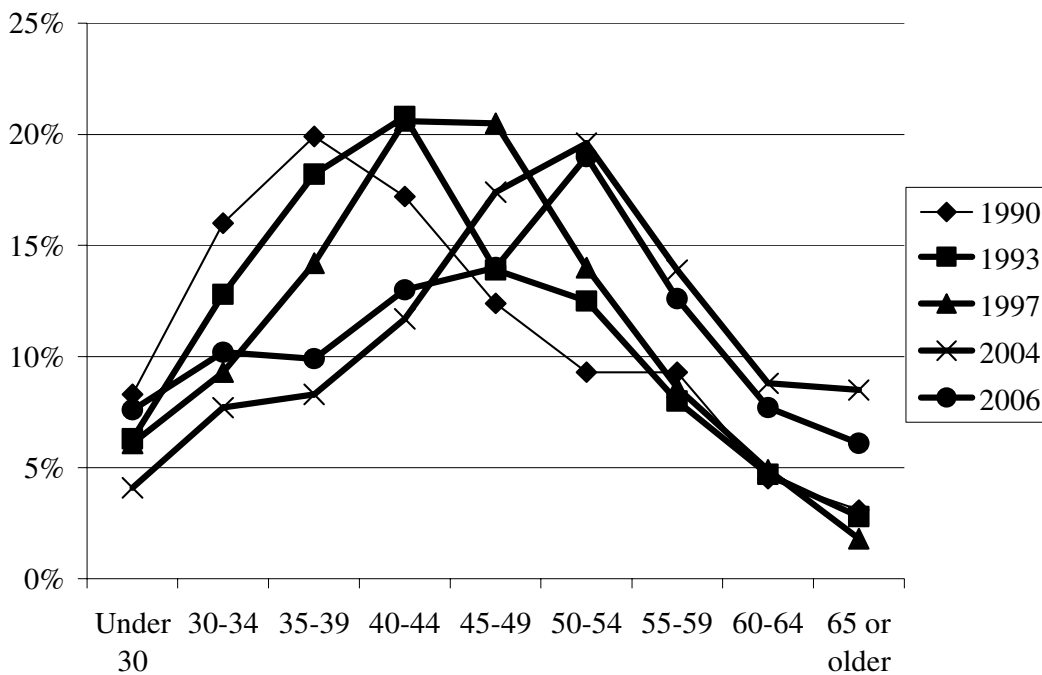
### Introduction

The 2004 and 2006 Surveys of Registered Nurses included nurses with California licenses who lived both in California and in other states, but the 1990, 1993, and 1997 were limited to nurses with California addresses. The analyses presented in this chapter are focused on nurses with California residences. One section of this chapter focuses on nurses who live outside California.

### Demographics of Working Registered Nurses

The average age of California's registered nursing workforce has increased in each survey period since 1990, until 2006. Figure 3.1 depicts the age distribution of nurses who were working and residing in California for each survey year. In 1990, the largest share of nurses was 35 to 39 years; in 1993, the largest share of RNs was 40 to 44 years; in 1997, the peak was at 40 to 49 years; in 2004, the largest share was 50 to 54; and in 2006, the largest share of RNs remained 50 to 54 years old. These increases in the age of the largest share of RNs matches the gap between surveys. For example, in 1990, the largest share of RNs were 35 to 39 years old; by 1993, these nurses had aged three years and the age group with the largest share of nurses changed to 40 to 44 years old. There was no change in the age group with the largest number of nurses between 2004 and 2006; this may be because there has not been a long enough time for many nurses to shift into a higher 5-year age group.

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



Note: 2006 data are weighted to represent all RNs with active licenses.

**Table 3.1. Age distribution of currently working registered nurses residing in California, by survey year**

Age Groups	1990	1993	1997	2004	2006
Under 30	8.3%	6.3%	6.1%	4.1%	7.6%
30-34	16.0%	12.8%	9.3%	7.7%	10.2%
35-39	19.9%	18.2%	14.2%	8.3%	9.9%
40-44	17.2%	20.8%	20.6%	11.7%	13.0%
45-49	12.4%	13.9%	20.5%	17.4%	14.0%
50-54	9.3%	12.5%	14.0%	19.6%	19.0%
55-59	9.3%	8.0%	8.6%	13.9%	12.6%
60-64	4.5%	4.7%	4.9%	8.8%	7.7%
65 or older	3.1%	2.8%	1.8%	8.5%	6.1%
Mean age of RNs working in nursing	42.9	43.6	44.6	47.6	47.1
Number of Cases	2,226	2,192	2,451	3,020	3,732

Note: Columns might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

In most professions, the age distribution is relatively constant over time, as younger entrants to the profession replace older, retiring professionals. Between 1990 and 2006, this pattern has not been apparent in nursing for two probable reasons. First, there was tremendous growth in the number of nurses through the 1980s; until that time, there were many new entrants to the field. By the 1990s, growth in the number of new graduates had tapered, and decline was observed in some states. Thus, there was not a sufficient influx of nurses to maintain the population size of the younger age groups. Second, the average age of new RN graduates in California has increased since the 1970s, as seen in Table 2.7. New entrants to the profession are not in the youngest age groups, as is typical in other professions. Consequently, the average age of working RNs has risen from 42.9 years in 1990 to 47.6 years in 2004, dropping to 47.1 years in 2006 (Table 3.1).

Nurses have historically been predominantly female, and this continues to be true for working RNs in 2006, as seen in Table 3.2. Nearly 90 percent of California's working RNs who reside in the state are female, and 10 percent are male. There has been nearly a doubling of the share of working nurses who are male since 1990; in that year, only 5.4 percent of nurses were men.

**Table 3.2. Gender of currently working registered nurses residing in California, by survey year**

	1990	1993	1997	2004	2006
Male	5.4%	5.8%	7.4%	7.4%	10.5%
Female	94.6%	94.2%	92.6%	92.6%	89.5%
Number of Cases	2,214	2,200	2,472	2,934	3,716

Note: Columns might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

The majority of California's working RNs are white, as seen in Figure 3.2. Since the 1990s, there has been a steady decline in the share of white RNs, as the number of nurses from other racial and ethnic

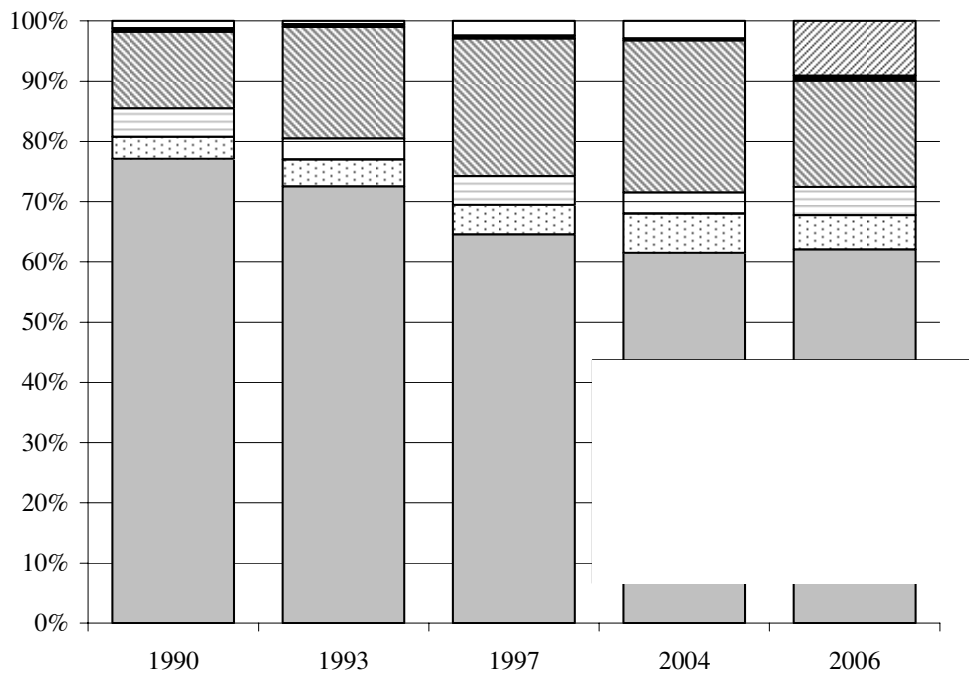
groups has increased. Filipinos make up the next largest ethnic group of nurses, accounting for 18 percent of working RNs in 2006. In 1990, white nurses comprised 77 percent of the workforce (Table 3.3), and in 2006 white RNs made up only 62 percent. The share of Hispanic nurses has risen from 3.7 to 5.7 percent. The shares of Black/African-American, Native American, and Pacific Islander nurses have remained stable from 1990 through 2006.

Working registered nurses who live in California speak a variety of languages other than English, as seen in Table 3.4. Tagalog and Spanish are the two most commonly spoken languages other than English. It is not surprising that Tagalog is the most common foreign language, with 15.8 percent of nursing speaking this language, since a 17.7 percent of working RNs are Filipino. Eleven percent of working RNs speak Spanish.

The majority of California’s working RNs are married, as seen in Table 3.5. Over two-thirds were married in 2006, and this share has been stable since 1990. In 2006, about 13 percent of working RNs has never been married, and 17 percent were separated or divorced. Only 4 percent reported being widowed.

A large share of California’s working RN population has children living at home, although the proportion with children has declined since 1990 (Table 3.6). In 1997, only 38 percent of RNs had no children living at home, but in 2006, 53 percent had no children at home. There also has been a change in the ages of children living at home, as seen in Table 3.7. Between 2004 and 2006, the share of nurses with children 5 years and younger increased, while the share with children between 6 and 18 years declined. There was an increase in the share with adult children living at home between 2004 and 2006.

**Figure 3.2. Ethnic distribution of currently working nurses residing in California, by survey year**



Note: 2006 data are weighted to represent all RNs with active licenses.

**Table 3.3. Racial/ethnic backgrounds of currently working registered nurses residing in California, by survey year**

Racial/Ethnic backgrounds	1990	1993	1997	2004	2006
White, not Hispanic	77.2%	72.6%	64.5%	61.5%	62.0%
Hispanic	3.7%	4.5%	4.9%		5.7%
Hispanic or Latino of Mexican descent	*	*	*	5.3%	
Other Hispanic	*	*	*	1.2%	
Black/African American	4.7%	3.5%	4.8%	3.5%	4.6%
Asian, Southeast Asian or Pacific Islander	12.7%	*	*		
Filipino	*	13.4%	15.9%	18.2%	17.7%
Asian Indian	*	0.4%	1.2%	1.0%	0.8%
Other Asian	*	4.4%	5.5%	5.9%	5.8%
Pacific Islander	*	0.3%	0.2%	0.2%	0.2%
Native American Indian/American Eskimo	0.6%	0.5%	0.5%	0.3%	0.8%
Mixed	*	*	*	1.6%	2.3%
Other	1.2%	0.5%	2.4%	1.3%	0.3%
Number of Cases	2,251	2,179	2,458	2,948	3,712

\* Racial/ethnic group was not included in the choices in that survey year.

Note: Columns might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

**Table 3.4. Languages spoken by California's working registered nurses residing in California, 2006**

	Working RNs
Tagalog	15.8%
Spanish	11.1%
Mandarin	1.4%
Korean	1.1%
Hindi	0.7%
Cantonese	0.8%
Vietnamese	0.6%
Other	8.1%

Notes: Respondents could report fluency in multiple languages, so columns will not add to 100%. Data are weighted to represent all RNs with active licenses.



**Table 3.5. Current marital status of currently working registered nurses residing in California, by survey year**

	1990	1993	1997	2004	2006
Never married	16.2%	12.2%	13.5%	12.3%	12.6%
Married	64.9%	66.4%	66.5%	68.2%	66.9%
Separated or divorced	16.3%	18.4%	17.6%	17.0%	16.7%
Widowed	2.7%	3.0%	2.4%	2.6%	3.8%
Number of Cases	2,229	2,197	2,463	2,946	3,719

Note: Columns might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

**Table 3.6. Number of children living in the homes of currently working registered nurses residing in California, by survey year**

	1990	1993	1997	2004	2006
None	40.0%	38.1%	38.2%	45.7%	53.1%
One	25.2%	24.7%	22.9%	20.1%	18.4%
Two	23.3%	25.1%	26.3%	23.4%	20.0%
Three	9.0%	9.5%	9.7%	8.1%	6.4%
Four or more	2.5%	2.6%	2.9%	2.7%	2.1%
Mean Number of Children	1.1	1.2	1.2	1.0	0.9
Number of Cases	2,014	2,050	2,297	2,933	3,406

Note: Columns might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

**Table 3.7. Percent of nurses with children living at home who have children in specified age groups, for currently working registered nurses residing in California, 2004 and 2006**

Ages of children	2004	2006
Birth to 2 years	13.0%	16.9%
3-5 years	14.2%	16.8%
6-12 years	34.2%	32.8%
13-18 years	39.2%	33.1%
Over 18	33.9%	38.3%

Notes: Some nurses have children in more than one age group, so columns will not total 100%. Therefore, total percentage is not reported. 2006 data are weighted to represent all RNs with active licenses.

Registered nurses with active California licenses were asked if there were other people (spouse, parents, grandchildren, friends) who were dependent on them for care. The percentage who answered “yes” increased from 15 percent in 1990 to 26 percent in 2006 (Table 3.8). Most of the nurses with other dependents said they had one or two people dependent on them for care (Table 3.9).

**Table 3.8. Other people (spouse, parents, grandchildren, friends) dependent on currently working registered nurses residing in California for care, by survey year**

	1990	1993	1997	2004	2006
No	84.7%	81.2%	76.1%	74.3%	73.8%
Yes	15.3%	18.8%	23.9%	25.7%	26.2%
Number of Cases	2,209	2,163	2,312	2,939	3,692

Note: Columns might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

**Table 3.9. Number of other people (spouse, parents, grandchildren, friends) dependent on currently working registered nurses residing in California for care, 2004 and 2006**

	2004	2006
None	74.5%	73.9%
1	15.8%	16.2%
2	6.2%	5.3%
3	1.8%	1.7%
4 or more	1.7%	2.9%

Note: Columns might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

### ***Education and Licensure of California’s Working RNs***

Working RNs were asked to indicate the highest level of education they had completed *prior* to their basic pre-licensure nursing education. As seen in Table 3.10, the share of RNs who had completed a college degree prior to enrolling in their basic nursing education has grown each year from 1990 to 2006. The proportion of RNs who had an associate, baccalaureate, or master’s degree prior to their nursing education has increased from 31 percent in 1990 to 57 percent in 2006. Those with baccalaureate degrees prior to their nursing education increased from 11 percent in 1990 to 25 percent in 2004. This trend indicates that there are increasing numbers of nursing students who may be entering nursing as a second career. This finding is consistent with the increase in the average age at which California’s RNs completed their basic pre-licensure education, from 25.4 years in 1990 to 27.1 years in 2006 (Table 3.11). These findings have implications for outreach efforts for recruiting new RNs, as well as for the growth in demand for master’s entry level nursing programs, which are designed for individuals having non-nursing baccalaureate degrees who wish to become RNs.

As discussed in Chapter 2, pre-licensure education in California no longer includes Diploma programs. As a result, the share of working RNs reporting their basic RN education program as a diploma has been decreasing steadily. As seen in Table 3.12 and Figure 3.3, 32 percent of RNs had received their pre-licensure education in a diploma program in 1990; this share decreased to 16 percent in 2006. Simultaneously, the shares of RNs whose pre-licensure education was in associate degree and baccalaureate degree programs has increased. More than a third of California’s working RNs entered the profession with a baccalaureate of science in nursing.

**Table 3.10. Highest levels of education completed *prior to* basic nursing education by currently working registered nurses residing in California, by survey year**

	1990	1993	1997	2004	2006
Less than a High School Diploma	0.6%	0.5%	0.8%	0.3%	0.4%
High School Diploma	69.0%	62.9%	57.4%	56.4%	43.2%
Associate Degree	18.6%	22.7%	22.4%	24.5%	27.0%
Baccalaureate Degree	11.0%	13.2%	17.6%	16.6%	25.0%
Master's Degree	0.7%	0.6%	1.6%	2.1%	3.9%
Doctoral Degree	0.1%	0.0%	0.3%	0.2%	0.5%
Number of Cases	2,237	2,197	2,455	2,939	3,692

Note: Columns might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

**Table 3.11. Average age of currently working registered nurses residing in California *at the time of graduation* from their pre-licensure education, by survey year**

	1990	1993	1997	2004	2006
Mean	25.4	26.0	26.3	26.9	27.1
Standard Deviation	6.7	6.9	6.8	7.1	*
Number of Cases	2,665	2,435	2,854	2,852	3,624

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

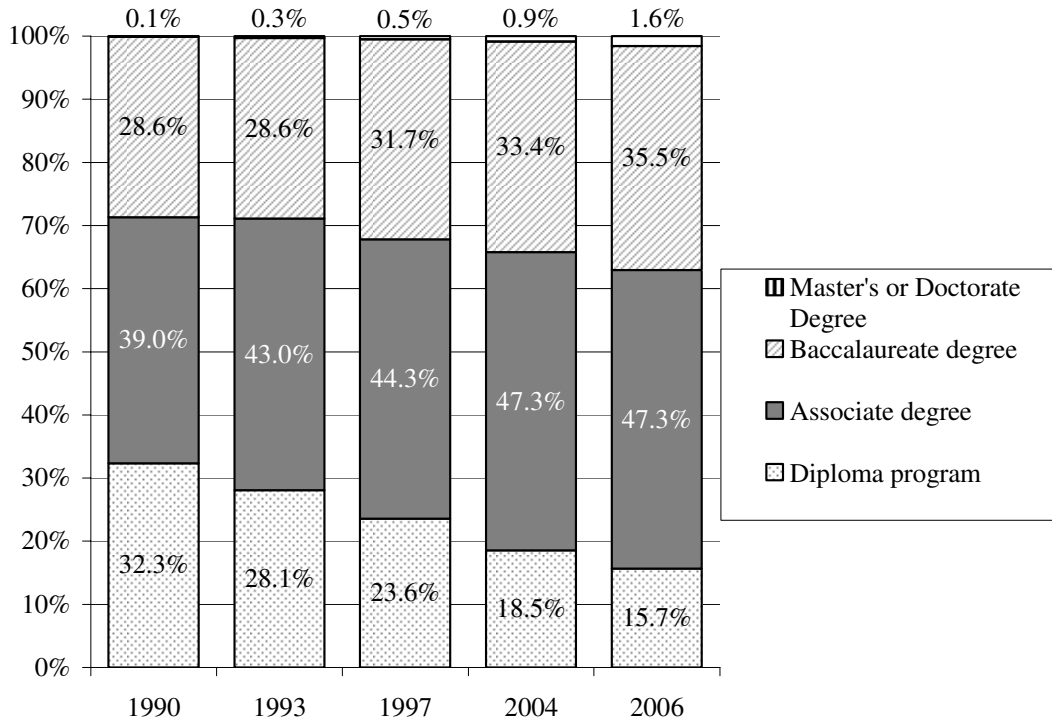
Note: 2006 data are weighted to represent all RNs with active licenses.

**Table 3.12. Types of programs from which currently working registered nurses residing in California received their basic pre-licensure nursing education, by survey year**

	1990	1993	1997	2004	2006
Diploma program	32.3%	28.1%	23.6%	18.5%	15.7%
Associate degree	39.0%	43.0%	44.3%	47.3%	47.3%
Baccalaureate degree	28.6%	28.6%	31.7%	33.4%	35.5%
Master's or Doctorate Degree	0.1%	0.3%	0.5%	0.9%	1.6%
Number of Cases	2,229	2,196	2,440	2,935	3,677

Note: Columns might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

**Figure 3.3. Basic pre-licensure education of currently working RNs residing in California, by survey year**



Note: 2006 data are weighted to represent all RNs with active licenses.

Table 3.13 summarizes the years in which currently working RNs graduated from their initial nursing education program for 2004 and 2006. Between 2004 and 2006, there was a decline in the share of nurses who had graduated prior to 1980, and an increase in the share who had graduated since then. This change likely reflects the retirements of nurses who graduated 25 or more years ago.

**Table 3.13. Years that currently working registered nurses residing in California graduated from their pre-licensure education programs, 2004 and 2006**

	2004	2006
Before 1960	2.0%	1.6%
1960-1969	11.3%	7.4%
1970-1979	23.6%	20.6%
1980-1989	23.4%	25.7%
1990-1997	18.8%	20.9%
1998 or later	21.0%	23.9%
Number of Cases	2,860	3,732

Note: 2006 data are weighted to represent all RNs with active licenses. The 2004 survey noted a comparatively low response rate among younger nurses, but did not correct for this using poststratification weights. This could explain the large difference between 2004 and 2006.

Most of California's working RNs received their basic nursing education in California, as seen in Table 3.14. Nearly 26 percent were educated in other states and 18 percent are international graduates. The share of working California RNs who were initially educated overseas has increased from 13 percent in 1990 to 18 percent in 2006, while the share educated in other states has declined from 33 percent in 1990 to 26 percent in 2006.

**Table 3.14. Locations where currently working registered nurses residing in California received basic nursing education, by survey year**

	1990	1993	1997	2004	2006
California	53.3%	53.2%	55.1%	58.3%	56.7%
Other States	33.3%	30.4%	24.0%	22.2%	25.6%
International	13.0%	16.3%	20.9%	19.4%	17.8%
Total	2,240	2,201	2,366	2,894	3,732

Note: Columns might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

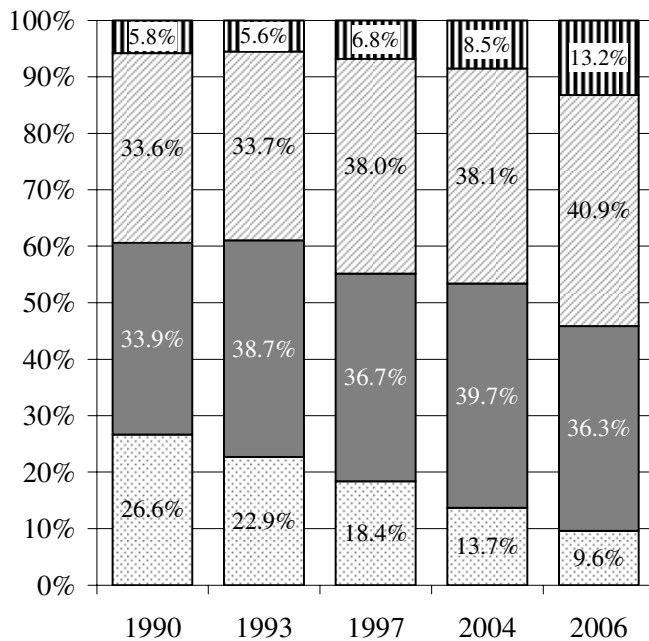
Many of California's working registered nurses have furthered their education, obtaining degrees beyond those received for initial licensure. Table 3.15 and Figure 3.4 present the highest level of nursing education for working RNs who reside in California. As with pre-licensure education, the share whose highest education is a diploma has dropped over time; from 27 percent in 1990 to 10 percent in 2006. The share holding an Associate Degree in Nursing has remained relatively stable since the early 1990s, averaging around 36 percent. More working California nurses now hold baccalaureate and graduate degrees in nursing than in the past. In 1990, only 6 percent of working RNs had a graduate degree; by 2006 this share had more than doubled to 13 percent.

**Table 3.15. Highest level of nursing education held by currently working registered nurses residing in California, by survey year**

Highest Level of Education	1990	1993	1997	2004	2006
Diploma program	26.6%	22.9%	18.4%	13.7%	9.6%
Associate degree	33.9%	38.7%	36.7%	39.7%	36.3%
Baccalaureate degree	33.6%	33.7%	38.0%	38.1%	40.9%
Master's or Doctorate Degree	5.8%	5.6%	6.8%	8.5%	13.2%
Number of Cases	2,229	2,196	2,440	2,945	3,677

Note: Columns might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

**Figure 3.4. Highest nursing degree earned by currently working registered nurses residing in California, by survey year**



Note: 2006 data are weighted to represent all RNs with active licenses.

Table 3.16 provides more detail about the trend toward higher education levels among California’s working RNs. Each column of the table presents the highest education level of RNs for a particular type of basic nursing education. The first column presents the education attainment of nurses whose pre-licensure education was in a diploma program. In the 1990 survey, 82 percent of diploma graduates had not obtained additional nursing degrees, but 14 percent had baccalaureate degrees and 3 percent had graduate degrees. By 2006, many more diploma graduates had obtained additional nursing education; only 61 percent had not. The share of nurses whose initial education was an associate degree in nursing who obtained additional degrees also has risen, from 13 percent in 1990 to 26 percent in 2006. The same pattern is observed for nurses who entered the profession with a BSN. In 2006, 18 percent of BSN graduates had obtained a graduate degree in nursing, compared with 14 percent in 1990.

Nurses can specialize in a variety of fields, and obtain certification to demonstrate advanced practice or specialized knowledge. Table 3.17 presents information about the certifications received from the California Board of Registered Nursing in various specializations. The share of RNs who have such certification has risen over time; in 1993, 84 percent of working RNs reported they had no additional certifications, but by 2006 24 percent had some type of certification. The share of working RNs with a Nurse Practitioner certification has nearly doubled, from 3.5 percent in 1990 to 6.6 percent in 2006. There also has been growth in Public Health Nursing and Psychiatric/Mental Health Nursing. The growth in the share of working RNs with Public Health certification is probably related to the growth in the share of nurses obtaining bachelor’s degrees in nursing, since BSN programs in California provide the coursework required to obtain this certification. The share of nurses who had certification as clinical nurse specialists declined between 2004 and 2006, although this small change may reflect differences in the survey samples rather than the population of California nurses as a whole.

**Table 3.16. Additional nursing degrees earned since initial licensure by currently working registered nurses residing in California, by basic nursing education, by survey year**

	Basic Nursing Program		
	Diploma program	Associate degree	Baccalaureate degree
<b>1990 Survey</b>			
Diploma program	82.4%	-----	-----
Associate degree	0.0%	87.0%	-----
Baccalaureate degree	14.3%	11.4%	86.0%
Master's or Doctorate Degree	3.3%	1.6%	14.0%
<b>Number of Cases</b>	<b>721</b>	<b>869</b>	<b>637</b>
<b>1993 Survey</b>			
Diploma program	81.4%	-----	-----
Associate degree	0.3%	87.6%	-----
Baccalaureate degree	13.5%	10.2%	89.6%
Master's or Doctorate Degree	4.9%	2.2%	10.4%
<b>Number of Cases</b>	<b>617</b>	<b>945</b>	<b>627</b>
<b>1997 Survey</b>			
Diploma program	77.9%	-----	-----
Associate degree	1.4%	82.2%	-----
Baccalaureate degree	14.4%	14.4%	89.0%
Master's or Doctorate Degree	6.3%	3.3%	11.0%
<b>Number of Cases</b>	<b>575</b>	<b>1,080</b>	<b>774</b>
<b>2004 Survey</b>			
Diploma program	65.9%	-----	-----
Associate degree	5.3%	78.1%	-----
Baccalaureate degree	21.3%	15.5%	83.8%
Master's or Doctorate Degree	7.5%	6.4%	16.2%
<b>Number of Cases</b>	<b>414</b>	<b>1147</b>	<b>755</b>
<b>2006 Survey</b>			
Diploma program	61.0%	-----	-----
Associate degree	8.8%	74.0%	-----
Baccalaureate degree	20.2%	17.4%	81.4%
Master's or Doctorate Degree	10.1%	8.6%	18.6%
<b>Number of Cases</b>	<b>606</b>	<b>1,761</b>	<b>1,275</b>

Note: 2006 data are weighted to represent all RNs with active licenses.

**Table 3.17. Certifications received from the California Board of Registered Nursing by currently working registered nurses residing in California, by survey year**

	1993	1997	2004	2006
No additional certifications	83.6%	79.0%	75.6%	76.3%
Nurse Anesthetist	0.9%	0.5%	0.3%	0.6%
Nurse Midwife	1.2%	1.5%	0.2%	2.0%
Nurse Midwife with Furnishing Number	0.4%	0.1%	0.0%	*
Nurse Practitioner	2.2%	3.2%	1.5%	6.6%
Nurse Practitioner with Furnishing Number	1.3%	2.4%	2.3%	*
Public Health Nurse	11.1%	14.1%	15.7%	15.5%
Psychiatric/Mental Health Nurse	2.2%	2.2%	1.0%	3.4%
Clinical Nurse Specialist	*	*	3.4%	2.8%
Number of Cases	2,212	2,489	2,698	3,282

\* Item was not requested in the survey year.

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

The majority of California's working nurses received their first nursing license in California, as seen in Table 3.18. This share has risen since 1990, from 57 percent to 62 percent. There also has been growth in the share whose first licenses were obtained in other countries, from 11 percent in 1990 to 16 percent in 2006. Many California nurses maintain licenses in other states. Table 3.19 presents the share of working nurses who reside in California who have a nursing license in at least one other state. In 2006, 19 percent had at least one other license; this share increased in 13 percent in 1990.

**Table 3.18. Locations where currently working registered nurses residing in California received initial licensure, by survey year**

	1990	1993	1997	2004	2006
California	57.4%	56.9%	60.0%	63.6%	62.0%
Other States	31.5%	29.2%	23.6%	20.7%	21.7%
International	11.1%	13.9%	16.3%	15.7%	16.3%

Note: Columns might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

**Table 3.19. Percentage of currently working registered nurses residing in California who also hold a nursing license in another state, by survey year**

	1990	1993	1997	2004	2006
No	86.6%	82.8%	85.3%	87.0%	80.6%
Yes	13.4%	17.2%	14.7%	13.0%	19.4%
Number of Cases	2,251	2,194	2,468	2,906	3,699

Note: Columns might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

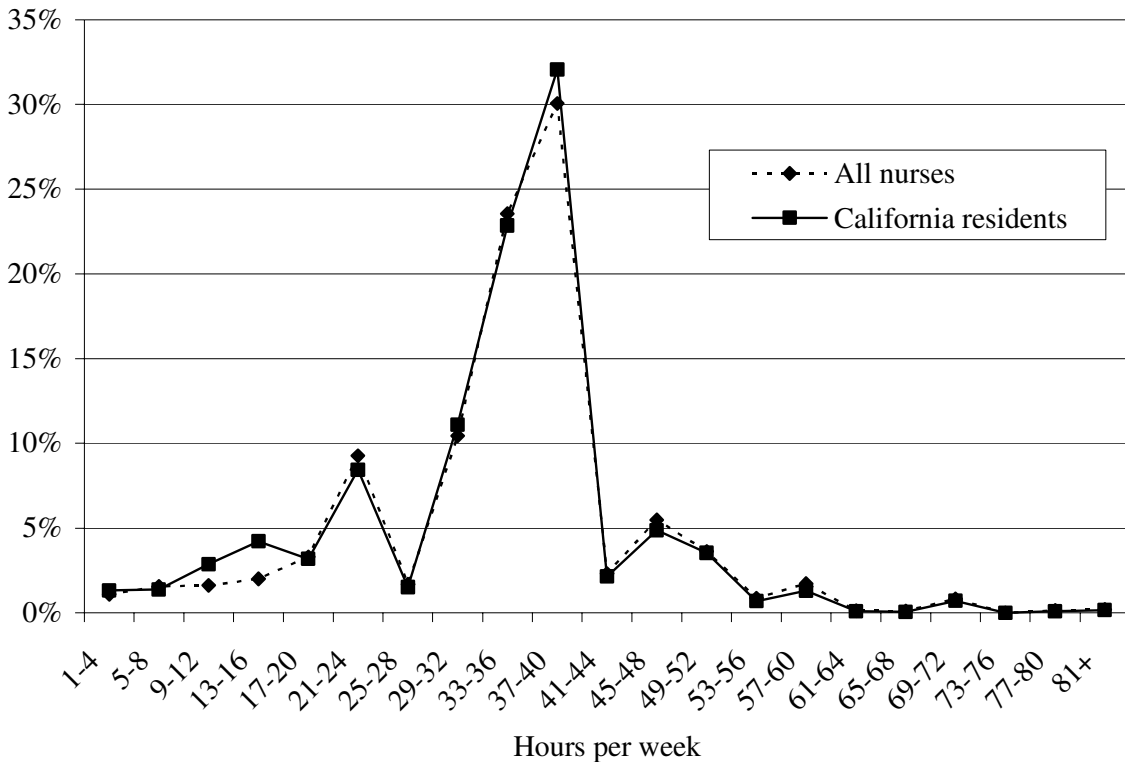


**How Much Do RNs Work?**

As discussed in Chapter 2, a high share of registered nurses working in the nursing field. The number of hours of work provided by these nurses also is high. Figure 3.5 presents the distribution of hours worked in a “normal” week for all nurses holding California licenses and working in nursing, and for those residing in California (not other states). Nearly half of working RNs who reside in California work more than 36 hours per week; the most common workweek contains between 37 and 40 hours. The average number of hours worked per week has remained stable over time, as seen in Table 3.20. In, the average number of hours worked per week was 36.1; in 2006 it was 35.2. This decrease is within the range of the survey error, so it should not be interpreted as representing a trend. Table 3.21 presents the shares of nurses working full-time versus part-time, and average number of hours per week worked by these groups. The share of California resident RNs who worked full-time rose from 59 percent in 2004 to 62 percent in 2006, with the average numbers of hours per week being 41.8 in 2004 and 40.9 in 2006. The share of RNs working part-time dropped during this time period, while the number of hours per week worked by part-time nurses remained stable.

Nurses were asked to report the number of hours per day they usually work; these data are presented in Table 3.22. Nearly 35 percent of working RNs residing in California normally work 12-hour shifts, and about 43 percent work 8-hour shifts. The dramatic change in shift lengths found in 2004 is suggestive of a survey scanning problem and should be interpreted with caution.

**Figure 3.5. Distribution of hours per week worked by nurses, for all nurses and California residents, 2006**



Note: 2006 data are weighted to represent all RNs with active licenses.

**Table 3.20. Number of *hours per week* usually worked by registered nurses residing in California, by survey year**

	1990	1993	1997	2004	2006
Mean in hours	36.1	36.3	36.3	35.6	35.2
Standard deviation	12.9	12.3	11.0	11.9	*
Number of cases	2,251	2,212	2,470	3,064	3,510

\*A standard deviation computation was not feasible with the weighting scheme used with the 2006 data.  
Note: 2006 data are weighted to represent all RNs with active licenses.

**Table 3.21. Number of *hours per week* usually worked by registered nurses residing in California, 2004 and 2006**

	2004	2006
Working full-time (more than 32 hours per week)	58.8%	61.9%
Mean hours per week	41.8	40.9
Working part-time (32 hours or less per week)	28.7%	24.8%
Mean hours per week	22.8	22.4
Not working	12.5%	13.3%

Note: 2006 data are weighted to represent all RNs with active licenses.

**Table 3.22. Number of *hours per day* usually worked by registered nurses residing in California, 1997, 2004, and 2006**

	1997	2004	2006
Under 5 hours	2.5%	2.0%	1.7%
5-7.5 hours	6.8%	4.7%	4.0%
8 hours	45.0%	0.3%	42.8%
8.5-11.5 hours	18.6%	57.9%	15.3%
12 hours	24.4%	31.4%	34.7%
More than 12 hours	2.6%	3.8%	1.6%
Mean Number of Hours	9.1	10.3	9.6
Standard Deviation	2.3	1.9	*
Number of Cases	2,433	3,038	3,109

\*A standard deviation computation was not feasible with the weighting scheme used with the 2006 data.  
Note: This question was not asked in 1990 or 1993. Columns might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

In 2006, survey respondents were asked to report the number of hours of overtime “normally” worked per week. This question was different from that of the 2004 survey, which asked about “mandatory overtime.” The 1997 survey used different wording as well, specifying “without advance notice.” The 1997 and 2006 survey questions are similar, so we focus on comparing these years. The data from these surveys for working RNs residing in California are presented in Table 3.23. The share of RNs who work overtime dropped between 1997 and 2006, from 63 percent to 49 percent. This change is matched by a decrease in the share of RNs working less than 4 hours per week of overtime. However, there has been an increase in the percent of RNs working more than 8 hours of overtime per week since 1997, from 6.4 percent to 13.4 percent in 2006.

Most working RNs are employed the full year, as seen in Table 3.24. This table presents the number of weeks worked per year for both California resident RNs and non-residents. Eighty-six percent of California residents work a “full year” job, defined as at least 46 weeks of work per year (up to 6 weeks of vacation would be possible). Another 7.7 percent work 9 to 10 months of the year, and only 4.6 percent work less than 9 months per year. The share of out-of-state residents that works less than a full year is higher than for California residents.

**Table 3.23. Number of overtime hours per week worked by registered nurses residing in California, 2004 and 2006**

	1997 overtime without advance notice	2004: mandatory overtime	2006: any overtime
None or less than one hour	36.6%	64.0%	50.9%
1-2.5 hours	31.3%	6.7%	14.6%
3-4 hours	15.1%	4.8%	10.6%
5-6 hours	6.7%	1.6%	6.4%
7-8 hours	4.0%	3.0%	4.1%
More than 8 hours	6.4%	19.9%	13.4%
Number of Cases	2,309	3,095	3,313

Note: Columns might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

**Table 3.24. Number of weeks per year registered nurses work as a registered nurse, California residents and non-residents, 2006**

	California residents	Non-California residents
46-52 weeks per year	86.3%	79.5%
36-45 weeks per year	7.7%	12.2%
Less than 36 weeks per year	4.6%	6.3%

Note: Columns might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

### *Nurses' Principal Nursing Positions*

Nurses were asked to provide information about their principal nursing position, which is the RN position in which they spend most of their working time. Information about other positions was requested separately. We first discuss nurses' principal nursing positions.

Table 3.25 presents the type of employment arrangement for nurses' principal nursing positions, by residence. This was a new question in the 2006 survey. Over 95 percent of working RNs residing in California are regular employees in their principal positions. Only 2.6 percent is employed through temporary agencies, and 1.8 percent is self-employed. In contrast, nearly 27 percent of non-California RNs who have active California licenses and are employed hold their primary positions through temporary service agencies. These data indicate that a substantial fraction of RNs residing outside California and hold California licenses may work in California on a traveling basis.

The job titles that best describe nurses' principal nursing position are presented in Table 3.26. Most RNs report that they are staff nurses or direct patient care providers; the share has ranged between 60 and 63 percent in every survey year except 2004. In 2004, nurses were not given the option of reporting that they were a "staff nurse," as in previous years, instead being asked if they were a "direct patient care provider". Many nurses thus selected "other" and wrote that they were staff nurses. This explains the lower share of nurses identified as staff nurses in 2004, and the correspondingly higher share of "other" titles. In 2006, the survey specified the job title as "staff nurse/direct care nurse," solving this problem. The share of RNs in management positions has been stable over time, ranging from 14 to 17 percent. There has been an increase in the shares who are nurse practitioners (2.2 % in 1990; 4.7% in 2006) and educators in academic settings (1.2% in 1990, 2.3% in 2006).

Hospitals are the dominant employers of RNs, as seen in Table 3.27. In 2006, 63 percent of RNs reported that they worked in some department of a hospital; this share has been fairly stable since 1993. The percent of RNs who work in nursing homes, extended care, or skilled nursing facilities has dropped, from 5.6 percent in 1990 to 2.3 percent in 2006. Other common workplaces of RNs residing in California include ambulatory care settings, such as clinics and outpatient surgery centers (6.3%), universities and colleges (3.3%), home health agencies (3.0%), public health agencies (2.5%), and forensic settings such as prisons (2.0%).

Nurses work in a variety of clinical areas, as seen in Table 3.28. Medical-surgical nursing is reported by the greatest share of RNs who live in California, with 17 percent working in this area. Other common areas include critical care (11.8%), perioperative care (9.1%), obstetrics/gynecology (6.9%), emergency (6.4%), pediatrics (4.5%), and neonatal (4.1%). There has been a trend toward a smaller share of RNs working in critical care, while the share in perioperative services has increased slightly.

**Table 3.25. Employment status in *principal* nursing positions for currently working RNs, California residents and non-residents, 2006**

	<b>California residents</b>	<b>Non-California residents</b>
Regular employee	95.6%	71.4%
Employed through a temporary service agency	2.6%	26.9%
Self-employed	1.8%	1.7%

Note: Columns might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

**Table 3.26. Job title that best describes the *principal* nursing position of working registered nurses residing in California, by survey year**

	1990	1993	1997	2004	2006
Direct patient care provider/staff nurse	62.6%	59.5%	62.1%	53.3%	61.2%
Senior management, any setting	*	*	*	*	1.0%
Senior management, service setting	4.0%	3.5%	4.6%	1.7%	
Middle management, any setting	*	*	*	*	7.7%
Middle management, service setting	12.5%	14.5%	11.4%	6.3%	
Front-line management	*	*	*	11.1%	5.9%
Clinical Nurse Specialist	3.2%	3.2%	3.1%	2.3%	1.6%
Certified Registered Nurse Anesthetist	0.5%	0.5%	0.3%	0.4%	0.4%
Certified Nurse Midwife	0.4%	0.2%	0.1%	0.2%	0.2%
Nurse Practitioner	2.2%	1.8%	3.2%	3.6%	4.7%
Educator, service setting/clinical nurse educator	1.7%	2.0%	0.9%	2.0%	1.7%
Management/Administration, academic setting	0.7%	0.2%	0.3%	0.1%	*
Educator, academic setting	1.2%	1.3%	1.0%	1.0%	2.5%
School Nurse	2.0%	1.2%	2.0%	1.9%	1.8%
Public Health Nurse	2.2%	2.2%	1.5%	1.7%	1.9%
Patient care coordinator/case manager/discharge planner	*	*	*	*	3.9%
Discharge Planner	*	*	*	0.1%	*
Case Manager	2.7%	4.5%	5.6%	3.9%	*
Utilization Review	*	*	*	0.7%	1.0%
Infection Control Nurse	*	*	*	*	0.3%
Quality Improvement Nurse	*	*	*	*	0.7%
Occupational Health Nurse	*	*	*	*	0.3%
Telenursing	*	*	*	*	0.7%
Consultant	0.8%	0.9%	1.1%	0.7%	*
Researcher	0.2%	0.8%	0.4%	0.6%	*
Other	3.1%	3.3%	2.6%	8.3%	2.6%
Number of cases	2,227	2,190	2,375	2,925	3,675

\* Question was not asked in the survey year.

Note: Columns might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

**Table 3.27. Types of organizations in which registered nurses residing in California work the *most* hours each month, by survey year**

	1990	1993	1997	2004	2006
Acute hospital	67.9%	64.3%	60.2%	60.9%	
Hospital, acute care department	*	*	*	*	55.6%
Hospital, nursing home unit	*	*	*	*	0.5%
Hospital-based ambulatory care department	*	*	*	*	4.8%
Hospital-based ancillary department	*	*	*	*	1.8%
Skilled nursing/extended care facility	5.6%	5.1%	7.1%	4.4%	2.3%
University or college	*	*	*	*	3.3%
Academic nursing program	1.3%	1.5%	0.8%	0.9%	*
Student health service (college, university)	2.1%	1.6%	1.5%	0.3%	*
Public health department/community health agency	3.4%	2.5%	2.7%	2.1%	2.5%
Home health nursing agency	3.8%	5.9%	6.8%	3.3%	3.0%
Hospice	*	*	*	1.3%	1.7%
Ambulatory care setting	11.8%	10.9%	9.0%	8.3%	6.3%
Outpatient surgery center	*	*	*	2.5%	*
Dialysis	*	*	*	*	1.5%
Telenursing organization/distance disease management	*	*	*	0.6%	*
Occupational health/employee health	1.5%	0.8%	0.7%	0.3%	0.5%
School nursing (K-12)	*	*	*	1.7%	1.8%
Mental health	*	*	*	1.9%	3.7%
Drug and alcohol treatment	*	*	*	0.1%	0.1%
Mental health/drug and alcohol treatment	*	2.9%	1.8%	*	*
Insurance organization	*	0.0%	1.6%	1.5%	*
Forensic setting (correctional facility, prison, jail)	*	*	*	1.1%	2.0%
Government agency (local, state, federal)	*	*	*	2.7%	1.4%
Self employed	1.1%	0.7%	0.5%	0.8%	0.5%
Other	1.5%	3.8%	7.3%	5.4%	6.9%
Number of Cases	2,212	2,164	2,444	2,971	3,661

\* Question was not asked in the survey year.

Note: Columns might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

**Table 3.28. Clinical area in which working registered nurses residing in California *most frequently* provide care, for those who provide direct patient care, by survey year**

	1990	1993	1997	2004	2006
Medical/surgical	34.0%	31.0%	26.3%	16.0%	17.1%
Geriatrics	5.6%	6.5%	10.3%	4.1%	2.5%
Pediatrics	5.6%	4.5%	6.3%	4.9%	4.5%
Obstetrics/reproductive health	9.4%	10.1%	9.7%	8.2%	6.9%
Neonatal/newborn	*	*	*	4.3%	4.1%
Family practice/clinic	*	*	*	1.9%	1.3%
Assistive living	*	*	*	0.1%	*
Hospice	*	*	*	1.4%	1.7%
Home Health	*	*	*	3.2%	2.8%
School health (K-12 or postsecondary)	*	*	*	1.7%	2.3%
College/university health	*	*	*	*	*
School health (K-12)	*	*	*	*	*
Employee/occupational health	*	*	*	0.6%	*
Public health	7.7%	7.9%	3.7%	1.9%	1.8%
Psychiatric/mental health	5.8%	4.7%	3.9%	3.5%	6.0%
Drug/alcohol treatment	*	*	*	0.3%	*
Peri-operative/post-anesthesia/anesthesia	6.3%	7.2%	8.4%	7.8%	9.1%
Emergency/trauma/urgent care	5.4%	6.1%	5.8%	5.4%	6.4%
Cosmetic procedures	*	*	*	0.4%	*
Quality assurance/infection control	*	*	*	0.6%	*
Rehabilitation	*	*	*	1.8%	2.1%
Case management	*	*	*	3.0%	*
Critical care	15.9%	16.3%	17.1%	13.1%	11.8%
Corrections/forensic setting	*	*	*	*	1.4%
Step-down or transitional bed unit	*	*	*	*	2.4%
Dialysis	*	*	*	*	1.7%
Telemetry	*	*	*	*	*
Work in multiple areas, do not specialize	*	*	*	*	1.5%
Other	4.2%	5.8%	8.5%	15.4%	12.6%
Number of Cases	2,233	2,186	2,347	2,841	3,248

\* Question was not asked in the survey year.

Note: Columns might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

The job titles held by nurses vary by type of employer, as seen in Table 3.29. Each row of this table provides the shares of RNs in each job title for the employment setting. Over three-fourths of nurses working in hospital acute care departments are staff nurses, while 15 percent are in management. The mix is quite different in non-acute departments of hospitals. In these settings, 57 percent of RNs residing in California are staff nurses, while 15 percent are involved in case management, utilization review, and quality assurance. Another 13 percent are in management.

In skilled nursing and extended care facilities, most RNs are in management positions (54.3%), with only 34 percent working as staff nurses. The dominant job title of RNs who work in universities is “educator”, with 23 percent working in management. Similarly, the most common job title of nurses who work in public health settings is “public health nurse”, with management titles being held by 22 percent of RNs. Approximately half of nurses who work in home health, hospice, and ambulatory care settings are staff nurses. Many nurses working in ambulatory care settings are advanced practice nurses (20.5%), such as nurse practitioners and midwives. In the mental health setting, 42 percent are staff nurses, and 19 percent are advanced practice nurses. Finally, 65 percent of RNs who work in the forensic setting (prisons and jails) are staff nurses.

**Table 3.29. Job title that best describes the *principal* nursing position of working registered nurses residing in California, by work setting, 2006**

	Staff nurse	Management (any level)	Advanced practice nursing	Case manager, UR, QI	Other	Number of observations
Hospital, acute care department	75.3%	15.4%	3.1%	3.5%	2.6%	1,914
Hospital, non-acute care dept.	56.7%	12.9%	8.8%	14.9%	6.6%	288
Skilled nursing/extended care	33.8%	54.3%	5.2%	3.8%	2.9%	111
University or college	7.3%	22.6%	7.0%	0.0%	63.0%	90
Public health	8.5%	22.1%	10.1%	8.6%	50.7%	126
Home health nursing agency	49.0%	16.4%	3.8%	20.3%	10.5%	118
Hospice	53.0%	10.8%	0.0%	34.2%	2.0%	66
Ambulatory care setting	49.7%	16.3%	20.5%	6.4%	7.1%	284
School nursing (K-12)	0.8%	0.4%	4.1%	0.0%	94.7%	73
Mental health	42.4%	24.3%	18.8%	7.7%	6.8%	87
Forensic setting	64.8%	14.6%	8.9%	4.5%	7.2%	80

Notes: Work settings with fewer than 50 observations were excluded. Advanced practice nursing includes nurse practitioners, nurse midwives, clinical nurse specialists, and nurse anesthetists. Case manager, UR, QI includes case manager, patient care coordinator, discharge planner, utilization review, infection control, and quality improvement nurse. Most nurses in the “other” category for university/college settings are educators. Most nurses in the “other” category for public health settings are public health nurses. Most nurses in the “other” category for school nursing are school nurses. Columns might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.



Nurses with different education levels exhibit some differences in their work settings. Table 3.30 presents the work settings of RNs residing in California, by the highest nursing education received. Acute care departments of hospitals employ the majority of RNs with diplomas, associate degrees, and baccalaureate degrees, but a smaller share of nurses with master's degrees. Only 37 percent of nurses with a MSN work in hospital acute-care departments. Eighteen percent work in universities and colleges, most likely as educators, and 9 percent are in ambulatory care settings, most likely as advanced practice nurses. Nurses whose highest education level is a diploma are somewhat more likely to work in nursing homes than other RNs (5.2%), as well as ambulatory care settings (10%). The work settings of associate degree and baccalaureate degree RNs are similar.

Table 3.31 presents analogous information for nurses with specific certifications. Large shares of respondents with public health certifications reported working in acute-care departments in hospitals (41.6%), public health departments (8.3%), ambulatory care settings (7.1%), school nursing (6.6%), universities or colleges (6.5%), and home health agencies (6.2%). Nurse practitioners tend to work in ambulatory care settings (23.1%), acute care departments of hospitals (19.3%), hospital-based ambulatory care departments (16.4%), and public health agencies (6.9%). Clinical nurse specialists are most often employed in acute care departments of hospitals (54.5%), universities or colleges (7.1%), public health agencies (7.0%), and ambulatory care settings (5.0%).

**Table 3.30. Types of organizations in which registered nurses residing in California work the most hours each month, by highest level of nursing education, 2006**

	Diploma	AD	BSN	MSN
Hospital, acute care department	52.2%	57.8%	60.4%	37.3%
Hospital, nursing home unit	1.0%	0.4%	0.4%	0.2%
Hospital-based ambulatory care department	5.7%	4.2%	5.0%	4.7%
Hospital-based ancillary department	0.8%	1.6%	2.0%	2.0%
Skilled nursing/extended care facility	5.2%	1.8%	2.5%	0.8%
University or college	1.5%	0.5%	1.2%	18.0%
Public health department/community health agency	2.4%	1.6%	2.9%	3.5%
Home health nursing agency	3.5%	3.8%	3.3%	0.3%
Hospice	1.9%	1.9%	1.6%	1.2%
Ambulatory care setting	10.0%	5.8%	5.1%	9.3%
Dialysis	1.0%	1.4%	1.9%	0.4%
Occupational health/employee health	0.2%	0.5%	0.6%	0.5%
School nursing (K-12)	0.8%	0.5%	2.3%	4.3%
Mental health	2.7%	6.1%	1.2%	5.2%
Drug and alcohol treatment	0.0%	0.2%	0.1%	0.0%
Forensic setting (correctional facility, prison, jail)	1.3%	2.9%	1.1%	1.7%
Government agency (local, state, federal)	1.3%	1.1%	1.3%	2.1%
Self employed	1.4%	0.5%	0.5%	0.4%

Note: There are not enough doctoral nurses to tabulate their work settings. Columns might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

**Table 3.31. Types of organizations in which registered nurses residing in California work the most hours each month, by specialty certification, 2006**

	Public health nurse (certified)	Nurse Practitioner	Clinical nurse specialist
Hospital, acute care department	41.6%	19.3%	54.5%
Hospital, nursing home unit	0.4%	0.7%	0.0%
Hospital-based ambulatory care department	4.1%	16.4%	4.9%
Hospital-based ancillary department	3.4%	4.1%	3.2%
Skilled nursing/extended care facility	0.4%	1.9%	2.2%
University or college	6.5%	5.8%	7.1%
Public health department/community health agency	8.3%	6.9%	7.0%
Home health nursing agency	6.2%	<0.0%	1.8%
Hospice	2.7%	0.3%	<0.0%
Ambulatory care setting	7.1%	23.1%	5.0%
Dialysis	0.7%	<0.0%	1.3%
Occupational health/employee health	0.3%	0.3%	2.5%
School nursing (K-12)	6.6%	4.4%	3.4%
Mental health	0.5%	3.9%	2.2%
Drug and alcohol treatment	0.2%	0.2%	<0.0%
Forensic setting (correctional facility, prison, jail)	1.5%	3.5%	<0.0%
Government agency (local, state, federal)	1.8%	2.8%	2.5%
Self employed	1.1%	<0.0%	<0.8%

Note: Columns might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

### Tenure in primary nursing position

Every survey of registered nurses has asked how long the respondent has been employed with their current principal employer. The responses have consistently shown a tendency toward high job turnover, as seen in Table 3.32. The largest share of registered nurses who live in California has been with their current employer for less than five years (46.3%). The mean number of years nurses have worked with their current employer has increased somewhat over time, from 7 years in 1990 to 8.7 years in 2006.

Tenure with an employer varies by employment setting. Each row of Table 3.33 presents the job tenure of nurses in that setting. Non-acute care departments of hospitals have the highest share of nurses employed for 15 or more years, with 30.5 percent of RNs in this setting reporting such a long tenure. Acute-care hospital departments also have a relatively high share of RNs with a long tenure (28%). Mental health settings exhibit the lowest employer tenures, with 66 percent of RNs who work in this setting having been with their employer for less than five years.

Job title also is associated with the length of time a nurse who lives with California has been with a current employer, as seen in Table 3.34. Nurses in management positions tend to have the longest tenure with their current employer, indicating that many nurses in leadership positions are promoted within their organizations. About 45 percent of nurses in staff nurse and nurse practitioner positions have been with their employers less than five years.

**Table 3.32. Length of time that working registered nurses residing in California have been employed in their *principal* nursing position, by survey year**

	1990	1993	1997	2004	2006
Less than 5 years	49.4%	50.4%	40.8%	47.1%	46.3%
5-9 years	22.1%	24.1%	24.8%	20.4%	21.4%
10-14 years	14.4%	14.1%	13.9%	13.2%	8.7%
More than 14 years	14.1%	11.3%	20.5%	19.3%	23.6%
Mean Number of Years	7.0	6.5	8.2	8.1	8.7
Number of Cases	2,222	2,168	2,424	3,016	3,598

Note: Columns might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

**Table 3.33. Length of time that working registered nurses residing in California have been employed in their *principal* nursing position, by work setting, 2006**

	Less than 5 years	5-9 years	10-14 years	15 or more years
Hospital, acute care department	44.8%	19.6%	7.6%	28.0%
Hospital, non-acute care department	36.3%	24.0%	9.2%	30.5%
Skilled nursing/extended care facility	52.6%	14.4%	11.1%	21.9%
University or college	56.2%	15.8%	8.7%	19.3%
Public health dept/community health agency	25.2%	35.9%	15.4%	23.5%
Home health nursing agency	40.2%	31.4%	13.8%	14.5%
Hospice	52.1%	33.2%	6.3%	8.4%
Ambulatory care setting	44.2%	19.1%	12.0%	24.8%
School nursing (K-12)	34.1%	28.0%	14.5%	23.4%
Mental health	65.6%	12.6%	6.2%	15.7%
Drug and alcohol treatment	38.1%	11.9%	38.1%	11.9%
Forensic setting (correctional facility, prison, jail)	25.7%	45.2%	5.5%	23.6%

Note: Rows might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

**Table 3.34. Length of time that working registered nurses residing in California have been employed in their *principal* nursing position, by job title, 2006**

	Less than 5 years	5-9 years	10-14 years	15 or more years
Direct patient care provider/staff nurse	44.9%	20.2%	7.5%	27.5%
Senior or middle management, any setting	29.5%	24.6%	11.0%	34.9%
Front-line management	28.5%	23.8%	9.5%	38.1%
Nurse Practitioner	44.9%	22.9%	17.7%	14.5%
School Nurse	32.8%	32.8%	13.7%	20.7%
Public Health Nurse	23.6%	40.8%	14.6%	21.1%
Patient care coordinator/case manager/discharge planner	36.6%	27.1%	6.7%	29.6%

Note: Rows might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

Hours and weeks worked in primary job

In 2006, registered nurses were asked to provide information about how much they work in their principal nursing position. Previous surveys did not request this information regarding the nurse’s principal position. Table 3.35 presents the number of weeks per year that nurses work in their principal position, by state of residence. Over 85 percent of California residents work a full-year job, and 14.9 percent work in positions that are less than a full year. The share of non-California residents that works part-year jobs is much higher, at 21.4 percent.

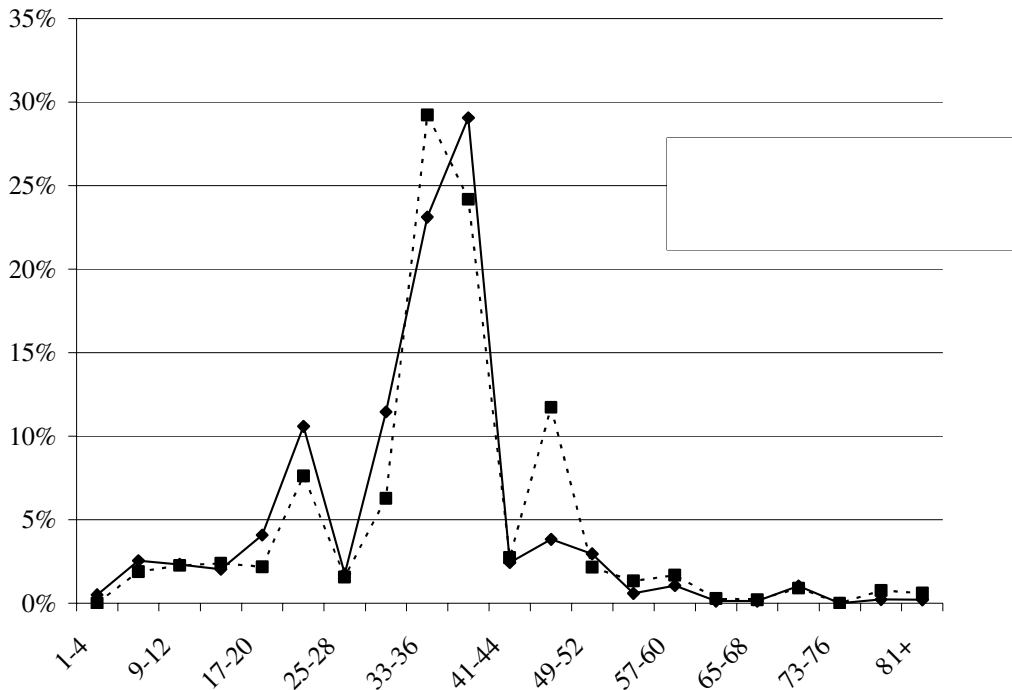
Figure 3.6 presents the distribution of hours worked per week in a primary nursing job for RNs with active California nurses, by state of residence. Nearly 30 percent of nurses who live in California work 37 to 40 hours per week; over half work at least 33 hours per week. The number of hours worked per week in a principal nursing position is somewhat lower for non-California residents.

**Table 3.35. Number of weeks per year registered nurses work in their primary nursing position, California residents and non-residents, 2006**

	California residents	Non-California residents
46-52 weeks per year	85.1%	78.6%
36-45 weeks per year	9.9%	14.6%
Less than 36 weeks per year	5.0%	6.7%

Note: Columns might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

**Figure 3.6. Distribution of hours per week in principal nursing position, for California residents and non-residents, 2006**



Note: 2006 data are weighted to represent all RNs with active licenses.

The number of hours worked per week and per day varies with job title, as seen in Table 3.36. Nurses in staff nurse positions average 10 hours per day, with an average of 34.2 hours per week. Many RNs work three 12-hour shifts per week, totaling 36 hours, and many others work four 8-hour shifts per week, totaling 32 hours. Staff nurses averaged 3.4 hours of overtime per week. In contrast, school nurses average 7.6 hours per day, and 34 hours per week; these figures indicate that school nurses work shorter days, but more days per week, than staff nurses. Nurses in senior or middle management positions work an average of 9.5 hours per day and 42 hours per week, 3.9 hours of which is overtime. Front-line managers also average 3.9 hours of overtime per week. Public health nurses work the fewest overtime hours on average (0.7), while school nurses have the shortest average workweek (33.9 hours).

Table 3.37 presents the average number of hours normally worked per day by nurses living in California, by work setting. Nurses employed in acute care departments of hospitals work an average of 10.3 hours per day, which is the longest workday of all the work settings. The shortest workdays are seen in school nursing positions, which is consistent with the job title data. The longest average workweeks are found in extended care/skilled nursing facilities, at 40.3 hours per week. These settings also have an average of 3.7 overtime hours per week. Forensic and hospice settings have the highest average number of overtime hours per week (4.3 and 4.0 hours, respectively), while ambulatory care settings have the fewest (1.6 hours).

In 2006, nurses were asked to provide information about the percent of time spent on each of several function: direct patient care, indirect patient care (consultation, planning, evaluating care), education of students (including preparation time), supervision, patient education, and administration. Nurses also could add “other” tasks. Table 3.38 presents the responses to this item. There was wide variation in the share of time spent on direct patient care, with the largest share of RNs saying they spent 61 to 80 percent of their time on this activity (26.4%). Half of RNs report spending 60 percent or less of their time on direct patient care. Most nurses spent less than 20 percent of their time on any of the other activities. The “other” functions listed by nurses included housekeeping, finding supplies, trying to contact physicians, and various non-nursing tasks.

**Table 3.36. Average hours normally worked *per day* and *per week* by registered nurses residing in California, by job title, 2006**

	Hours per day	Hours per week	Overtime per week	Number of observations
Direct patient care provider/staff nurse	10.0	34.2	3.4	2,034
Senior or middle management, any setting	9.5	42.0	3.9	265
Front-line management	9.7	37.5	3.9	195
Nurse Practitioner	8.5	34.4	2.3	111
School Nurse	7.6	33.9	2.9	56
Public Health Nurse	8.6	37.5	0.7	54
Patient care coordinator/case manager/discharge planner	8.2	37.1	2.1	134

Note: Job titles with fewer than 50 observations were excluded. Data are weighted to represent all RNs with active licenses.

**Table 3.37. Average hours normally worked *per day* and *per week* for registered nurses residing in California, by work setting, 2006**

	Hours per day	Hours per week	Overtime per week	Number of observations
Hospital, acute care department	10.3	35.4	3.8	1,569
Hospital, non-acute care department	8.7	36.3	1.9	242
Skilled nursing/extended care facility	9.0	40.3	3.7	89
University or college	8.7	39.8	3.1	66
Public health department/community health agency	8.6	38.2	3.0	90
Home health nursing agency	8.1	35.3	2.8	100
Hospice	8.4	35.4	4.0	50
Ambulatory care setting	8.1	33.2	1.6	218
School nursing (K-12)	7.6	34.2	1.9	55
Mental health	8.4	38.7	2.4	63
Forensic setting (correctional facility, prison, jail)	8.5	38.2	4.3	60

Note: Work settings with fewer than 50 observations were excluded. Data are weighted to represent all RNs with active licenses.

**Table 3.38. Share of time nurses residing in California spent on specific job functions during a typical work week, 2006**

	Direct patient care	Indirect patient care	Student education	Patient education	Supervision	Administration	Other
0% of time	14.60%	37.69%	70.84%	63.55%	33.73%	69.56%	83.13%
1-20%	10.27%	47.33%	25.58%	27.27%	57.11%	23.17%	8.87%
21-40%	8.94%	7.94%	0.83%	3.95%	6.72%	3.40%	2.85%
41-60%	14.72%	3.15%	0.55%	2.42%	1.56%	1.70%	1.98%
61-80%	26.38%	1.63%	1.69%	2.19%	0.61%	0.87%	0.66%
81-99%	15.45%	1.04%	0.16%	0.27%	0.09%	0.62%	0.79%
100% of time	1.22%	0.36%	0.34%	0.18%	0.68%	1.72%	0.00%

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

#### Geographic location of primary position

In 2006, nurses were asked to provide the city, county, and zip code of their primary nursing position, and these were sorted by the urban nature of the location. Table 3.39 presents the results. Most working nurses who lived in California reported their principal nursing position was in a large metropolitan area with over one million population, such as the Los Angeles region, San Francisco Bay Area, Sacramento, or San Diego (84.1%). Another 7.6 percent worked in large metropolitan counties with over 400,000 population, such as Monterey, Fresno, and the Stockton area. Just over 4 percent work in smaller metropolitan counties with 50,000 to 400,000 population. Less than one percent work in rural areas, and 3.5 percent work in small cities or towns. In previous years, nurses have been asked to directly report whether their workplace is in a city (by size of city) or suburb; these terms are likely interpreted differently by each respondent, particularly the definition of a “small city”.

**Table 3.39. Urban/rural status of locations where RNs residing in California were primarily employed, by survey year**

	1990	1993	1997	2004	2006
Consolidated metropolitan area (over 1 million population)	*	*	*	*	84.1%
Large metropolitan county (400,000 to 1 million)	*	*	*	*	7.6%
Small metropolitan county (50,000 to 400,000)	*	*	*	*	4.4%
Large central city (over 250,000 population)	38.8%	40.5%	41.4%	37.3%	*
Suburbs of a large city	17.6%	15.6%	14.1%	15.9%	*
Medium sized city (50,000-250,000)	28.7%	30.8%	31.0%	22.1%	*
Suburbs of a medium sized city	2.9%	3.1%	2.9%	5.7%	*
Small city (10,000-49,999)	9.0%	7.7%	7.5%	11.0%	2.6%
Town (less than 10,000, not suburb)	2.6%	2.1%	2.6%	6.1%	0.9%
Rural areas (less than 2,500 in an urbanized area)	*	*	*	1.0%	0.5%
Other	0.4%	0.1%	0.5%	0.9%	*
Number of Cases	2,197	2,147	2,403	3,557	3,427

\* Question was not asked in the survey year.

Note: Categories were different in each survey. The 2004 data include nurses who do not reside in California. Columns might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

The distances commuted to a primary nursing position by RNs residing in California are presented in Table 3.40. Over half of California's working RNs commute at least 10 miles each way to their jobs. Very long commutes of over 40 miles each way are made by 7.2 percent of RNs. There has been little change in the average commuting distance since 1997, but commute distances have been longer since the late 1990s than they were in the early 1990s.

**Table 3.40. Number of miles that registered nurses residing in California commute *one way* to their primary nursing jobs, by survey year**

	1990	1993	1997	2004	2006
Less than 5 miles	21.5%	21.6%	16.4%	16.9%	16.5%
5-9 miles	24.0%	22.2%	20.5%	21.9%	23.0%
10-19 miles	31.8%	30.1%	31.7%	31.5%	30.7%
20-39 miles	18.4%	20.2%	24.2%	23.0%	22.7%
40 or more miles	4.3%	5.9%	7.2%	6.6%	7.2%
Mean in Miles	13.1	14.4	15.9	15.9*	15.8*
Standard Deviation	12.0	13.9	13.7	18.1	**
Number of Cases	2,232	2,165	2,426	3,600	3,598

\* Persons listing commutes greater than 150 miles were not considered to be making daily commutes.

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

Note: Columns might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

Use of health information technologies

In 2006, nurses were asked whether they use specific health information systems in their principal nursing position, and about their experience with these systems. Table 3.41 presents the percentages of working RNs who work with each type of system. Over 46 percent of RNs who live in California use electronic patient records that include nurse charting, attesting to the importance of these systems in many care settings. Twenty percent (20%) use computerized physician orders, and 15 percent use scanning systems for supplies inventory. Barcode medication administration systems are less common, with only 11.6 percent of RNs living in California using one in their principal nursing position. Many nurses listed other systems they use. The most commonly-named “other” systems were electronic patient records that do not include nurse charting (8.6%), computerized ordering or viewing of laboratory and radiology tests (3.0%), and the Pyxis system to retrieving medications and supplies (2.2%). Some nurses also noted use of electronic medication administration records and computerized disease management modules.

Nurses were asked whether they think these computer systems generally work well. Table 3.42 presents their responses to this question. Over fifteen percent (15.7%) of California residents say all systems work well and 57.9% say the systems are generally helpful, but have some flaws. Nineteen percent report that the systems have problems that affect their work, and 7.4 percent say the systems interfere with their ability to deliver care. Respondents were not asked to identify how frequently these systems hinder the delivery of care. Satisfaction with systems does not vary substantially with the age of the nurse (Table 3.43). Nurses under 35 years old are less likely to report that health information systems have problems that affect their work, and nurses in other age categories exhibit no substantive age-based differences in their views of the health information systems with which they work.

**Table 3.41. Use of computerized health information systems in a *principal* nursing position, for California residents and non-residents, 2006**

	California residents	Non-California residents
Electronic patient records, with nurse charting	46.6%	56.2%
Computerized physician orders	20.5%	21.7%
Scanning systems for supplies inventory	15.2%	23.7%
Barcode medication administration	11.6%	19.2%
Other system	20.1%	16.7%
Common “other” systems named		
Electronic patient records without charting	8.6%	8.1%
Computerized ordering or viewing of labs/radiology	3.0%	1.6%
Pyxis system for retrieving medications/supplies	2.2%	3.9%

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



**Table 3.42. Perceived usefulness of computerized health information systems, among nurses who use them, California residents and non-residents, 2006**

	California residents	Non-California residents
All systems work well	15.7%	14.5%
Systems are generally helpful, but have some flaws	57.9%	58.1%
Systems have problems that affect my work	19.1%	19.4%
Systems interfere with my delivery of care	7.4%	8.1%

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

**Table 3.43. Perceived usefulness of computerized health information systems, among nurses who use them and reside in California, by age group, 2006**

	Under 35 years	35-44 years	45-54 years	55-64 years	65 years and older
All systems work well	9.1%	12.6%	16.4%	16.3%	24.7%
Systems generally helpful, but have some flaws	70.7%	59.0%	55.4%	57.2%	49.6%
Systems have problems that affect my work	12.2%	20.3%	20.6%	19.1%	17.3%
Systems interfere with my delivery of care	8.0%	8.1%	7.6%	7.4%	8.3%

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

### ***Additional Jobs Held by RNs***

In 2006, 82.2 percent of RNs who worked in nursing held only one nursing position, and 17.2 percent of RNs who worked and resided in California reported they held more than one nursing position (Table 3.44). This rate of holding multiple positions is somewhat lower than those of previous years. Of those who hold additional positions, 77 percent hold one more job, while 21 percent have two additional positions (Table 3.45). The share of people with two or more positions, in addition to a primary job, has increased over time.

Table 3.46 presents the pattern of holding multiple jobs by the work setting of the nurse's primary position, for RNs who live in California. As seen in the first row, 84 percent of RNs whose primary position is in an acute-care department of a hospital hold no additional nursing positions. The highest rate of holding multiple nursing positions is observed by RNs whose primary jobs are in school nursing (35%), universities or colleges (30%) and public health agencies (25%). Nurses working in hospice and mental health settings are least likely to hold additional positions.

Nurses were asked to report the types of employment relationships they have for their additional nursing positions (Table 3.47). Most California residents reported that they were regular employees in their additional nursing position(s). Seventeen percent were employed through a temporary agency for at least one of their additional positions, and 17 percent were self-employed.

A large share of RNs work as hospital staff for their additional nursing positions, as seen in Table 3.48. About 44 percent of California residents report this type of work. Eleven percent are engaged in teaching nursing or other health professions students in a secondary position. Eight percent do home health or hospice work.

**Table 3.44. Percentage of working registered nurses residing in California that holds *more than one* nursing position, by survey year**

	1990	1993	1997	2004	2006
No	80.8%	79.6%	76.4%	78.1%	82.8%
Yes	19.2%	20.4%	23.6%	21.9%	17.2%
Number of Cases	2,222	2,201	2,431	4,149	3,679

Note: Columns might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

**Table 3.45. Number of *additional jobs* held by RNs who hold multiple positions and reside in California, by survey year**

	1990	1993	1997	2004	2006
One	83.7%	88.4%	83.4%	84.8%	76.7%
Two	13.9%	10.3%	14.7%	12.3%	20.9%
Three or more	2.4%	1.3%	1.9%	2.9%	2.4%
Number of Cases	424	447	518	784	627

Note: Columns might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

**Table 3.46. Number of *additional jobs* held by RNs who hold multiple positions and reside in California, by work setting, 2006**

	None	One	Two or more	Number of observations
Hospital, acute care department	83.5%	13.1%	3.3%	1,911
Hospital, non-acute care department	87.0%	8.9%	4.2%	290
Skilled nursing/extended care facility	80.3%	15.7%	4.0%	110
University or college	70.0%	20.4%	9.6%	89
Public health department/community health	74.9%	19.0%	6.1%	127
Home health nursing agency	80.9%	12.8%	6.3%	118
Hospice	95.3%	3.6%	1.0%	66
Ambulatory care setting	81.0%	15.3%	3.8%	284
School nursing (K-12)	64.7%	32.0%	3.3%	73
Mental health	92.6%	5.9%	1.6%	88
Forensic setting (prison, jail)	81.6%	14.1%	4.3%	79

Note: Work settings with fewer than 50 observations were excluded. Rows might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

**Table 3.47. Type of employment relationships for *non-primary* nursing positions, for California residents and non-residents, 2006**

	California residents	Non-California residents
Regular employee	72.0%	55.7%
Employed through a temporary service agency	17.4%	41.4%
Self-employed	17.1%	11.0%

Notes: 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.

**Table 3.48. Type of work done in *non-primary* nursing positions, for California residents and non-residents, 2006**

	California residents	Non-California residents
Hospital staff	43.7%	58.5%
Public health/community health	2.0%	3.8%
Mental health/substance abuse	3.0%	3.4%
Nursing home/skilled nursing facility staff	4.6%	13.8%
Home health or hospice	8.5%	3.0%
Teaching health professions/nursing students	11.3%	7.8%
Ambulatory care, school health, occupational health	8.2%	7.8%
Other	32.3%	23.6%

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.

### ***Employment Through Temporary Agencies***

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

Table 3.49 presents the shares of nurses with active California licenses who work for temporary or traveling agencies. Only 3.4 percent of RNs residing in California work for a temporary agency or registry, and 1.2 percent work for a traveling agency. In comparison, nearly 20 percent of non-California resident RNs with active California licenses work for traveling agencies, and 10 percent work for temporary agencies or registries.

Nurses were asked to indicate all the reasons they work for a temporary agency, traveling agency, or registry; the findings are presented in Table 3.50. For nurses residing in California, wages are the dominant reason, although the importance of wages in the decision to work for an agency/registry has declined over time. Over half of nurses also select agency/registry work to have control of their schedule and control of their work location. More than 36 percent report that supplemental income is a reason for this type of work. Control of work conditions was indicated by 26 percent of RNs, and an interest in maintaining skills or obtaining experience was reported by 27 percent. Only 13 percent said they were

doing agency/registry work while waiting for a desirable permanent position, and 15 percent were doing such work to travel or see other parts of the country.

Nurses were asked to rate the quality of the orientation they received for their last facility assignment. The responses for nurses residing both in and outside California are reported in Table 3.51. Nearly 65 percent said their orientation was adequate or excellent in 2006, which was an increase from 59 percent in 2004. Most of this increase came from a higher share rating their orientation as excellent (7.3% in 2004, 17.0% in 2006). In 2006, 31 percent said their orientation needed some improvement, and 5 percent reported that their orientation was unacceptable.

### ***Responsibilities of Nurses***

Nurses were asked whether they supervise unlicensed personnel in any nursing position in the 1997, 2004, and 2006 surveys. As seen in Table 3.52, there has been a small decline in the share who do such supervision, from 61 percent in 1997 to approximately 56 percent in 2004 and 2006. Nurses also were asked if they do telehealth nursing across state lines (Table 3.53). Less than three percent of RNs residing in California reported doing such work in any of these survey years.

**Table 3.49. Shares of nurses that work with a temporary agency, traveling agency, or registry for any job, 2006**

	<b>California residents</b>	<b>Non-California residents</b>
Temporary agency or registry	3.4%	9.5%
Traveling agency	1.2%	19.8%
Neither temporary nor traveling agency	95.4%	70.7%

Note: Columns might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

**Table 3.50. Reasons why working registered nurses *residing in California* chose to work for temporary agencies, traveling agencies, or registries, by survey year**

	<b>1990</b>	<b>1993</b>	<b>1997</b>	<b>2004</b>	<b>2006</b>
Wages	75.0%	68.5%	59.4%	58.4%	59.5%
Benefits	4.3%	2.1%	4.4%	3.1%	5.7%
Control of schedule	85.3%	68.5%	56.9%	60.1%	57.2%
Control of work location	58.6%	32.2%	30.6%	42.3%	54.1%
Supplemental income	*	*	*	48.2%	36.6%
Control of work conditions	*	*	*	26.3%	26.1%
Maintain skills/get experience	*	*	*	25.6%	27.3%
Waiting for a desirable permanent position	6.0%	14.4%	19.4%	15.0%	12.8%
Travel/see other parts of the country	*	*	*	*	15.4%
Other	24.1%	17.8%	21.9%	10.8%	16.1%
Number of cases	116	146	160	198	114

Notes: Columns will not total 100% because respondents could select multiple items. 2006 data are weighted to represent all RNs with active licenses.

**Table 3.51. Ratings for orientations to new facility assignments of RNs who work for temporary agencies, traveling agencies, or registries, residing both in and outside California, 2004 and 2006**

	2004	2006
Excellent	7.3%	17.0%
Adequate	51.7%	47.7%
Needed some improvement	35.1%	30.6%
Unacceptable	6.0%	4.7%

Note: Columns might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

**Table 3.52. Supervision of unlicensed assistive personnel by working registered nurses residing in California, 1997, 2004 and 2006**

	1997	2004	2006
No	39.3%	43.6%	44.5%
Yes	60.7%	56.4%	55.5%
Number of Cases	2,456	2,808	3,686

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

**Table 3.53. Practice of telehealth nursing across state lines by working registered nurses residing in California, 1997, 2004 and 2006**

	1997	2004	2006
No	97.0%	97.9%	97.7%
Yes	3.0%	2.1%	2.3%
Number of Cases	2,456	2,773	3,657

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

### ***Income and Earnings of Registered Nurses***

Nurse incomes have risen dramatically since 1990. In the 1990, 1993, 1997, and 2004 surveys, nurses were asked to report their annual income by category. In 2006, they were asked to directly report annual earnings from their primary position, and each of their additional nursing positions. The income categories changed for the 2004 survey to accommodate for growth in incomes; we report the 2006 income data with these categories for comparability. Average earnings were estimated by assuming nurses earned the midpoint of the income category for the 1990 through 2004 surveys.

Table 3.54 presents the *total* annual income received from all nursing positions by currently working RNs residing in California, for each survey year. As seen in this table, there was modest growth in nurse earnings between 1993 and 1997, and rapid growth in the subsequent years. Average annual income from all nursing positions was \$73,542 in 2006, with 13.2 percent of RNs earning more than \$100,000. Annual nursing incomes vary by region of California, as seen in Table 3.55. Nursing incomes are highest in the San Francisco Bay Area (over \$82,000 for total income from nursing) and very high in the Sacramento region (over \$75,000). The lowest annual incomes in California are found in the counties north of Sacramento, where average total income is \$61,868. The average total annual income of nurses in this region is lower than that of nurses with active California licenses residing in other states (\$62,467).

Nursing incomes for California residents vary with age, as seen in Table 3.56. Average incomes are highest for the group of nurses between 45 and 54 years old. Annual earnings are lowest for nurses 65 years and older, but this may be related to these nurses working fewer hours, on average. There is some variation in average annual nursing income by education. As seen in Table 3.57, nurses with graduate degrees enjoy higher annual nursing income than other RNs, averaging \$82,638. RNs with baccalaureate nursing degrees earn higher average incomes than do nurses whose highest education level is a diploma or associate degree. Nurses with special certifications also have higher annual incomes, with clinical nurse specialists averaging \$82,323 per year, public health nurses averaging \$72,285 per year, and nurse practitioners averaging \$73,138 per year (Table 3.58).

Job title is associated with differences in annual nursing income. Table 3.59 presents average annual income from *principal* nursing positions for each job title. For nurses residing in California, nurses in front-line management and school nurse positions have incomes from their principal nursing position averaging about \$76,000. Nurse practitioners report an average income of \$66,061 from their primary position. Table 3.60 presents similar information by the work setting of the primary nursing position. Annual incomes are highest for principal positions in mental health and forensic settings, averaging over \$76,000.

**Table 3.54. Total annual income received from all nursing positions by currently working registered nurses residing in California, by survey year**

	1990	1993	1997	2004	2006
\$10,000 or less	4.5%	4.1%	4.5%	1.9%	2.1%
\$10,001 to \$15,000	5.3%	3.2%	2.6%	1.3%	0.8%
\$15,001 to \$20,000	8.2%	2.9%	2.4%	1.7%	1.7%
\$20,001 to \$30,000	27.6%	11.1%	9.0%	3.5%	2.1%
\$30,001 to \$40,000	33.2%	24.3%	20.0%	8.6%	5.5%
\$40,001 to \$55,000	18.3%	35.9%	34.5%	*	*
\$40,001 to \$50,000	*	*	*	14.2%	7.8%
\$50,001 to \$60,000	*	*	*	20.2%	12.5%
\$55,001 to \$75,000	2.3%	15.3%	22.6%	*	*
\$60,001 to \$70,000	*	*	*	16.4%	17.8%
\$70,001 to \$80,000	*	*	*	12.2%	15.6%
More than \$75,000	0.5%	3.3%	4.5%	*	*
\$80,001 to \$90,000	*	*	*	8.5%	12.8%
\$90,001 to \$100,000	*	*	*	4.5%	8.0%
\$100,001 to \$110,000	*	*	*	2.2%	5.6%
\$110,001 to \$125,000	*	*	*	1.4%	3.5%
More than \$125,000	*	*	*	1.1%	4.1%
Mean Annual Income	\$31,504	\$42,163	\$45,073	\$59,937	\$73,542
Standard Deviation	\$13,097	\$17,238	\$18,366	\$23,295	**
Number of Cases	2,186	2,141	2,420	2,885	3,447

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

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

Note: Columns might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

**Table 3.55. Annual income received from nursing by currently working registered nurses, by region, 2006**

	<b>Primary nursing position</b>	<b>All nursing positions</b>	<b>Number of observations</b>
Northern counties	\$60,160	\$61,868	348
Sacramento	\$72,594	\$75,508	333
San Francisco Bay Area	\$78,319	\$82,514	1,068
Central Valley & Sierra	\$65,689	\$70,252	322
Central Coast	\$65,715	\$69,208	326
Los Angeles	\$67,207	\$71,822	570
Inland Empire	\$66,938	\$70,602	305
Border Counties	\$67,188	\$70,046	295
Outside California	\$59,696	\$62,467	391

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

**Table 3.56. Total annual income received from all nursing positions by currently working registered nurses residing in California, by age group, 2006**

	<b>Mean income</b>	<b>Number of observations</b>
Under 35 years	\$68,307	434
35-44 years	\$75,113	718
45-54 years	\$78,530	1,287
55-64 years	\$74,411	858
65 years and older	\$52,888	150

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

**Table 3.57. Total annual income received from all nursing positions by currently working registered nurses residing in California, by highest level of nursing education, 2006**

	<b>Mean income</b>	<b>Number of observations</b>
Diploma	\$70,840	367
Associate Degree	\$70,804	1,294
Baccalaureate Degree	\$75,017	1,348
Master's Degree	\$82,638	377

Note: There are not enough doctorally-prepared nurse to calculate their average earnings. Data are weighted to represent all RNs with active licenses.

**Table 3.58. Total annual income received from all nursing positions by currently working registered nurses residing in California, by specialty certification, 2006**

	Mean income	Number of observations
Public Health Nurse	\$72,285	479
Nurse Practitioner	\$73,138	186
Clinical Nurse Specialist	\$82,323	103

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

**Table 3.59. Income received from principal nursing positions by currently working registered nurses residing in California, by job title, 2006**

	Mean income	Number of observations
Direct patient care provider/staff nurse	\$74,758	398
Senior or middle management, any setting	\$70,242	890
Front-line management	\$76,210	105
Nurse Practitioner	\$66,061	213
School Nurse	\$76,051	272
Public Health Nurse	\$75,253	215
Patient care coordinator/case manager/discharge planner	\$76,670	79

Note: Job titles with fewer than 50 observations were excluded. Data are weighted to represent all RNs with active licenses.

**Table 3.60. Income received from principal nursing positions by currently working registered nurses residing in California, by work setting, 2006**

	Mean income	Number of observations
Hospital, acute care department	\$73,200	1,796
Hospital, non-acute care department	\$67,734	269
Skilled nursing/extended care facility	\$69,523	103
University or college	\$72,316	86
Public health department/community health agency	\$62,913	120
Home health nursing agency	\$64,133	108
Ambulatory care setting	\$59,290	263
School nursing (K-12)	\$58,686	70
Mental health	\$76,248	79
Forensic setting (correctional facility, prison, jail)	\$76,604	76

Note: Data are weighted to represent all RNs with active licenses. Work settings with fewer than 50 observations were excluded.



Table 3.61 examines the annual incomes of RNs who work as staff nurses, by work setting. Staff nurses in acute care departments of hospitals have annual earnings averaging \$73,622 from their principal nursing positions, while those working in non-acute care hospital departments average \$64,700. Staff nurses in ambulatory care settings earn considerably less, averaging \$55,323. There are not enough staff nurses in other work settings to conduct the computation.

Table 3.62 examines the annual income from a nurse’s principal nursing position by clinical setting. Nurses residing in California and work in perioperative, psychiatric/mental health, emergency, critical care, and step-down settings have average annual incomes of over \$75,000 from their primary nursing positions. Nurses working in pediatrics, school health, and public health, in contrast, have average annual incomes of less than \$65,000 from their primary positions.

**Table 3.61. Income received from *principal* nursing positions by nurses residing in California with “staff nurse” or “direct care nurse” job titles, by work setting, 2006**

	Mean income	Number of observations
All work settings	\$70,731	1,996
Hospital, acute care department	\$73,622	1,351
Hospital, non-acute care department	\$64,700	148
Ambulatory care setting	\$55,323	124

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

**Table 3.62. Income received from *principal* nursing positions by currently working registered nurses residing in California, by clinical area, 2006**

	Mean income	Number of observations
Medical/surgical	\$68,434	516
Geriatrics	\$66,889	96
Pediatrics	\$61,337	139
Obstetrics/reproductive health	\$66,061	213
Neonatal/newborn	\$69,310	126
Home Health	\$65,217	88
School health (K-12 or postsecondary)	\$59,582	81
Public health	\$60,697	67
Psychiatric/mental health	\$76,210	105
Peri-operative/post-anesthesia/anesthesia	\$76,051	272
Emergency/trauma/urgent care	\$75,253	215
Rehabilitation	\$68,060	74
Critical care	\$75,250	374
Step-down or transitional bed unit	\$76,670	79

Note: Clinical areas with fewer than 50 observations were excluded. Data are weighted to represent all RNs with active licenses.

The total household incomes of currently working RNs residing in California are examined in Table 3.63. The income categories were revised in 2006. Mean household incomes were estimated at the midpoint of each salary bracket for every survey year, and the total income from nursing was compared with the total household income. The household incomes of nurses have risen since 1990, and by 2006, 32 percent of working RNs who lived in California had household incomes over \$125,000. Earnings from nursing are increasingly important to the households of nurses, averaging 58.7 percent of total household income in 1990 and 75.3 percent in 2006 (Table 3.64).

**Table 3.63. Total household incomes of currently working registered nurses residing in California, by survey year**

	1990	1993	1997	2004	2006
\$10,000 or less	0.2%	0.6%	0.9%	0.5%	*
\$10,001 to \$15,000	1.1%	0.3%	0.7%	0.5%	*
\$15,001 to \$20,000	2.3%	1.1%	1.0%	0.2%	*
\$20,001 to \$30,000	9.7%	3.1%	2.9%	0.9%	*
Less than \$30,000	*	*	*	*	1.0%
\$30,001 to \$40,000	19.1%	10.3%	7.5%	2.8%	*
\$30,000 to \$44,999	*	*	*	*	3.9%
\$40,001 to \$55,000	23.0%	19.7%	18.1%	*	*
\$40,001 to \$50,000	*	*	*	5.5%	*
\$45,000 to \$59,999	*	*	*	*	6.6%
\$50,001 to \$60,000	*	*	*	8.7%	*
\$55,001 to \$75,000	24.3%	27.5%	25.1%	*	*
\$60,001 to \$70,000	*	*	*	9.9%	*
\$60,000 to \$75,000	*	*	*	*	13.8%
\$70,001 to \$80,000	*	*	*	10.9%	*
More than \$75,000	20.4%	37.3%	43.7%	*	*
\$75,000 to \$99,999	*	*	*	*	20.5%
\$80,001 to \$90,000	*	*	*	10.0%	*
\$90,001 to \$100,000	*	*	*	10.9%	*
\$100,001 to \$110,000	*	*	*	10.9%	*
\$100,000 to \$124,999	*	*	*	*	21.8%
\$110,001 to \$125,000	*	*	*	8.8%	*
More than \$125,000	*	*	*	19.7%	*
\$125,000 to \$149,999	*	*	*	*	13.5%
\$150,000 to \$174,999	*	*	*	*	8.6%
\$175,000 to \$199,999	*	*	*	*	4.3%
\$200,000 or more	*	*	*	*	6.0%
Mean Annual Household Incomes	\$53,686	\$63,628	\$65,781	\$88,348	\$109,449
Number of Cases	2,182	2,128	2,415	2,864	3,608

\* Income categories changed in 2004 and 2006. Means are estimated at the midpoint of each salary bracket.

Note: Columns might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

**Table 3.64. Approximate percentage of total household income that was derived from nursing for currently working registered nurses residing in California, by survey year**

	1990	1993	1997	2004	2006
Less than 25 percent	13.2	8.7	9.3	8.1%	*
25 to 50 percent	32.3	28.4	26.2	24.3%	*
51 to 75 percent	18.4	25.1	23.7	24.7%	*
76 to 99 percent	8.8	10.9	13.2	15.0%	*
100 percent	27.3	26.9	27.6	27.9%	30.1%
Less than 20 percent	*	*	*	*	4.1%
20 to 39 percent	*	*	*	*	9.7%
40 to 59 percent	*	*	*	*	23.9%
60 to 79 percent	*	*	*	*	17.7%
80 to 99 percent	*	*	*	*	14.6%
Number of Cases	2,209	2,150	2,448	2,915	3,676
Percent from Nursing*	58.7%	66.3%	68.5%	72.3%	75.3%

\* Survey respondents were asked to report the share of their household income derived from nursing employment; these responses are summarized in the top panel of the table. The bottom line of the table reports percent of income from nursing, calculated as total nursing income divided by total estimated household income.

Notes: Percent of income from nursing was reported by category. The categories changed in 2006. Columns might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

### *Nurses Who Live Outside California*

In the 2004 survey, nurses were asked if they resided outside California. These responses were compared with the address on file at the time the survey sample was selected. Because there was a gap between when the 2006 sample was selected and when the surveys were mailed, we identified 218 nurses who moved out of California between when they were selected as an in-state resident for the survey and when they completed the survey. These nurses reported different patterns of employment in California as compared with nurses who lived outside California at the time the sample was selected. Thus, we present data for both nurses who lived out of state at the time the sample was selected and for nurses who self-report that they lived outside California at the time of survey completion.

Table 3.65 presents nurses' employment in California during the 12 months prior to the survey, from 2004 and both the 2006 populations. Of the 2006 population that was living outside California when the sample was selected, 65 percent reported that they did not work in California in the previous 12 months. Only 22 percent of the nurses who self-reported living outside California at the time of the survey did not work in California this previous year. This is not surprising, since 218 of these nurses are known to have moved in the prior 9 months. Thus, we view the nurses who lived outside of California at the time the survey sample was selected as representing nurses who have lived outside California for an extended time, but have maintained a California license.

As seen in Table 3.65, 21 percent of nurses who lived outside California at the time the sample was selected worked for a temporary agency, registry, or traveling agency. This rate is slightly lower than that reported for 2004 (23.6%). Nearly 7 percent of out-of-state RNs worked for an out-of-state telenursing employer with California clients in 2006. Small shares of RNs commuted to California from a border state. Table 3.66 explores the employment of nurses who lived outside California at the time the sample was selected by age group. Nurses under 35 years were most likely to report they worked in

California for a temporary or traveling agency, with 35 percent doing so. Only twenty percent or less of RNs in other age groups had worked in California for a temporary or traveling agency during the prior 12 months.

**Table 3.65. Employment in California during the past twelve months of registered nurses with active California licenses who are currently employed in nursing and residing *outside* of California, 2004 and 2006**

	2004	2006, outside CA at sample selection	2006, outside CA at time of response
Did not work as an RN in California	43.1%	65.0%	22.2%
Worked as an RN in California, but have subsequently moved out of the state	16.2%	12.8%	49.0%
Worked as an RN in California for a temporary/traveling agency/registry	23.6%	20.9%	20.5%
Worked as an RN for an out-of-state telenursing/telemedicine employer with California clients	4.4%	6.9%	4.7%
Worked as an RN for a California employer in a telenursing capacity	1.9%	1.6%	5.2%
Lived in a border state and commuted to California to work as an RN	2.1%	2.6%	8.0%
Other	9.4%	*	*

\* Item not included in 2006 survey.

Notes: The 2004 data are based on the nurse's self-report of residing outside California. Columns may total more than 100% because respondents were allowed to select more than one category. 2006 data are weighted to represent all RNs with active licenses.

**Table 3.66. Employment in California during the past twelve months of registered nurses with active California licenses who are currently employed in nursing and residing *outside* of California when the survey sample was selected, by age group, 2006**

	Under 35 years	35-44 years	45-54 years	55-64 years	65 years and older
Did not work as an RN in California	51.9%	74.7%	68.8%	59.5%	80.0%
Worked as an RN in California, but have subsequently moved out of the state	16.0%	14.7%	9.8%	12.0%	7.7%
Worked as an RN in California for a temporary/traveling agency/registry	34.6%	13.2%	20.3%	16.9%	7.7%
Worked as an RN for an out-of-state telenursing/telemedicine employer with California clients	4.0%	4.1%	7.6%	14.6%	<0.1%
Worked as an RN for a California employer in a telenursing capacity	4.0%	<0.1%	0.8%	2.4%	<0.1%
Lived in a border state and commuted to California to work as an RN	4.0%	1.4%	2.5%	1.2%	7.7%

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

Nurses who worked for temporary or traveling agencies in the previous 12 months reported that they worked in California an average of 5.1 months and 40.3 hours per week, as seen in Table 3.67. Table 3.68 presents the number of months that working RNs residing outside California worked in California during the prior 12 months. Nurses who were living outside California at the time the 2006 sample was selected worked an average of 1.3 months in the state, which is half the length of time reported in 2004. However, in 2004 some of the nurses who reported many months of work in California may have been residents of California until the survey sample was selected, and then moved out of state in the few months between the sample selection and survey mailing. Thus, it is difficult to make comparisons between survey years.

Nurses who live outside California report similar reasons for working for temporary and traveling agencies as do California residents, as seen in Table 3.69. Among nurses who lived outside California at the time the 2006 survey sample was selected, 76 percent report wages as a reason for temporary/traveling work. Other reasons noted include to have control of work schedule (57.6%), control of work location (57.9%), and to travel or see other parts of the country (62.3%).

**Table 3.67. Average months per year and hours per week worked by RNs residing *outside* California who worked in California for a *temporary agency* in the previous year, 2006**

	2006, outside CA at sample selection	2006, outside CA at time of response
Months in previous year (average)	5.1	7.6
Hours worked in usual week (average)	40.3	37.4
Number of cases	66	82

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

**Table 3.68. Number of months that currently working registered nurses with active California licenses residing *outside* of California spent working in California during the 12 months prior to the survey, 2004 and 2006**

	2004	2006, outside CA at sample selection	2006, outside CA at time of response
None - Did not work in California	51.1%	76.2%	21.1%
1-2 months	8.7%	5.6%	4.5%
3-4 months	15.8%	6.0%	2.0%
5-6 months	10.0%	5.5%	12.2%
7-8 months	5.5%	2.6%	7.3%
9-10 months	3.2%	1.0%	4.6%
11-12 months	5.9%	3.1%	48.0%
Number of Cases	221	356	452
Mean for Nurses who worked in California	2.7 months	1.3 months	7.6 months

Notes: The 2004 data are based on the nurse's self-report of residing outside California. Columns might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

**Table 3.69. Reasons why registered nurses who reside *outside* California and worked in California the previous year chose to work for temporary/traveling agencies or registries, 2006**

	2006, outside CA at sample selection	2006, outside CA at time of response
Wages	75.6%	58.8%
Benefits	12.0%	16.0%
Control of schedule	57.6%	42.7%
Control of work location	57.9%	52.4%
Supplemental income	11.9%	7.9%
Control of work conditions	22.2%	21.3%
Maintain skills/get experience	27.1%	22.0%
Waiting for a desirable permanent position	10.4%	15.3%
Travel/see other parts of the country	62.3%	65.7%
Other	3.3%	15.1%
Number of cases	50	55

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

Nurses who live outside California were asked about their plans regarding work in California for the next five years, as seen in Table 3.70. For nurses who were living outside California when the 2006 survey sample was selected, 42 percent reported that they plan to travel to California to work as an RN intermittently. Over 16 percent plan to relocate to California. Forty percent plan to renew their California license, but have no plans to work in California. This share is similar to that of 2004.

**Table 3.70. Plans for the next five years for registered nurses with active California licenses who lived *outside* the state, 2004 and 2006**

	2004	2006, outside CA at sample selection	2006, outside CA at time of response
Yes, I plan to travel to California to work as an RN intermittently	33.2%	42.0%	30.6%
Yes, I plan to relocate to California and work as an RN	14.3%	16.6%	14.3%
Yes, I plan to perform telenursing/telemedicine for a California employer	0.0%	1.1%	6.1%
Yes, I plan to perform telenursing/telemedicine for an out-of-state employer with California clients	1.3%	3.3%	0.6%
Yes, I plan to commute from a border state	1.3%	1.5%	4.2%
No, I plan to keep my California RN license renewed, but have no plans to work there as an RN	40.8%	40.5%	41.8%
No, I plan to let my California RN license lapse and have no plans to work there as an RN	7.0%	5.8%	8.3%
Number of Cases	385	344	407

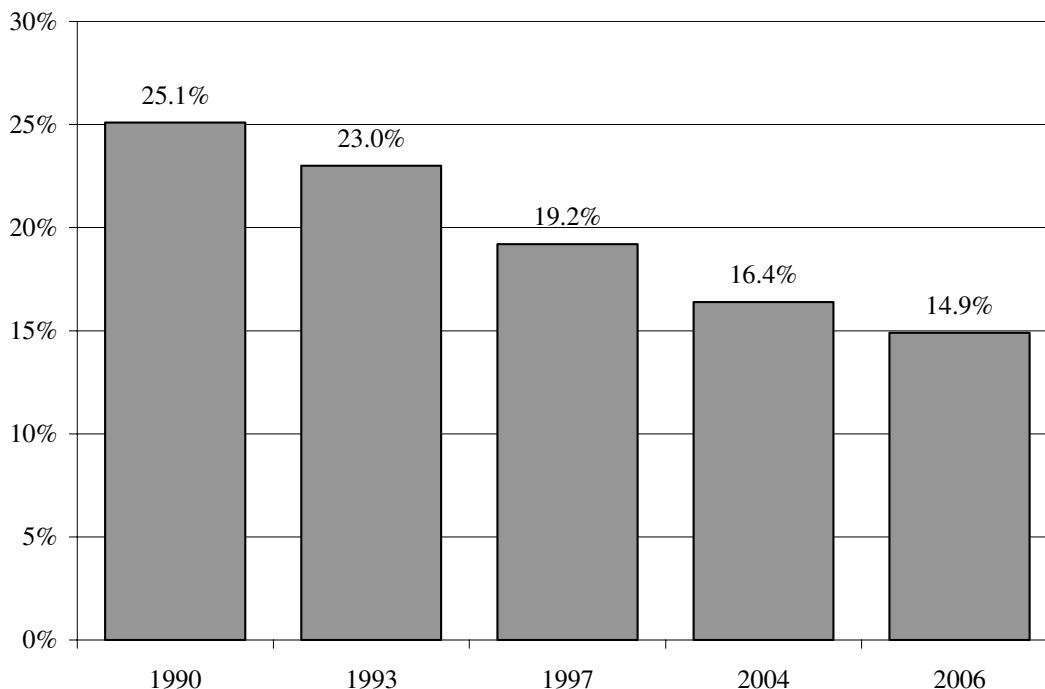
Notes: The 2004 data are based on the nurse's self-report of residing outside California. Columns might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

### ***Breaks in Nursing Employment***

In every survey since 1990, nurses were asked whether they had stopped working as a registered nurse for a period of more than one year. The proportion of California-resident RNs who stopped working as registered nurses for more than a year decreased from 25.1% in 1990 to 19.2% in 1997, then to 14.9% in 2006, as seen in Figure 3.7. Figure 3.8 presents the length of time that nurses who live in California and now work were away from nursing. The largest share – 23 percent – were out of nursing for only one year, and another 22 percent stopped working for two years.

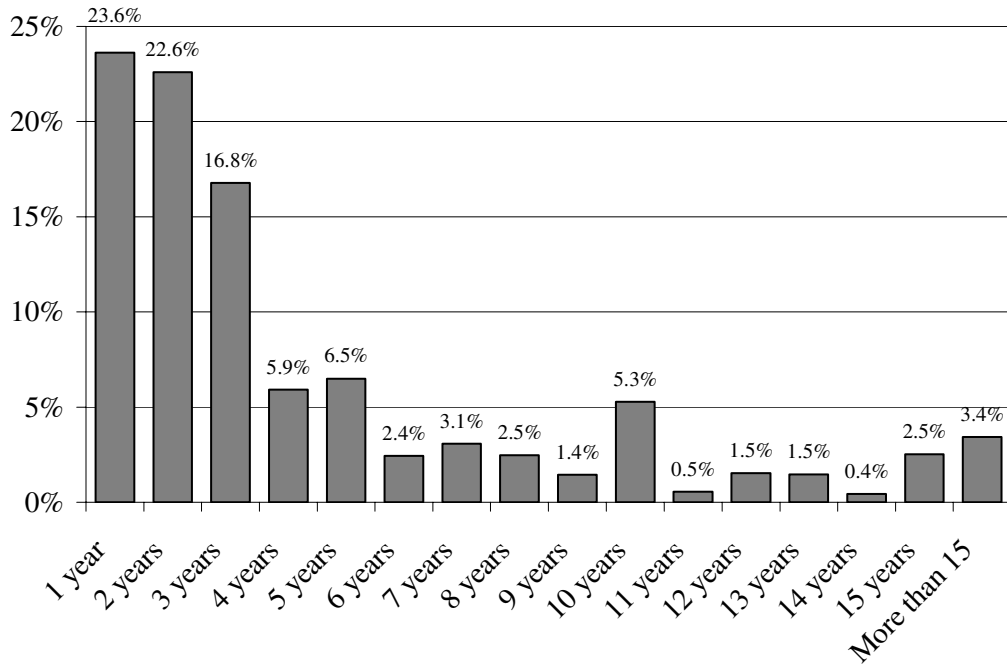
Nurses were asked about the factors that influenced their decision to temporarily leave nursing. Prior to the 2006 survey, RNs were asked to mark all the items that applied to their decision; in 2006, nurses were asked to rate the degree of importance of each item. In Table 3.71, we compare the survey responses over time, with the data for 2006 representing the percent of nurses who reported the item as being “important” or “very important.” Comparisons between 2006 and the previous years should be made with caution due to changes in these particular survey questions. In the 2006 survey, child care responsibilities were cited by over half of the nurses who left nursing for more than one year; this share has steadily decreased from 72 percent in 1990. A rising share of nurses have noted other family responsibilities as being important to the decision to temporarily stop nursing, with nearly 40 percent citing this reason in 2006. Other often-noted reasons include job stress (27.8%), moving to a different area (26.7%), and dissatisfaction with the nursing profession (26.8%).

**Figure 3.7. Percent of nurses who stopped working as a registered nurse for *more than one year*, but are *currently working* as RNs and reside in California, by survey year**



Notes: 2006 data are weighted to represent all RNs with active licenses.

**Figure 3.8. Number of years nurses temporarily stopped working in nursing, for currently working California residents, 2006**



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

Table 3.72 presents the exact responses of RNs in 2006 regarding why they left nursing for a period of more than one year, for RNs who live in California and are currently working. The reasons most often rated as “very important” are child care responsibilities (49.4%), other family responsibilities (32.1%), and moving to a different area (23.3%). Stress on the job was noted as “very important” for 18.6 percent of respondents, and dissatisfaction with the nursing profession was identified as “very important” for 16.2 percent.

Working nurses who previously left the profession for a year or longer were asked how long it took before they again demonstrated competency in RN duties upon their return to work. Their responses are summarized in Table 3.73. Over 66 percent reported that they were able to demonstrate competency in four or fewer weeks, and nearly all felt competent within six months.



**Table 3.71. Reasons currently working registered nurses residing in California stopped working as registered nurses for a period of *more than one year*, by survey year**

	1990	1993	1997	2004	2006
Child care responsibilities	71.9%	68.7%	62.7%	59.8%	52.5%
Other family responsibilities	19.0%	14.0%	10.8%	15.0%	39.5%
Moving to a different area	30.2%	31.5%	29.1%	24.3%	26.7%
Stress on the job	*	9.0%	10.5%	11.4%	27.8%
Job-related injury or illness	*	*	*	5.9%	16.0%
Non-job-related injury or illness	*	*	*	5.1%	11.3%
Injury or illness	9.8%	11.6%	9.1%	*	*
Salary	*	1.8%	2.3%	5.5%	14.8%
Decreased benefits	*	*	*	0.8%	*
Dissatisfied with benefits	*	*	*	*	11.0%
Other dissatisfactions with your job	*	*	7.0%	10.2%	19.2%
Dissatisfaction with the nursing profession	16.6%	12.4%	8.4%	12.5%	26.8%
Return to school	10.0%	12.2%	14.8%	12.0%	17.5%
Travel	5.0%	6.4%	6.3%	4.4%	11.7%
To try another occupation	12.9%	14.2%	15.2%	14.0%	20.9%
Laid off	*	*	1.7%	2.8%	5.9%
Other	5.5%	2.8%	3.2%	13.1%	18.8%
Number of Cases	559	501	474	527	569

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

Notes: In 1990, 1993, 1997, and 2004, respondents checked items that had any importance. In 2006, they were asked to rate the degree of importance or unimportance. The 2006 column presents the share who reported the item was “important” or “very important”. 2006 data are weighted to represent all RNs with active licenses.

**Table 3.72. Importance of reasons currently working registered nurses residing in California stopped working as registered nurses for a period of *more than one year*, 2006**

	Not at all important	Somewhat important	Important	Very important	Does not apply
Child care responsibilities	7.0%	1.6%	3.1%	49.4%	38.8%
Other family responsibilities	6.6%	5.7%	7.4%	32.1%	48.2%
Moving to a different area	9.3%	4.1%	3.3%	23.3%	59.8%
Stress on the job	7.4%	8.5%	9.2%	18.6%	56.3%
Job-related injury or illness	8.4%	1.0%	1.9%	14.0%	74.6%
Non-job-related injury or illness	11.1%	1.9%	5.6%	5.8%	75.6%
Salary	10.5%	6.5%	5.2%	9.6%	68.1%
Dissatisfied with benefits	12.8%	3.6%	2.8%	8.2%	72.6%
Other dissatisfactions with your job	8.8%	3.5%	7.4%	11.8%	68.5%
Dissatisfaction with the nursing profession	7.8%	4.9%	10.6%	16.2%	60.5%
Return to school	8.7%	1.5%	3.5%	14.0%	72.3%
Travel	10.3%	3.6%	2.2%	9.5%	74.4%
To try another occupation	7.7%	1.9%	9.5%	11.4%	69.4%
Laid off	10.2%	1.1%	1.2%	4.7%	82.8%
Other	2.7%	0.7%	5.8%	13.1%	77.7%

Note: Items not completed were assumed to not apply and recoded as such. 2006 data are weighted to represent all RNs with active licenses.

**Table 3.73. Length of time required to demonstrate competency in RN duties for currently working registered nurses residing in California who stopped working *for more than a year*, 2004 and 2006**

	2004	2006
Less than 2 weeks	16.4%	21.4%
2-3 weeks	0.8%	25.7%
1 month	35.4%	19.7%
5 weeks to 3 months	29.5%	22.4%
3 ½ - 6 months	13.8%	8.9%
7-12 months	3.4%	1.9%
More than 12 months	0.8%	<0.1%

Note: In 2004, respondents were asked to report the number of months; in 2006, they were asked to report the number of weeks. This is the probable reason that the reported length of time to competency is different between these years. 2006 data are weighted to represent all RNs with active licenses.

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

Using their most recent work experience as a reference point, registered nurses with active California licenses were asked to indicate their degree of satisfaction with a variety of aspects of nursing employment on a five-point Likert-type scale ranging from very dissatisfied to very satisfied. Table 3.74 presents the responses for each item for working RNs residing in California. A “mean score” for each item can be obtained by computing the average score, with 1 point given for “very dissatisfied” and 5 points for “very satisfied.” An average score of 3 would indicate neutrality, meaning that on average, nurses were neither satisfied nor unsatisfied. Figure 3.9 presents the summary scores for all 30 items. The five aspects of nursing that received the highest average satisfaction ratings in 2006 were:

- Interactions with patients (4.29)
- Feeling that work is meaningful (4.15)
- Work schedule (4.09)
- Job security (4.06)
- Job overall (4.05)

The five aspects of nursing receiving the lowest average ratings in 2006 were:

- Amount of paperwork required (2.87)
- Involvement in policy and management decisions (3.02)
- Non-nursing tasks required (3.18)
- Leadership from administration (3.18)
- Preceptorship and mentoring programs (3.34)

Most job satisfaction components changed little between 1990 and 2006, as seen in Table 3.75; the “best” and “worst” items above also were identified as among the more and less satisfying items in 2004. Figure 3.10 presents average satisfaction scores for job characteristics related to salary, benefits, and job security, for currently working RNs residing in California. Satisfaction with job security showed marked improvement from 1997 to 2004, from 3.31 to 3.98, increasing further to 4.06 by 2006. In 1997, California was ending a period of time during which many analysts thought there was a surplus of nurses, and in the previous five years some employers had laid off nurses or reduced hiring dramatically. By 2004, a severe nursing shortage was underway in California, with employers offering generous bonuses to new hires and large salary increases. There has been improvement in ratings of satisfaction with salary since 1990. In 1990, nurse ratings of satisfaction with their starting salary and salary range were neutral (around 3.0); by 2006, their average rating of salary had increased to 3.58.

Figure 3.11 presents average satisfaction over time for job aspects related to workplace resources and support. Satisfaction with most of these facets has remained relatively constant over time. Satisfaction with the adequacy of RN staffing has risen from 3.12 in 2004 to 3.40 in 2006. There has been modest improvement in satisfaction with the adequacy of clerical support services, from 2.99 in 1990 to 3.35 in 2006.

**Table 3.74. Satisfaction or dissatisfaction with most recent nursing position, for RNs currently working and residing in California, 2006**

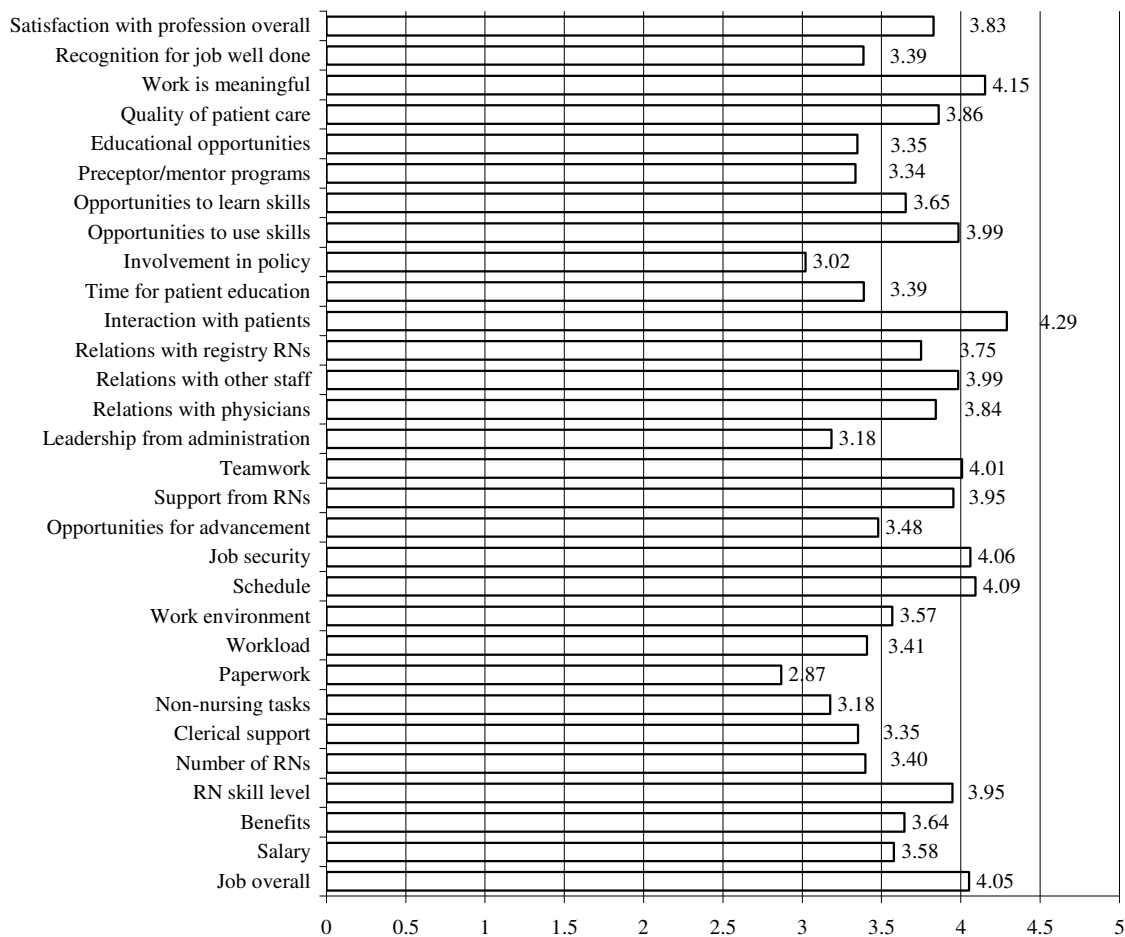
	<b>Very dissatisfied</b>	<b>Dissatisfied</b>	<b>Neither satisfied or unsatisfied</b>	<b>Satisfied</b>	<b>Very satisfied</b>	<b>Does not apply</b>
Your job overall	0.9%	8.5%	9.3%	47.2%	34.1%	0.0%
Your salary	5.5%	14.8%	14.3%	47.3%	18.1%	0.0%
Employee benefits	4.4%	15.1%	13.3%	44.9%	21.6%	0.8%
Adequacy of RN skill level where you work	1.3%	7.9%	12.2%	51.9%	26.5%	0.3%
Adequacy of the number of RNs where you work	5.8%	22.2%	14.2%	41.4%	16.0%	0.4%
Adequacy of clerical support services	5.4%	20.5%	19.1%	42.9%	11.8%	0.3%
Non-nursing tasks required	6.2%	21.9%	27.2%	37.2%	7.2%	0.4%
Amount of paperwork required	11.3%	32.3%	19.6%	31.9%	4.8%	0.1%
Your workload	5.1%	17.5%	18.2%	49.8%	9.3%	<0.1%
Physical work environment	3.7%	15.4%	16.7%	49.0%	15.3%	<0.1%
Work schedule	1.4%	5.5%	8.9%	50.8%	33.4%	<0.1%
Job security	1.7%	6.7%	10.7%	45.6%	35.2%	0.1%
Opportunities for advancement	4.3%	13.2%	28.5%	38.3%	15.5%	0.2%
Support from other nurses you work with	1.4%	9.5%	12.1%	46.3%	30.5%	0.2%
Teamwork between coworkers and yourself	1.2%	7.8%	12.0%	47.0%	32.0%	<0.1%
Leadership from your nursing administration	10.4%	21.7%	21.6%	31.1%	14.9%	0.3%
Relations with physicians	1.7%	8.7%	16.0%	50.6%	22.8%	0.2%
Relations with other non-nursing staff	0.8%	4.5%	12.6%	59.5%	22.5%	<0.1%
Relations with agency/registry nurses	0.6%	4.5%	25.6%	53.1%	12.3%	3.9%
Interaction with patients	0.4%	1.9%	7.4%	48.7%	41.1%	0.5%
Time available for patient education	4.8%	22.1%	17.4%	39.5%	15.3%	0.9%
Involvement in policy/management decisions	8.3%	25.4%	30.0%	27.9%	8.1%	0.3%
Opportunities to use your skills	1.3%	5.8%	11.9%	54.9%	26.1%	<0.1%
Opportunities to learn new skills	3.4%	12.1%	18.8%	47.2%	18.4%	<0.1%
Quality of preceptor and mentor programs	5.1%	19.1%	23.7%	39.3%	11.6%	1.2%
Employer-supported educational opportunities	7.4%	18.7%	20.8%	37.5%	15.4%	<0.1%

**Table 3.74 (continued). Satisfaction or dissatisfaction with most recent nursing position, for RNs currently working and residing in California, 2006**

	Very dissatisfied	Dissatisfied	Neither satisfied or unsatisfied	Satisfied	Very satisfied	Does not apply
Quality of patient care where you work	1.0%	11.2%	14.3%	47.4%	25.6%	0.5%
Feeling that work is meaningful	1.3%	5.1%	10.6%	43.3%	39.8%	0.0%
Recognition for a job well done	7.4%	18.5%	21.0%	34.5%	18.7%	0.0%
How satisfied are you with the nursing profession overall?	2.1%	10.8%	10.7%	54.9%	21.4%	

Note: Rows may not add to 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

**Figure 3.9. Overall satisfaction with most recent nursing position, for RNs currently working and residing in California, 2006**



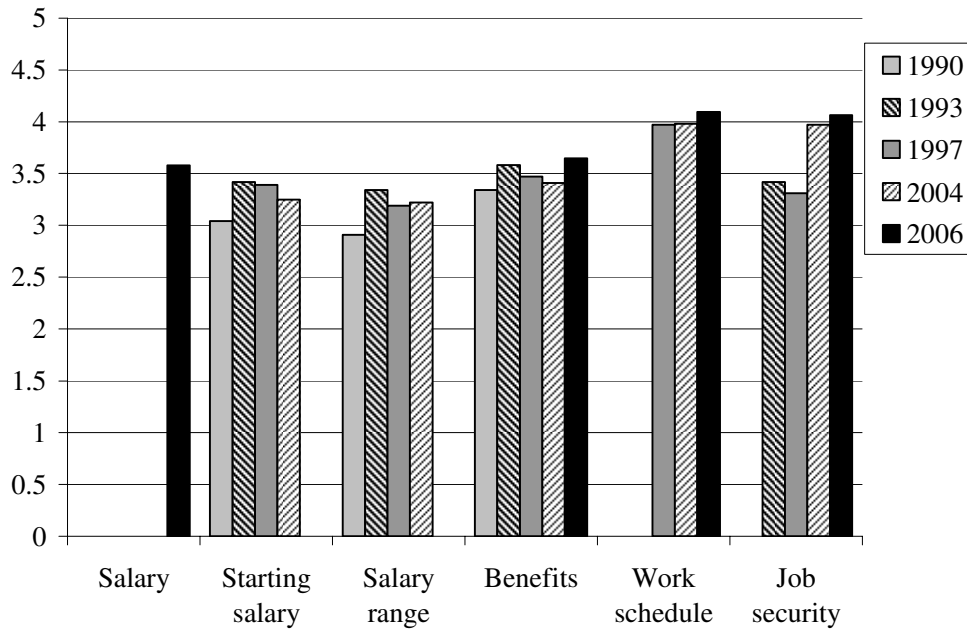
Note: 2006 data are weighted to represent all RNs with active licenses.

**Table 3.75. Satisfaction with most recent nursing position for RNs currently working and residing in California, by survey year**

1 through 5 scale; 1=very dissatisfied; 5=very satisfied	1990	1993	1997	2004	2006
Your salary	*	*	*	*	3.58
Your starting salary.	3.04	3.42	3.39	3.26	*
The salary range for your position.	2.91	3.34	3.19	3.24	*
Employee benefits	3.34	3.58	3.47	3.44	3.64
Skill of RNs where you work	3.88	3.94	3.96	3.90	3.94
Adequacy of RN staffing where you work	2.97	3.29	3.13	3.14	3.40
Adequacy of clerical support services	2.99	3.20	3.15	3.14	3.35
Non-nursing tasks required	2.78	3.05	3.09	3.11	3.18
Amount of paperwork required	*	*	*	2.69	2.87
Workload	*	*	*	*	3.41
Physical work environment	3.37	3.58	3.60	3.45	3.57
Work schedule	*	*	3.97	4.00	4.09
Job security	*	3.42	3.31	3.98	4.06
Opportunities for advancement	2.95	3.15	3.15	3.37	3.48
Support from other nurses with whom you work	3.92	4.00	4.01	3.95	3.95
Support from nursing administration	2.96	3.00	3.06	3.08	*
Leadership from nursing administration	*	*	*	*	3.18
Relations with physicians	3.65	3.70	3.86	3.79	3.84
Relations with other non-nursing staff	3.86	3.94	4.03	3.95	3.99
Relations with temporary agency/traveling /registry staff	*	*	*	3.56	3.75
Teamwork between coworkers and yourself	*	*	*	*	4.01
Interaction with patients	*	*	4.31	4.27	4.29
Time available for patient education	*	*	*	3.23	3.39
Involvement in policy and management decisions	2.90	3.08	3.06	3.00	3.02
Opportunities to use your skills	3.85	3.98	3.98	3.99	3.99
Opportunities to learn new skills	3.58	3.75	3.74	3.68	3.65
Employer-supported educational/training programs	3.28	3.44	3.42	3.50	3.35
Quality of preceptor and mentor programs	*	*	*	*	3.34
Opportunities at work: CE courses, tuition reimbursement	*	*	*	3.36	*
Transition from school to first RN job	3.61	3.70	3.84	3.84	*
Orientation to new RN jobs	3.52	3.58	3.68	3.75	*
Quality of patient care	*	*	*	3.86	3.86
Feeling that work is meaningful	*	*	*	4.11	4.15
Recognition for a job well done	*	*	*	*	3.39
Your job overall	3.77	3.94	3.95	3.94	4.05
The nursing profession overall				*	3.83

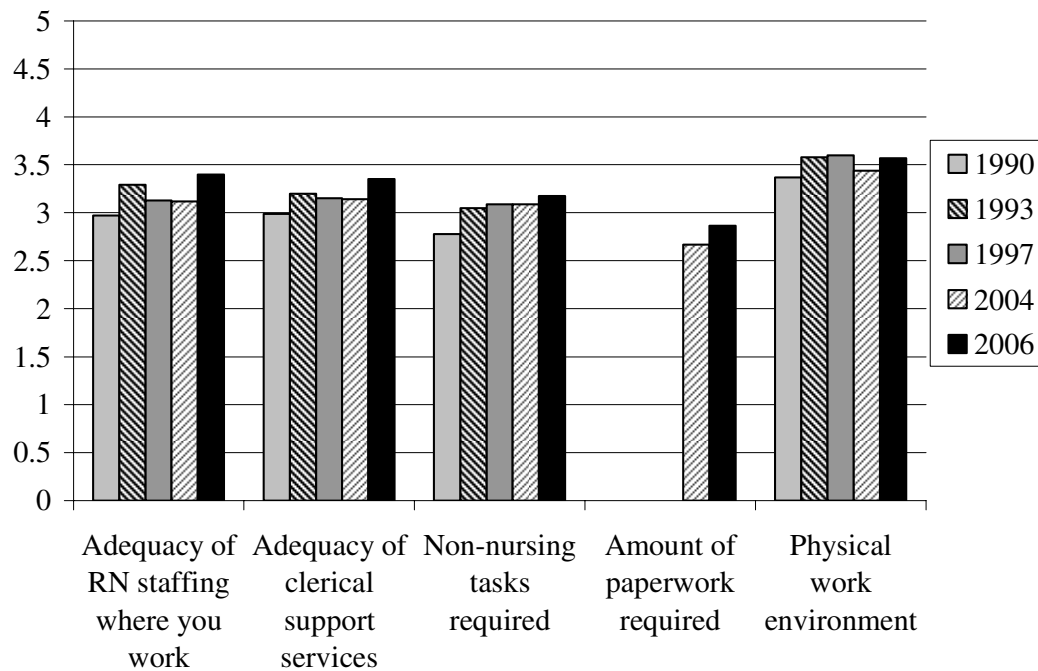
\* Question not asked in the survey year. Note: 2006 data are weighted to represent all RNs with active licenses.

**Figure 3.10. Satisfaction with *salary, benefits, and job security* for RNs currently working and residing in California, by survey year**



Notes: 2006 data are weighted to represent all RNs with active licenses. Some items were not included in all surveys.

**Figure 3.11. Satisfaction with *workplace resources and support* for RNs currently working and residing in California, by survey year**



Notes: 2006 data are weighted to represent all RNs with active licenses. Some items were not included in all surveys.

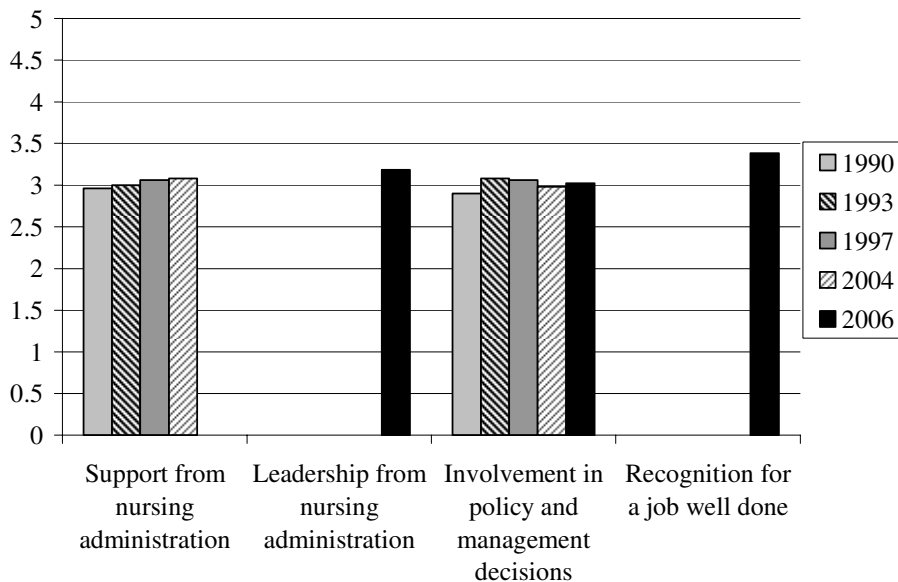
Average satisfaction of registered nurses with management at their current place of employment is presented in Figure 3.12. This is an area of more dissatisfaction among RNs residing in California, and there has been little change over time. Figure 3.13 presents average satisfaction with collegial interactions in the workplace, by survey year. Nurses tend to be satisfied in this domain, and there has been little change in average satisfaction over time. Nurses rate their satisfaction as higher for support from other nurses, relations with non-nursing staff, and the skill of RNs in their workplace than they rate their relations with physicians and temporary staff.

Satisfaction with opportunities for growth and advancement are presented in Figure 3.14. Nurses are generally satisfied with their opportunities to use their skills, and there has been little change in the rating of this job aspect over time. There also has been little change in average satisfaction with opportunities to learn new skills and employer-supported education. There has been marked improvement over time in satisfaction with opportunities for advancement. In 1990, nurses were neutral about their satisfaction with this factor of their work, with an average score of 2.95. By 2006, the average score had risen to 3.5, indicating that more nurses were satisfied with their advancement potential.

Figure 3.15 presents average satisfaction scores for factors associated with patient interactions and quality of care. None of these items were examined in the 1990 and 1993 surveys. Nurses are quite satisfied with their interactions with patients and the feeling that their work is meaningful; there has been no significant change in satisfaction with these factors over time. Nurses are generally satisfied with the quality of patient care where they work. Satisfaction with time available for patient education has been comparatively lower, and did not change appreciably between 2004 and 2006.

Figure 3.16 presents the overall satisfaction of currently working RNs residing in California, for all surveys. Average overall job satisfaction is quite high, averaging 4.05 in 2006, and this has been one of the highest rated items on the survey since 1993. In 2006, nurses also were asked to indicate their satisfaction with the nursing profession overall. Overall satisfaction with the nursing profession averaged 3.83, and 21.4 percent of respondents reported they were “very satisfied” (Table 3.74). In contrast, only 2.1 percent stated they were very dissatisfied.

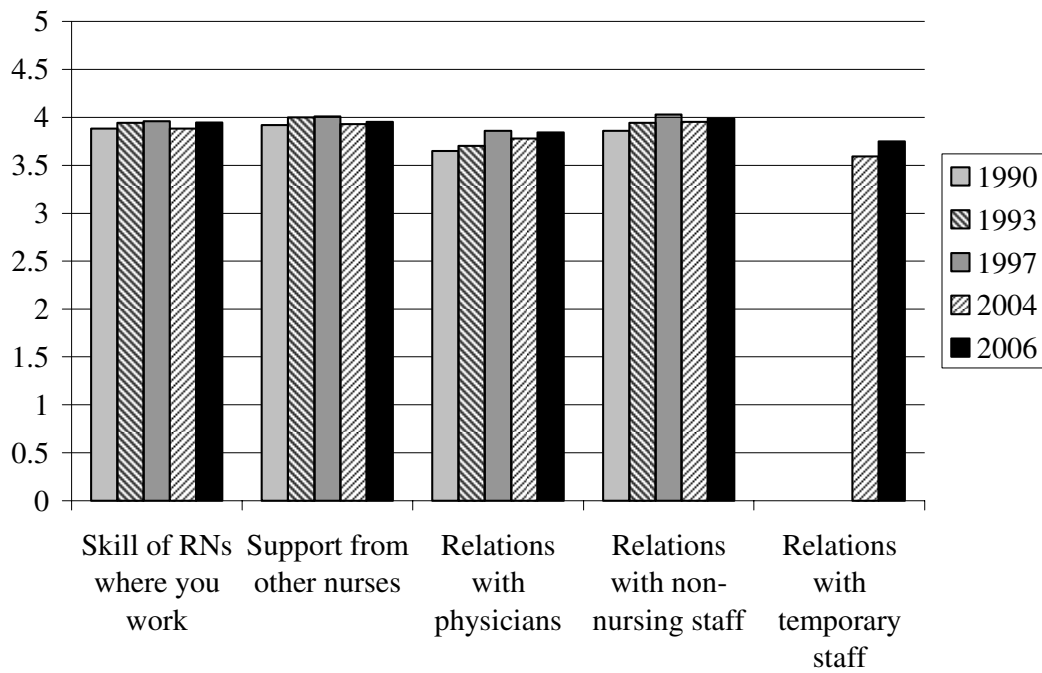
**Figure 3.12. Satisfaction with *management* for RNs currently working and residing in California, by survey year**



Notes: 2006 data are weighted to represent all RNs with active licenses. Some items were not included in all surveys.

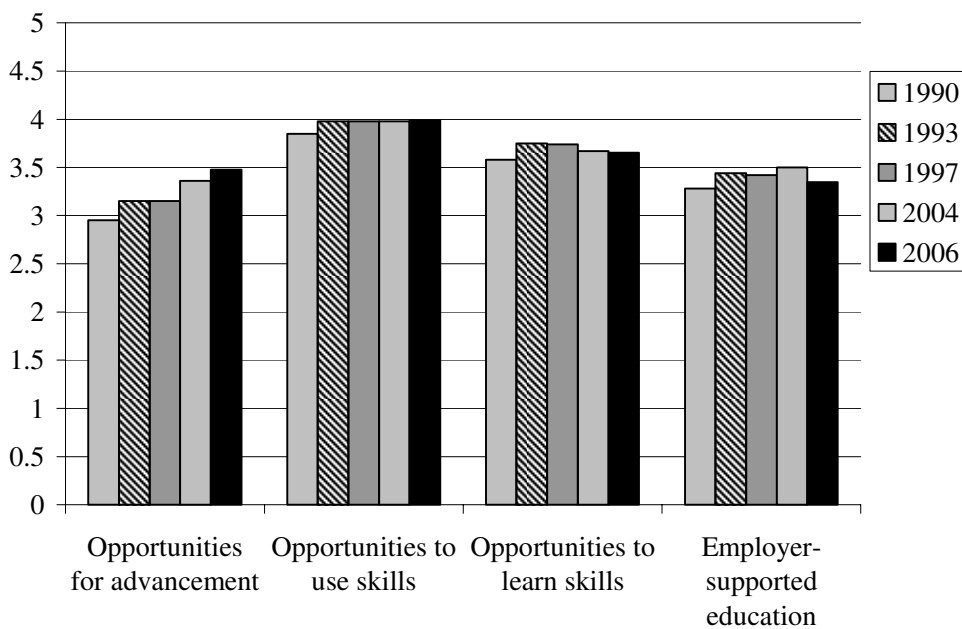


**Figure 3.13. Satisfaction with *colleagues* for RNs currently working and residing in California, by survey year**



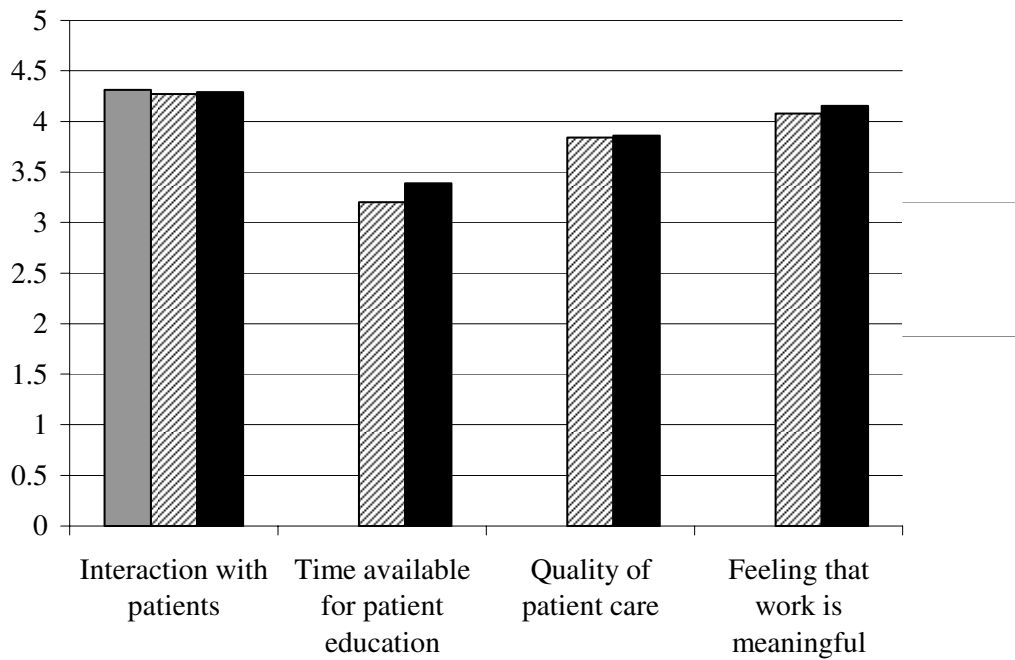
Notes: 2006 data are weighted to represent all RNs with active licenses. Some items were not included in all surveys.

**Figure 3.14. Satisfaction with *opportunities for growth* for RNs currently working and residing in California, by survey year**



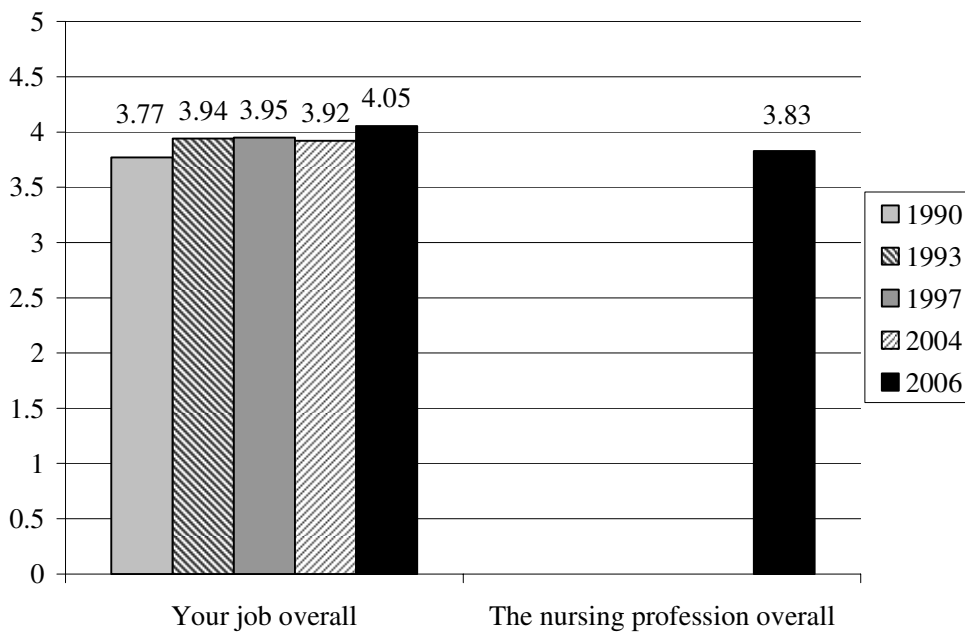
Note: 2006 data are weighted to represent all RNs with active licenses.

**Figure 3.15. Satisfaction with *patient interactions and care* for RNs currently working and residing in California, by survey year**



Notes: 2006 data are weighted to represent all RNs with active licenses. Some items were not included in all surveys.

**Figure 3.16. Overall satisfaction of RNs currently working and residing in California, by survey year**



Notes: 2006 data are weighted to represent all RNs with active licenses. Some items were not included in all surveys.

### Job Satisfaction by Age

Table 3.76 presents mean job satisfaction scores by age group, for all 30 items explored in the 2006 survey. There is some variation for particular job aspects across age groups, but no consistent pattern of any age group being more or less satisfied, with the exception of nurses who are 65 years or older. These nurses, who are considered to be of retirement age, are more satisfied in most dimensions than their younger counterparts. This satisfaction likely explains their continued employment past the age when most people retire. Some other notable differences across ages include:

- Younger nurses are less satisfied with their salary than are older nurses;
- Younger nurses are less dissatisfied with the amount of paperwork required than are older RNs;
- Younger RNs feel most satisfied with opportunities for advancement, while nurses between 45 and 64 years feel much less satisfied.
- Nurses between ages 35 and 54 are less satisfied with the support they receive from other RNs where they work, as well as with teamwork and leadership from nursing administration.
- Younger nurses are less satisfied with their relations with physicians and other staff.
- Older RNs are more satisfied with the time available for patient education than are younger RNs.
- Younger and older RNs are more satisfied with their involvement in policy and management decisions than are middle-age nurses.
- Younger nurses are more satisfied with their opportunities to learn than are older RNs, and with the preceptor and mentor programs available at their jobs.
- Satisfaction with the quality of patient care rises with age, as does satisfaction with the sense that the nurse's work is meaningful.
- Older RNs are more satisfied with their recognition for a job well done.

High average satisfaction scores among younger working RNs for many items indicate that new nurses are generally happy in their jobs. Differences in work setting, job title, and education might account for some of the variations observed across age groups.

### Job Satisfaction by Education

Table 3.77 presents average satisfaction with job factors by highest nursing education attained, for currently working RNs who live in California. In general, nurses with baccalaureate and graduate degrees are more satisfied than are nurses whose highest education level is a diploma or associate degree. Average satisfaction with one's job overall increases with education, as does satisfaction with the nursing profession. Associate degree RNs are less satisfied with their benefits and salary than are nurses with other education levels. Nurses with diplomas are less satisfied with availability of clerical support and teamwork than are other nurses. Diploma and associate degree nurses both are less satisfied with their the skill of RNs where they work, the non-nursing tasks required of them, paperwork, their work environment, their schedules, job security, opportunities for advancement, leadership from administration, time for patient education, involvement in policy, quality of patient care, feeling that their work is meaningful, and recognition for a job well done. Nurses with baccalaureate degrees are more satisfied than other RNs with the number of RNs where they work, and nurses with graduate degrees are noticeably more satisfied with their salaries and benefits, availability of clerical support, their schedules and job security, the time they have for patient education, opportunities to use and learn skills, the feeling that work is meaningful, and their recognition for a job well done.

**Table 3.76. Satisfaction with most recent nursing position for RNs currently working and residing in California, by age group, 2006**

1 through 5 scale; 1=very dissatisfied; 5=very satisfied	Under 35 years	35-44 years	45-54 years	55-64 years	65 years and older
Your job overall	4.02	4.05	4.00	4.12	4.21
Your salary	3.48	3.57	3.52	3.69	3.81
Employee benefits	3.64	3.73	3.58	3.68	3.59
Adequacy of RN skill level where you work	3.96	3.86	3.92	4.02	4.12
Adequacy of the number of RNs where you work	3.45	3.36	3.36	3.43	3.50
Adequacy of clerical support services	3.40	3.42	3.33	3.25	3.40
Non-nursing tasks required	3.24	3.10	3.13	3.23	3.33
Amount of paperwork required	2.98	2.81	2.82	2.87	2.97
Your workload	3.34	3.41	3.41	3.39	3.66
Physical work environment	3.62	3.52	3.52	3.54	3.92
Work schedule	4.03	4.03	4.13	4.14	4.19
Job security	4.13	4.05	4.05	4.03	4.07
Opportunities for advancement	3.66	3.49	3.40	3.42	3.49
Support from other nurses you work with	4.00	3.90	3.82	4.10	4.21
Teamwork between coworkers and yourself	4.06	3.98	3.95	4.02	4.22
Leadership from your nursing administration	3.26	3.10	3.06	3.29	3.59
Relations with physicians	3.74	3.72	3.85	3.97	4.10
Relations with other non-nursing staff	3.84	3.93	4.02	4.06	4.18
Relations with agency/registry nurses	3.74	3.68	3.80	3.71	3.88
Interaction with patients	4.22	4.28	4.35	4.20	4.51
Time available for patient education	3.23	3.33	3.45	3.39	3.74
Involvement in policy/ management decisions	3.08	2.93	3.00	3.03	3.32
Opportunities to use your skills	3.94	3.98	3.92	4.10	4.14
Opportunities to learn new skills	3.71	3.66	3.54	3.72	3.86
Quality of preceptor and mentor programs	3.56	3.33	3.22	3.28	3.48
Employer-supported educational opportunities	3.47	3.37	3.24	3.36	3.49
Quality of patient care where you work	3.78	3.81	3.87	3.89	4.14
Feeling that work is meaningful	4.05	4.12	4.18	4.20	4.28
Recognition for a job well done	3.28	3.30	3.35	3.53	3.72
How satisfied are you with the nursing profession overall?	3.85	3.84	3.83	3.75	3.97

Note: 2006 data are weighted to represent all RNs with active licenses.

**Table 3.77. Satisfaction with most recent nursing position for RNs currently working and residing in California, by highest nursing education, 2006**

1 through 5 scale; 1=very dissatisfied; 5=very satisfied	Diploma	Associate Degree	Baccalaureate Degree	Graduate Degree
Your job overall	4.00	3.96	4.18	4.16
Your salary	3.71	3.50	3.61	3.75
Employee benefits	3.56	3.45	3.73	3.95
Adequacy of RN skill level where you work	3.78	3.86	4.01	4.05
Adequacy of the number of RNs where you work	3.36	3.41	3.50	3.34
Adequacy of clerical support services	3.26	3.36	3.37	3.47
Non-nursing tasks required	3.16	3.14	3.26	3.20
Amount of paperwork required	2.80	2.82	2.92	2.88
Your workload	3.41	3.36	3.45	3.47
Physical work environment	3.48	3.44	3.65	3.64
Work schedule	3.97	4.03	4.13	4.19
Job security	4.00	4.01	4.10	4.20
Opportunities for advancement	3.44	3.41	3.51	3.51
Support from other nurses you work with	3.91	3.94	3.98	4.01
Teamwork between coworkers and yourself	3.88	4.03	4.01	4.07
Leadership from your nursing administration	3.07	3.11	3.28	3.25
Relations with physicians	3.83	3.85	3.85	3.88
Relations with other non-nursing staff	4.00	3.96	3.99	4.07
Relations with agency/registry nurses	3.71	3.79	3.75	3.73
Interaction with patients	4.32	4.27	4.32	4.34
Time available for patient education	3.37	3.24	3.50	3.63
Involvement in policy/ management decisions	3.00	2.93	3.12	3.12
Opportunities to use your skills	4.00	3.93	4.03	4.12
Opportunities to learn new skills	3.67	3.56	3.69	3.83
Quality of preceptor and mentor programs	3.28	3.22	3.36	3.38
Employer-supported educational opportunities	3.35	3.27	3.38	3.43
Quality of patient care where you work	3.71	3.72	3.97	3.94
Feeling that work is meaningful	4.04	4.02	4.24	4.36
Recognition for a job well done	3.39	3.26	3.46	3.66
How satisfied are you with the nursing profession overall?	3.66	3.82	3.86	3.98

Note: 2006 data are weighted to represent all RNs with active licenses.

## Job Satisfaction by Work Setting and Job Title

Tables 3.78 through 3.81 explore the relationships between job satisfaction and the workplace, job title, and clinical settings of nurses, for working nurses who live in California. Table 3.78 focuses on job titles, comparing staff nurses, senior and middle management, front-line management, and patient care coordinators/case managers/discharge planners. There were not enough observations for other job titles to make further comparisons.

Nurses working as staff nurses have average satisfaction ratings that are similar to the average for all nurses, with few exceptions. They are somewhat less satisfied with their physical work environment, leadership from their nursing administration, their involvement in policy and management decisions, and the recognition they receive.

Nurses in senior and middle management positions are generally more satisfied than staff nurses. They are less satisfied than average with their workloads, their interactions with patients, and the time they have available for patient education. They are more satisfied with their physical work environment, opportunities for advancement, leadership from nursing administration, involvement in policy and management decisions, educational opportunities, quality of patient care, and recognition.

Nurses in front-line management positions are less satisfied than average with their benefits, the adequacy of the RN skill level, clerical support, non-nursing tasks required, amount of paperwork, overall workload, time available for patient education, and quality of preceptor and mentor programs. However, they are more satisfied than average with their opportunities for advancement, relationships with physicians, and involvement in management and policy decisions.

Nurses who work in case management, patient care coordination, and discharge planning generally reported being satisfied at rates equal to or higher than respondents in the three other job title groups, as seen in Table 3.78. They are less satisfied with their job security, opportunities for advancement, and opportunities to use their skills. However, they are more satisfied than average with the adequacy of the number of RNs where they work, their workload, relations with agency nurses, patient interaction, involvement in policy decisions, employer-supported educational opportunities, and quality of patient care where they work. They are far more satisfied than average with the adequacy of clerical support services, their physical work environment, nursing administration leadership, relations with physicians, time available for patient education, and recognition. As seen in Table 3.78, the two highest-rated areas of satisfaction across all four job title groups are interactions with patients and feeling that work is meaningful. The two lowest-rated areas of satisfaction across all four major job title groups are the amount of paperwork required and non-nursing tasks required.

Table 3.79 presents nurse satisfaction with job factors by work setting, focusing on nurses who work in acute-care hospital departments, non-acute care hospital departments, skilled nursing facilities, home health agencies, and ambulatory care settings. In general, nurses working in non-acute care department of hospitals, home health agencies, and ambulatory care are more satisfied, and those working in skilled nursing are far less satisfied.

The average satisfaction of RNs working in acute-care departments of hospitals is similar to that of the working, California-resident RN population as a whole. Nurses in hospital acute-care departments are somewhat less satisfied than average with the non-nursing tasks required of them, amount of paper work required, their physical work environment, leadership from nursing administration, time available for patient education, and recognition for a job well done.

Nurses who work in non-acute care departments of hospitals are more satisfied than average with nearly every aspect of their job, with the notable exception of being less satisfied with employee benefits. They are much more satisfied with their jobs overall, salary, adequacy of the number of RNs, physical

work environment, interaction with patients, time available for patient education, and quality of patient care.

In contrast, nurses who work in nursing homes and other long-term care facilities are less satisfied than average with every aspect of their jobs. The gap between nurses in these facilities and the statewide average are greatest for satisfaction with workload (-0.66 points), job security (-0.63), employer-supported educational opportunities (-0.49), salary (-0.49), paperwork required (-0.49), adequacy of RN skill level (-0.47), opportunities to learn new skills (-0.45 points), support from other nurses (-0.45), and the adequacy of the number of RNs (-0.45).

Nurses who work for home health agencies are more satisfied than average with most aspects of their positions. They are particularly satisfied with the adequacy of clerical support, leadership from nursing administration, time available for patient education, and quality of patient care. The only two areas in which they are notably less satisfied than average are with the amount of paperwork required and job security.

Nurses in ambulatory care settings such as clinics and outpatient surgery centers are more satisfied than average with every aspect of their positions except employee benefits. They are notably more satisfied than average with the adequacy of the skill of RNs, the number of RNs, clerical support, number of non-nursing tasks required, amount of paperwork required, overall workload, physical work environment, support from other nurses, leadership from nursing administration, relationships with physicians, time available for patient education, involvement in policy decisions, quality of patient care, and recognition for a job well done.

Table 3.80 presents average satisfaction for nurses who work in different clinical settings. Nurses who work in medical-surgical settings are somewhat more satisfied than average with their opportunities for advancement, and leadership from nursing administration. They are quite a bit less satisfied than average with non-nursing tasks required, workload, relationships with agency nurses, and time available for patient education.

Nurses in critical care settings are somewhat more satisfied than average with their jobs, as well as their relationships with non-nursing staff, and quality of preceptor and mentor programs. They are less satisfied than average with the amount of paperwork required, time available for patient education, and the physical work environment.

Nurses who work in step-down and transitional care units are more satisfied than average with their benefits, the adequacy of clerical support, opportunities for advancement, opportunities to learn new skills, and the quality of preceptor and mentor programs. They also are somewhat more satisfied with the nursing profession overall. They are less satisfied with teamwork, leadership from their nursing administration and recognition for a job well done.

Nurses in perioperative settings are somewhat more satisfied than average with support from other nurses, interaction with patients, opportunities to use skills, and quality of patient care. They are quite a bit less satisfied with the quality of mentor and preceptorship programs, and somewhat less satisfied with their employee benefits, leadership from nursing administration, and recognition.

Nurses working in emergency care settings are less satisfied than average with many aspects of their jobs, although they are more satisfied than average with the nursing profession as a whole. They are particularly dissatisfied with the amount of paperwork required, the physical work environment, leadership from nursing administration, time available for patient education, the quality of preceptor and mentor programs, and the quality of patient care. They are somewhat more satisfied than average with their job security, teamwork with coworkers, and relationships with agency staff.

RNs in obstetrics/gynecology settings are more satisfied than average with their salary, support from other nurses, opportunities to use and learn skills, and job security. They are quite a bit less satisfied

than average with the amount of paperwork required, and somewhat less satisfied with leadership from nursing administration, non-nursing tasks required, and the adequacy of the number of RNs.

Nurses who work in the newborn/neonatal setting are more satisfied on average in nearly every factor, with the exception of non-nursing tasks required. Nurses in this setting are particularly more satisfied than average with the adequacy of the number of RNs, quality of patient care, time available for patient education, teamwork, support from other nurses, and workload. They also are more satisfied than average with their jobs and the nursing profession overall.

Nurses who work in pediatric settings also are more satisfied than average, particularly with the adequacy of RNs where they work (+0.34 points), amount of paperwork required (+0.37 points), quality of preceptor and mentor programs (+0.33 points), employer-supported educational opportunities (+0.34 points), and the quality of patient care (+0.36 points).

Nurses in rehabilitation settings are more satisfied than average in their jobs overall and in the nursing profession. They are less satisfied with the feeling that their work is meaningful, but are more satisfied with the adequacy of the number of RNs and clerical support, their workload, physical work environment, relationships with physicians, quality of preceptor and mentor programs, educational opportunities, and quality of patient care.

Nurses in the mental health setting are less satisfied than average with nearly every aspect of their positions, with a few exceptions. They are more satisfied than average with employee benefits, which may be a result of many of these positions being in government agencies. They also are more satisfied than average with their relationships with physicians and the time they have available for patient education. However, they are at least 0.2 points less satisfied with their jobs overall, the adequacy of RN skill levels where they work, adequacy of the number of RNs, adequacy of clerical support, opportunities for advancement, teamwork, leadership from nursing administration, opportunities to use skills, opportunities to learn skills, and recognition for a job well done. They also are somewhat less satisfied than average with the nursing profession.



**Table 3.78. Satisfaction with most recent nursing position for RNs currently working and residing in California, by job title, 2006**

1 through 5 scale; 1=very dissatisfied; 5=very satisfied	Staff nurse	Senior/middle management	Front-line management	Patient care coordinator
Your job overall	4.02	4.08	4.04	4.11
Your salary	3.64	3.79	3.48	3.65
Employee benefits	3.57	3.74	3.53	3.67
Adequacy of RN skill level where you work	3.95	3.94	3.76	3.99
Adequacy of the number of RNs where you work	3.46	3.32	3.35	3.53
Adequacy of clerical support services	3.35	3.32	3.25	3.74
Non-nursing tasks required	3.15	3.25	3.05	3.27
Amount of paperwork required	2.80	2.85	2.69	2.81
Your workload	3.42	3.18	3.29	3.55
Physical work environment	3.44	3.74	3.55	3.85
Work schedule	4.07	4.04	4.17	4.14
Job security	4.05	4.07	4.09	3.92
Opportunities for advancement	3.40	3.78	3.60	3.28
Support from other nurses you work with	3.96	3.89	3.99	3.96
Teamwork between coworkers and yourself	4.02	3.96	3.98	4.09
Leadership from your nursing administration	3.06	3.31	3.27	3.41
Relations with physicians	3.80	3.79	3.99	4.12
Relations with other non-nursing staff	3.96	3.95	4.03	4.08
Relations with agency/registry nurses	3.76	3.79	3.69	3.87
Interaction with patients	4.29	4.17	4.25	4.41
Time available for patient education	3.34	3.25	3.11	3.97
Involvement in policy/ management decisions	2.85	3.68	3.31	3.17
Opportunities to use your skills	3.98	3.95	3.97	3.85
Opportunities to learn new skills	3.57	3.74	3.63	3.73
Quality of preceptor and mentor programs	3.30	3.25	3.14	3.34
Employer-supported educational opportunities	3.30	3.53	3.37	3.46
Quality of patient care where you work	3.81	3.99	3.87	3.97
Feeling that work is meaningful	4.09	4.14	4.08	4.21
Recognition for a job well done	3.23	3.49	3.42	3.60
How satisfied are you with the nursing profession overall?	3.84	3.92	3.80	3.75

Note: 2006 data are weighted to represent all RNs with active licenses.

**Table 3.79. Satisfaction with most recent nursing position for RNs currently working and residing in California, by work setting, 2006**

1 through 5 scale; 1=very dissatisfied; 5=very satisfied	Hospital, acute care	Hospital, non acute	Skilled nursing facility	Home health agency	Ambulatory care setting
Your job overall	4.02	4.26	3.76	4.05	4.25
Your salary	3.61	3.87	3.09	3.74	3.67
Employee benefits	3.64	3.56	3.22	3.62	3.51
Adequacy of RN skill level where you work	3.87	4.13	3.48	4.11	4.22
Adequacy of the number of RNs where you work	3.44	3.72	2.95	3.36	3.76
Adequacy of clerical support services	3.30	3.56	2.97	3.75	3.72
Non-nursing tasks required	3.05	3.29	2.99	3.28	3.49
Amount of paperwork required	2.73	2.97	2.38	2.62	3.37
Your workload	3.37	3.57	2.75	3.45	3.66
Physical work environment	3.44	3.78	3.45	3.76	3.89
Work schedule	4.06	4.22	3.68	4.01	4.22
Job security	4.10	4.02	3.43	3.90	4.13
Opportunities for advancement	3.56	3.47	3.17	3.41	3.53
Support from other nurses you work with	3.95	4.07	3.50	3.97	4.22
Teamwork between coworkers and yourself	4.05	4.10	3.68	3.92	4.13
Leadership from your nursing administration	3.08	3.35	3.11	3.48	3.44
Relations with physicians	3.75	3.91	3.82	3.78	4.20
Relations with other non-nursing staff	3.95	4.15	3.88	4.02	4.21
Relations with agency/registry nurses	3.74	3.84	3.60	3.82	3.71
Interaction with patients	4.28	4.50	4.29	4.40	4.52
Time available for patient education	3.23	3.68	2.99	3.89	3.86
Involvement in policy/ management decisions	2.98	3.20	3.13	3.18	3.37
Opportunities to use your skills	3.97	4.05	3.80	4.12	4.24
Opportunities to learn new skills	3.68	3.68	3.20	3.82	3.91
Quality of preceptor and mentor programs	3.35	3.40	3.01	3.53	3.35
Employer-supported educational opportunities	3.37	3.48	2.86	3.45	3.43
Quality of patient care where you work	3.79	4.17	3.66	4.15	4.29
Feeling that work is meaningful	4.11	4.27	3.95	4.25	4.31
Recognition for a job well done	3.26	3.55	3.21	3.57	3.70
How satisfied are you with the nursing profession overall?	3.88	3.92	3.70	3.75	3.83

Note: 2006 data are weighted to represent all RNs with active licenses.

**Table 3.80. Satisfaction with most recent nursing position for RNs currently working and residing in California, by clinical setting, 2006**

1 through 5 scale; 1=very dissatisfied; 5=very satisfied	Medical-surgical	Critical care	Step-down/transitional	Peri-operative	Emergency/trauma
Your job overall	4.05	4.17	4.06	4.10	3.92
Your salary	3.62	3.58	3.69	3.62	3.67
Employee benefits	3.72	3.51	3.91	3.49	3.45
Adequacy of RN skill level where you work	3.95	3.90	4.03	3.96	3.80
Adequacy of the number of RNs where you work	3.41	3.39	3.57	3.46	3.46
Adequacy of clerical support services	3.32	3.22	3.57	3.41	3.20
Non-nursing tasks required	3.01	3.04	3.28	3.15	3.02
Amount of paperwork required	2.78	2.62	2.87	2.84	2.67
Your workload	3.22	3.37	3.27	3.51	3.29
Physical work environment	3.56	3.39	3.53	3.50	3.17
Work schedule	4.10	4.11	4.04	4.06	4.11
Job security	4.01	4.17	4.01	4.02	4.20
Opportunities for advancement	3.64	3.49	3.75	3.43	3.56
Support from other nurses you work with	3.91	4.00	3.95	4.06	3.92
Teamwork between coworkers and yourself	3.93	4.10	3.86	4.00	4.11
Leadership from your nursing administration	3.29	3.06	3.02	3.04	2.85
Relations with physicians	3.73	3.73	3.74	3.94	3.83
Relations with other non-nursing staff	3.96	4.10	3.96	3.99	3.83
Relations with agency/registry nurses	3.61	3.72	3.70	3.75	3.89
Interaction with patients	4.21	4.27	4.33	4.43	4.13
Time available for patient education	3.16	3.20	3.25	3.34	3.02
Involvement in policy/ management decisions	3.00	2.89	3.04	2.99	2.90
Opportunities to use your skills	3.99	3.94	4.10	4.10	3.99
Opportunities to learn new skills	3.66	3.64	3.89	3.70	3.64
Quality of preceptor and mentor programs	3.36	3.44	3.66	3.13	3.15
Employer-supported educational opportunities	3.42	3.38	3.47	3.26	3.25
Quality of patient care where you work	3.76	3.85	3.85	4.05	3.67
Feeling that work is meaningful	4.15	4.18	4.17	4.16	3.97
Recognition for a job well done	3.40	3.23	3.19	3.27	3.28
How satisfied are you with the nursing profession overall?	3.79	3.92	3.99	3.87	3.97

Note: 2006 data are weighted to represent all RNs with active licenses.

**Table 3.80 (continued). Satisfaction with most recent nursing position for RNs currently working and residing in California, by clinical setting, 2006**

1 through 5 scale; 1=very dissatisfied; 5=very satisfied	Obstetrics	Newborn/ neonatal	Pediatrics	Rehabilita- tion	Mental health
Your job overall	4.05	4.20	4.19	4.01	3.82
Your salary	3.87	3.65	3.58	3.53	3.54
Employee benefits	3.70	3.67	3.67	3.62	3.79
Adequacy of RN skill level where you work	3.98	4.10	3.99	3.59	3.70
Adequacy of the number of RNs where you work	3.26	3.70	3.68	3.22	3.03
Adequacy of clerical support services	3.34	3.37	3.53	3.21	2.81
Non-nursing tasks required	3.00	2.95	3.17	3.32	3.00
Amount of paperwork required	2.56	3.04	3.00	2.83	2.71
Your workload	3.30	3.69	3.68	3.35	3.33
Physical work environment	3.52	3.65	3.78	3.49	3.41
Work schedule	4.06	4.11	4.11	4.17	4.03
Job security	4.25	4.15	4.04	3.96	4.01
Opportunities for advancement	3.65	3.57	3.53	3.55	3.13
Support from other nurses you work with	4.22	4.24	4.00	3.84	3.83
Teamwork between coworkers and yourself	4.13	4.22	4.09	4.00	3.79
Leadership from your nursing administration	2.99	3.21	3.35	3.21	2.80
Relations with physicians	3.79	3.87	4.07	3.83	3.97
Relations with other non-nursing staff	4.02	4.11	4.11	4.01	3.87
Relations with agency/registry nurses	3.78	3.91	3.75	3.62	3.62
Interaction with patients	4.45	4.39	4.38	4.49	4.28
Time available for patient education	3.37	3.64	3.48	3.25	3.60
Involvement in policy/ management decisions	2.96	3.18	3.19	3.15	2.95
Opportunities to use your skills	4.22	4.01	3.96	4.10	3.79
Opportunities to learn new skills	3.85	3.71	3.74	3.66	3.40
Quality of preceptor and mentor programs	3.48	3.45	3.62	3.22	3.38
Employer-supported educational opportunities	3.39	3.33	3.60	3.27	3.32
Quality of patient care where you work	3.97	4.14	4.14	3.90	3.85
Feeling that work is meaningful	4.26	4.29	4.03	4.23	4.10
Recognition for a job well done	3.30	3.49	3.45	3.51	3.07
How satisfied are you with the nursing profession overall?	3.75	4.04	3.95	3.80	3.71

Note: 2006 data are weighted to represent all RNs with active licenses.

### ***Future Nursing Work Plans***

In every Survey of Registered Nurses, respondents were asked about their plans for the next five years, with regard to nursing. Table 3.81 presents the responses of currently-working RNs who live in California for each survey year. Since 1993, over half of respondents plan to work approximately as much as they do now, although this share has dropped from 60 percent in 1993 to 53 percent in 2006. About 22 percent plan to reduce their hours of nursing work; this share has been relatively stable since 1990. In 2006, 9.5 percent planned to increase their hours of nursing work, which is an increase from previous years. In both 2004 and 2006, about 3 percent of nurses plan to leave nursing entirely, but not retire. In 2006, 12.8 percent of working nurses said they plan to retire within five years, compared to 10.6 percent in 2004.

Table 3.82 and Figure 3.17 examine these responses by age group. The share of nurses that plans to maintain the same number of hours of nursing work increases with age until about 50 years, and then declines precipitously afterward. The pattern toward plans to increase hours of nursing work with age among nurses under 50 years likely reflects the tendency of younger nurses with children to work less, with plans to increase their hours as their children get older. The pattern of intention to decrease hours after age 50 is closely associated with plans to retire. Over half of RNs over 60 years old plan to retire within five years, and over 20 percent of nurses between 55 and 59 years old plan to retire within five years.

**Table 3.81. Future plans of RNs who resided in California and were employed in nursing at the times of the surveys, by survey year**

	<b>1990</b>	<b>1993</b>	<b>1997</b>	<b>2004</b>	<b>2006</b>
Plan to work approximately as much as now	46.1%	60.1%	57.1%	56.7%	53.1%
Plan to reduce hours of nursing work	32.7%	21.8%	24.7%	22.1%	21.6%
Plan to increase hours of nursing work	6.7%	8.4%	8.5%	7.2%	9.5%
Plan to leave nursing entirely, but not retire	14.6%	9.8%	9.7%	3.4%	3.0%
Plan to retire	*	*	*	10.6%	12.8%
Number of Cases	2,219	2,160	2,422	3,717	3,694

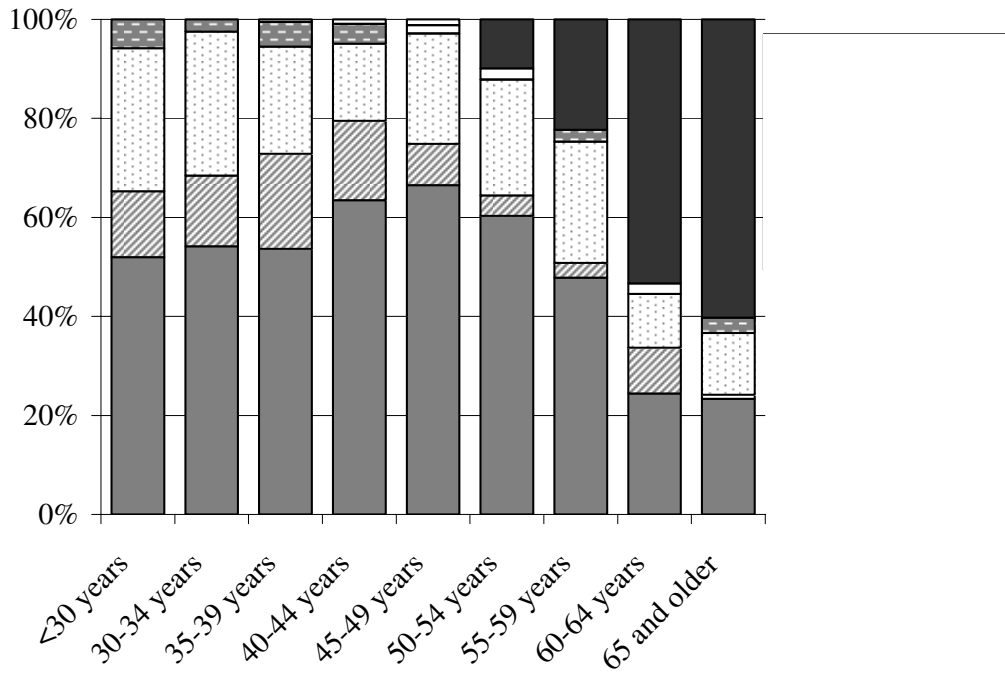
Note: Columns might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

**Table 3.82. Future plans of RNs who resided in California and were employed in nursing at the times of the surveys, by age group, 2006**

	<b>Under 35 years</b>	<b>35-44 years</b>	<b>45-54 years</b>	<b>55-64 years</b>	<b>65 years and older</b>
Plan to work approximately as much as now	53.3%	59.2%	62.9%	38.9%	23.3%
Plan to reduce hours of nursing work	29.0%	18.2%	22.9%	19.3%	12.5%
Plan to increase hours of nursing work	13.9%	17.4%	5.9%	5.4%	0.9%
Plan to leave nursing entirely, but not retire	3.9%	4.5%	2.0%	2.3%	3.1%
Plan to retire	0.0%	0.7%	6.2%	34.1%	60.2%

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

**Figure 3.17. Future plans of RNs who resided in California and were employed in nursing at the times of the surveys, by age group, 2006**



Note: Data are weighted to represent all RNs with active licenses. Data for this figure are presented in Table 3.82.

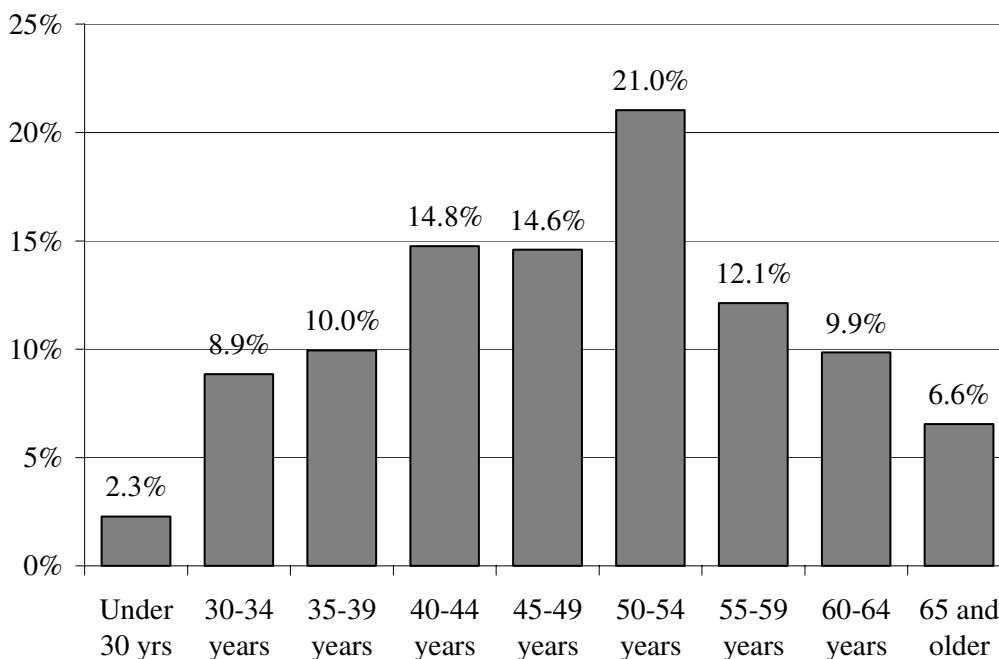
## Chapter 4. Profile of Registered Nurses with Active Licenses Not Working in Nursing

About 13 percent of nurses with active California licenses who lived in California were not working in nursing jobs in 2006 (Table 2.15). Because these nurses had active California licenses at the time the survey sample was selected, they are qualified to obtain a nursing position in this state. The share of nurses that is not working in a nursing position increases with the age of nurses (Figure 2.14 and Table 2.16). In this chapter, we examine the demographics and education of this group of nurses, and analyze their responses to a series of survey questions specifically directed to better understand the reasons they are not working in nursing. Nurses with active licenses who were not employed in registered nursing were asked about how long it has been since they last worked in nursing, the reasons they left nursing, whether they are employed outside nursing, and their future employment plans. These nurses are of particular interest, since they represent a group who could potentially be recruited to return to nursing.

### Demographic Characteristics

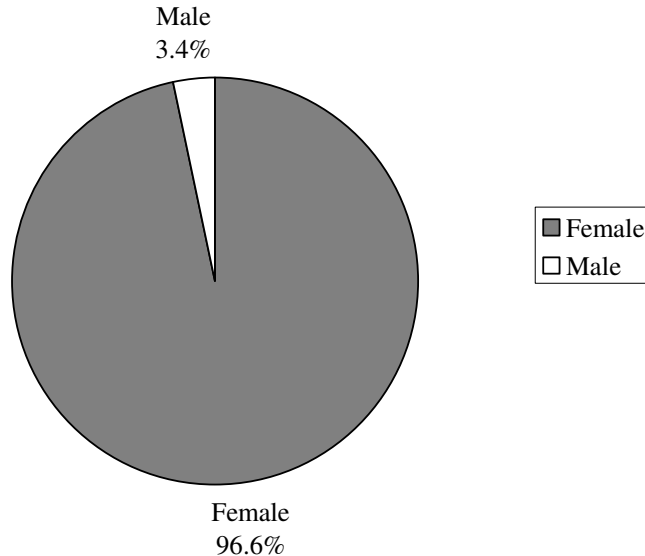
The age distribution of RNs with active licenses who are not working in nursing positions is similar to that of RNs who work in nursing, as seen in Figure 4.1. The modal age of RNs not working in nursing is 50 to 54 years. Compared with RNs working in nursing (Figure 3.1), a higher share of RNs not working in nursing is between 40 and 64 years old, and a lower share is under 40 years old. Only 3.4 percent of RNs not working in nursing is male, as seen in Figure 4.2. Statewide, 9.8 percent of RNs with active licenses are male (Figure 2.2). For working registered nurses, the percent of male RNs was 10.5 percent in 2006 (Table 3.2).

**Figure 4.1. Age distribution of registered nurses who are *not working in nursing* positions, for RNs with active California licenses and California addresses, 2006**



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

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



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

The ethnic and racial distribution of RNs who are not working is quite different from that of the RN population as a whole (Table 4.1). Over 82 percent of RNs who are not working in nursing positions are White, but only 64 percent of the statewide RN population is White (Figure 2.3). Sixteen percent of California’s RNs are Filipino, but Filipinos account for less than one percent of RNs not working in nursing. Given the under-representation of non-White RNs in the population of RNs not working in nursing, it is not surprising that non-working RNs are less likely to speak other languages than the RN population as a whole (Tables 4.2 and 2.6).

Over three-fourths of RNs with active licenses who do not work in nursing are married, as seen in Figure 4.3. The share of non-working RNs that is married is 78 percent, which is higher than the share in the overall population, 68.5 percent (Figure 2.5). As seen in Table 4.3, nurses who are not working in nursing are somewhat more likely than the statewide active RN population (Table 2.8) to have children living at home. Among the statewide working RN population, about 50 percent have some children living at home, and about 53 percent of non-working RNs have children at home.

Nurses who are not working in nursing positions are more likely to have children 2 years old or younger (Table 4.4). About 20 percent of non-working RNs have infants and toddlers, while about 17 percent of working RNs have children in this age range. A smaller share of non-working RNs reported that they have other people dependent on them for care than working RNs. About 21 percent of non-working RNs have people dependent on them (Table 4.5), whereas 23.5 percent of all RNs (working and non-working) reported that they had other dependents at home.



**Table 4.1. Racial/ethnic backgrounds of registered nurses who are *not working in nursing positions*, for RNs with active California licenses and California addresses, 2006**

<b>Racial/Ethnic Group</b>	<b>Percent of nurses</b>
White, not Hispanic	81.8%
Hispanic	0.3%
Black/African-American	0.2%
Filipino	0.7%
Asian Indian	0.1%
Other Asian	0.2%
Native Hawaiian or Other Pacific Islander	<0.1%
Native American/American Eskimo	<0.1%
Mixed	0.3%
Other	<0.1%
Number of cases	613

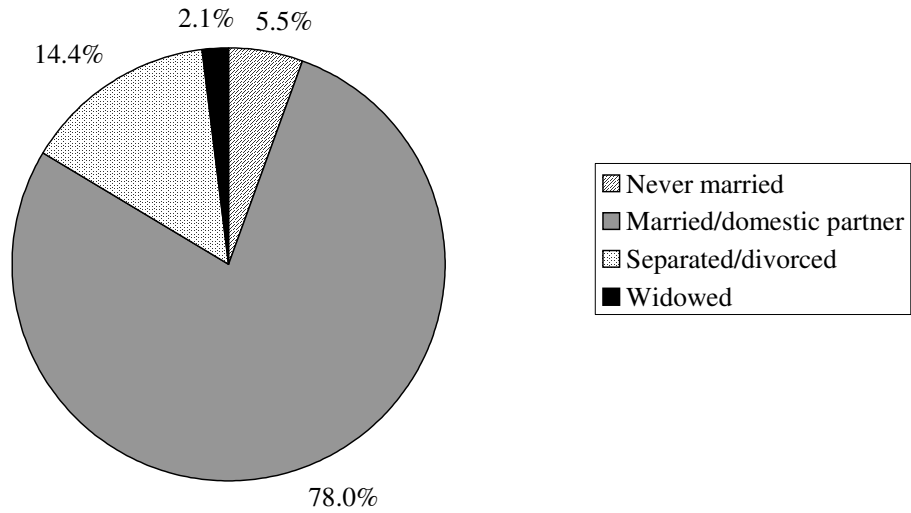
Notes: Column might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

**Table 4.2. Language fluency of registered nurses who are *not working in nursing positions*, for RNs with active California licenses and California addresses, 2006**

<b>Language</b>	<b>Percent of RNs</b>
Spanish	8.8%
Korean	0.1%
Tagalog	5.9%
Hindi	0.8%
Mandarin	0.1%
Cantonese	0.7%
Vietnamese	<0.1%
Other	10.2%

Notes: Column might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

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



Notes: Data might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

**Table 4.3. Number of children living in the homes of registered nurses who are *not working in nursing positions*, for RNs with active California licenses and California addresses, 2006**

	Percent of nurses
None	47.3%
One	17.5%
Two	25.0%
Three	7.4%
Four or more	2.8%
Mean Number of Children	1.01
Number of Cases	579

Notes: Column might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

**Table 4.4. Percent of registered nurses who are *not working in nursing* positions with children living at home who have children in specified age groups, for RNs with active California licenses and California addresses, 2006**

Ages of children	Percent of nurses
Birth to 2 years	20.4%
3-5 years	15.3%
6-12 years	30.9%
13-18 years	35.6%
Over 18	38.4%

Notes: Some nurses have children in more than one age group, so columns will not total 100%. Data are weighted to represent all RNs with active licenses.

**Table 4.5. Other people dependent on RNs who are *not working in nursing* positions, for RNs with active California licenses and California addresses, 2006**

	Percent of nurses
None	79.1%
1 person	11.6%
2 people	7.4%
3 people	1.2%
4 or more	0.6%
Number of Cases	609

Notes: Column might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

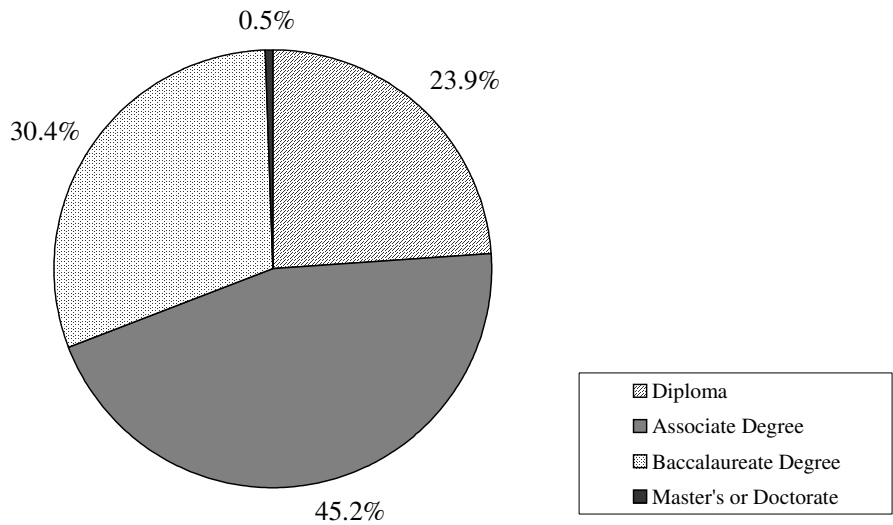
### ***Educational Preparation***

Most RNs who are not working in nursing positions received their initial RN education in an associate degree program, as seen in Figure 4.4. Diploma-educated RNs are somewhat over-represented in the population of RNs not working in nursing; 24 percent of RNs not working in nursing are diploma-educated, as compared with 16 percent of working RNs. Nurses whose primary education was a baccalaureate degree or master's degree are correspondingly under-represented among non-working RNs.

The majority of RNs not working in nursing positions – 56.3 percent – received their initial nursing education in California, as seen in Table 4.5. Nearly 12 percent were educated in another country, and the remaining 32 percent were educated in other states. Foreign-educated RNs are under-represented in the population of non-working RNs. Statewide, 18 percent of working RNs were educated in other nations (Table 3.14).

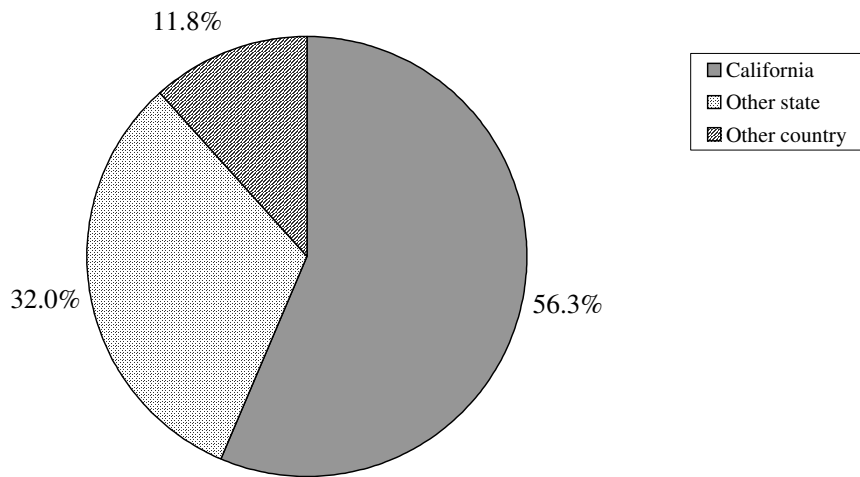
Figure 4.6 presents the highest nursing education received by RNs who are not working in nursing positions. Over half of all RNs report that their highest education is at least a baccalaureate degree; however, only 43 percent of non-working RNs have a baccalaureate or higher degree. There is little difference between working and non-working nurses in the share who have additional certifications (Table 4.6).

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



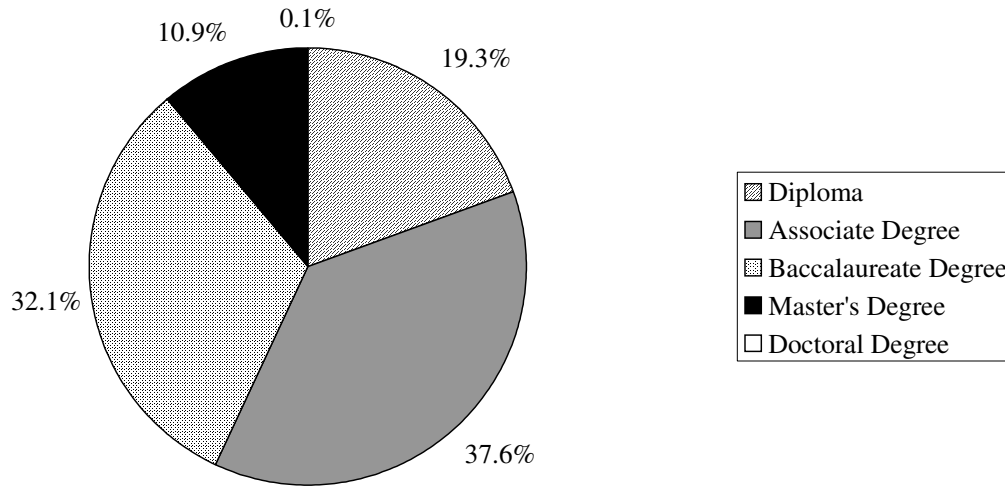
Notes: Data might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

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



Notes: Data might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

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



Notes: Data might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

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

	2006
No additional certifications	78.9%
Nurse Anesthetist	0.6%
Nurse Midwife	1.0%
Nurse Practitioner	5.4%
Public Health Nurse	16.7%
Psychiatric/Mental Health Nurse	0.5%
Clinical Nurse Specialist	2.7%
Number of Cases	549

Note: Column may not total to 100% because respondents could report more than one certification. 2006 data are weighted to represent all RNs with active licenses.

### *Last job in the nursing field*

Nurses with active licenses who are not working in nursing positions were asked about the last time they worked in nursing. As seen in Table 4.7, over half of RNs who lived in California in 2006 and did not work in nursing last worked in the field when they were under 45 years old. The mean age at which California-resident RNs last held a nursing position was 43.3 years. This age is consistent with the 1990, 1993, and 1997 surveys, in which the average age ranged from 40.6 to 42.5 years. However, the age at which RNs last held a nursing position was somewhat higher in 2004, at 48.2 years.

About 60 percent of RNs who have active licenses and live in California but do not work in nursing have been out of nursing for less than five years, as seen in Table 4.8. The mean number of years that nurses have been out of the field in 2006 was 5.6 years, which was fewer years than in the previous surveys.

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

	1990	1993	1997	2004	2006
Under 35	36.3%	28.0%	29.8%	18.6%	25.2%
35-44	28.6%	33.7%	38.2%	21.6%	32.8%
45-54	15.9%	21.0%	22.1%	22.2%	23.5%
55-59	8.8%	7.0%	6.3%	13.6%	9.9%
60-64	8.3%	5.8%	2.2%	14.4%	6.0%
65 and older	2.1%	4.5%	1.5%	9.6%	2.7%
Mean	41.4	42.5	40.6	48.2	43.3
Number of cases	444	245	274	500	568

Note: In the 1990, 1993, 1997, and 2004 surveys, the question requested the year in which the nurse last worked as a RN for at least six months. The 2006 survey simply asked for the year in which the nurse last worked for pay as a RN. Columns might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

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

	1990	1993	1997	2004	2006
One year ago or less	11.7%	19.2%	25.5%	13.1%	32.3%
2-4 years ago	25.9%	3.6%	25.2%	31.2%	27.8%
5-9 years ago	21.4%	27.3%	22.6%	30.8%	18.6%
10-14 years	16.9%	13.9%	14.2%	9.8%	11.5%
15-24 years	14.6%	6.1%	9.1%	11.2%	8.2%
More than 25 years	9.5%	2.8%	3.3%	3.9%	1.7%
Mean	10.0	6.7	6.7	7.5	5.6
Number of cases	444	245	274	519	568

Notes: Columns might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

Most nurses with active licenses who do not hold nursing positions worked in the field for at least 10 years, as seen in Table 4.9. About 45 percent of California residents who are not working in nursing report that they have at least 15 years of nursing experience, and another 20 percent have 10 to 14 years of experience. Less than 15 percent have fewer than 5 years of nursing experience.

Note that nursing experience and time since a nursing position was most recently held are somewhat different between California residents and non-residents. Because there are few RNs in our sample who have active licenses, live outside California, and are not working in nursing, we cannot examine whether these differences are important, or what they might indicate about nursing in California as compared with other states. Our primary interest in studying non-working RNs is to ascertain the likelihood that these nurses might return to nursing work in California in the future. Thus, the remainder of this chapter focuses on RNs who live in California.

**Table 4.9. Number of years nurses practiced registered nursing before stopping work, for registered nurses who are not working in nursing positions, have active California licenses and have California addresses, by survey year**

	1990	1993	1997	2004	2006
Less than 5 years	14.9%	10.8%	14.9%	8.0%	14.9%
5-9 years	22.5%	26.4%	22.1%	16.4%	20.3%
10-14 years	23.9%	23.6%	25.4%	14.7%	20.2%
15-24 years	22.8%	24.0%	25.4%	25.4%	26.1%
25 or more years	16.0%	15.2%	12.3%	35.5%	18.5%
Mean	14.4	14.2	13.3	19.9	15.1
Number of cases	457	250	276	524	568

Notes: Columns might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

### *Reasons for not working in nursing*

Nurses with active licenses who are not working in nursing positions were asked to rate the importance of 16 factors in their decision to not hold a nursing position. The responses for California residents are presented in Table 4.10. The factors most frequently identified as “very important” were childcare responsibilities (32.7%), stress on the job (31.7%), some “other” dissatisfaction with a job (28.8%), and other family responsibilities (27.6%).

Table 4.11 examines these responses by the number of years since the nurse last worked in nursing. The first column presents the share of nurses who rated a factor as important or very important among those who last worked in nursing 5 or fewer years ago. The second column presents the share rating a factor as important for nurses who have been out of nursing work for more than five years. There are some striking differences in the responses. Nurses who have active licenses but have not held a nursing position for more than five years were more likely to rate childcare responsibilities, other family responsibilities, and moving to a different area as important or very important reasons for them not working in nursing. These data suggest that nurses who choose to stop working in nursing to care for children, meet family responsibilities, or relocate are more likely to maintain active California licenses for more than five years. Nurses who have not held a nursing position for five or fewer years are more likely to rate retirement, stress on the job, job-related illness/injury, non-job related illness/injury, dissatisfaction with the nursing profession, and inconvenient schedules in nursing jobs as important or very important factors for not working in nursing.

**Table 4.10. Importance of factors in the decision to not hold a nursing position, for registered nurses who are not working in nursing positions, have active California licenses, and reside in California, 2006**

	Not at all important	Somewhat important	Important	Very important	Does not apply
Retired	15.7%	4.6%	6.0%	10.4%	63.3%
Childcare responsibilities	8.8%	7.3%	5.4%	32.7%	45.8%
Other family responsibilities	13.6%	4.7%	9.9%	27.6%	44.2%
Moving to a different area	12.2%	6.7%	7.4%	9.2%	64.5%
Stress on the job	6.0%	10.1%	23.6%	31.7%	28.6%
Job-related illness/injury	10.5%	4.7%	8.9%	14.0%	61.9%
Non-job-related illness/injury	10.3%	4.1%	9.9%	8.4%	67.2%
Salary	16.6%	12.4%	19.0%	17.7%	34.4%
Decreased benefits	15.4%	8.1%	7.3%	15.8%	53.5%
Other dissatisfaction with your job	8.3%	8.4%	18.9%	28.8%	35.7%
Dissatisfaction with the nursing profession	13.2%	9.4%	18.2%	19.8%	39.4%
Travel	18.3%	5.9%	6.8%	4.6%	64.4%
Wanted to try another occupation	11.0%	6.3%	7.8%	16.5%	58.5%
Inconvenient schedules in nursing jobs	13.4%	7.9%	12.2%	17.7%	48.8%
Difficult to find a nursing position/laid off	16.1%	1.1%	4.7%	4.8%	73.3%
Other	1.1%	0.4%	5.4%	14.7%	78.4%

Note: Items that were omitted by respondents who answered at least one of these items were assumed to not apply. Notes: Rows might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

The factors that influence a nurse's decision to not work in a nursing position vary in importance with the age of the nurse, as seen in the last two columns of Table 4.11. The first column of this table presents the share of nurses under 55 years of age who rated each factor as important or very important. The second column provides the same data for nurses 55 years and older. Among nurses under 55 years old, the most important factors for not working in nursing were childcare responsibilities (46.3%), other family responsibilities (42.9%), stress on the job (59.4%), other job dissatisfaction (46.0%), dissatisfaction with the nursing profession (38.3%), and inconvenient schedules in nursing jobs (33.9%). Over 44 percent of RNs 55 years and older stated that retirement was an important factor in the decision to not work in nursing, compared with only 5 percent of RNs under 55 years old. Other factors that were more important for nurses 55 years and older were other job dissatisfaction and travel.

All nurses with active licenses were asked about their job satisfaction with their current or most recent position, as well as with the nursing profession overall. Table 4.12 compares the satisfaction of nurses with their current positions and that of non-working nurses with their most recent nursing position. Nurses who were not currently working in a nursing position were asked to rate satisfaction with nursing based on their most recently held nursing position. This group was more satisfied with their salary, benefits, employer-sponsored education, the skill of their nursing colleagues, and interactions with patients than nurses who were currently working. Nurses who were not working were less satisfied than working RNs with nearly every other factor, particularly their work schedules, workloads, time for patient education, support from other nurses, teamwork, recognition, and job security. Nurses who were not working were substantially less satisfied with the nursing profession overall, giving the profession an average rating of 3.34 (on a 5-point scale), compared with 3.83 for working RNs.



**Table 4.11. Share of nurses rating factors as “important” or “very important” in the decision to *not work* in nursing, for registered nurses with active California licenses residing in California, by how long since they last worked as a RN and by age, 2006**

	Years since last worked in nursing		Age of nurse	
	5 years or less	More than 5 years	Under 55 years	55 years and older
Retired	24.2%	12.2%	5.2%	44.5%
Childcare responsibilities	28.7%	43.0%	46.3%	17.5%
Other family responsibilities	32.7%	45.2%	42.9%	23.7%
Moving to a different area	14.9%	15.8%	15.8%	18.8%
Stress on the job	54.8%	47.4%	59.4%	45.0%
Job-related illness/injury	28.5%	12.1%	23.8%	20.7%
Non-job-related illness/injury	22.4%	10.0%	19.8%	14.8%
Salary	33.7%	28.7%	36.8%	36.3%
Decreased benefits	21.6%	18.3%	25.9%	15.8%
Other dissatisfaction with your job	44.7%	37.6%	46.0%	51.7%
Dissatisfaction with the nursing profession	34.7%	29.4%	38.3%	37.1%
Travel	11.8%	8.5%	8.6%	18.4%
Wanted to try another occupation	17.4%	28.5%	26.2%	19.5%
Inconvenient schedules in nursing jobs	27.5%	25.4%	33.9%	19.9%
Difficult to find a nursing position/laid off	9.5%	9.0%	9.9%	8.3%
Other	24.6%	12.3%	22.7%	13.7%

Note: Items that were omitted by respondents who answered at least one of these items were assumed to not apply. 2006 data are weighted to represent all RNs with active licenses.

### ***Employment status of nurses not working in nursing***

Some nurses who are not employed in nursing positions are employed outside nursing. Nurses with active licenses who were not working in nursing were asked several questions about non-nursing employment. Figure 4.7 presents the shares of RNs residing in California who were not working in nursing positions. In 2004, 23 percent of RNs residing in California who were not employed in nursing were working in another field. In 2006, 29 percent of California residents not employed in a nursing position were working outside nursing. Figure 4.8 refines these data further by focusing on RNs who reported that they were not working in nursing but were not retired. Of these RNs, nearly one-third of California residents were working in non-nursing positions in 2006, and the rate was similar for both residents and non-residents in 2004. This rate is somewhat lower than that observed in 1993 and 1997.

Table 4.13 presents the number of hours per week that nurses with active licenses employed in non-nursing positions worked, for California residents in 1990, 1997, 2004, and 2006. The average number of hours worked per week was 33.6, and the modal range was 33 to 40 hours per week. The average number of hours per week has dropped somewhat over time, due to a slightly higher percent of nurses working between 9 and 16 hours per week, and a smaller share working 41 or more hours per week. Since 1990, the average number of hours worked per week in non-nursing positions by active licensees residing in California has been lower than the average number of hours worked per week by nurses holding nursing positions (Table 3.20).

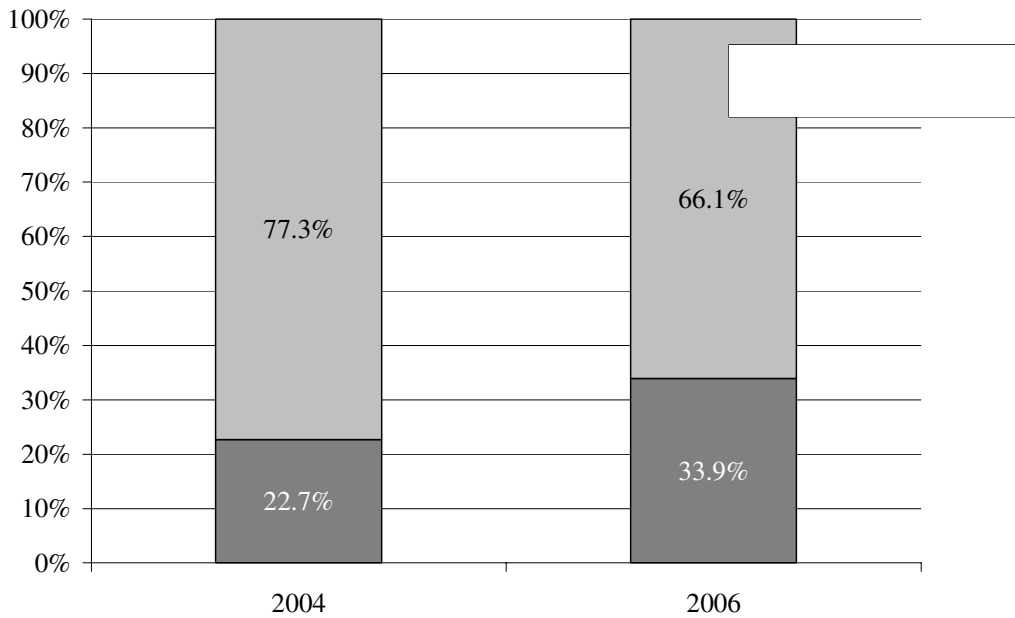
**Table 4.12. Satisfaction with most recent nursing position for RNs with active licenses residing in California but are not working in nursing, compared with those who are working 2006**

1 through 5 scale; 1=very dissatisfied; 5=very satisfied	Working	Not Working
Your salary	3.58	3.70
Employee benefits	3.64	3.75
Skill of RNs where you work	3.94	4.01
Adequacy of RN staffing where you work	3.40	3.30
Adequacy of clerical support services	3.35	3.26
Non-nursing tasks required	3.18	3.22
Amount of paperwork required	2.87	2.75
Workload	3.41	3.11
Physical work environment	3.57	3.42
Work schedule	4.09	3.77
Job security	4.06	3.88
Opportunities for advancement	3.48	3.42
Support from other nurses with whom you work	3.95	3.70
Leadership from nursing administration	3.18	3.12
Relations with physicians	3.84	3.82
Relations with other non-nursing staff	3.99	4.03
Relations with temporary agency/traveling agency/registry staff	3.75	3.70
Teamwork between coworkers and yourself	4.01	3.81
Interaction with patients	4.29	4.35
Time available for patient education	3.39	3.12
Involvement in policy and management decisions	3.02	3.02
Opportunities to use your skills	3.99	3.88
Opportunities to learn new skills	3.65	3.65
Employer-supported educational/training programs	3.35	3.43
Quality of preceptor and mentor programs	3.34	3.36
Quality of patient care	3.86	3.72
Feeling that work is meaningful	4.15	4.00
Recognition for a job well done	3.39	3.20
Your job overall	4.05	3.84
The nursing profession overall	3.83	3.35

\* Question not asked in the survey year.

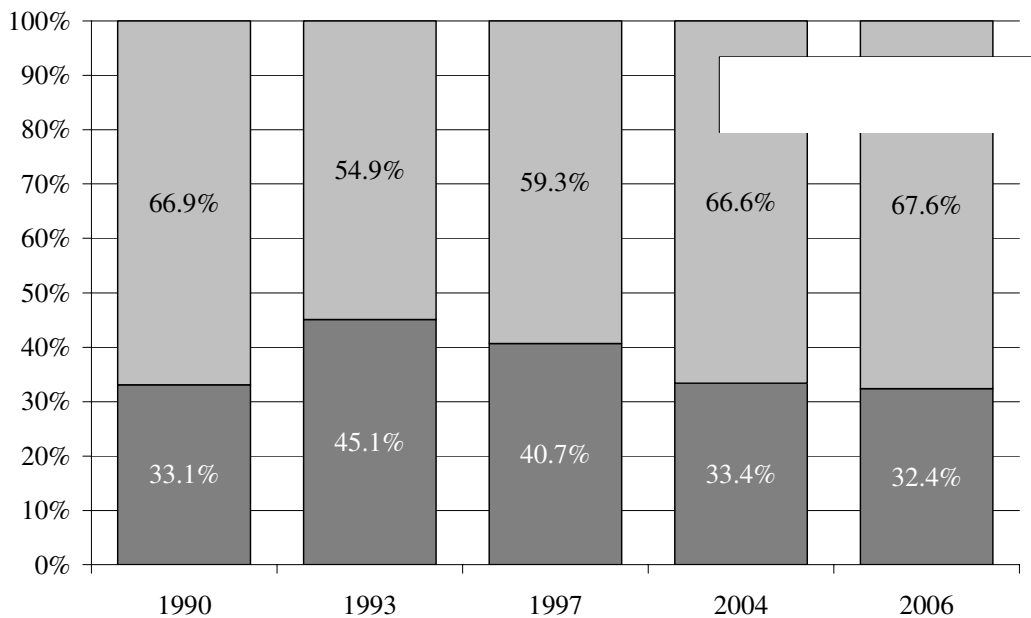
Note: 2006 data are weighted to represent all RNs with active licenses.

**Figure 4.7. Current employment status of registered nurses whose California licenses are active and who live in California, but who are not currently working as RNs, 2004 and 2006**



Notes: Data might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

**Figure 4.8. Current employment status of non-retired registered nurses with active California licenses who live in California and are not currently employed in nursing, by survey year**



Notes: Data might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

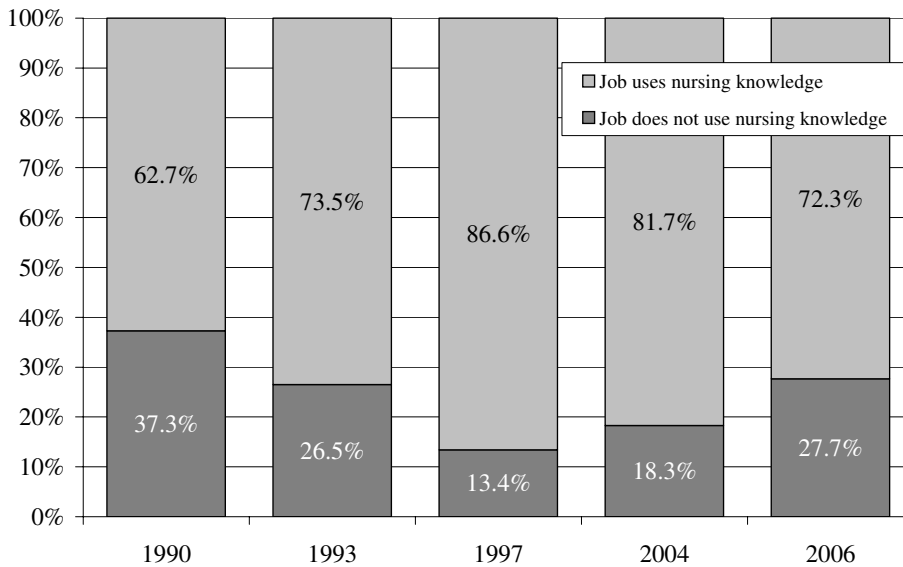
Nurses who work in non-nursing positions were asked if their jobs used their nursing knowledge. Among California residents, 72 percent said their non-nursing job used their nursing knowledge (Figure 4.9). Some respondents added comments about the nature of their non-nursing position to clarify their response. Many of these nurses noted that their position does not require a nursing license, but is in the health care industry, and their nursing experience is very important to their success.

**Table 4.13. Number of hours per week nurses work *outside* the nursing profession, for RNs with active licenses residing in California, by survey year**

	1990	1997	2004	2006
8 hours or less	6.0%	4.5%	2.6%	4.2%
9-16 hours	6.6%	6.3%	12.3%	14.4%
17-24 hours	11.3%	12.5%	14.9%	15.3%
25-32 hours	8.6%	13.4%	8.8%	14.4%
33-40 hours	43.0%	35.7%	37.7%	37.5%
41-48 hours	8.6%	8.9%	9.7%	4.0%
More than 48 hours	15.9%	18.8%	14.0%	10.2%
Mean	35.8	36.0	34.7	33.6
Number of Cases	151	112	114	200

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

**Figure 4.9. Utilization of nursing knowledge in non-nursing jobs, for nurses with active California licenses residing in California, by survey year**



Notes: Data might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

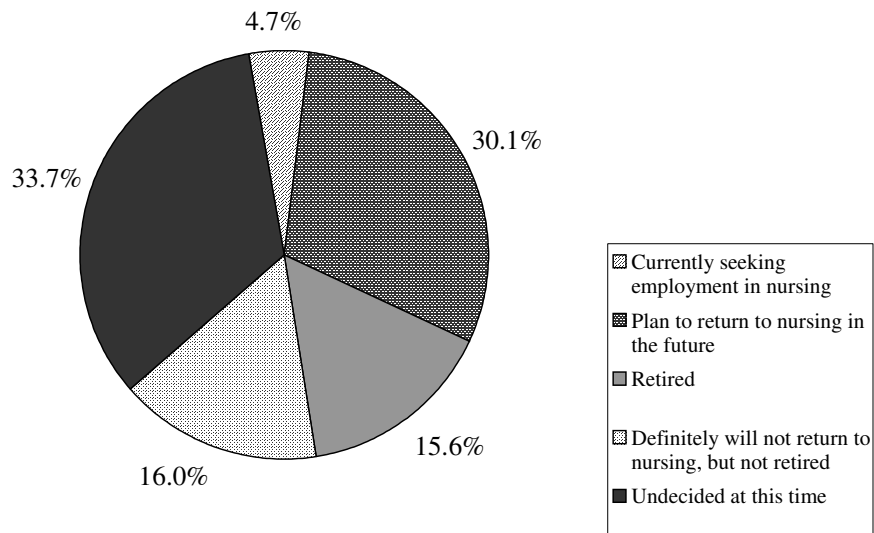
***Future plans of nurses with active licenses not working in the profession***

Registered nurses with active California licenses who were not employed in nursing positions were asked about their future plans. Their responses are summarized in Figure 4.10. Nearly one-third said they were either retired or would definitely not return to nursing (31.6%), which is similar to the rate that responded similarly in 2004 (34.7%). In 2006, 33.7 percent said they were undecided about their future plans, whereas in 2004 the rate was 39.4 percent. Nearly 5 percent were seeking work in nursing at the time of the 2006 survey, and 30 percent said they plan to return to nursing in the future.

Table 4.14 examines the plans of nurses who were not working in nursing by survey year and age. In 2006, half of the RNs under 35 years of age were planning to return to nursing in the future. An even higher share (58.2%) of 35 to 44 year old nurses plan to return to nursing. The share that has such plans steadily declines after age 45 years. There is a significant share of RNs 45 years and older reporting they may return to nursing. A surprising share of nurses age 65 and older – 70 percent – say they may return to nursing in the future. The share that says they will definitely not return generally rises with age between 35 and 64 years old.

Table 4.15 presents the time frame in which nurses who say they plan to return to nursing expect to do so, for California residents in 2004 and 2006. Nearly 40 percent of nurses not working in nursing in 2006 say they expect to return to nursing within the year. Another 28 percent plan to return in one to two years and about 31 percent plan to return within five or more years.

**Figure 4.10. Future plans of California nurses with active licenses not working in the profession, for California residents, 2006**



Notes: Data might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

**Table 4.14. Future plans of all California nurses with active licenses not working in the profession and not retired, for California residents, by survey year and age**

Survey Year	Intentions regarding returning to nursing	All RNs not working in nursing	Age at time of survey					
			Under 35	35-44	45-54	55-59	60-64	Over 64
<b>1990</b>	Definitely will not return	36.9%	17.9%	20.5%	34.5%	35.8%	47.6%	69.2%
	May return	53.8%	71.4%	62.2%	56.9%	60.4%	47.6%	28.2%
	Plan to return	9.2%	10.7%	17.3%	8.6%	3.8%	4.8%	2.6%
	<i>Number of cases</i>	444	28	127	116	53	42	78
<b>1993</b>	Definitely will not return	32.3%	36.0%	27.3%	21.8%	32.4%	50.0%	51.9%
	May return	52.6%	40.0%	52.3%	58.2%	61.8%	45.5%	48.1%
	Plan to return	15.1%	24.0%	20.5%	20.0%	5.9%	4.5%	0.0%
	<i>Number of cases</i>	251	25	88	55	34	22	27
<b>1997</b>	Definitely will not return	31.1%	4.2%	28.1%	32.1%	37.1%	60.1%	33.3%
	May return	42.0%	33.3%	47.2%	41.5%	45.7%	30.0%	33.3%
	Plan to return	26.9%	62.5%	24.7%	26.5%	17.1%	10.0%	33.3%
	<i>Number of cases</i>	283	24	89	106	35	20	9
<b>2004</b>	Definitely will not return	35.6%	0.0%	13.6%	28.9%	35.7%	45.3%	59.1%
	May return	38.4%	20.8%	37.5%	42.2%	37.5%	44.0%	35.4%
	Currently seeking employment in nursing	5.5%	33.3%	3.4%	4.4%	7.1%	6.7%	1.6%
	Plan to return to nursing in the future	20.4%	45.8%	45.5%	24.4%	19.6%	4.0%	3.9%
	<i>Number of cases</i>	505	24	88	135	56	75	127
<b>2006</b>	Definitely will not return	19.7%	17.5%	12.8%	21.0%	25.9%	36.8%	8.0%
	May return	41.6%	8.7%	29.0%	52.0%	49.4%	43.5%	70.0%
	Currently seeking employment in nursing	5.7%	23.3%	<0.1%	3.7%	7.8%	2.1%	7.4%
	Plan to return to nursing in the future	33.0%	50.4%	58.2%	23.3%	16.9%	17.6%	14.6%
	<i>Number of cases</i>	350	19	62	105	71	53	40

Notes: Columns might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

**Table 4.15. Time frame within which nurses who are not working in nursing positions but *plan to return* to nursing plan to do so, for California residents, 2004 and 2006**

	2004	2006
Less than one year	28.0%	39.9%
1 to 2 years	24.6%	28.3%
2 to 3 years	14.3%	
3 to 4 years	7.4%	14.3%
4 to 5 years	5.1%	
5 or more years	20.6%	17.5%
Number of cases	175	99

Notes: Columns might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

Nurses with active licenses who lived in California, were not working in a nursing position, and stated that they did not plan to return to nursing or were uncertain were asked to rate the importance of factors that might change their decision to not work in nursing. Table 4.16 summarizes their responses. The factors most often rated as very important were flexible work hours (44.8%), better nurse-to-patient ratios (43.8%), better support from nursing management (42.0%), availability of re-entry programs and mentoring (42.8%), and adequate support staff for non-nursing tasks (39.0%).

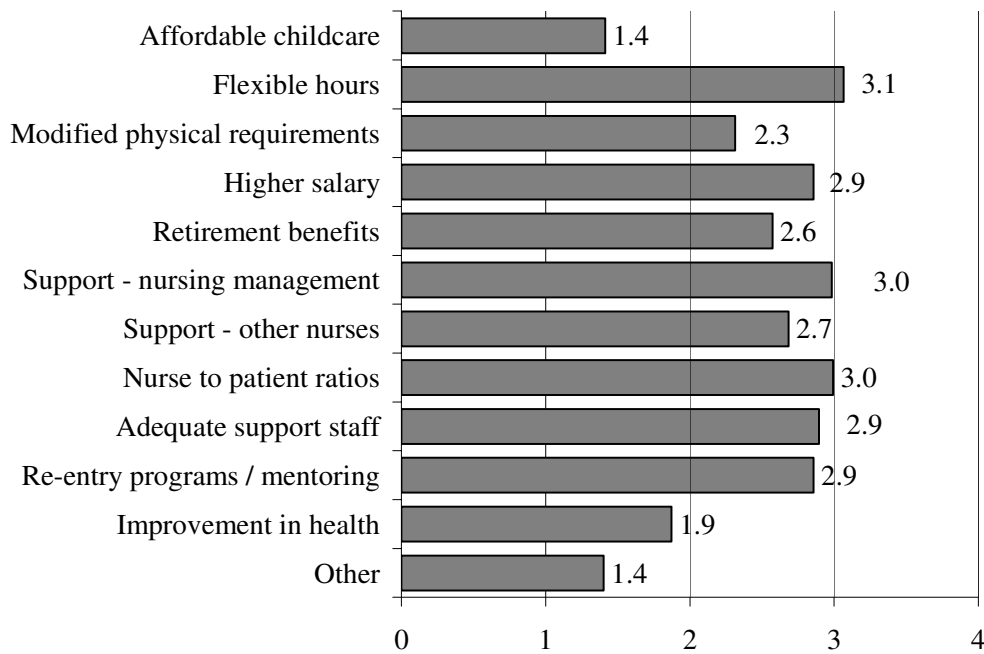
Figure 4.11 summarizes these data by giving a response of “not at all important” or “does not apply” (or missing) one point, “somewhat important” two points, “important” 3 points, and “very important” four points. The results presented in this Figure reflect those of Table 4.16. Table 4.17 uses the same scoring scheme to examine the responses of nurses who have been without a nursing position for 5 or fewer years as compared with those who have been outside nursing more than 5 years, as well as for nurses who are retired versus those who are not. Nurses who have been out of nursing employment for more than five years rated flexible work hours, better nurse-to-patient ratios, and availability of re-entry programs/mentoring as more important than did nurses who held a nursing position more recently. The nurses who have been out of nursing employment more than five years rated support from other nurses and improvement in health status as less important than did nurses who worked in nursing more recently. Non-retired nurses reported that nearly every factor was more important than did retired nurses, with the exception of improvement in health status.

**Table 4.16. Importance of factors in the decision to return to nursing for RNs who live in California, have active licenses, but are not working in nursing, 2006**

Reasons for leaving nursing	Not at all important	Somewhat important	Important	Very Important	Does not apply
Affordable childcare at or near work	23.0%	2.3%	1.0%	3.0%	70.6%
Flexible work hours	11.1%	7.3%	13.9%	44.8%	22.8%
Modified physical requirements of job	17.0%	10.1%	17.5%	27.1%	28.4%
Higher nursing salary	12.4%	14.7%	19.2%	31.9%	21.8%
Better retirement benefits	17.7%	9.1%	10.9%	32.4%	29.9%
Better support from nursing management	9.9%	9.1%	16.2%	42.0%	22.8%
More support from other nurses	13.4%	11.9%	21.8%	28.4%	24.6%
Better nurse to patient ratios	11.4%	5.3%	18.7%	43.8%	20.8%
Adequate support staff for non-nursing tasks	9.4%	6.6%	24.8%	39.0%	20.3%
Availability of re-entry programs and mentoring	10.9%	6.8%	15.4%	42.8%	24.1%
Improvement in my health status	14.4%	7.9%	8.4%	23.0%	46.3%
Other	3.0%	0.0%	2.5%	11.1%	83.3%

Note: Items that were omitted by respondents who answered at least one of these items were assumed to not apply. Rows might not total 100% due to rounding. 2006 data are weighted to represent all RNs with active licenses.

**Figure 4.11. Importance of factors in encouraging RNs with active licenses who live in California but are not working in nursing to return to nursing, 2006**



Note: If a nurse did not respond to an item but responded to other items, the omitted item is assumed to be “not at all important” (value=1) and was recorded as such. 2006 data are weighted to represent all RNs with active licenses. A value of 4 indicates “very important”.



**Table 4.17. Importance of factors in the decision to return to nursing for RNs who live in California, have active licenses, but are not working in nursing, by years since last worked in nursing and retirement status, 2006**

Reasons for leaving nursing	Years since last worked in nursing		Retirement status	
	5 years or less	More than 5 years	Retired	Not retired
Affordable childcare at or near work	1.26	1.27	1.00	1.43
Flexible work hours	2.82	3.12	2.07	3.24
Modified physical requirements of job	2.37	2.21	2.17	2.41
Higher nursing salary	2.84	2.88	2.46	2.96
Better retirement benefits	2.41	2.55	2.19	2.65
Better support from nursing management	2.82	2.85	2.37	3.11
More support from other nurses	2.62	2.48	2.05	2.80
Better nurse to patient ratios	2.80	3.03	2.29	3.10
Adequate support staff for non-nursing tasks	2.72	2.90	2.25	3.00
Availability of re-entry programs/mentoring	2.48	3.03	2.35	2.95
Improvement in my health status	2.16	1.73	2.47	1.84
Other	1.41	1.31	1.16	1.43

Note: Items that were omitted by respondents who answered at least one of these items were assumed to not apply. 2006 data are weighted to represent all RNs with active licenses. A value of 1 indicates “not at all important” and a value of 4 indicates “very important.”

## Chapter 5. Profile of Registered Nurses with Inactive and Lapsed Licenses

The 2004 and 2006 surveys included a sample of nurses with inactive or lapsed California licenses, in addition to sampling registered nurses with active California licenses. The 2006 survey was limited to RNs with California addresses, while the 2004 survey included nurses who were residing both in and outside California at the time of the survey. For the 2006 survey, half the sample was drawn from nurses with licenses that had lapsed between January 1, 2005, and January 25, 2006. The other half of the sample was drawn from nurses with “inactive” licenses with expiration dates after January 1, 2006. This chapter reports findings from the survey of nurses with inactive or lapsed licenses.

Of the 1,000 surveys mailed in 2006, 416 responses were received. The 2006 survey of nurses with inactive or lapsed licenses was somewhat different from that sent to nurses with active licenses. It was shorter and included questions about why the respondent had chosen to allow his/her license to become inactive or lapse. There were 303 responses from nurses with inactive licenses, resulting in a 60.6 percent response rate, and 113 responses from nurses with lapsed licenses, resulting in a 22.6 percent response rate.

In the survey for nurses with inactive or lapsed licenses, nurses were asked to report the status of their license, to ensure that they had not changed their inactive or lapsed status between the time the sample was selected and when the survey was completed. Nearly 90 percent of nurses who were sampled as having an inactive license confirmed this status in the survey. Four percent reported that their license was delinquent at the time of the survey, and 6 percent reported that they had an active license. Over 75 percent of nurses who were in the lapsed license sample reported that their licenses were indeed lapsed at the time of the survey, and 25 percent had a different status: thirteen percent reported that they had an inactive license, and 12 percent had an active license. For the inactive/lapsed survey, nurses who self-reported that their license was active at the time of the survey were excluded from the analysis.

As discussed in Chapter 1, there was some response bias to the survey of nurses with inactive licenses. The 5-county San Francisco Bay Area and Los Angeles region are over-represented in the data, while the Border counties are substantially under-represented. The age group distribution also is statistically significantly different for the survey respondents than the general population, with nurses in the oldest age category being over-represented. The number of respondents with inactive licenses was sufficient to develop weights to adjust for different response rates by age categories, but not by region. All analyses of nurses with inactive licenses are weighted to ensure that the data presented represent the statewide population of nurses with inactive licenses.

There was also response bias for the sample of nurses with lapsed licenses. The Sacramento, Central Valley & Sierra, and outlying San Francisco areas are somewhat over-represented among the respondents. RNs with expired licenses age 65 or older were more than twice as likely to respond to the survey as RNs in other age groups, and thus they are over-represented in the data. Because the total number of respondents with lapsed licenses is small (113 nurses), we cannot adjust for different response rates using weights. Instead, when appropriate, we present results separately for RNs age 65 and older, and for RNs under age 65.

### *Demographic Characteristics*

Table 5.1 presents the age distribution of nurses with inactive or lapsed licenses in 2004 and 2006. The 2006 data are presented separately for nurses with lapsed and inactive licenses, while the 2004 data analysis combines nurses with inactive and lapsed licenses. More than 60 percent of RNs with inactive licenses are 60 years or older, as seen in Table 5.1. As compared with 2004 respondents, 2006 survey respondents with inactive or lapsed licenses were older: 45 percent of nurses with inactive licenses in 2006 were 65 years or older, 56.6 percent of nurses with lapsed licenses in 2006 were 65 years or older, but only 4.5 percent of nurses with lapsed or inactive licenses in 2004 were 65 years or older. Note that

the 2004 sample includes nurses with addresses outside California, and thus includes RNs who allowed their California license to lapse or become inactive because they moved to another state. This population is likely to be quite different from that of the 2006 survey, which was limited to nurses with California addresses. Nurses who allow their licenses to become inactive or lapse, but remain in California, are more likely to have retired. The older average age of the 2006 sample is consistent with the expectation that this group includes a greater share of retirees who continue to live in California, as compared with the 2004 survey.

Figure 5.1 presents the gender distribution of nurses with lapsed and inactive licenses in 2004 and 2006. In 2006, over 96 percent of RNs with inactive licenses and 95 percent of respondents with lapsed licenses were female. Table 5.2 presents the racial and ethnic backgrounds of nurses with lapsed and inactive licenses. In 2006, 82.3 percent of RNs with inactive licenses, and 80.5 percent of respondents with lapsed licenses, were white. When compared with the population of nurses with active California licenses, nurses with inactive and lapsed licenses are more likely to be female and white. Only 90.2 percent of nurses with active licenses are female, and 64.3 percent are white. The higher shares of females and whites among nurses with inactive and lapsed licenses are consistent with the shares of females and whites among the older age groups of nurses with active licenses.

The 2006 survey asked nurses to report languages spoken fluently, other than English. Table 5.3 summarizes the responses. As with nurses with active licenses in 2006, Spanish and Tagalog are the most commonly spoken languages among RNs with inactive and lapsed licenses. Nurses with inactive licenses identified “other” languages such as Armenian, Farsi, French, Russian, Taiwanese, and Thai. The other languages reported by respondents with lapsed licenses included French, German, Swedish, Cebuan dialect (Philippines), and Russian.

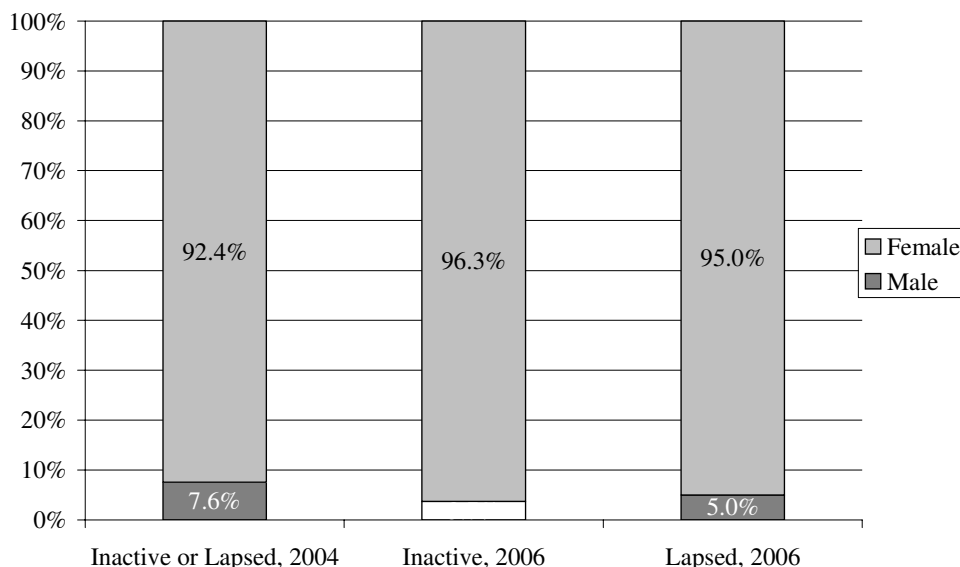
Most RNs with inactive and lapsed licenses reported that they were married or in a domestic partner relationship, as seen in Table 5.4. The shares of nurses with inactive and lapsed licenses that are widowed are much higher than the share of nurses with active licenses. In 2006, 3.3 percent of RNs with active licenses were widowed (Figure 2.5), while 16.3 percent of nurses with inactive licenses and 23.5 percent of nurses with lapsed licenses were widowed.

**Table 5.1. Ages of registered nurses with *inactive and lapsed* California licenses, 2004 & 2006**

	Inactive or Lapsed, 2004	Inactive, 2006	Lapsed, 2006
Under 30	4.6%	0.0%	0.9%
30-34	8.4%	0.0%	0.9%
35-39	9.2%	1.0%	1.8%
40-44	12.3%	5.8%	5.3%
45-49	18.5%	8.4%	2.7%
50-54	20.9%	11.1%	11.5%
55-59	14.2%	12.6%	10.6%
60-64	7.5%	16.2%	9.7%
65 or older	4.5%	45.0%	56.6%
Mean Age	54	62.7	63.7
Number of cases	965	285	113

Note: Inactive RN responses are weighted to reflect the statewide population of inactive RNs. Responses from nurses with lapsed licenses are not weighted and reflect only the respondents. 2004 data are not weighted.

**Figure 5.1. Gender of registered nurses with *inactive and lapsed* California licenses, 2004 & 2006**



Note: Inactive RN responses are weighted to reflect the statewide population of inactive RNs. Responses from nurses with lapsed licenses are not weighted and reflect only the respondents. 2004 data are not weighted.

**Table 5.2. Racial/ethnic backgrounds of registered nurses with *inactive and lapsed* California licenses, 2004 & 2006**

	Inactive or Lapsed, 2004	Inactive, 2006	Lapsed, 2006
Hispanic	3.1%	1.3%	3.5%
Hispanic or Latino of Mexican Descent	2.6%	*	*
Other Hispanic	0.5%	*	*
White, not Hispanic	78.4%	82.3%	80.5%
Black/African-American	5.5%	3.4%	6.2%
Filipino	6.3%	8.3%	5.3%
Asian Indian	0.4%	0.5%	0.0%
Other Asian	3.4%	3.0%	1.8%
Native Hawaiian/ Other Pacific Islander	0.1%	0.0%	0.0%
Native American/ American Eskimo	0.6%	0.0%	0.9%
Mixed	1.2%	1.3%	1.8%
Other	0.9%	0.0%	0.0%
Number of cases	949	282	113

\* The 2006 survey did not include this option.

Note: Inactive RN responses are weighted to reflect the statewide population of inactive RNs. Responses from nurses with lapsed licenses are not weighted and reflect only the respondents. 2004 data are not weighted.

**Table 5.3. Shares of registered nurses with *inactive and lapsed* California licenses who can speak languages other than English, 2006**

Language	Inactive, 2006	Lapsed, 2006
Spanish	5.0%	6.0%
Korean	0.0%	0.0%
Tagalog	7.3%	5.0%
Hindi	0.0%	0.0%
Mandarin	0.8%	0.0%
Cantonese	0.9%	0.0%
Vietnamese	0.4%	0.0%
Other	5.9%	5.0%

Note: Inactive RN responses are weighted to reflect the statewide population of inactive RNs. Responses from nurses with lapsed licenses are not weighted and reflect only the respondents.

**Table 5.4. Marital status of registered nurses with *inactive and lapsed* California licenses, 2006**

	Inactive, 2006	Lapsed, 2006
Married/domestic partner	66.9%	56.1%
Never married	5.2%	7.1%
Separated or divorced	11.6%	13.3%
Widowed	16.3%	23.5%

Note: Inactive RN responses are weighted to reflect the statewide population of inactive RNs. Responses from nurses with lapsed licenses are not weighted and reflect only the respondents.

Thirty percent of respondents with inactive licenses and sixteen percent of respondents with lapsed licenses have children living at home (Table 5.5). In contrast, 49.8 percent of nurses with active licenses have children living at home (Table 2.8). One-third of nurses with inactive licenses who have children report having two or more children at home, and 20 percent have children younger than 13 years old living at home (Table 5.6). Among the nurses with lapsed licenses, 76 percent have two or more children, and 33 percent have children younger than 6 years old. Fifteen percent of nurses in both the lapsed and inactive populations have other people dependent on them for care, such as parents, a spouse, grandchildren, or friends (Table 5.7). This figure is lower than for RNs with active licenses; 23.5 of nurses with active licenses had other people dependent on them for care in 2006 (Table 2.8).

**Table 5.5. Number of children living in the homes of currently working registered nurses with inactive and lapsed California licenses, 2006**

	Inactive	Lapsed
No children	72.6%	84.0%
One child	12.7%	4.0%
Two children	9.6%	6.0%
Three children	1.7%	6.0%
Four or more children	3.1%	0.0%
Mean Number of Children	0.51	0.34
Number of Cases	276	100

Note: Inactive RN responses are weighted to reflect the statewide population of inactive RNs. Responses from nurses with lapsed licenses are not weighted and reflect only the respondents.

**Table 5.6. Percent of nurses with children living at home who have children in specified age groups, for nurses with inactive and lapsed California licenses, 2006**

	Inactive	Lapsed
Birth to 2 years	0.0%	19.1%
3-5 years	2.1%	13.6%
6-12 years	18.0%	42.9%
13-18 years	28.4%	38.1%
Over 18	57.7%	31.6%

Notes: Some nurses have children in more than one age group, so columns will not total 100%. Therefore, total percentage is not reported. Inactive RN responses are weighted to reflect the statewide population of inactive RNs. Responses from nurses with lapsed licenses are not weighted and reflect only the respondents.

**Table 5.7. Other people (spouse, parents, grandchildren, friends) dependent on RNs with inactive and lapsed California licenses, 2006**

	Inactive	Lapsed
None	85.6%	84.5%
1 person	10.5%	11.7%
2 people	2.0%	3.9%
3 people	1.1%	0.0%
4 or more	0.9%	0.0%
Number of Cases	289	103

Note: Inactive RN responses are weighted to reflect the statewide population of inactive RNs. Responses from nurses with lapsed licenses are not weighted and reflect only the respondents.

### ***Educational Preparation***

Nurses with inactive and lapsed licenses are more likely to have entered the nursing profession by completing a diploma nursing education program than actively licensed RNs, as seen in Table 5.8 and Figure 2.8. Associate degrees are less common among the population of RNs with inactive and lapsed licenses, as are baccalaureate and graduate degrees. The pre-licensure education of nurses with inactive and lapsed licenses is consistent with the older age distribution of these nurses. Diploma programs were a common education mode through the 1960s, and thus higher shares of older RNs completed this type of pre-licensure nursing education program.

Table 5.9 presents the locations in which nurses with inactive and delinquent licenses who reside in California received their pre-licensure education. Over 50 percent of RNs with inactive or lapsed licenses completed their basic nursing education program in California. Respondents who were educated in other countries are under-represented among respondents with inactive and lapsed licenses, while nurses educated in other states are over-represented. The data regarding nurses with lapsed licenses should be interpreted with caution, due to the small number of respondents. The statistics for nurses with inactive licenses can be accepted with greater confidence, due to the larger number of respondents and use of weights to ensure the data represent the statewide population of RNs with inactive licenses.

**Table 5.8. Pre-licensure education of registered nurses with *inactive and lapsed* California licenses, 2004 & 2006**

	<b>Inactive or Lapsed, 2004</b>	<b>Inactive, 2006</b>	<b>Lapsed, 2006</b>
Diploma	33.6%	43.3%	39.2%
Associate Degree	35.7%	31.8%	39.1%
Baccalaureate Degree	30.3%	24.6%	20.6%
Master's Degree	0.1%	0.0%	0.0%
Entry-Level Master's Program	0.2%	0.0%	0.0%
Doctoral Degree	0.1%	0.3%	1.0%
Number of cases	953	269	97

Note: Inactive RN responses are weighted to reflect the statewide population of inactive RNs. Responses from nurses with lapsed licenses are not weighted and reflect only the respondents. 2004 data are not weighted.

**Table 5.9. Locations where registered nurses with *inactive and lapsed* California licenses received initial nursing education, 2006**

	<b>Inactive</b>	<b>Lapsed</b>
California	54.9%	50.5%
Other States	34.2%	37.9%
International	10.9%	11.7%
Respondents	286	103

Note: Inactive RN responses are weighted to reflect the statewide population of inactive RNs. Responses from nurses with lapsed licenses are not weighted and reflect only the respondents.

Table 5.10 reports the highest level of nursing education received by nurses with inactive or lapsed licenses. It is not surprising that nurses with inactive and lapsed licenses are less likely to have completed a baccalaureate or master's degree than nurses with active licenses, given the older average age of nurses who reside in California and have lapsed or inactive licenses.

**Table 5.10. Highest level of nursing education held by nurses with *inactive and lapsed* California licenses, 2006**

	Inactive	Lapsed
Diploma program	34.2%	30.5%
Associate degree	30.2%	38.1%
Baccalaureate degree	31.4%	27.6%
Master's or Doctorate Degree	4.2%	3.9%
Number of Cases	279	105

Note: Inactive RN responses are weighted to reflect the statewide population of inactive RNs. Responses from nurses with lapsed licenses are not weighted and reflect only the respondents.

### ***Status of Nurses with Inactive or Lapsed Licenses***

Nurses with inactive or lapsed California licenses were asked a series of questions regarding their reasons for not being employed in nursing in California and their intent to return to nursing. Table 5.11 presents the reasons nurses have lapsed or inactive licenses. The first three columns report data for nurses with inactive licenses. Forty-eight percent of nurses with inactive licenses say they are retired, and 44.6 percent say they have no plan to work in California now but might reactivate their license later. Over 25 percent do not plan to work as a RN any more. Small shares said they moved out of the state and/or do not plan to work in nursing but want to maintain a California license.

**Table 5.11. Reasons registered nurses have an *inactive or lapsed* license, 2006**

	Inactive license			Lapsed license		
	All inactive	Inactive, under 65 years old	Inactive, age 65 or older	All lapsed	Lapsed, under 65 years old	Lapsed, age 65 or older
Retired	48.0%	20.9%	81.3%	67.0%	39.5%	84.8%
No plan to work in California, but might reactivate later	44.6%	64.6%	20.0%	10.3%	21.1%	3.4%
No plan to work as RN any more	25.8%	20.2%	32.7%	41.2%	36.8%	44.1%
Moved from California	2.7%	3.8%	1.3%	1.0%	0.0%	1.7%
No plan to work, but want to maintain license	4.1%	3.1%	5.3%	0.0%	0.0%	0.0%
Other reason	10.8%	12.0%	9.3%	19.6%	36.8%	8.5%

Notes: Respondents could select multiple items. RNs who self-reported that their licenses were active did not respond to this question. A cross-tabulation of retirement and "no plan to work in California" revealed that 66.7% of those who do not plan to work in California any more are retired. Inactive RN responses are weighted to reflect the statewide population of inactive RNs. Responses from nurses with lapsed licenses are not weighted and reflect only the respondents.

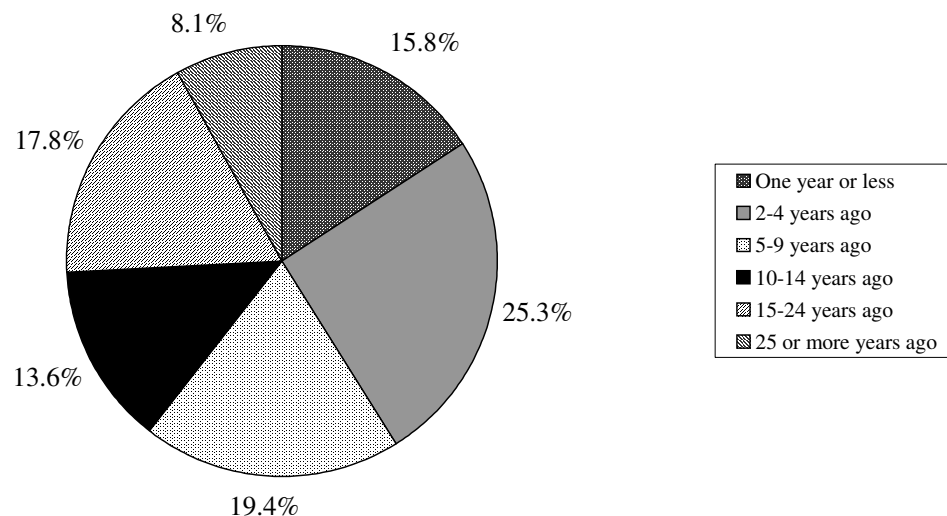


As seen in Table 5.11, 67 percent of RNs who allowed their license to lapse did so because they retired. Of the 10 percent who said they “do not plan to work as an RN in California now, but might reactive later”, nearly half also reported that they were retired. Two-thirds of those who reported they “do not plan to work as an RN anymore” also said they retired. Similarly, two-thirds of those of those who said they want to maintain an inactive license because their first license was in California said they were retired. Of those RNs who reported that they are not retired, 42 percent said they “Do not plan to work as an RN any more,” and 19 percent do not plan to work now, but might reactive their licenses later. This population accounts for about 5.3 percent of the RNs with lapsed licenses who responded to the survey; it might be a larger share of the total delinquent population since the survey sample over-represents older RNs.

Respondents were asked how long ago they allowed their license to become inactive or lapse. Figure 5.2 summarizes the responses of nurses with inactive licenses. Over 60 percent had licenses that became inactive within the prior 10 years, and 41 percent changed to inactive status less than five years prior. Since the sample of nurses with lapsed licenses was small (113) and limited to those that lapsed after January 2005, their responses were not analyzed.

Table 5.12 presents the number of years since respondents last worked in California (for the 2006 survey), or last worked in nursing for at least six months (2004 survey). Among nurses with inactive licenses, 17 percent last worked in nursing fewer than 5 years ago; this rate was 30.6 percent for nurses with lapsed licenses. Over 40 percent of nurses with inactive licenses reported they last worked in California 15 or more years ago; this rate was only 20 percent for nurses with lapsed licenses. Note that these data cannot be directly compared because the data for nurses with lapsed licenses cannot be weighted to represent the statewide population due to the small number of respondents.

**Figure 5.2. Length of time since nurses’ California licenses became *inactive*, 2006**



Notes: Data are weighted to adjust for different response rates in age groups.

**Table 5.12. Number of years since registered nurses with *inactive and lapsed* California licenses worked as registered nurses for at least six months, or worked in California, 2004 & 2006**

	Inactive or Lapsed, worked as RN for 6 months, 2004	Inactive, worked in California, 2006	Lapsed, worked in California, 2006
One year or less	6.1%	5.0%	7.4%
2-4 years ago	27.8%	11.7%	23.2%
5-9 years ago	30.9%	23.4%	28.4%
10-14 years ago	20.0%	18.6%	21.1%
15-24 years ago	11.0%	24.7%	10.5%
25 or more years ago	4.1%	16.7%	9.5%
Mean number of years	8.76	14.26	10.11
Standard deviation	7.63	*	8.62
Number of cases	489	270	95

\* The standard deviation cannot be computed for 2006 inactive nurse data due to the weighting scheme.

Note: Inactive RN responses are weighted to reflect the statewide population of inactive RNs. Responses from nurses with lapsed licenses are not weighted and reflect only the respondents. 2004 data are not weighted.

RNs with inactive California licenses reported an average of 20.3 years of nursing experience, and those with lapsed licenses have an average of 22.9 years of experience (Table 5.13). Over 21 percent of nurses with inactive licenses have less than 10 years of experience, and 35.8 percent had 25 or more years of experience. Among nurses with lapsed licenses, 18.3 percent had fewer than 10 years of experience in nursing, and 52.8 percent had 25 or more years of experience.

**Table 5.13. Number of years that registered nurses with *inactive and lapsed* California licenses practiced before leaving the profession, 2004 & 2006**

Number of years in practice	Inactive or Lapsed, 2004	Inactive, 2006	Lapsed, 2006
Less than 5 years	5.6%	7.4%	8.6%
5-9 years	8.3%	14.0%	9.7%
10-14 years	14.6%	21.2%	8.6%
15-24 years	24.2%	21.6%	20.5%
25 or more years	47.3%	35.8%	52.8%
Mean number of years	23.7	20.3	22.9
Number of cases	480	266	104

Notes: Inactive RN responses are weighted to reflect the statewide population of inactive RNs. Responses from nurses with lapsed licenses are not weighted and reflect only the respondents. 2004 data are not weighted.

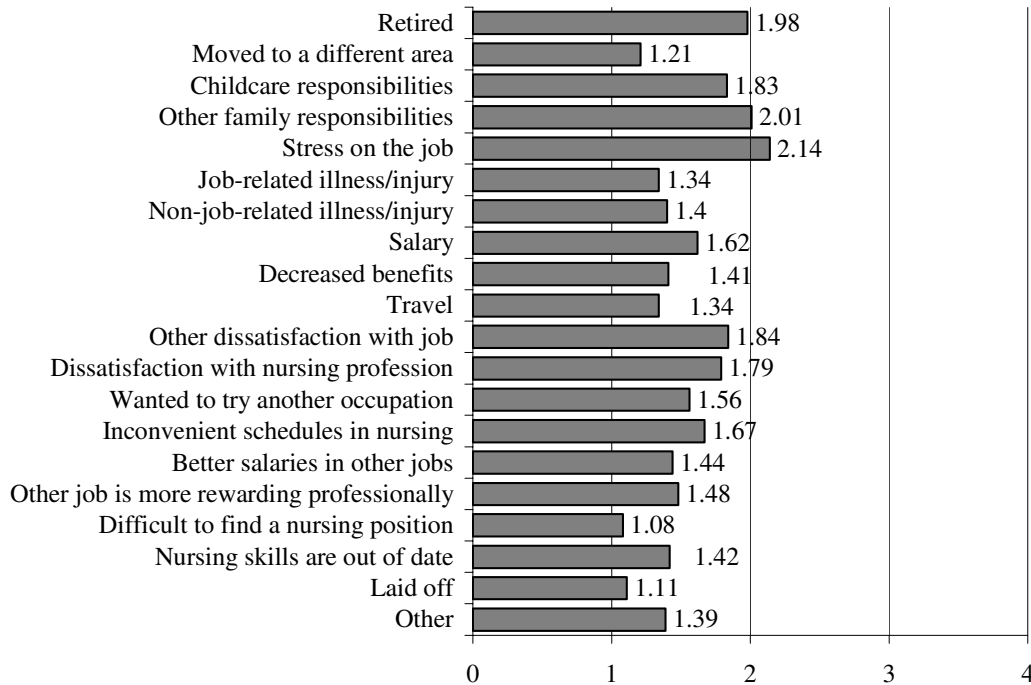
Nurses with inactive and lapsed California licenses who have left the profession were asked to rate the importance of 20 possible reasons for leaving nursing (Tables 5.14 & 5.15). The primary reasons rated as very important for the decision to leave nursing among nurses with inactive licenses were family responsibilities (26.6%), retirement (24.6%), stress on the job (23.9%), and childcare responsibilities (23.9%), as seen in Table 5.14. Most of the “other” reasons for allowing a license to become inactive were reiterations of other items (injury, family responsibilities, age). Several respondents reported involvement in volunteer and community activities. Figure 5.3 summarizes the reasons nurses with inactive licenses left the profession using the same rating method reported in Chapter 4; i.e., ranging from 1 (not at all important) to 4 (very important). The highest-rated reasons for leaving nursing include stress on the job, other family responsibilities, retirement, and childcare responsibilities.

**Table 5.14. Importance of reasons that registered nurses with *inactive* California licenses residing in California decided to leave nursing, 2006**

	Not at all important	Somewhat important	Important	Very Important	Does not apply
Retired	14.4%	5.9%	9.1%	24.6%	46.0%
Moved to a different area	18.8%	1.3%	2.5%	5.0%	72.4%
Childcare responsibilities	15.3%	1.6%	5.0%	23.9%	54.2%
Other family responsibilities	14.9%	2.1%	9.3%	26.6%	47.0%
Stress on the job	12.5%	11.8%	15.2%	23.9%	23.9%
Job-related illness/injury	16.4%	3.2%	4.1%	7.6%	68.7%
Non-job-related illness/injury	15.0%	5.5%	5.8%	7.5%	66.2%
Salary	21.4%	8.0%	13.9%	8.6%	48.1%
Decreased benefits	22.5%	4.4%	8.9%	6.2%	57.9%
Travel	21.4%	4.5%	5.4%	6.1%	62.5%
Other dissatisfaction with job	13.2%	9.8%	13.9%	15.3%	47.8%
Dissatisfaction with nursing profession	17.7%	11.8%	11.8%	14.6%	44.1%
Wanted to try another occupation	15.8%	3.8%	6.9%	12.8%	60.7%
Inconvenient schedules in nursing	16.9%	9.4%	7.5%	14.1%	52.1%
Better salaries in other jobs	21.5%	3.7%	5.6%	9.8%	59.4%
Other job/profession is more rewarding professionally	18.9%	4.4%	7.1%	9.7%	59.9%
Difficult to find a nursing position	24.7%	2.1%	1.0%	1.3%	70.8%
Nursing skills are out of date	22.3%	5.0%	6.9%	7.5%	58.2%
Laid off	14.9%	0.0%	0.9%	3.2%	81.1%
Other	0.3%	0.0%	2.4%	11.5%	85.9%

Notes: Inactive RN data from 2006 are weighted to adjust for different response rates in age groups. Items that were omitted by respondents who answered at least one of these items were assumed to not apply.

**Figure 5.3. Importance of reasons that registered nurses with *inactive* California licenses decided to leave nursing, 2006**



Notes: Inactive RN data from 2006 are weighted to adjust for different response rates in age groups. Items that were omitted by respondents who answered at least one of these items were assumed to not apply.

The top three reasons rated as very important for a lapsed license were retirement (50.5%), stress on the job (18.6%), and non-job-related illness or injury (18.6%), as seen in Table 5.15. Figure 5.4 indicates that the highest-rated reasons for leaving nursing among nurses with lapsed licenses are retirement (2.71), stress on the job (1.95), other dissatisfaction with job (1.75), non-job related illness/injury (1.65), and dissatisfaction with the nursing profession (1.63). The “other” reasons for allowing a license to lapse included starting graduate school, starting a business with a spouse, illness, and staffing changes in a previous nursing position.

Table 5.16 presents the percent of nurses with inactive or lapsed licenses who rated the reasons for leaving nursing as “important” or “very important,” by age. Nurses aged 65 years and older were more likely to report the reason for their inactive license was retirement (59.7%) and travel (15.1%). Nurses with inactive licenses under 65 years of age were more likely to cite childcare responsibilities (41.3%), other family responsibilities (46.5%), stress on the job (46.0%), other dissatisfaction with job (38.4%), and dissatisfaction with the nursing profession (34.2%).

Among nurses 65 years or older with a lapsed license, the most important reasons for leaving nursing were retirement (71.7%), stress on the job (24.5%), other dissatisfaction with job (18.9%), and travel (18.9%). Among nurses under 65 years old with a lapsed license, the most important reasons for leaving nursing were retirement (39.5%), stress on the job (39.5%), other family responsibilities (34.2%), non-job-related illness or injury (34.2%), and dissatisfaction with the nursing profession (34.2%).

**Table 5.15. Importance of reasons that registered nurses with *lapsed* California licenses decided to leave nursing, 2006**

	Not at all important	Somewhat important	Important	Very Important	Does not apply
Retired	7.2%	3.1%	8.3%	50.5%	30.9%
Moved to a different area	9.3%	2.1%	0.0%	4.1%	84.5%
Childcare responsibilities	6.2%	0.0%	0.0%	14.4%	79.4%
Other family responsibilities	6.2%	4.1%	6.2%	14.4%	69.1%
Stress on the job	6.2%	12.4%	13.4%	18.6%	49.5%
Job-related illness/injury	7.2%	2.1%	3.1%	8.3%	79.4%
Non-job-related illness/injury	8.3%	3.1%	3.1%	18.6%	67.0%
Salary	11.3%	7.2%	9.3%	5.2%	67.0%
Decreased benefits	10.3%	5.2%	4.1%	4.1%	76.3%
Travel	10.3%	4.1%	9.3%	6.2%	70.1%
Other dissatisfaction with job	7.2%	12.4%	8.3%	15.5%	56.7%
Dissatisfaction with nursing profession	11.3%	11.3%	10.3%	10.3%	56.7%
Wanted to try another occupation	8.3%	3.1%	6.2%	11.3%	71.1%
Inconvenient schedules in nursing	16.5%	5.2%	10.3%	8.3%	59.8%
Better salaries in other jobs	13.4%	4.1%	1.0%	9.3%	72.2%
Other job/profession is more rewarding professionally	11.3%	4.1%	3.1%	7.2%	74.2%
Difficult to find a nursing position	14.4%	0.0%	0.0%	4.1%	81.4%
Nursing skills are out of date	9.3%	5.2%	6.2%	11.3%	68.0%
Laid off	7.2%	0.0%	0.0%	2.1%	90.7%
Other	1.0%	0.0%	1.0%	4.1%	93.8%

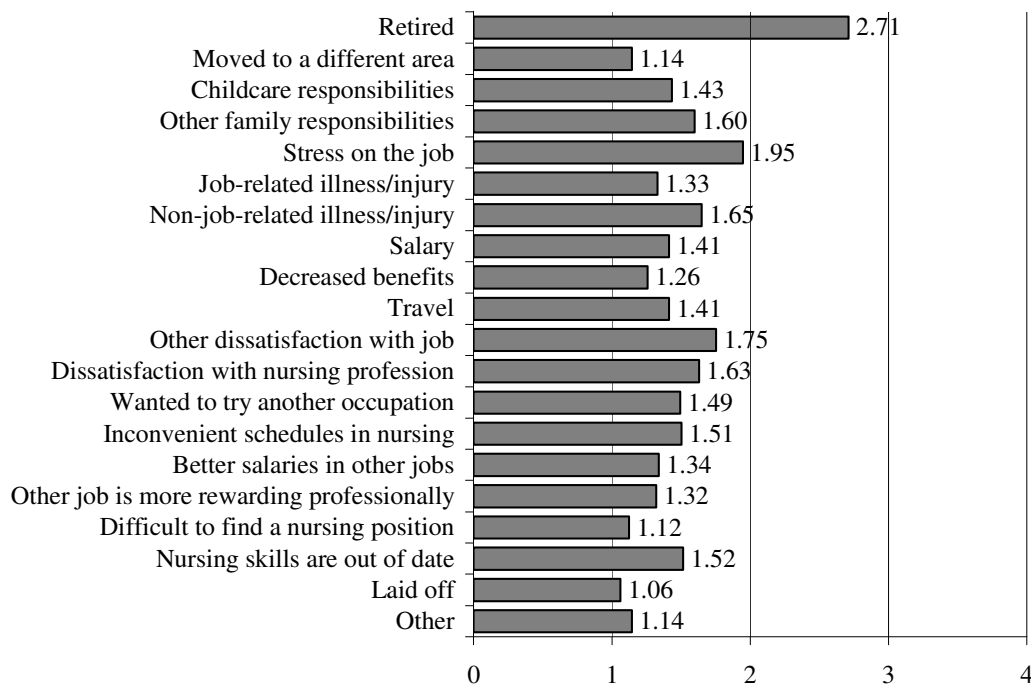
Note: Items that were omitted by respondents who answered at least one of these items were assumed to not apply.

### ***Future Plans of Nurses with Inactive Licenses***

Nurses with inactive or lapsed California licenses were asked to indicate which of four possible scenarios best described their intentions regarding work in nursing at the time of the 2004 survey. As shown in Table 5.17, 87 percent of all nurses with inactive licenses and 89 percent of nurses with lapsed licenses said they do not plan to practice in California in the next five years. Twelve percent of nurses with inactive licenses plan to return to nursing in California in the future, as do 9 percent of nurses with lapsed licenses.

Later in the survey, nurses were asked about their current intentions regarding nursing. These data are presented in Table 5.18. Over 52 percent of nurses with inactive licenses and 75 percent of those with lapsed licenses reported that they are retired. Another 13 percent of nurses with inactive licenses and 10 percent of those with lapsed licenses said they are not retired, but do not plan to return to nursing. About 10 percent of nurses with inactive licenses and 7 percent of those with lapsed licenses said they plan to return to nursing in the future, while 25 percent with inactive licenses and 6 percent with lapsed licenses are undecided.

**Figure 5.4. Importance of reasons that registered nurses with *lapsed* California licenses decided to leave nursing, 2006**



Note: Items that were omitted by respondents who answered at least one of these items were assumed to not apply.

Table 5.19 focuses on the current intentions of nurses by age group. The vast majority of nurses with inactive and lapsed licenses who are 65 years and older report being retired (88.7% of inactive RNs, and 96.4% of those with lapsed licenses). Nearly 8 percent of those over 65 years with inactive licenses and 1.8 percent of those with lapsed licenses say they are undecided about future work in nursing. Among nurses under 65 years old, 18 percent of those with inactive licenses and 17 percent of those with lapsed licenses say they plan to return to nursing in the future. Another 39 percent of those with inactive licenses and 11 percent with lapsed licenses are undecided about future work in nursing.

Nurses with inactive or lapsed California licenses who plan to return to the profession were asked to indicate the time frame within which they plan to return (Table 5.20). Nearly three-quarters (74%) of those with inactive licenses plan to return within two years, and another 20% plan to return in three to four years. A comparable analysis was not feasible for nurses with lapsed licenses, because only 6 respondents planned to return to nursing.

Nurses with inactive or lapsed California licenses who indicated they were retired, definitely not returning to nursing, or undecided regarding a possible return were asked to rate the importance of eleven factors in encouraging them to return to work as a registered nurse. Table 5.21 and Figure 5.5 present the importance of these factors for nurses with inactive licenses. Nurses with inactive licenses rated as most important the availability of re-entry programs and mentoring, better nurse-to-patient ratios, adequate support staff for non-nursing tasks, flexibility in work hours, and better support from nursing management. Table 5.22 and Figure 5.6 present corresponding data for nurses with lapsed licenses. The factors that have the greatest importance for this population are better nurse-to-patient ratios, better support from nursing management, adequate support staff, flexible work hours, and improvement in health status.

**Table 5.16. Share of nurses rating factors as important or very important reasons for leaving nursing, for nurses with *inactive and lapsed* licenses residing in California, by age, 2006**

	Inactive licenses		Lapsed licenses	
	Under 65 years	65 years or older	Under 65 years	65 years or older
Retired	13.9%	59.7%	39.5%	71.7%
Moved to a different area	7.2%	7.9%	7.9%	1.9%
Childcare responsibilities	41.3%	12.9%	26.3%	3.8%
Other family responsibilities	46.5%	22.3%	34.2%	5.7%
Stress on the job	46.0%	33.1%	39.5%	24.5%
Job-related illness/injury	11.2%	10.1%	15.8%	5.7%
Non-job-related illness/injury	13.7%	13.7%	34.2%	15.1%
Salary	30.4%	14.4%	18.4%	7.5%
Decreased benefits	20.6%	9.4%	10.5%	5.7%
Travel	9.2%	15.1%	13.2%	18.9%
Other dissatisfaction with job	38.4%	18.7%	26.3%	18.9%
Dissatisfaction with nursing profession	34.2%	17.3%	34.2%	9.4%
Wanted to try another occupation	30.0%	7.2%	23.7%	9.4%
Inconvenient schedules in nursing	30.8%	9.4%	23.7%	9.4%
Better salaries in other jobs	23.0%	6.5%	13.2%	5.7%
Other job/profession is more rewarding professionally	26.7%	6.5%	10.5%	5.7%
Difficult to find a nursing position	2.2%	1.4%	5.3%	3.8%
Nursing skills are out of date	16.5%	12.9%	28.9%	11.3%
Laid off	5.7%	0.7%	2.6%	1.9%
Other	14.4%	11.5%	7.9%	3.8%

Notes: Inactive RN responses are weighted to reflect the statewide population of inactive RNs. Responses from nurses with lapsed licenses are not weighted and reflect only the respondents. Items that were omitted by respondents who answered at least one of these items were assumed to not apply.

**Table 5.17. Plans of nurses with *inactive and lapsed* California licenses for the *next five years*, 2006**

	Inactive licenses			Lapsed licenses		
	All nurses	Under 65 years	65 or older	All nurses	Under 65 years	65 or older
Do not plan to practice in California	86.7%	78.9%	95.9%	89.0%	70.6%	100.0%
Plan to work as RN in the future	12.6%	20.2%	3.4%	8.8%	23.5%	0.0%
Plan to travel to CA intermittently	0.0%	0.0%	0.0%	1.1%	2.9%	0.0%
Plan to perform telenursing	1.3%	1.8%	0.7%	2.2%	5.9%	0.0%
Number of cases	270	123	147	91	34	57

Notes: Inactive RN responses are weighted to reflect the statewide population of inactive RNs. Responses from nurses with lapsed licenses are not weighted and reflect only the respondents.

**Table 5.18. Intentions regarding future work in nursing of nurses with *inactive and lapsed* California licenses, 2004 & 2006**

	Inactive or Lapsed, 2004	Inactive, 2006	Lapsed, 2006
Currently seeking employment in nursing	2.0%	0.0%	2.2%
Plan to return to nursing in the future	10.2%	10.3%	6.7%
Retired	*	52.1%	75.6%
Will not return to nursing	66.3%	12.9%	10.0%
Undecided at this time	21.5%	24.7%	5.6%
Number of cases	489	266	90

\* This question was not asked in 2004.

Note: Inactive RN responses are weighted to reflect the statewide population of inactive RNs. Responses from nurses with lapsed licenses are not weighted and reflect only the respondents. 2004 data are not weighted.

**Table 5.19. Intentions regarding future work in nursing of nurses with *inactive and lapsed* licenses, by age group, 2006**

	Inactive licenses		Lapsed licenses	
	Under 65 years	65 and older	Under 65 years	65 and older
Currently seeking employment in nursing	0.0%	0.0%	5.7%	0.0%
Plan to return to nursing in the future	18.1%	0.7%	17.1%	0.0%
Retired	22.2%	88.7%	42.9%	96.4%
Will not return to nursing	21.1%	2.8%	22.9%	1.8%
Undecided at this time	38.6%	7.8%	11.4%	1.8%
Number of cases	125	141	35	55

Note: Inactive RN responses are weighted to reflect the statewide population of inactive RNs. Responses from nurses with lapsed licenses are not weighted and reflect only the respondents.

**Table 5.20. Time frame within which *non-retired* nurses with *inactive and lapsed* licenses plan to return to nursing, 2004 & 2006**

	Inactive or Lapsed, 2004	Inactive, 2006
Less than one year	20.3%	6.5%
1 to 2 years	32.8%	67.5%
2 to 3 years	18.8%	*
3 to 4 years	1.6%	20.2%
4 to 5 years	7.8%	*
More than 5 years	18.8%	5.8%
Number of cases	64	22

\* This choice was not offered in the 2006 survey because it overlaps with other choices.

Note: Inactive RN responses are weighted to reflect the statewide population of inactive RNs. Responses from nurses with lapsed licenses are not weighted and reflect only the respondents. 2004 data are not weighted.

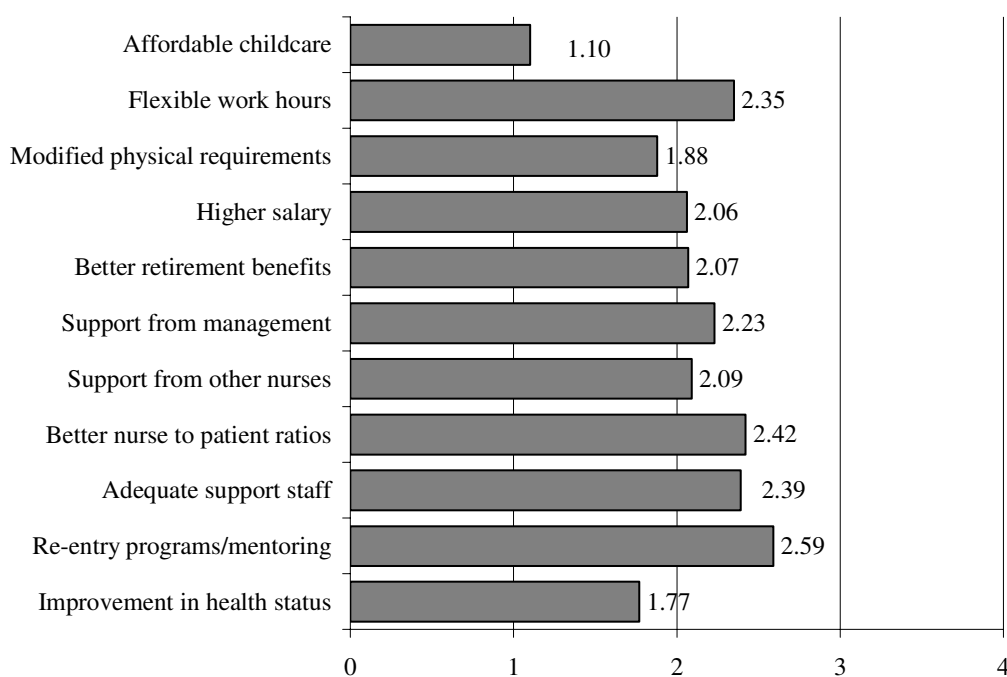


**Table 5.21. Importance of factors that might encourage a return to nursing work, for RNs with *inactive* California licenses who say they are retired, will not return, or are undecided, 2006**

	Not at all important	Somewhat important	Important	Very Important	Does not apply
Affordable childcare at or near work	27.9%	1.0%	0.0%	2.9%	68.2%
Flexible work hours	9.6%	5.8%	13.9%	33.7%	37.0%
Modified physical requirements of job	18.8%	8.3%	10.0%	19.8%	43.2%
Higher nursing salary	12.9%	10.7%	19.1%	19.0%	38.4%
Better retirement benefits	12.5%	10.8%	14.1%	22.6%	40.0%
Better support from nursing management	9.1%	8.0%	15.1%	28.2%	39.6%
More support from other nurses	10.6%	10.4%	18.2%	20.9%	40.0%
Better nurse to patient ratios	8.4%	8.0%	11.1%	37.3%	35.3%
Adequate support staff for non-nursing tasks	8.3%	7.8%	12.5%	35.3%	36.1%
Availability of re-entry programs and mentoring	5.9%	6.6%	13.1%	42.1%	32.4%
Improvement in my health status	12.9%	9.3%	6.5%	18.2%	53.2%

Note: Inactive RN data from 2006 are weighted to adjust for different response rates in age groups. Items that were omitted by respondents who answered at least one of these items were assumed to not apply.

**Figure 5.5. Importance of factors in encouraging RNs with *inactive* licenses to return to nursing, 2006**



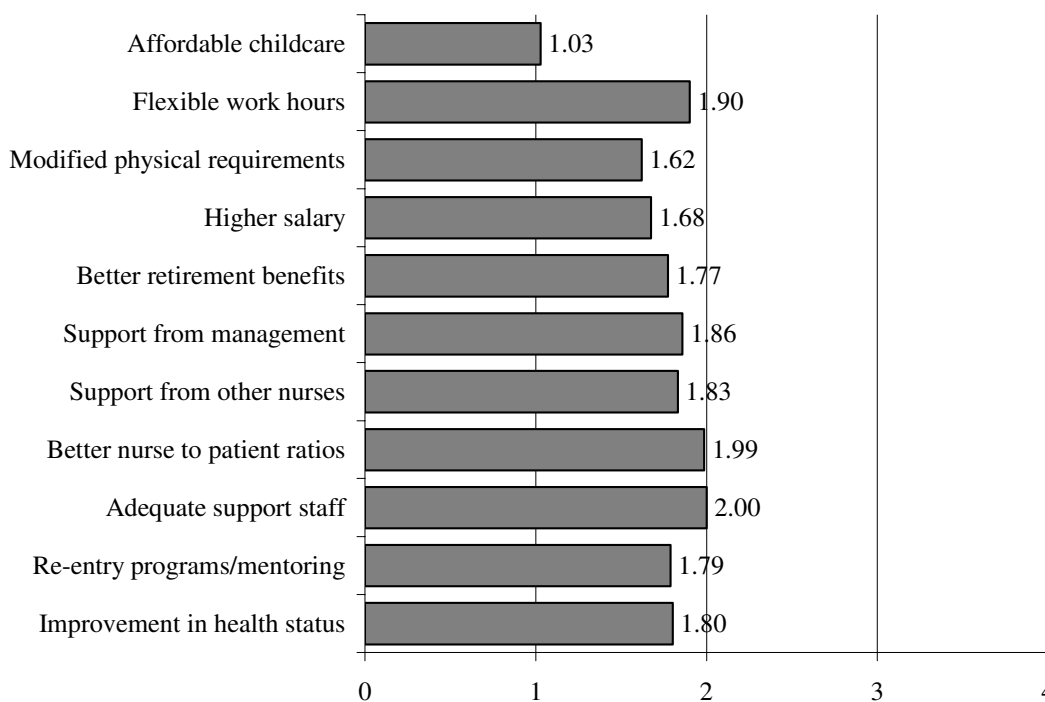
Notes: Inactive RN data from 2006 are weighted to adjust for different response rates in age groups. Items that were omitted by respondents who answered at least one of these items were assumed to not apply.

**Table 5.22. Importance of factors that might encourage a return to nursing work, for RNs with *lapsed* California licenses who say they are retired, will not return, or are undecided, 2006**

	Not at all important	Somewhat important	Important	Very Important	Does not apply
Affordable childcare at or near work	9.9%	2.8%	0.0%	0.0%	87.3%
Flexible work hours	7.0%	1.4%	12.7%	21.1%	57.8%
Modified physical requirements of job	14.1%	4.2%	5.6%	15.5%	60.6%
Higher nursing salary	9.9%	4.2%	8.5%	15.5%	62.0%
Better retirement benefits	7.0%	5.6%	8.5%	18.3%	60.7%
Better support from nursing management	7.0%	4.2%	2.8%	25.4%	60.6%
More support from other nurses	7.0%	4.2%	9.9%	19.7%	59.2%
Better nurse to patient ratios	7.0%	4.2%	7.0%	26.8%	54.9%
Adequate support staff for non-nursing tasks	7.0%	1.4%	11.3%	25.4%	54.9%
Availability of re-entry programs and mentoring	7.0%	2.8%	8.5%	19.7%	62.0%
Improvement in my health status	14.1%	0.0%	0.0%	26.8%	59.2%

Note: Items that were omitted by respondents who answered at least one of these items were assumed to not apply.

**Figure 5.6. Importance of factors in encouraging RNs with *lapsed* licenses to return to nursing, 2006**



Note: Items that were omitted by respondents who answered at least one of these items were assumed to not apply.

The importance of factors that might encourage a nurse with a lapsed or inactive license to return to nursing are reported by age in Table 5.23. Among nurses with inactive licenses under 65 years old, the factors rated as important or very important by the largest share of nurses included availability of re-entry programs and mentoring (69.9%), flexible work hours (64.4%), adequate support staff (60.0%), and better nurse-to-patient ratios (59.0%). Among nurses under 65 years old with lapsed licenses, the factors most often cited as important or very important included adequate support staff (40.7%), better nurse to patient ratios (37.0%), and flexible work hours (37.0%). The responses to this question suggest inactive nurses might be more inclined to return to nursing than nurses with lapsed licenses.

**Table 5.23. Share of nurses rating factors as important or very important in the decision to return to nursing, for nurses with *inactive and lapsed* licenses, by age group, 2006**

	Inactive, under 65 years old	Inactive, 65 years or older	Lapsed, under 65 years old	Lapsed, 65 years or older
Affordable childcare at or near work	5.5%	0.0%	0.0%	0.0%
Flexible work hours	64.4%	27.4%	37.0%	23.1%
Modified physical requirements of job	32.8%	25.6%	25.9%	17.9%
Higher nursing salary	51.7%	22.2%	29.6%	20.5%
Better retirement benefits	50.0%	21.4%	22.2%	28.2%
Better support from nursing management	53.6%	29.9%	29.6%	25.6%
More support from other nurses	47.3%	29.1%	29.6%	28.2%
Better nurse to patient ratios	59.0%	35.0%	37.0%	28.2%
Adequate support staff for non-nursing tasks	60.0%	35.0%	40.7%	28.2%
Availability of re-entry programs and mentoring	69.9%	36.8%	29.6%	23.1%
Improvement in my health status	24.8%	23.9%	29.6%	23.1%

Notes: Inactive RN responses are weighted to reflect the statewide population of inactive RNs. Responses from nurses with lapsed licenses are not weighted and reflect only the respondents. Items that were omitted by respondents who answered at least one of these items were assumed to not apply.

## Chapter 6. Conclusions

California has a diverse workforce of nurses, and this diversity is increasing with the entry of more men and ethnicities into the profession. However, this workforce is aging, with 45 percent of nurses with active California licenses being 50 years or older. Over 90 percent of nurses under 55 years old are employed in nursing positions, but the employment rate drops rapidly as nurses pass the age of 55 years. Large numbers of nurses plan to retire within the next five years, portending an exacerbation of the shortage of nurses unless more people enter the profession.

Nurses are well-educated, and a large share of nurses pursues additional education after entering the profession. In 2006, about 38 percent of nurses with active California licenses received some additional education. This ongoing commitment to education is one of the strengths of the nursing workforce. Nurses have a wide range of job opportunities available, and can take advantage of even more with appropriate educational advancement.

In 2006, 54 percent of California's nurses with active licenses had a college degree before matriculating to nursing school. Many people who enter the nursing profession do so at older ages. In the 2000s, only 27 percent of pre-licensure graduates were under 25 years, and nearly 38 percent were 35 years or older. Over 54 percent of California's RNs completed their pre-licensure education within California. Internationally-educated nurses make up 18 percent of the actively licensed nurse population. Eleven percent of California's nurses were educated in the Philippines; this share is over 13 percent among nurses 44 years and younger.

Over 86 percent of nurses with active licenses and California addresses were working in nursing positions in 2006. Employment rates of registered nurses are very high, particularly for a profession composed of many older and female workers. The employment settings of RNs have been relatively stable over the past decade, with most nurses working in staff nurse positions, and most working in acute-care hospitals. Nurses work in a wide range of roles, including long-term care, management, patient care coordination, education, and other roles. Seventeen percent of RNs who reside in California reported that they hold more than one nursing position, with employment as hospital staff and in education being the most common secondary positions.

Compensation for nurses has risen substantially, from an average of \$31,504 in 1990 to \$73,542 in 2006, across all employment settings. Over 13 percent of RNs earn more than \$100,000 per year. Nursing incomes are highest in the San Francisco Bay Area and Sacramento, and lowest in the mostly-rural counties north of Sacramento. Earnings from nursing are very important to the households of nurses, averaging 75 percent of total household income in 2006, as compared to 59 percent in 1990.

In 2006, nurses were generally satisfied with their jobs, the profession, and their interactions with patients. The five aspects of nursing that received the highest satisfaction ratings were interactions with patients, feeling that work is meaningful, job security, job overall, and work schedule. The five lowest rated areas of satisfaction were the amount of paperwork required, involvement in policy and management decisions, non-nursing tasks required, leadership from administration, and preceptorship/mentoring programs. Over 46 percent of nurses have been with their employer for less than five years, indicating that job turnover slightly lower but consistent with that reported in other surveys from 1990 through 2004.

Some nurses choose to leave nursing work for several years over the course of their careers for a variety of reasons. In 2006, 15 percent of nurses with active licenses said they stopped working for more than a year. Over half of the nurses who said they stopped working for one or more years did so due to child care responsibilities. Other important reasons for temporarily leaving nursing work include other family responsibilities, stress on the job, relocation, and dissatisfaction with the nursing profession.

About 13 percent of nurses with active California licenses who lived in California were not working in nursing jobs in 2006. About 40 percent of RNs who have active licenses and live in California, but do not work in nursing, have been out of nursing for five or more years. This share is smaller than that in the past; in 1990, 62 percent of nurses who were not working in the profession had been away from nursing at least five years. The factors most frequently identified as “very important” reasons for not working in nursing were childcare responsibilities, other family responsibilities, stress on the job, and other dissatisfaction with a job. The factors that influence a nurse’s decision to not work in a nursing position vary in importance with the age of the nurse. Over 68 percent of RNs 55 years and older stated that retirement was an important factor in the decision to not work in nursing, compared with only 18 percent of RNs under 55 years old. About 30 percent of nurses who are not presently employed in nursing positions plan to return to nursing work, and 34 percent were uncertain of their plans. The factors that are most important in the decision to return to nursing are flexible work hours, better nurse-to-patient ratios, and better support from nursing management. Other key factors are salary and availability of re-entry programs and mentoring. Some nurses who are not in nursing positions work in other fields, some of which are related to health care. In 2006, 29 percent of California residents not in nursing positions were working outside nursing, and 72 percent of these said their non-nursing job used their nursing knowledge.

Some nurses maintain an inactive license, meaning they renew their license without providing documentation of completion of required continuing education. Over 25 percent of nurses with inactive licenses report that they do not plan to work as a RN any more. More than 60 percent of RNs with inactive licenses are 60 years or older, suggesting the inactive license status is sought by nurses who have retired but do not want to allow their licenses to fully lapse. Nearly half of nurses with inactive licenses say they are retired, and 45 percent report no plan to work in California now but might reactivate their license later. The primary reasons nurses obtain inactive licenses status are family responsibilities, childcare responsibilities, retirement, and stress on the job. Approximately 87 percent of nurses with inactive licenses said they do not plan to practice in California in the next five years, but twelve percent plan to return to nursing in California within five years. Nurses with inactive licenses rated as most important in their decision to return to nursing work the availability of re-entry programs and mentoring, better nurse-to-patient ratios, adequate support staff for non-nursing tasks, increased flexibility in work hours, and better support from nursing management.

Nurses who hold active California licenses but live outside the state also contribute to the labor supply. Of the actively-licensed nurses residing outside California at the time the survey sample was selected, 35 percent worked in California in the previous year. Most worked for a temporary agency, registry, or traveling agency, and some worked for a telenursing employer with California clients. Nurses employed with a traveling or temporary agency worked an average of 5.1 months and 40.3 hours per week in the previous year. About 42 percent of nurses who have active California licenses but reside outside the state plan to work intermittently in California in the future, indicating that this non-resident workforce is important to meeting the health care needs of Californians.

The strengths of the profession of nursing – increasing diversity, broad job opportunities, and high rates of professional satisfaction – must be protected to ensure that California’s nursing workforce thrives in the future. Nurses note dissatisfaction with some aspects of their work, particularly the amount of paperwork required, lack of involvement in policy and management decisions, non-nursing tasks required, leadership from administration, and preceptorship/mentoring programs. The dominant reasons nurses do not hold nursing positions are retirement, childcare responsibilities, and family responsibilities; however, many nurses have temporarily or permanently left the field due to job dissatisfaction and stress on the job. Employers and health care leaders can work to maintain the positive aspects of nursing work, address the factors that may be prompting nurses’ decisions to work outside nursing, and actively strive to expand the supply of new graduates into the profession.

## **Appendix A.**

**BOARD OF REGISTERED NURSING**

P O Box 944210, Sacramento, CA 94244-2100  
TDD (916) 322-1700  
Telephone (916) 322-3350  
[www.rn.ca.gov](http://www.rn.ca.gov)



Ruth Ann Terry, MPH, RN  
Executive Officer

Dear Registered Nursing Colleague:

We are pleased to inform you the Board of Registered Nursing has chosen you as one of a select group of registered nurses to provide the Board with vital information concerning current nursing practice. Only 8,000 of California's estimated 310,000 registered nurses are being surveyed, giving you a unique opportunity to contribute to an important study of the nursing profession and future workforce planning. As you are aware, the employment picture for registered nurses has changed significantly over the past several years and it is important for the Board to know your opinions about working conditions, salaries and other questions pertinent to registered nursing practice. Aggregate survey results will be used by the Board to guide public policy, plan for California's future nurse workforce, and to compare current results with prior nursing trend studies done by the Board. Summary results of the survey will be published on the Board's website in early 2007.

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 and UC Berkeley are conducting the survey for the Board. The attached survey has been sent to registered nurses 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 as attached in the 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://futurehealth.ucsf.edu/BRN\\_Active](http://futurehealth.ucsf.edu/BRN_Active). Your online USERNAME is the number in the top right hand corner on the cover of the hard copy version of the survey enclosed here. Your online PASSWORD is the first three letters of your last name or your complete last name, if it is equal to or fewer than three letters.

**If you have any difficulty completing either version of the survey, or if you have any questions about your participation in this study, please call Lisa Kermish at the Survey Research Center at UC Berkeley toll-free at 1-800-499-9975.** You may also contact Joanne Spetz, Ph. D., Principal Investigator, UC San Francisco (UCSF), by phone at (415) 502-4443. You also have the option of contacting the UC Berkeley Committee for the Protection of Human Subjects at 2150 Shattuck Avenue, Suite 313, Berkeley, CA 94720-5940. They can also be reached at (510) 642-7461 or via email at [ophs@berkeley.edu](mailto:ophs@berkeley.edu).

We hope we can count on your participation and look forward to receiving your completed survey.

Sincerely,

Ruth Ann Terry, MPH, RN  
Executive Officer  
California Board of Registered Nursing

**BOARD OF REGISTERED NURSING**

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TDD (916) 322-1700  
Telephone (916) 322-3350  
www.rn.ca.gov



Ruth Ann Terry, MPH, RN  
Executive Officer

Dear Registered Nursing Colleague:

We are pleased to inform you the Board of Registered Nursing has chosen you as one of a select group of registered nurses to provide the Board with vital information from registered nurses who changed their license status within the last two years. You have been selected to participate in this survey because our records show your California license was renewed without completing the required continuing education requirements as of January 2006 or your license was not renewed. You may have retired from nursing, moved out of California, or decided to seek employment outside the nursing profession.

Only 1,000 of California's registered nurses in the inactive or not renewed license status are being surveyed, giving you a unique opportunity to contribute to an important study of the nursing profession and future workforce planning. As you are aware, the employment picture for registered nurses has changed significantly over the past several years and it is important for the Board to understand the factors that contribute to nurses' decisions to leave the profession, move out of California, or retire from registered nursing practice. Aggregate survey results will be used by the Board to guide public policy, plan for California's future nurse workforce, and to compare current results with prior nursing trend studies done by the Board. Summary results of the survey will be published on the Board's website in early 2007.

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 and UC Berkeley are conducting the survey for the Board. The attached survey has been sent to registered nurses with an inactive or unexpired California license residing in and outside of California. Completion of the survey should take no more than 15 minutes. The survey may be completed as attached in the 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://futurehealth.ucsf.edu/BRN\\_Inactive](http://futurehealth.ucsf.edu/BRN_Inactive). Your online USERNAME is the number in the top right hand corner on the cover of the hard copy version of the survey enclosed here. Your online PASSWORD is the first three letters of your last name or your complete last name, if it is equal to or fewer than three letters.

**If you have any difficulty completing either version of the survey, or if you have any questions about your participation in this study, please call Lisa Kermish at the Survey Research Center at UC Berkeley toll-free at 1-800-499-9975.** You may also contact Joanne Spetz, Ph. D., Principal Investigator, UC San Francisco (UCSF), by phone at (415) 502-4443. You also have the option of contacting the UC Berkeley Committee for the Protection of Human Subjects at 2150 Shattuck Avenue, Suite 313, Berkeley, CA 94720-5940. They can also be reached at (510) 642-7461 or via email at [ophs@berkeley.edu](mailto:ophs@berkeley.edu).

We hope we can count on your participation and look forward to receiving your completed survey.

Sincerely,

Ruth Ann Terry, MPH, RN  
Executive Officer  
California Board of Registered Nursing



**BOARD OF REGISTERED NURSING**

P O Box 944210, Sacramento, CA 94244-2100  
TDD (916) 322-1700  
Telephone (916) 322-3350  
www.rn.ca.gov



Ruth Ann Terry, MPH, RN  
Executive Officer

Dear California Nurse:

A few weeks ago we sent you a questionnaire asking about your experiences as a current or former registered California nurse. We have not yet received your completed questionnaire, and I wanted to make a special plea for your help.

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 they 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. Even if you are not currently practicing in the field of nursing, we still need your participation. Your input will help the Board understand factors that contribute to nurses' decisions to leave the profession.

Completion of the survey should take no more than 15-20 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://futurehealth.ucsf.edu/BRN\\_Active](http://futurehealth.ucsf.edu/BRN_Active). Your online USERNAME is the number in the top right hand corner on the cover of the hard copy version of the survey enclosed here. Your online PASSWORD is the first three letters of your last name or your complete last name, if it is equal to or fewer than three letters.

Participation in this research is completely voluntary and you are free to skip any questions you don't want to answer. However, 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, Lisa Kermish, at the Survey Research Center at UC Berkeley. You can call the Survey Research Center toll-free at 1-800-499-9975.

Thank you in advance for your cooperation.

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Thank you in advance for your cooperation.

Sincerely,

Ruth Ann Terry, MPH, RN  
Executive Officer  
California Board of Registered Nursing

*Reminder postcards*

First reminder 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. I understand that we have not yet received your completed questionnaire (either in the mail or on-line). Your participation in this research is very important and I hope that you will take the time to complete your questionnaire and mail it back in the postage-paid envelope. If you've misplaced your questionnaire, please call 1-800-499-9975 and I'll see that you receive another copy. (If you have recently mailed your completed questionnaire or completed it online, please disregard this notice.) Thank you for your assistance.

Sincerely,

Lisa Kermish, Project Manager  
Survey Research Center  
UC Berkeley

Second reminder postcard

**LAST CHANCE!**

The California Board of Registered Nursing, working with the University of California, recently sent you an important questionnaire. This questionnaire was sent to only a select group of California registered nurses. It was sent to people with both active and inactive licenses, to nurses currently working in nursing, those working in other fields, and those who have retired from nursing altogether.

Don't miss out on this opportunity to let the California Board of Registered Nursing learn from your experiences!

The deadline to receive your questionnaire is almost here and I urge you to take a few minutes to complete it and mail it back. If you'd prefer, you can complete it on-line. If you need another copy of the questionnaire or want to know how to do it on-line, **please call me toll-free at 1-800-499-9975.**

Lisa Kermish, Project Manager  
Survey Research Center  
University of California at Berkeley



California Board of Registered Nursing

# Survey of Registered Nurses 2006

Conducted for the Board of Registered Nursing by  
Survey Research Center, University of California, Berkeley  
and  
School of Nursing, University of California, San Francisco

**Here's how to fill out the Survey:**

- Please try to answer each question.
- Most questions can be answered by checking a box or writing a number or a few words on a line.
- Never check more than one box, except when it says **Check all that apply**.
- Sometimes we ask you to skip one or more questions. An arrow will tell you what question to answer next, like this:

<sub>1</sub> YES  
<sub>2</sub> NO → **Skip to Q42**

- 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 in the "comments" section at the end of the survey.
- If you need help with the survey, please call Lisa Kermish at the Survey Research Center at 1-800-499-9975.
- **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 help.

**CALIFORNIA BOARD OF REGISTERED NURSING  
2006 REGISTERED NURSES SURVEY**

**SECTION I: OPINIONS ABOUT YOUR MOST RECENT NURSING POSITION**

**A nursing position is an RN position requiring an active RN license.**

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

	<u>Very dissatisfied</u>	<u>Dissatisfied</u>	<u>Neither satisfied nor dissatisfied</u>	<u>Satisfied</u>	<u>Very satisfied</u>	<u>Does not apply</u>
A. Your job overall	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
B. Your salary	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
C. Employee benefits	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
D. Adequacy of RN skill level where you work	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
E. Adequacy of the number of RN staff where you work	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
F. Adequacy of clerical support services	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
G. Non-nursing tasks required	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
H. Amount of paperwork required	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
I. Your workload	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
J. Physical work environment	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
K. Work schedule	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
L. Job security	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
M. Opportunities for advancement	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
N. Support from other nurses you work with	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
O. Teamwork between coworkers and yourself	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
P. Leadership from your nursing administration	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Q. Relations with physicians	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
R. Relations with other non-nursing staff	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
S. Relations with agency/registry nurses	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
T. Interaction with patients	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
U. Time available for patient education	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

***Continue on the next page***

	<u>Very dissatisfied</u>	<u>Dissatisfied</u>	<u>Neither satisfied nor dissatisfied</u>	<u>Satisfied</u>	<u>Very satisfied</u>	<u>Does not apply</u>
V. Involvement in policy/management decisions	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
W. Opportunities to use your skills	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
X. Opportunities to learn new skills	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Y. Quality of preceptor and mentor programs	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Z. Employer-supported educational opportunities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
AA. Quality of patient care where you work	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
BB. Feeling that work is meaningful	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
CC. Recognition for a job well done	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

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

<u>Very dissatisfied</u>	<u>Dissatisfied</u>	<u>Neither satisfied nor dissatisfied</u>	<u>Satisfied</u>	<u>Very Satisfied</u>
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

3. Are you **currently employed** in registered nursing?

<sub>1</sub> **Yes**, working full-time or part-time in nursing (an RN license is required for your position)

<sub>2</sub> **No**, not working in nursing at all  
**Skip to Section III on page 8** →

**Continue with Section II**



**SECTION II: FOR NURSES CURRENTLY EMPLOYED IN NURSING**

4. How many **hours** do you normally work as an RN? (**Please complete all items.**)

- a. \_\_\_\_ # hours per **day**
- b. \_\_\_\_ # hours per **week**
- c. \_\_\_\_ # overtime hours per **week**

5. How many **weeks** per year do you work as an RN?

\_\_\_\_ # weeks per **year**

**Questions 6 through 16 refer to your principal nursing position, which is the RN position in which you spend most of your working time.**

6. In your **principal** nursing position, are you... **(Check only one.)**

- <sub>1</sub> A regular employee      <sub>2</sub> Employed through a temporary employment service agency      <sub>3</sub> Self-employed

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

\_\_\_\_\_ # hours per week

8. How many **weeks per year** do you normally work in your **principal** nursing position?

\_\_\_\_\_ # weeks per year

9. 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? **(Check only one.)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> <sub>1</sub> Hospital, acute care department                          | <input type="checkbox"/> <sub>7</sub> Home health agency                                    | <input type="checkbox"/> <sub>13</sub> Occupational health or employee health service                      |
| <input type="checkbox"/> <sub>2</sub> Hospital, nursing home unit                              | <input type="checkbox"/> <sub>8</sub> Hospice   | <input type="checkbox"/> <sub>14</sub> Mental health   |
| <input type="checkbox"/> <sub>3</sub> Hospital-based ambulatory care department                | <input type="checkbox"/> <sub>9</sub> Public health or community health agency              | <input type="checkbox"/> <sub>15</sub> Drug/alcohol treatment  |
| <input type="checkbox"/> <sub>4</sub> Hospital-based ancillary department                      | <input type="checkbox"/> <sub>10</sub> School health service (K-12)                         | <input type="checkbox"/> <sub>16</sub> Correctional facility, prison or jail                               |
| <input type="checkbox"/> <sub>5</sub> Nursing home, extended care, or skilled nursing facility | <input type="checkbox"/> <sub>11</sub> Ambulatory care setting (surgical, physician office) | <input type="checkbox"/> <sub>17</sub> Government agency other than public/community health or corrections |
| <input type="checkbox"/> <sub>6</sub> University or college                                    | <input type="checkbox"/> <sub>12</sub> Dialysis   | <input type="checkbox"/> <sub>18</sub> Self-employed   |
| <input type="checkbox"/> <sub>19</sub> Other <b>(Please describe: _____)</b>                   |   |  |

10. Where is your principal nursing position located?

- a. Zip code \_\_\_\_\_      c. City \_\_\_\_\_  
b. County \_\_\_\_\_      d. State \_\_\_\_\_ (2-letter)

11. 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.

\_\_\_\_\_ miles

12. How long have you been employed with your principal employer? \_\_\_\_\_ years and \_\_\_\_\_ months

13. Which one of the following **best** describes the **job title** of your principal nursing position?  
(**Check only one.**)

- |  |  |
|--|--|
| <input type="checkbox"/> 1 Staff nurse/direct care nurse   | <input type="checkbox"/> 10 Public Health Nurse  |
| <input type="checkbox"/> 2 Senior management (Vice President, Nursing Executive, Dean)   | <input type="checkbox"/> 11 Educator, academic setting (professor, instructor at a school of nursing)                      |
| <input type="checkbox"/> 3 Middle management (Nursing House Supervisor, Nurse Manager, Head Nurse, Nurse Director, Associate Dean) | <input type="checkbox"/> 12 Educator for patients or staff, service setting (in-service educator, clinical nurse educator) |
| <input type="checkbox"/> 4 Front-line management (Assistant Nurse Manager, Charge Nurse, Supervisor)                               | <input type="checkbox"/> 13 Patient care coordinator/case manager/discharge planner  |
| <input type="checkbox"/> 5 Clinical Nurse Specialist   | <input type="checkbox"/> 14 Utilization review   |
| <input type="checkbox"/> 6 Certified Registered Nurse Anesthetist  | <input type="checkbox"/> 15 Infection control nurse  |
| <input type="checkbox"/> 7 Certified Nurse-Midwife   | <input type="checkbox"/> 16 Quality Improvement nurse  |
| <input type="checkbox"/> 8 Nurse Practitioner  | <input type="checkbox"/> 17 Occupational health nurse  |
| <input type="checkbox"/> 9 School nurse  | <input type="checkbox"/> 18 Telenursing  |
| <input type="checkbox"/> 19 Other ( <b>Please describe:</b> _____)   |  |

14. 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 (hands-on care and charting)  
 b. \_\_\_\_\_% Indirect patient/client care (consultation, planning, evaluating care)  
 c. \_\_\_\_\_% Education of students in health care occupations (including preparation time)  
 d. \_\_\_\_\_% Supervision  
 e. \_\_\_\_\_% Patient education  
 f. \_\_\_\_\_% Administration  
 g. \_\_\_\_\_% Other (**Please describe:** \_\_\_\_\_)  
100% Total

15. Mark the clinical area in which you **most frequently** provide direct patient care.  
(**Check only one.**)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1 Not involved in direct patient care    | <input type="checkbox"/> 8 Obstetrics/gynecology               | <input type="checkbox"/> 14 Home health care                             |
| <input type="checkbox"/> 2 Medical/surgical                       | <input type="checkbox"/> 9 Perioperative/anesthesia            | <input type="checkbox"/> 15 Hospice                                      |
| <input type="checkbox"/> 3 Intensive care/critical care           | <input type="checkbox"/> 10 Emergency/trauma                   | <input type="checkbox"/> 16 Geriatrics                                   |
| <input type="checkbox"/> 4 Psychiatry/mental health               | <input type="checkbox"/> 11 Rehabilitation                     | <input type="checkbox"/> 17 Community/public health                      |
| <input type="checkbox"/> 5 Pediatrics                             | <input type="checkbox"/> 12 Corrections                        | <input type="checkbox"/> 18 Dialysis                                     |
| <input type="checkbox"/> 6 Newborn/neonatal                       | <input type="checkbox"/> 13 Step-down or transitional bed unit | <input type="checkbox"/> 19 Work in multiple areas and do not specialize |
| <input type="checkbox"/> 7 School health (K-12 or post-secondary) | <input type="checkbox"/> 20 Other                              |  |
| <b>(Please describe:</b> _____)                                   |  |  |



16. 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.

\$\_\_\_\_\_ /year

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

<sub>1</sub> Yes <sub>2</sub> No —► **Skip to Q22**



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

<sub>1</sub> One <sub>2</sub> Two <sub>3</sub> Three <sub>4</sub> Four or more

19. In your other **nursing** positions, are you... (**Check all that apply.**)

<sub>a</sub> A regular employee <sub>b</sub> Employed through a temporary employment service agency <sub>c</sub> Self-employed

20. What type of work do you do in your **other nursing positions**? (**Check all that apply.**)

<sub>a</sub> Hospital staff <sub>d</sub> Nursing home, extended care, or skilled nursing facility staff <sub>g</sub> Teaching health professions or nursing students  
<sub>b</sub> Public health or community health <sub>e</sub> Home health or hospice <sub>h</sub> Ambulatory care, school health, occupational health  
<sub>c</sub> Mental health or substance abuse treatment <sub>f</sub> Self-employed  Other (**Specify:** \_\_\_\_\_)

21. Please estimate annual earnings for your **other nursing positions**, before deductions for taxes, social security, etc. If you do not have a set annual salary, please estimate your annual earnings for last year.

Job 1: \$\_\_\_\_\_ /yr Job 2: \$\_\_\_\_\_ /yr Job 3: \$\_\_\_\_\_ /yr

Any other nursing jobs: \$\_\_\_\_\_ /yr

22. Which of the following computerized health information systems, if any, do you use in your **principal nursing position**? (**Check all that apply.**)

<sub>a</sub> Electronic patient records, including nurse charting  
<sub>b</sub> Computerized physician orders  
<sub>c</sub> Barcode medication administration  
<sub>d</sub> Scanning systems for supplies inventory  
<sub>e</sub> Other (**Specify:** \_\_\_\_\_ )  
<sub>f</sub> None of the above

23. Which one of the following best describes your experience with the computer systems in your **principal nursing position**?

- <sub>1</sub> All systems work well      <sub>2</sub> Systems are generally helpful, but may have some flaws      <sub>3</sub> Systems have problems that affect my work      <sub>4</sub> Systems interfere with my delivery of care      <sub>5</sub> No systems in my workplace

24. Do you supervise unlicensed personnel?      <sub>1</sub> Yes      <sub>2</sub> No

25. Do you practice telehealth nursing across state lines?      <sub>1</sub> Yes      <sub>2</sub> No

26. Within the next five years, what are your intentions? (**Check only one.**)

- <sub>1</sub> Plan to increase hours of nursing work  
<sub>2</sub> Plan to work approximately as much as now  
<sub>3</sub> Plan to reduce hours of nursing work  
<sub>4</sub> Plan to leave nursing entirely but not retire  
<sub>5</sub> Plan to retire

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

- <sub>1</sub> Yes, a temporary agency or registry      <sub>2</sub> Yes, a traveling agency      <sub>3</sub> No → **Skip to Q30**



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

- <sub>a</sub> Wages      <sub>d</sub> Benefits      <sub>g</sub> Control of schedule  
<sub>b</sub> Control of work location      <sub>e</sub> Control of work conditions      <sub>h</sub> Supplemental income  
<sub>c</sub> Maintain skills/get experience      <sub>f</sub> Waiting for a desirable permanent position      <sub>i</sub> Travel/see other parts of the country  
<sub>j</sub> Other (**Please specify:** \_\_\_\_\_)

29. How would you rate your orientation to your most recent facility assignment?

- <sub>1</sub> Excellent      <sub>2</sub> Adequate      <sub>3</sub> Needed some improvement      <sub>4</sub> Unacceptable

30. Do you reside outside California?      <sub>1</sub> Yes      <sub>2</sub> No → **Skip to Q34 on the next page**



31. If you reside outside California, please **check all** of the following that apply regarding the **past 12 months**:

- <sub>a</sub> Worked as RN in California for temporary agency/registry  
<sub>b</sub> Worked as RN for California employer in telenursing  
<sub>c</sub> Worked as RN for out-of-state telenursing employer with California clients  
<sub>d</sub> Lived in border state, commute to California  
<sub>e</sub> Worked as RN in California but have since moved out  
<sub>f</sub> Did not work as an RN in California

32. How many months did you work in California in the past 12 months?

\_\_\_\_\_ months

Did not work in California

33. If you reside outside California, do you plan to work as an RN in California in the **next five years?** (**Check all that apply.**)

Yes, I plan to travel to California intermittently to work as an RN

Yes, I plan to relocate to California and work as an RN

Yes, I plan to perform telenursing for a California employer

Yes, I plan to perform telenursing for out-of-state employer with California clients

Yes, I plan to commute from a border state

No, I plan to keep my California license but do not plan to practice in California

No, I plan to let my California license lapse

34. Have you ever stopped working as a registered nurse **for a period of more than one year?**

Yes

No → **Skip to Section IV on page 10**



35. How long did you stop working as a registered nurse? \_\_\_\_\_ years and \_\_\_\_\_ months

36. How important are each of the following reasons why you stopped working as a registered nurse **for a period of more than one year?**

	<u>Not at all important</u>	<u>Somewhat important</u>	<u>Important</u>	<u>Very Important</u>	<u>Does not apply</u>
A. Childcare responsibilities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. Other family responsibilities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. Moving to a different area	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. Stress on the job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E. Job-related illness/injury	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
F. 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
G. Salary	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
H. Dissatisfied with benefits	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I. Laid off	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
J. Go back to school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
K. Travel	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
L. Try another occupation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
M. Other dissatisfaction with job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
N. 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
O. Other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

(Please specify: \_\_\_\_\_)

37. How long did it take to demonstrate competency in your RN duties after returning to work?  
 \_\_\_\_\_ Weeks

**SKIP SECTION III AND CONTINUE WITH SECTION IV ON PAGE 10**

**SECTION III: FOR PERSONS NOT EMPLOYED IN REGISTERED NURSING**

**The purpose of this section is to learn why persons not employed in nursing left nursing practice.**

38. What was the last year you worked for pay as a registered nurse? \_\_\_\_\_

39. How important were each of the following factors in your decision to leave nursing?

	<u>Not at all important</u>	<u>Somewhat important</u>	<u>Important</u>	<u>Very Important</u>	<u>Does not apply</u>
A. Retired	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
B. Childcare responsibilities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
C. Other family responsibilities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
D. Moving to a different area	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
E. Stress on the job	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
F. Job-related illness/injury	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
G. Non-job-related illness/injury	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
H. Salary	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
I. Decreased benefits	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
J. Other dissatisfaction with your job	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
K. Dissatisfaction with the nursing profession	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
L. Travel	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
M. Wanted to try another occupation	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
N. Inconvenient schedules in nursing jobs	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
O. Difficult to find a nursing position/laid off	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
P. Other	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

(Specify: \_\_\_\_\_)

40. Are you currently employed outside nursing?

<sub>1</sub> Yes  
 ↓

<sub>2</sub> No → **Skip to Q43 on the next page**

41. Does your position utilize any of your nursing knowledge? <sub>1</sub> Yes <sub>2</sub> No

42. How many hours **per week** do you usually work? \_\_\_\_\_ hours/week

43. Which of the following best describes your current intentions regarding work in nursing?

- <sub>1</sub> Currently seeking employment in nursing → **Skip to Section IV on page 10**
  - <sub>2</sub> Plan to return to nursing in the future
    - 43a. How soon? <sub>1</sub> Less than one year
    - <sub>2</sub> 1-2 years
    - <sub>3</sub> 3-4 years
    - <sub>4</sub> 5 or more years
 → **Skip to Section IV on page 10**
  - <sub>3</sub> Retired
  - <sub>4</sub> Definitely will not return to nursing, but not retired
  - <sub>5</sub> Undecided at this time
- ↓  
**Continue to Q44**

44. Would any of the following factors affect your decision to return to nursing?

	<u>Not at all important</u>	<u>Somewhat important</u>	<u>Important</u>	<u>Very Important</u>	<u>Does not apply</u>
A. Affordable childcare at or near work	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
B. Flexible work hours	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
C. Modified physical requirements of job	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
D. Higher nursing salary	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
E. Better retirement benefits	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
F. Better support from nursing management	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
G. More support from other nurses	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
H. Better nurse to patient ratios	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
I. Adequate support staff for non-nursing tasks	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
J. Availability of re-entry programs/mentoring	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
K. Improvement in my health status	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
L. Other	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

(Specify: \_\_\_\_\_)

## SECTION IV: EDUCATION

45. What was the highest level of education you completed **prior** to your basic RN nursing education?

- <sub>1</sub> Less than a high school diploma      <sub>3</sub> Associate degree      <sub>5</sub> Master's degree  
<sub>2</sub> High school diploma      <sub>4</sub> Baccalaureate degree      <sub>6</sub> Doctoral degree

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

- <sub>0</sub> No      <sub>1</sub> Yes, nursing aide      <sub>2</sub> Yes, licensed practical/vocational nurse      <sub>3</sub> Yes, other  
(Please specify: \_\_\_\_\_)

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

- <sub>1</sub> Diploma program      <sub>3</sub> Baccalaureate program      <sub>5</sub> Entry-level Master's program  
<sub>2</sub> Associate degree program      <sub>4</sub> Master's program      <sub>6</sub> Doctoral program

48. In what year did you graduate from that program? \_\_\_\_\_

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

- US:** \_\_\_\_ 2-letter state code      **Other country:** <sub>1</sub> India      <sub>4</sub> China      <sub>7</sub> Philippines  
<sub>2</sub> Canada      <sub>5</sub> Korea      <sub>8</sub> England  
<sub>3</sub> Ireland      <sub>8</sub> Australia  
<sub>9</sub> Other (**Specify:** \_\_\_\_\_)

50. Since graduating from the basic RN nursing program, have you earned any additional degrees? (**Check all that apply.**)

- <sub>a</sub> No additional degrees earned  
<sub>b</sub> Associate degree (nursing major)      <sub>f</sub> Associate degree (non-nursing major)  
<sub>c</sub> Baccalaureate of Science in Nursing (BSN)      <sub>g</sub> Other Baccalaureate (non-nursing)  
<sub>d</sub> Master's degree in Nursing (MSN)      <sub>h</sub> Other Master's degree (non-nursing)  
<sub>e</sub> Doctorate in nursing (PhD, DNSc, etc.)      <sub>i</sub> Doctorate in non-nursing field

51. Which of the following certifications, if any, have you received from the California Board of Registered Nursing since your initial licensure as an RN? (**Check all that apply.**)

- <sub>a</sub> Nurse Anesthetist      <sub>d</sub> Psychiatric/Mental Health Nurse      <sub>g</sub> None  
<sub>b</sub> Public Health Nurse      <sub>e</sub> Nurse Practitioner  
<sub>c</sub> Nurse Midwife      <sub>f</sub> Clinical Nurse Specialist

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

<sub>1</sub> Yes

<sub>2</sub> No → **Skip to Section V below**



53. What is your degree objective?

<sub>1</sub> Associate degree

<sub>3</sub> Master's degree

<sub>5</sub> Doctoral degree

<sub>2</sub> Baccalaureate degree

<sub>4</sub> Non-degree specialty certification

54. How are your tuition and fees financed? (**Check all that apply.**)

<sub>a</sub> Personal and family resources

<sub>e</sub> Employer tuition reimbursement plan

<sub>b</sub> Federal traineeship, scholarship, or grant

<sub>f</sub> Federally assisted loan

<sub>c</sub> State or local government loan, scholarship, or financial aid

<sub>g</sub> Non-government scholarship, loan, or grant

<sub>d</sub> University teaching or research fellowship

<sub>h</sub> Other (**Specify:** \_\_\_\_\_)

## SECTION V: LICENSURE AND DEMOGRAPHIC INFORMATION

55. In what year were you first licensed as an RN? \_\_\_\_\_

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

**US:** \_\_\_\_ 2-letter state code

**Other country:**

<sub>1</sub> India

<sub>4</sub> China

<sub>7</sub> Philippines

<sub>2</sub> Canada

<sub>5</sub> Korea

<sub>8</sub> England

<sub>3</sub> Ireland

<sub>6</sub> Australia

<sub>9</sub> Other (**Specify:** \_\_\_\_\_)

57. In what year were you first licensed as an RN **in California**? \_\_\_\_\_

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

\_\_\_\_\_ years and \_\_\_\_\_ months

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

\_\_\_\_\_ # states <sub>0</sub> None

60. Gender <sub>1</sub> Female <sub>2</sub> Male

61. Year of birth 19\_\_\_\_\_

62. Marital status

- 1 Never married      2 Currently married/  
in domestic partner  
relationship      3 Separated or  
divorced      4 Widowed

63. What is your ethnic/racial background (select the **one** with which you most strongly identify)?

- 1 White, not Hispanic or  
Latino      4 Filipino      7 Native Hawaiian or other  
Pacific Islander  
2 Hispanic or Latino      5 Asian Indian      8 Native American or Alaskan  
3 Black or African American      6 Asian, not Filipino or Indian      9 Mixed race/ethnicity  
10 Other (**Please describe:** \_\_\_\_\_)

64. Other than English, what languages do you speak fluently? (**Check all that apply.**)

- a Spanish      c Tagalog      e Mandarin      g Cantonese  
b Korean      d Hindi      f Vietnamese      h Other (**Please specify:** \_\_\_\_\_)

65. Do you have children living at home with you?      1 Yes      2 No

If Yes, how many are:

- a) 0-2 years \_\_\_\_      b) 3-5 years \_\_\_\_      c) 6-12 years \_\_\_\_      d) 13-18 years \_\_\_\_      e) 18+ years \_\_\_\_

66. Are any other people (parents, spouse, grandchildren, friends) dependent on you for care?

- 1 Yes      2 No

66a. If Yes, how many? \_\_\_\_\_

67. Home Zip Code: \_\_\_\_\_

68. Which category best describes how much income your **total household** received last year?  
This is the before-tax income of **all** persons living in your household:

- 1 Less than \$30,000      4 \$60,000 - 74,999      7 \$125,000 - 149,999  
2 \$30,000 - 44,999      5 \$75,000 - 99,999      8 \$150,000 - 174,999  
3 \$45,000 - 59,999      6 \$100,000 - 124,999      9 \$175,000 - 199,999  
10 \$200,000 or more

69. Approximately what percentage of your **total household** income comes from your nursing job(s)?

- 1 None      3 20-39%      5 60-79%      7 100%  
2 1-19%      4 40-59%      6 80-99%



**Thank you for completing the survey.**

**Please return the questionnaire in the postage-paid envelope provided.**

If you have additional thoughts or ideas about the nursing profession in California, please write them below. You may include your email address if you would like an email notification when the report on this survey is published.

**Comments:**



California Board of Registered Nursing

# Survey of Registered Nurses 2006

Conducted for the Board of Registered Nursing by  
Survey Research Center, University of California, Berkeley  
and  
School of Nursing, University of California, San Francisco

**Here's how to fill out the Survey:**

- Please try to answer each question.
- Most questions can be answered by checking a box or writing a number or a few words on a line.
- Never check more than one box, except when it says **Check all that apply**.
- Sometimes we ask you to skip one or more questions. An arrow will tell you what question to answer next, like this:

<sub>1</sub> YES  
<sub>2</sub> NO      —▶ **Skip to Q42**

- 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 in the "comments" section at the end of the survey.
- If you need help with the survey, please call Lisa Kermish at the Survey Research Center at 1-800-499-9975.
- **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 help.

**CALIFORNIA BOARD OF REGISTERED NURSING  
2006 REGISTERED NURSES SURVEY**

**SECTION I: RN LICENSE STATUS**

1. What is the status of your RN license in California?

- <sub>1</sub> Active → **Skip to Q6**  
<sub>2</sub> Inactive (paid license renewal fee but did not complete continuing education)  
<sub>3</sub> Lapsed (did not pay renewal fee)

2. Why did you allow your California RN license to become inactive or lapse? (Check all that apply.)

- <sub>a</sub> Retired  
<sub>b</sub> Do not plan to work as an RN in California now, but might reactivate my license later  
<sub>c</sub> Do not plan to work as an RN anymore  
<sub>d</sub> Moved from California to another state/country  
<sub>e</sub> Do not work in California now, but want to maintain an inactive license because my first RN license was in California  
<sub>f</sub> Other

3. How long ago did you let your California license become inactive or lapse?

\_\_\_\_ years and \_\_\_\_ months

4. How long ago did you last work in California? \_\_\_\_ years and \_\_\_\_ months

5. Do you plan to work as an RN in California in the next five years? (Check all that apply.)

- <sub>a</sub> No, I do not plan to practice in California  
<sub>b</sub> Yes, I plan to travel to California intermittently to work as an RN  
<sub>c</sub> Yes, I live in California and plan to work as an RN  
<sub>d</sub> Yes, I plan to perform telenursing with California clients  
<sub>e</sub> Yes, I plan to relocate to California and work as an RN  
<sub>f</sub> Yes, I plan to commute regularly from a border state

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

\_\_\_\_\_ # states    <sub>b</sub> None

7. Where do you reside?

- <sub>1</sub> California  
<sub>2</sub> Other state (Specify: \_\_\_\_\_)  
<sub>3</sub> Other country (Specify: \_\_\_\_\_)

8. Are you currently employed in registered nursing? A registered nursing position is a position requiring an active RN license, such as patient care, health professions education, etc.

<sub>1</sub> Yes, working full-time or part-time in nursing

<sub>2</sub> No, not working in nursing at all

**Skip to Section III on page 3** →

**Continue to Section II**



## **SECTION II: FOR NURSES EMPLOYED IN REGISTERED NURSING**

9. How many hours a week do you normally work as an RN? \_\_\_\_\_ # hours per week

10. How many weeks per year do you work as an RN? \_\_\_\_\_ # weeks per year

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

<sub>1</sub> Yes, a temporary agency or registry

<sub>2</sub> Yes, a traveling agency

<sub>3</sub> No

**Questions 12 and 13 refer to your principal nursing position, which is the position in which you spend most of your working time.**

12. Where is your principal nursing position located? (zip code)\_\_\_\_\_

13. Does your principal nursing position involve direct patient care? <sub>1</sub> Yes <sub>2</sub> No

**SKIP SECTION III AND CONTINUE WITH SECTION IV ON PAGE 5**

## SECTION III: FOR PERSONS NOT EMPLOYED IN REGISTERED NURSING

The purpose of this section is to learn why persons not employed in nursing left nursing practice.

14. What was the last year you worked for pay as a registered nurse? \_\_\_\_\_

15. How important was each of the following factors in your decision to leave nursing?

	<u>Not at all important</u>	<u>Somewhat important</u>	<u>Important</u>	<u>Very important</u>	<u>Does not apply</u>
A. Retired	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
B. Moved to a different area	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
C. Childcare responsibilities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
D. Other family responsibilities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
E. Stress on the job	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
F. Job-related illness/injury	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
G. Non-job-related illness/injury	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
H. Salary	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
I. Decreased benefits	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
J. Travel	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
K. Other dissatisfaction with your job	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
L. Dissatisfaction with the nursing profession	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
M. Wanted to try another occupation	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
N. Inconvenient schedules in nursing jobs	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
O. Better salaries available in other jobs	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
P. Other job/profession is more rewarding professionally	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Q. Difficult to find a nursing position	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
R. Nursing skills are out of date	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
S. Laid off	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
T. Other (Specify: _____)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

16. Are you currently employed outside nursing?

<sub>1</sub> Yes **Continue**

<sub>2</sub> No → **Skip to Q19**



17. Does your position utilize any of your nursing knowledge? <sub>1</sub> Yes <sub>2</sub> No

18. How many hours **per week** do you usually work? \_\_\_\_\_ # hours/week

19. Which of the following best describes your current intentions regarding work in nursing?

<sub>1</sub> Currently seeking employment in nursing → **Skip to Section IV on page 5**

<sub>2</sub> Plan to return to nursing in the future

19a. How soon? <sub>1</sub> Less than one year

<sub>2</sub> 1-2 years

<sub>3</sub> 3-4 years

<sub>4</sub> 5 or more years

} → **Skip to Section IV on page 5**

<sub>3</sub> Retired

<sub>4</sub> Definitely will not return to nursing, but not retired

<sub>5</sub> Undecided at this time

} **Continue to Q20**



20. How important would each of the following be in your decision to return to nursing?

	<u>Not at all important</u>	<u>Somewhat important</u>	<u>Important</u>	<u>Very important</u>	<u>Does not apply</u>
A. Affordable childcare at or near work	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
B. Flexible work hours	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
C. Modified physical requirements of job	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
D. Higher nursing salary	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
E. Better retirement benefits	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
F. Better support from nursing management	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
G. More support from other nurses	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
H. Better nurse to patient ratios	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
I. Adequate support staff for non-nursing tasks	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
J. Availability of re-entry programs and mentoring	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
K. Improvement in my health status	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

## SECTION IV: EDUCATION

21. What was the highest level of education you completed *prior* to your basic RN nursing education?

- <sub>1</sub> Less than a high school diploma      <sub>3</sub> Associate degree      <sub>5</sub> Master's degree  
<sub>2</sub> High School diploma      <sub>4</sub> Baccalaureate degree      <sub>6</sub> Doctoral degree

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

- <sub>0</sub> No      <sub>1</sub> Yes, nursing aide      <sub>2</sub> Yes, licensed practical/vocational nurse      <sub>3</sub> Yes, other (Please specify: \_\_\_\_\_)

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

- <sub>1</sub> Diploma program      <sub>3</sub> Baccalaureate program      <sub>5</sub> Entry-level Master's program  
<sub>2</sub> Associate degree program      <sub>4</sub> Master's program      <sub>6</sub> Doctoral program

24. In what year did you graduate that program? \_\_\_\_\_

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

- US:** \_\_\_\_ 2-letter state code      **Other country:**      <sub>1</sub> India      <sub>4</sub> China      <sub>7</sub> Philippines  
<sub>2</sub> Canada      <sub>5</sub> Korea      <sub>8</sub> England  
<sub>3</sub> Ireland      <sub>6</sub> Australia  
<sub>9</sub> Other (Specify: \_\_\_\_\_)

26. Since graduating from the basic RN nursing program, have you earned any additional degrees? (Check all that apply.)

- <sub>a</sub> No additional degrees earned  
<sub>b</sub> Associate degree (nursing major)      <sub>f</sub> Associate degree (non-nursing major)  
<sub>c</sub> Baccalaureate of Science in Nursing (BSN)      <sub>g</sub> Other Baccalaureate (non-nursing)  
<sub>d</sub> Master's degree in Nursing (MSN)      <sub>h</sub> Other Master's degree (non-nursing)  
<sub>e</sub> Doctorate in nursing (PhD, DNSc, etc.)      <sub>i</sub> Doctorate in non-nursing field

**SECTION V: LICENSURE AND DEMOGRAPHIC INFORMATION**

27. In what year were you first licensed as an RN? \_\_\_\_\_

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

**US:** \_\_\_\_ 2-letter state code

**Other country:**

1 India      4 China      7 Philippines

2 Canada    5 Korea      8 England

3 Ireland    6 Australia

9 Other (**Specify:** \_\_\_\_\_)

29. In what year were you first licensed as an RN **in California**? \_\_\_\_\_

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

\_\_\_\_\_ years and \_\_\_\_\_ months

31. Gender    1 Female      2 Male

32. Year of birth    19\_\_\_\_

33. Marital status

1 Never married

2 Currently married/  
in domestic partner  
relationship

3 Separated or divorced

4 Widowed

34. What is your racial/ethnic background (select the **one** with which you most strongly identify)?

1 White, not Hispanic or Latino

4 Filipino

7 Native Hawaiian or other Pacific  
Islander

2 Hispanic or Latino

5 Asian Indian

8 Native American or Alaskan

3 Black or African American

6 Asian, not Filipino or  
Indian

9 Mixed race/ethnicity

10 Other (**Please describe:** \_\_\_\_\_)



35. Other than English, what languages do you speak fluently? (**Check all that apply.**)

- <sub>a</sub> Spanish      <sub>c</sub> Tagalog      <sub>e</sub> Mandarin      <sub>g</sub> Cantonese  
<sub>b</sub> Korean      <sub>d</sub> Hindi      <sub>f</sub> Vietnamese      <sub>h</sub> Other (**Please specify:** \_\_\_\_\_)

36. Do you have children living at home with you?      <sub>1</sub> Yes      <sub>2</sub> No

If yes, how many are:

- a) 0-2 years \_\_\_\_\_ b) 3-5 years \_\_\_\_\_ c) 6-12 years \_\_\_\_\_ d) 13-18 years \_\_\_\_\_ e) 18+ years \_\_\_\_\_

37. Are any other people (parents, spouse, grandchildren, friends) dependent on you for care?

- <sub>1</sub> Yes      <sub>2</sub> No

37a. If Yes, how many? \_\_\_\_\_

38. Home Zip Code: \_\_\_\_\_

39. Which category best describes your total income before taxes **from nursing** last year?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> <sub>1</sub> None              | <input type="checkbox"/> <sub>5</sub> \$30,000 – 39,999 | <input type="checkbox"/> <sub>9</sub> \$70,000 – 79,999    |
| <input type="checkbox"/> <sub>2</sub> \$1- 9,999        | <input type="checkbox"/> <sub>6</sub> \$40,000 – 49,999 | <input type="checkbox"/> <sub>10</sub> \$80,000 – 89,999   |
| <input type="checkbox"/> <sub>3</sub> \$10,000 - 19,999 | <input type="checkbox"/> <sub>7</sub> \$50,000 – 59,999 | <input type="checkbox"/> <sub>11</sub> \$90,000 – 99,999   |
| <input type="checkbox"/> <sub>4</sub> \$20,000 - 29,999 | <input type="checkbox"/> <sub>8</sub> \$60,000 – 69,999 | <input type="checkbox"/> <sub>12</sub> \$100,000 – 124,999 |
|   |   | <input type="checkbox"/> <sub>13</sub> \$125,000 or more   |

40. 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:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> <sub>1</sub> Less than \$30,000 | <input type="checkbox"/> <sub>4</sub> \$60,000 - 74,999   | <input type="checkbox"/> <sub>7</sub> \$125,000 – 149,999 |
| <input type="checkbox"/> <sub>2</sub> \$30,000 - 44,999  | <input type="checkbox"/> <sub>5</sub> \$75,000 - 99,999   | <input type="checkbox"/> <sub>8</sub> \$150,000 – 174,999 |
| <input type="checkbox"/> <sub>3</sub> \$45,000 - 59,999  | <input type="checkbox"/> <sub>6</sub> \$100,000 – 124,999 | <input type="checkbox"/> <sub>9</sub> \$175,000 – 199,999 |
|  |   | <input type="checkbox"/> <sub>10</sub> \$200,000 or more  |

**Thank you for completing the survey.**

**Please return the questionnaire in the postage-paid envelope provided.**

If you have additional thoughts or ideas about the nursing profession in California, please write them below. You may include your email address if you would like an email notification when the report on this survey is published.