

California Board of Registered Nursing

2012 Survey of Registered Nurses

Revised October 18, 2013



**Conducted for the
California Board of Registered Nursing**

**by the
University of California, San Francisco**

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Survey of Registered Nurses in California, 2012

October 18, 2013

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SURVEY OF REGISTERED NURSES IN CALIFORNIA, 2012

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Executive Summary

The 2012 Survey of California Registered Nurses is the eighth in a series of surveys designed to describe the population of registered nurses (RNs) licensed in California and to examine changes in this population over time. Other studies were completed in 1990, 1993, 1997, 2004, 2006, 2008, and 2010. The 2012 survey was mailed to 10,000 RNs with active California licenses and addresses in the United States. The survey response rate was 56.1 percent, yielding information for about 5,529 nurses.

Demographics

California has a large, diverse workforce of RNs. Between 1990 and 2004, the average age of working RNs residing in California rose from 42.9 to 47.6 years, and it has slightly declined since then to 46.1 years. Nursing continues to be a predominantly female profession, but the percent of men entering the profession is increasing: in 1990, 5.4 percent of working RNs residing in California were male and in 2012, men made up 11.6 percent of employed California RNs. The ethnic diversity of California's working nurses has changed since 1990; the share of white nurses declined from 77.2 percent in 1990 to 53.4 percent in 2012. Whites do not comprise the majority of the nursing population under 45 years old; only 44.7 percent of RNs under 35 years and 36.5 percent of RNs 35-44 years are White. The most highly represented non-White ethnic groups across all age groups are Filipinos (21.3%), Hispanics (6.6%), and non-Filipino Asians (9.5%).

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 percent and by 2012, it had dropped to 10 percent. The share that entered the profession with a baccalaureate or graduate degree rose from 28.7 percent in 1990 to 41.1 percent in 2012. In 2012, the majority (59.7%) of California's working RNs were educated in California, and 20.7 percent were educated in other countries. 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 2010, the average age was 27.3 years. In 2012, the average age at graduation declined slightly to 27.2 years. Many nurses increase their education level after licensure; 10.9 percent of working RNs report that their highest nursing education is a master's or doctoral degree.

Employment

About 85 percent 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 percent to 89.3 percent since 1990. Employment rates vary substantially with age. In 2010, the percent of nurses under 30 who were working dropped considerably compared with prior years, and that decline continued between 2010 and 2012. In 2004, 96.1 percent, and in 2008, 97.7 percent of nurses under age 30 reported working. In 2012, only 90 percent of nurses under 30 years reported working in a nursing position. In 2012, 85.9 percent of nurses 55 to 59 years old who resided in California were working in nursing positions. The employment rate for nurses 60 to 64 years rose from 75.5 percent in 2008 to 81.4 percent in 2010, and dropped to 79.3 percent in 2012.

The average number of hours worked per week by RNs changed little between 1990 and 2012, ranging from 35.2 to 36.5 hours over this period. Over 68 percent of RNs said they work less than one hour per week of overtime or no overtime, in their principal nursing position, while only 7.5 percent said they work more than 8 hours of overtime per week, the lowest share reported since 1997.

Job titles and work settings

Most working RNs report a primary job title of "staff nurse" or "direct care provider" (56.1%). The percentage of registered nurses employed in acute hospital settings declined from 67.9 percent in 1990 to 60.2 percent in 1997, and rose to 63.6 percent in 2012. Other common workplaces of RNs include ambulatory care

settings, such as clinics and outpatient surgery centers (7.5%), nursing homes, extended care facilities, or skilled nursing facilities (6.1%) and home health agencies (2.4%).

RNs were asked about employment status changes in the past year, regardless of current employment status. Nearly 27 percent of RNs residing in California reported a change in their work status, employer, or position over the prior year, and 39.2 percent changed how much they work. The most common change in work status, employer, or position was obtaining a new position with the same employer (29.5%). Another 20.6 percent reported they had a new position with a new employer. Among RNs who changed their work hours, 28.9 percent increased their hours of work by choice, and 21.4 percent chose to decrease their hours. Over fourteen percent indicated they were asked or forced by their employer to reduce their hours, while 11 percent experienced an employer-imposed increase in hours.

Slightly over 15 percent of RNs who reside in California reported that they held more than one nursing position in 2012 as compared with 21.9 percent in 2004. In 2012, 22.8 percent of these RNs reported holding more than one additional position. More than forty percent of California resident RNs with secondary positions work as hospital staff for at least one of their additional positions. Twelve percent are engaged in ambulatory care, school health, or occupational health and another 11.4 percent are engaged in teaching health professions or nursing students. Ten percent were employed through a temporary agency for at least one of their additional positions, 2.2 percent were employed by a traveling agency, and 14 percent were self-employed.

Slightly more than two percent of RNs who reside in California work for a temporary agency or registry for their primary or secondary nursing jobs, and less than 1 percent work for a traveling agency. For nurses who reside in California, control of their work schedule was the dominant reason for temporary/traveling agency employment (49.2%). Other important reasons included supplemental income (40.9%), wages (38.7%), maintaining skills or gaining experience (36.6%), and having control of work location (30.4%). One-quarter said they are doing temporary/traveling work because they are waiting for a desirable permanent position.

Nurses' earnings and benefits

Nurse incomes rose dramatically between 1990 and 2008. In 1990, average annual income from nursing was \$31,504 for California residents; in 2004, it was \$59,937, and by 2008 it had reached \$81,428. Income growth was slower between 2008 and 2010, reaching \$82,134. Between 2010 and 2012, average nurse earnings grew at a higher rate than in the prior two-year period, increasing to \$89,940. More than 73 percent of nurses received personal retirement benefits and personal health insurance in 2012. Over 61 percent received dental insurance from their employers, and 75.4 percent received health insurance for their families. Nearly 38 percent received tuition reimbursement benefits, and 17.6 percent received paid time off to pursue education.

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. The five aspects of nursing that received the highest satisfaction ratings in 2012 were interactions with patients, feeling that work is meaningful, job overall, team work between coworkers, and support from other nurses. Prior to 2010, job security was rated highly, but it has dropped in relative satisfaction since then. The five lowest rated aspects of nursing in 2012 were amount of paperwork required, involvement in policy and management decisions, leadership from administration, non-nursing tasks required, and employer-supported educational/training programs. These factors, with the exception of education and training programs, also were rated as least satisfactory in 2010.

Temporary departure from nursing work

Nurses were asked whether they had ever stopped working as a registered nurse for a period of more than one year. The proportion of California-resident RNs who stopped working as a registered nurse for more than a year decreased from 25.1 percent in 1990 to 11 percent in 2012. Among those who had temporarily stopped working, 14.4 percent were out of nursing for only one year, and over half (60.3%) stopped working for more than two years. In the 2012 survey, childcare responsibilities were cited as an important reason to stop working temporarily by 87.4 percent of the nurses who left nursing for more than one year. Other frequently reported reasons for temporary

departures from nursing include other family responsibilities (47.3%), moving to a different area (32.9%), stress on the job (21.2%), and to try another occupation (18.9%).

Future plans of working registered nurses

Since 1993, over half of respondents have indicated that they plan to work approximately as much as they do now in the next five years. Between 1993 and 2012, this share dropped from 60.1 to 53.1 percent. In 2012, 11.5 percent planned to increase their hours of nursing work. Twenty-one percent plan to reduce their hours of nursing work; this share rose between 2010 (15.2%) and 2012. Since 2004, about 3 percent of nurses has planned to leave nursing entirely, but not retire. In 2012, 11.4 percent of RNs indicated they plan to retire in the next five years. Only 3.7 percent plan to retire within 2 years.

Nurses residing outside California

In 2012, nearly 15 percent (52,978) of RNs with active California licenses lived in other states. In 2012, 32.9 percent of these nurses reported that they worked in California at some time during the previous year. Just over 17 percent had worked in the state for a temporary or traveling agency. Out-of-state nurses who worked for a temporary or traveling agency worked in California an average of 4 months in the previous year, for 39 hours per week. Over 14 percent worked in telenursing, either for a California employer or with California patients. About 4 percent commute to California from a bordering state. For nurses who were living outside California in 2012, 25.2 percent reported that they plan to travel to California to work as an RN intermittently over the next five years, and 25.8 percent plan to relocate to California to work in nursing.

Nurses who do not work in nursing

About 15 percent of RNs who lived in California were not employed in nursing in 2012. The share of nurses working in non-nursing jobs rose from 22.7 percent in 2004 to 33.9 percent in 2006, and then declined in 2012 to 27.5 percent. Of the nurses with active licenses who were not working in the profession at the time of the survey, 35.9 percent reported that retirement was an important or very important factor in their decision not to work in nursing in 2012 as compared with 30.5 percent in 2004. Among RNs under 55 years old, the most important reasons for not working in nursing were difficulty finding a desired nursing position (40.6%), childcare responsibilities (36.9%) and other family responsibilities (34%). More than 35 percent said it was difficult to find any nursing position. In 2012, 38 percent of not working nurses were currently seeking RN work.

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. 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, and can take advantage of even more with appropriate educational advancement. Nurses are generally satisfied with their jobs, the profession, and their interactions with patients.

The employment settings of RNs have been relatively stable over the past decade, with most nurses working in staff nurse positions, and the majority 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. Overall satisfaction levels are high for most aspects of employment.

In both 2010 and 2012, RNs indicated that finding nursing work was a growing concern. This is a notable change from prior surveys. The employment rate for RNs in 2012 was 85.1 percent, and many non-working RNs reported they were looking for nursing work. In 2010 and 2012, more RNs over the age of 50 were working than in previous years, while RNs under the age of 40 have lower levels of employment. Many RNs younger than 35 years are planning to work more over the next two years. Although annual nurse earnings rose between 2010 and 2012, for the first time the earnings of nurses under 35 years of age were lower than those of RNs 65 years and older. This

suggests that the entry-level labor market remains weak, and employers did not need to raise wages in order to attract young nurses. Fewer working RNs felt they had adequate job security in 2012 than in 2008. Nearly 27 percent of working RNs experienced a job change between 2011 and 2012, and another 39.2 percent changed how much they work.

Increased RN employment and the temporary difficulty of some RNs to find nursing work in California should be interpreted carefully. Some researchers have found that the recession has abated the ongoing nursing shortage. However, as the country slowly moves out of recession, the primary drivers of increased RN demand – the aging of the nursing and general population – remain strong. The strengths of the nursing profession, which include broad job opportunities, career mobility, commitment to ongoing education, increasing diversity, and high rates of professional satisfaction, must be sustained to ensure that California’s nursing workforce thrives in the future. Employers and health care leaders can work to maintain the positive aspects of nursing, 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.

Chapter 1. Introduction and Methodology

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

Purpose and Objectives

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

The 2012 study consisted of a survey sent to RNs with active California licenses, with both California and out-of-state addresses. The 2004, 2006, 2008 and 2010 studies consisted of two surveys, one on RNs with active California licenses, and another for RNs whose California licenses had become inactive or lapsed in the two years prior to the survey, both with California and out of state addresses. The first three surveys (1990, 1993, and 1997) included only actively licensed RNs with California addresses.

Each time the survey has been conducted, the survey questions and content have been modified based on findings from the previous survey, and items of interest have been added. Generally, however, consistency of measures has been maintained, which permits the measurement and analysis of trends in California's nursing workforce over time. As in prior years, the 2012 survey included a space for respondents to provide comments or share observations for the Board of Registered Nursing. These narrative comments are analyzed in Chapter 5 of this report.

Survey Development

UCSF worked with the BRN to update the survey questionnaires for 2012. Specifically, the survey update included the following steps:

- A review of past surveys conducted for the BRN, particularly the survey conducted in 2010;
- Collaboration with staff at the BRN to identify current issues and draft the survey questionnaire;
- A review of draft questions by the BRN staff, UCSF staff, and other experts;
- Revision of the surveys based on feedback from BRN and UCSF staff, and other experts, including the BRN Nursing Workforce Advisory Committee;
- Development of formatted survey instruments;
- Testing of the survey instruments by nurses recruited by UCSF and the BRN;
- Development of the web-based surveys;
- Testing of the web-based surveys by staff at the BRN and UCSF; and
- Editing the formatted surveys for printing, and editing of the web-based surveys for online use.

Process for Data Collection and Coding

A cover letter from the Board of Registered Nursing was mailed to all RNs selected for the survey, which included information about how to complete the survey online, the survey, and a postage-paid return envelope. The survey was mailed on April 2, 2012. A reminder postcard was sent on April 16, and the questionnaire was re-mailed

on May 4 to non-respondents. Reminder postcards were sent on May 21 and June 12, 2012. Data collection ended on September 24, 2012.

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

Data from the web-based surveys were automatically entered into a database. All paper surveys were entered into a database by Office Remedies Inc., except the narrative comments, which were entered at UCSF. The paper data were entered twice, by two different people at two different times. The two entries for each survey respondent were compared, differences were checked against the paper survey, and corrections were made. After the comparisons were complete, discrepancies corrected, and duplicate records deleted, the data were checked again by another computer program to ensure only valid codes were entered and logical checks on the data were met. Approximately 17.1 percent of the respondents completed the survey online, an increase of 1.8 percentage points from 2010.

The RN Sample

Selection of the RN Sample

The survey was sent to 10,000 active RNs with addresses in California and other states. The Board of Registered Nursing created a file of all RNs on February 24, 2012, and delivered this file to UCSF. This database included name, mailing address, birth date, date of licensure in California, date of last renewal, and license status. The database included 371,288 nurses with active licenses residing in the United States. Nurses were excluded from the survey if their birthdate was missing, indicated an age of younger than 17, or indicated an age greater than 110. Thus, the working file from which nurses were sampled contained 371,280 RNs.

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

The original sample was planned to be 8,000 nurses. Our goal was to have at least 500 respondents per region. To reach this goal, we assumed that the response rate for each region would be the same as for the 2010 survey, thus requiring at least 740 surveys be mailed to nurses in each region. Some regions had lower response rates in 2010, and thus more surveys were allocated to those regions to obtain the targeted response of at least 500 nurses.

After developing our sampling scheme, we added 2,000 nurses to the sample, as requested and funded by the Gordon and Betty Moore Foundation. One thousand of these additional nurses resided in a portion of the San Francisco Bay Area (Alameda, Marin, San Francisco, San Mateo, and Santa Clara counties). The other 1,000 resided in portions of the Sacramento, Northern Counties, and Central Valley regions (Amador, El Dorado, Nevada, Placer, Sacramento, and Yolo counties). The regions that met the needs of the Moore Foundation required the addition of four regions to the sampling strata. Thus, the final sampling scheme had 13 regions, 12 of which were in California and one for RNs with mailing addresses outside California. The first four columns of Table 1.1 present our final sampling scheme. All tables and figures in this report use the nine regions originally designed for the Board of Registered Nursing.

Response Rates

By the end of the data collection period (September 24, 2012), questionnaires were received from 5,541 of the actively licensed registered nurses to whom the survey packets were mailed. A total of 142 cases were determined ineligible for the survey due to being returned for lack of a current mailing address, reported death, or

refusal to participate. Twelve of the completed questionnaires were later determined to be unusable due to incomplete data, non-active RN status, or a written refusal to participate in the survey. Thus, the total number of usable responses from the 2012 survey was 5,529 of the 9,858 eligible nurses, which represents a 56.1 percent response rate for the eligible population and a 55.3 percent response rate when considering all surveys mailed. Table 1.2 details the survey response outcomes for all eight surveys (1990-2012).

Representativeness of Active RN Respondents

Survey responses were matched to the original sampling database so that response bias could be examined. The last three columns of Table 1.1 present the regional distribution of survey respondents and the response rate for each region. There was some difference in response rates by region. Nurses in the northern part of California were more likely to respond to the survey, while the lowest response was from nurses residing in the Inland Empire counties of San Bernardino and Riverside. The age distribution of respondents also is different from that of the sample, as seen in Table 1.3. Younger nurses were substantially less likely to respond to the survey, with only 23 percent of nurses under the age of 25 years and 42.9 percent of those 25 to 34 years completing the survey. In contrast, about two-thirds of nurses aged 55 to 64 responded to the survey. Thus, nurses in the younger age groups (ages 45 and under) are somewhat under-represented among respondents to the 2012 survey.

To address differential response rate by age group and account for the regional stratification of the sample design, post-stratification weights were used to ensure that all analyses reflect the full statewide population of RNs with active California licenses. The post-stratification weights are based on the numbers of nurses in the sample file, for each region and each age group. We used Stata SE 11.1, a commonly used statistical package, to analyze the data. The survey data analysis commands in this software (svy) were used to conduct all analyses of the data for nurses with active licenses, using the post-stratification weights.

Precision of Estimates

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

Unweighted tables based on the full dataset of 5,529 nurses with active licenses may vary from the true population values by +/-1.31 percentage points from the values presented, with 95 percent confidence. The surveys of registered nurses from 1990 through 2004 were not weighted. The use of weights improves the accuracy and representativeness of the reported tabulations and means presented in this report. However, because all previous surveys had relatively large sample sizes, they also provided estimates of the true population that should be within a few percentage points of the true values.

Table 1.1. California’s nursing workforce, the survey sample, survey respondents, and the response rate, by region, 2012

		Actively Licensed RNs		Survey Sample		Survey Respondents		Response rate
Region	Counties	#	%	#	%	#	%	%
North of Sacramento, except Nevada County	Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Plumas, Shasta, Siskiyou, Sierra, Tehama, Trinity	8,929	2.40%	720	7.2%	439	7.9%	61.0%
Sacramento, except Sutter and Yuba	El Dorado, Placer, Sacramento, Yolo	21,280	5.73%	1,710	17.1%	978	17.7%	57.2%
5-County San Francisco Bay Area	Alameda, Marin, San Francisco, San Mateo, Santa Clara,	47,195	12.71%	1,620	16.2%	847	15.3%	52.3%
Rest of San Francisco Area	Contra Costa, Napa, Santa Cruz, Solano, Sonoma	27,410	7.38%	360	3.6%	228	4.1%	63.3%
Central Valley & Sierra, except Amador	Alpine, Calaveras, Fresno, Inyo, Kern, Kings, Madera, Mariposa, Merced, Mono, San Joaquin, Stanislaus, Tulare, Tuolumne	30,269	8.15%	750	7.5%	425	7.7%	56.7%
Central Coast	Monterey, San Benito, San Luis Obispo, Santa Barbara	9,107	2.45%	790	7.9%	482	8.7%	61.0%
Los Angeles	Los Angeles, Orange, Ventura	105,925	28.53%	1,200	12.0%	644	11.7%	53.7%
Inland Empire	Riverside, San Bernardino	34,897	9.40%	780	7.8%	381	6.9%	48.8%
Border	Imperial, San Diego	30,553	8.23%	740	7.4%	414	7.5%	55.9%
Nevada County	Nevada	1,298	0.35%	162	1.6%	86	1.6%	53.1%
Sutter & Yuba Counties	Sutter, Yuba	1,150	0.31%	45	0.5%	28	0.5%	62.2%
Amador County	Amador	289	0.08%	23	0.2%	15	0.3%	65.2%
Outside California	All states other than California	52,978	14.27%	1,100	11.0%	562	10.2%	51.1%
TOTAL		371,280	100.0%	10,000	100.0%	5529	100.0%	55.3%

Note: 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

	1990*	1993	1997	2004	2006	2008	2010	2012
Questionnaires mailed	5,400	3,685	4,000	8,796	9,000	10,000	10,000	10,000
In California				7,653	7,800	8,800	8,850	8,900
Outside California				1,143	1,200	1,200	1,150	1,100
Ineligible cases**	1,075	388	274	864	552	998	209	142
Eligible cases	4,680	3,297	3,726	7,932	8,448	9,002	9,791	9,858
Surveys returned				5,182	5,078	5,455	6302	5,541
Refusals and incomplete surveys***				14	12	15	78	12
Total respondents	3,112	2,476	2,784	5,168	5,066	5,440	6,224	5,529
In California				4,575	4,546	4,890	5,551	4,967
Outside California				593	520	550	673	562
Response rate of all surveys mailed	57.6%	67.2%	69.6%	58.8%	56.3%	54.4%	62.2%	55.3%
Response rate of eligible population	66.5%	75.1%	74.7%	65.2%	60.0%	60.4%	63.6%	56.1%

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

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

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

Table 1.3. California's active nursing workforce, the survey sample, survey respondents, and the response rate, by age group, 2012

Age Group	Actively Licensed RNs		Survey Sample		Survey Respondents		Response rate
	#	%	#	%	#	%	%
Under 25 years	6,667	1.8%	165	1.7%	38	0.7%	23.0%
25-34 years	68,974	18.6%	1,730	17.3%	743	13.4%	42.9%
35-44 years	88,024	23.7%	2,287	22.9%	1,033	18.7%	45.2%
45-54 years	88,636	23.9%	2,494	24.9%	1,339	24.2%	53.7%
55-64 years	89,676	24.2%	2,512	25.1%	1,665	30.1%	66.3%
65 years and older	29,303	7.9%	812	8.1%	711	12.9%	87.6%
TOTAL	371,260	100.0%	10,000	100.0%	5,529	100.0%	55.3%

Chapter 2. California’s Nursing Workforce

California’s registered nurse (RN) workforce is comprised of nurses who have active California RN licenses. Some nurses with active California licenses do not reside in California, as noted in Chapter 1, but these nurses are still considered part of the state’s RN workforce. Nurses residing outside California can commute from a neighboring state, work temporarily within California, or serve California patients through telenursing. California’s RN workforce also includes nurses who are not currently working, because they have the potential to work in California as long as they maintain an active license. The population of nurses with active California RN licenses, which numbered 371,280 at the time this survey was conducted, is described in this chapter.

Employment Status of RNs with Active Licenses

Most of California’s registered nurses are currently employed in nursing positions, which are defined as positions that require an RN license. Over 85 percent of nurses with active licenses and California addresses were working at the time of the survey (Table 2.1). However, this is the lowest rate of employment observed since 1997. 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.

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

	1990	1993	1997	2004	2006	2008	2010	2012
Employed in nursing	82.6%	89.3%	84.2%	87.5%	86.7%	86.9%	87.4%	85.1%
Not employed in nursing	17.4%	10.7%	15.8%	12.5%	13.3%	13.1%	12.6%	14.9%
Number of respondents	2,724	2,476	2,955	4,280	4,346	4,890	5,551	4,967

Note: Data (2006-2012) are weighted to represent all RNs with active licenses.

There is some variation in employment rates according to region, as shown in Table 2.2. Nurses living in the Inland Empire, Border, and Northern regions are more likely to work than average, and nurses who reside in the San Francisco Bay area or the Central Coast region are less likely to be employed in nursing. These patterns have changed somewhat over the years; in 2010, for example, the highest employment rate was in the Central Valley and Sierra region, while the lowest rate was for RNs living outside California.

Table 2.2. Employment status of RNs with active California licenses, by region, 2008, 2010 & 2012

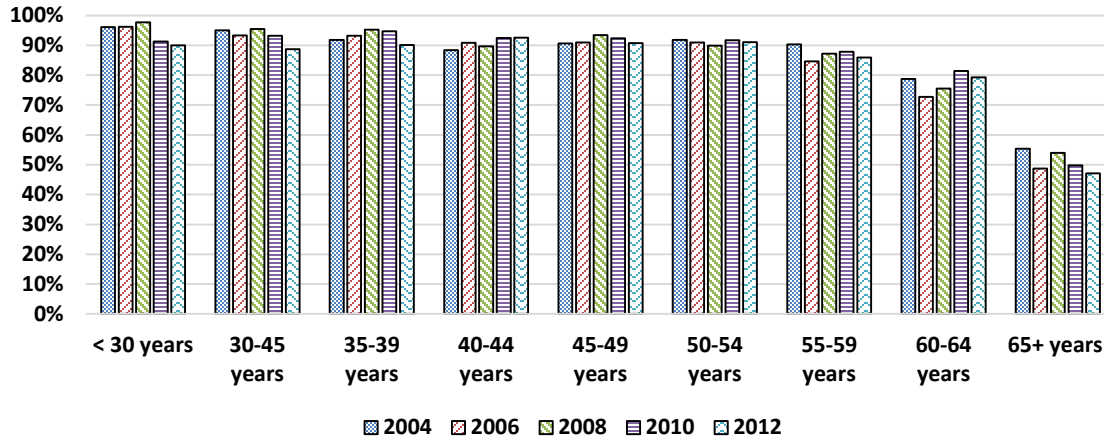
	2008		2010		2012	
	Not Employed in Nursing	Employed in nursing	Not Employed in Nursing	Employed in nursing	Not Employed in Nursing	Employed in nursing
Northern counties	14.9%	85.1%	12.1%	87.9%	13.8%	86.2%
Sacramento	12.2%	87.8%	12.8%	87.2%	14.3%	85.7%
San Francisco Bay Area	13.2%	86.8%	14.1%	85.9%	16.1%	83.9%
Central Valley & Sierra	12.2%	87.8%	10.0%	90.0%	15.5%	84.5%
Central Coast	17.4%	82.6%	16.3%	83.7%	17.0%	83.0%
Los Angeles	12.3%	87.7%	12.6%	87.4%	15.7%	84.3%
Inland Empire	10.7%	89.3%	12.0%	88.0%	11.2%	88.8%
Border Counties	17.4%	82.6%	10.8%	89.2%	13.2%	86.8%
Outside California	15.5%	84.5%	16.6%	83.4%	15.4%	84.6%

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

The employment status of nurses with active licenses varies by age group, as seen in Figure 2.1 and Table 2.3. Over 88 percent of nurses under age 55 are working in nursing positions. Employment rates declined for every age group except for 40 to 44 years; for that group, employment increased by only 0.2 percentage points. The shares of nurses 50 to 64 years old working in nursing positions had risen between 2008 and 2010, but dropped slightly between 2010 and 2012. The share of RNs employed in nursing aged 65 years and older declined from 2008 through

2012, from 54 to 47.1 percent. There was also a decline from 2008 to 2012 in the shares of RNs under 40 years that were employed in nursing. Between 2004 and 2008, over 96 percent of RNs under 30 years were employed in nursing, but by 2012, this rate had dropped to 90 percent. The employment rate for RNs aged 30 to 34 years dropped from 95.5 to 88.7 percent between 2008 and 2012, and the rate for those aged 35 to 39 declined from 95.2 to 90.1 percent.

Figure 2.1. Employment status of the statewide population of RNs with active California licenses, by age group, 2004-2012



Note: Number of cases=4,967. Data (2006-2012) are weighted to represent all RNs with active licenses.

Table 2.3. Percent of RNs residing in California working in nursing, by age group, 2004-2012

	2004	2006	2008	2010	2012
Under 30 years	96.1%	96.2%	97.7%	91.3%	90.0%
30-34 years	95.0%	93.3%	95.5%	93.2%	88.7%
35-39 years	91.8%	93.2%	95.2%	94.7%	90.1%
40-44 years	88.4%	90.8%	89.7%	92.4%	92.6%
45-49 years	90.6%	90.9%	93.4%	92.3%	90.7%
50-54 years	91.8%	90.9%	89.8%	91.7%	91.1%
55-59 years	90.3%	84.6%	87.2%	87.8%	85.9%
60-64 years	78.7%	72.7%	75.5%	81.4%	79.3%
65 years and older	55.4%	48.7%	54.0%	49.8%	47.1%

Note: Data (2006-2012) are weighted to represent all RNs with active licenses.

Age Distribution of California RNs

As seen in Table 2.4, 45.4 percent of nurses with active California licenses are 50 years or older. In 2010, this share was 46.3 percent, and in 2008, it was 49 percent. There has been steady growth since 2008 in the share of RNs that is under 50 years old. The population of nurses with California addresses has a similar age distribution to that of all nurses with California licenses, with 46.3 percent being 50 years or older.

Table 2.4. Age distribution of all RNs with active California licenses, 2006-2012

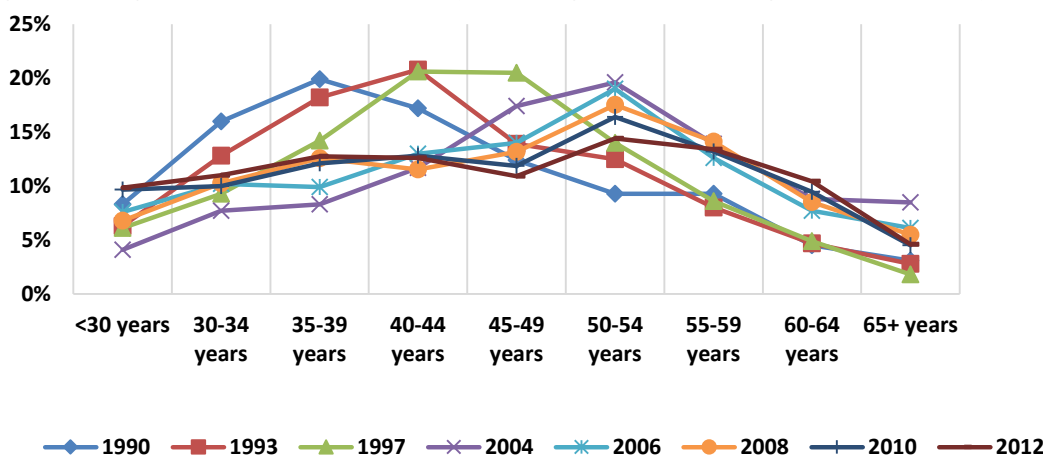
	All Active RNs				California Residents			
	2006	2008	2010	2012	2006	2008	2010	2012
Under 30 years	6.7%	6.1%	9.1%	10.0%	7.5%	6.1%	9.3%	9.3%
30-34 years	10.9%	10.0%	10.0%	10.3%	10.3%	9.3%	9.4%	10.6%
35-39 years	10.4%	11.9%	11.5%	11.9%	10.6%	11.5%	11.2%	12.0%
40-44 years	12.3%	11.1%	11.9%	11.8%	12.3%	11.2%	12.1%	11.6%
45-49 years	14.3%	12.0%	11.2%	10.5%	13.9%	12.3%	11.2%	10.2%
50-54 years	18.4%	17.1%	15.7%	13.4%	19.1%	17.0%	15.6%	13.5%
55-59 years	12.9%	13.8%	13.1%	13.2%	12.6%	14.1%	13.2%	13.3%
60-64 years	7.4%	9.8%	10.0%	10.9%	7.7%	9.8%	10.2%	11.2%
65 years and older	6.6%	8.3%	7.5%	7.9%	6.1%	8.8%	7.9%	8.3%
Number of Cases	*	5,440	6,224	5,529	*	4,890	5,551	4,967

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

*Data not available

Figure 2.2 and Table 2.5 depict the age distributions of nurses employed in nursing and residing in California for each survey year. The mean age of RNs increased from 1990 through 2004 and has declined slightly since. This is seen in changes in the relative sizes of age groups. In 1990, the largest share of nurses was 35 to 39 years, and the largest age group steadily increased until 2004, when it reached 50 to 54 years. This age group has remained the largest since 2004. Between 2006 and 2012 there was growth in the share of nurses 35 to 39 years old, and between 2008 and 2012 there was growth in the other age groups under 45 years old. Growth in the share of younger nurses is probably the result of expansions in the number of new RN graduates in California since 2000.

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



Note: 2012 number of cases=4,100. Data (2006-2012) are weighted to represent all RNs with active licenses.

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

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

Note: Columns might not total 100% due to rounding. Data (2006-2012) are weighted to represent all RNs with active licenses.

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

Table 2.6. Age distribution of RNs with active California licenses, by region, 2012

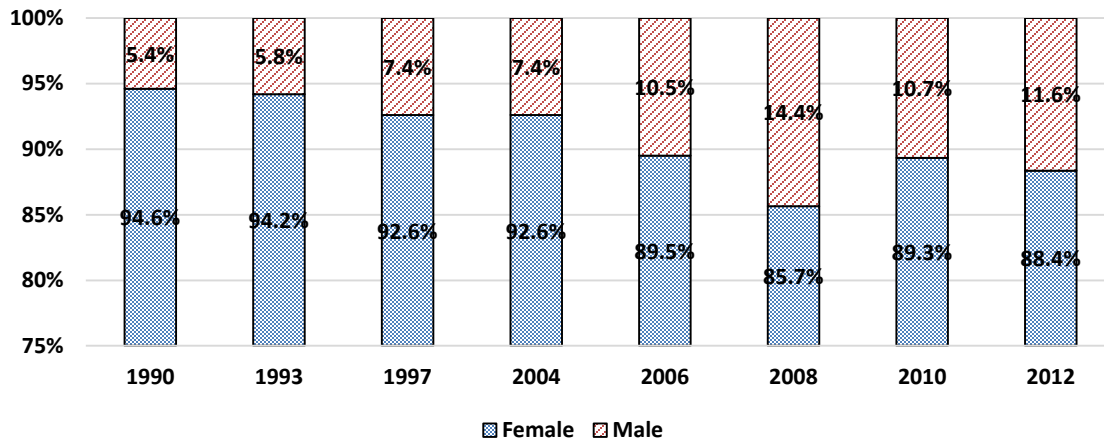
	Out of state	N. Counties	Sacramento	Bay Area	Central Valley/ Sierra	Central Coast	Los Angeles	Inland Empire	Border Counties
Under 30 years	14.4%	6.1%	7.1%	7.4%	11.8%	6.0%	10.8%	9.3%	10.1%
30-34 years	8.9%	8.1%	10.1%	11.8%	9.3%	9.9%	9.9%	10.4%	12.9%
35-39 years	10.9%	7.7%	11.5%	11.9%	12.3%	8.9%	13.6%	12.9%	8.5%
40-44 years	13.4%	9.0%	13.2%	11.6%	11.9%	9.5%	10.7%	12.5%	13.7%
45-49 years	12.0%	10.6%	11.1%	8.0%	12.1%	9.8%	11.7%	8.3%	10.6%
50-54 years	12.9%	14.8%	13.7%	15.1%	12.7%	15.2%	11.5%	16.6%	12.3%
55-59 years	12.8%	18.7%	14.4%	12.3%	11.8%	16.7%	13.5%	13.8%	12.3%
60-64 years	9.4%	14.5%	10.9%	13.5%	11.0%	13.7%	9.8%	8.8%	11.8%
65 and over	5.3%	10.5%	8.1%	8.6%	7.1%	10.3%	8.6%	7.5%	7.7%
Number of Cases	562	525	1,006	1,075	440	482	644	381	414

Note: Number of cases=5,529. Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Diversity of California's RN Workforce

Nursing continues to be predominantly female, although an increasing share of men has been entering the profession, as seen in Figure 2.3. In 2012, 11.6 percent of working RNs were male, an increase from 10.7 percent in 2010. Table 2.7 presents the gender mix by age of all actively licensed RNs residing in California, both working and not working in nursing. Nurses 35 to 45 year old have the greatest share of men, who represent an average of 14.7 percent of nurses in this age group. Only 9.1 percent of RNs 55 to 64 years old are male.

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



Note: 2012 number of cases=4,048. Data (2006-2012) are weighted to represent all RNs with active licenses.

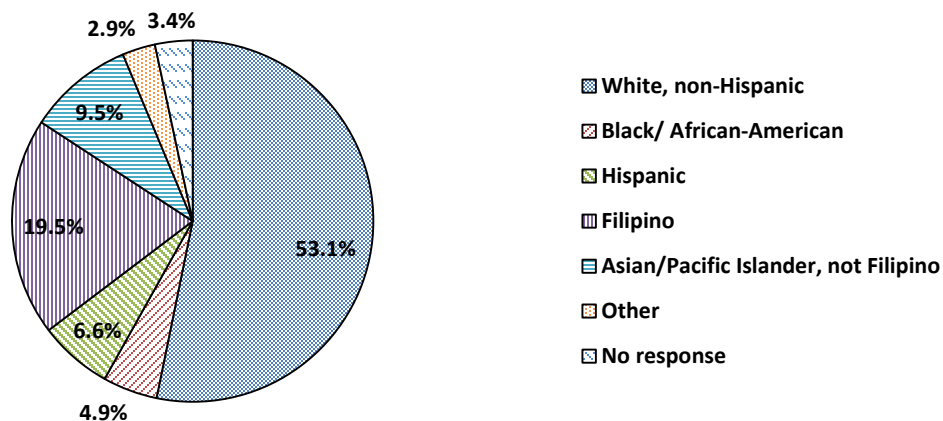
Table 2.7. Gender of active RNs who reside in California, by age group, 2012

	Female	Male	No response
All RNs	87.5%	10.9%	1.6%
Under 35 years	86.6%	12.5%	1.0%
35-44 years	83.6%	14.7%	1.8%
45-54 years	88.5%	10.2%	1.3%
55-64 years	89.2%	9.1%	1.7%
65 years and older	92.9%	4.0%	3.1%

Note: Number of cases=4,967. Data are weighted to represent all RNs with active licenses.

Figure 2.4 presents the racial and ethnic composition of RNs with active licenses who reside in California. Fifty-three percent of actively licensed RNs are non-Hispanic White, and Filipinos represent 19.5 percent of the RN workforce. Hispanic and Latino nurses account for 6.6 percent of the nursing workforce, and Asians who are not Filipino comprise 9.5 percent. Black/African-American nurses represent 4.9 percent of California’s active nurses.

Figure 2.4 Ethnic and racial composition of RNs with active California licenses residing in California, 2012



Note: Number of cases=4,967. Data are weighted to represent all RNs with active licenses.

The racial and ethnic backgrounds of nurses who are working are presented in Table 2.8. California’s employed RNs have become more diverse since 1990. In 1990, White RNs represented 77.2 percent of the workforce, and in 2012, only 53.4 percent of employed nurses were White. Filipinos make up the next largest ethnic group of nurses, accounting for 13.4 percent of working RNs in 1993 and 21.3 percent in 2012. There has been growth in the share of working RNs who are of Asian Indian or Other Asian descent as well, from 4.8 percent in 1993 to 9.6 percent in 2012. The share of nurses of Hispanic descent was 6.9 percent in 2012, which is lower than in 2010 but the change is within the range of error for the surveys (+/- 1.6 percentage points for each year); thus, the difference may not reflect a true trend. The shares of Black/African-American, Native American, and Pacific Islander nurses have remained stable from 1990 through 2012.

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

	1990	1993	1997	2004	2006	2008	2010	2012
White, not Hispanic	77.2%	72.6%	64.5%	61.5%	62.0%	58.6%	53.8%	53.4%
Hispanic	3.7%	4.5%	4.9%	*	5.7%	7.5%	8.5%	6.9%
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%	4.1%	4.2%	5.2%
Asian, Southeast Asian /Pacific Islander	12.7%	*	*	*	*	*	*	*
Filipino	*	13.4%	15.9%	18.2%	17.7%	18.0%	20.8%	21.3%
Asian Indian	*	0.4%	1.2%	1.0%	0.8%	1.4%	1.6%	1.5%
Other Asian	*	4.4%	5.5%	5.9%	5.8%	7.1%	7.7%	8.1%
Pacific Islander	*	0.3%	0.2%	0.2%	0.2%	0.1%	0.1%	0.4%
Native American Indian/ Eskimo	0.6%	0.5%	0.5%	0.3%	0.8%	0.4%	0.3%	0.2%
Mixed	*	*	*	1.6%	2.3%	2.0%	2.6%	3.1%
Other	1.2%	0.5%	2.4%	1.3%	0.3%	0.8%	0.6%	
Number of Cases	2,251	2,179	2,458	2,948	3,712	4,756	4,610	3,964

* Racial/ethnic group was not included in the choices in that survey year. In 2012, Mixed and Other race/ethnicity were combined.

Note: Columns might not total 100% due to rounding. Data (2006-2012) are weighted to represent all RNs with active licenses.

The diversity of RNs with active licenses living in California is more prominent among younger nurses, as seen in Table 2.9. Non-Hispanic Whites account for less than half of RNs under 44 years of age. Filipino nurses represent nearly a quarter of nurses under 35 years and nearly a third of those 35 to 44 years old. About 9 percent of nurses under 45 years old are Non-Filipino Asians. About 9 percent of nurses under 35 years old are Hispanic/Latino, and this percentage declines for older age groups.

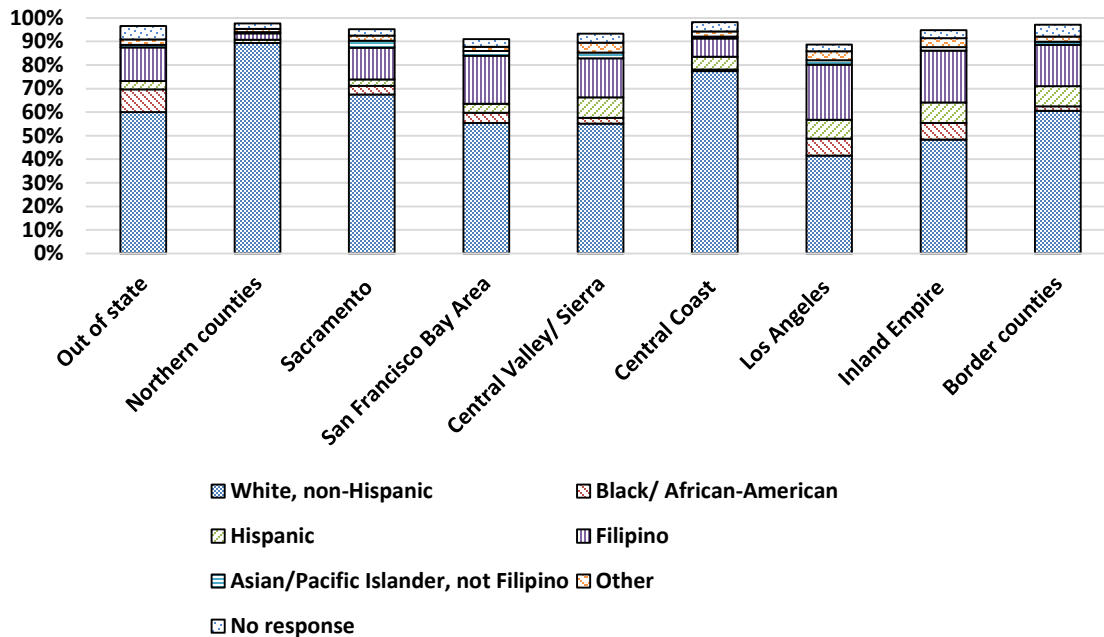
Table 2.9. Ethnic and racial composition of RNs with active California licenses residing in California, by age group, 2012

	Under 35 years	35-44 years	45-54 years	55-64 years	65 years and older
White, not Hispanic	44.7%	36.5%	57.2%	64.7%	73.8%
Black/African-American	2.5%	5.0%	6.2%	5.0%	6.0%
Hispanic/Latino	9.1%	7.9%	6.3%	4.5%	3.7%
Filipino	22.8%	32.4%	13.8%	14.4%	6.1%
Asian Indian	2.7%	1.8%	1.2%	0.8%	0.3%
Asian, not Filipino or Indian	9.6%	8.6%	8.1%	5.9%	3.8%
Native Hawaiian/Pacific Islander	1.0%	0.3%	0.3%	0.1%	0.9%
Native American/Alaskan	0.1%	0.3%	0.1%	0.2%	1.2%
Mixed/Other	5.2%	3.8%	2.5%	1.3%	1.1%
No response	2.4%	3.5%	4.2%	3.3%	3.2%

Note: Number of cases=4,967. Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

There are regional differences in the racial and ethnic composition of actively licensed RNs, as seen in Figure 2.5 and Table 2.10. Nurses in the Northern Counties and Central Coast are less diverse than those in other regions of California. The most diverse regions are Los Angeles and the Inland Empire. Filipino nurses comprise a greater share of the RN workforce in the San Francisco Bay, Los Angeles, and Inland Empire regions, and non-Filipino Asians are more predominant in the San Francisco, Central Valley, and Los Angeles areas. There is a greater share of Hispanic/Latino RNs in the southern California regions of Los Angeles, Border counties, and Inland Empire, as well as the Central Valley. African-American and Black RNs represent higher shares of the RN workforce in the Los Angeles and Inland Empire regions.

Figure 2.5. Ethnic and racial composition of RNs with active California licenses, by region, 2012



Note: Number of cases=3,964. Data are weighted to represent all RNs with active licenses. Data for Figure 2.5 can be found in Table 2.10.

Table 2.10. Ethnic and racial composition of RNs with active California licenses, by region, 2012

	White, non-Hispanic	Black/African-American	Hispanic	Filipino	Asian/PI, not Filipino	Other	No response
Out of state	60.1%	9.6%	3.6%	14.2%	3.9%	2.4%	5.7%
Northern counties	89.3%	0.0%	1.4%	2.8%	1.5%	1.4%	2.3%
Sacramento	67.4%	3.7%	2.7%	13.4%	7.3%	2.2%	2.8%
San Francisco Bay Area	55.4%	4.3%	3.8%	20.4%	10.7%	1.8%	3.3%
Central Valley/ Sierra	55.1%	2.5%	8.7%	16.5%	9.1%	4.1%	3.8%
Central Coast	77.5%	0.7%	5.4%	7.8%	2.2%	2.3%	3.9%
Los Angeles	41.5%	7.3%	8.0%	23.3%	13.1%	3.7%	2.9%
Inland Empire	48.4%	6.9%	8.8%	21.9%	6.8%	3.8%	3.4%
Border counties	60.6%	1.8%	8.6%	17.5%	3.9%	2.2%	5.0%

Note: Number of cases=3,964. Rows might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Ethnic diversity is associated with language diversity among California’s registered nurses. As seen in Table 2.11, Tagalog and other Filipino languages are spoken by over 18 percent of all RNs living in California, and 18 percent of working RNs. Spanish is spoken by about 11 percent of working RNs. Korean is spoken by 1.8 percent of working RNs. Mandarin is spoken by 1.5 percent of working RNs, and Cantonese by another 1.5 percent. Smaller shares of RNs speak Vietnamese, and Hindi or other South Asian languages. 7.4 percent of working RNs reported that they speak some other language fluently; the most-often cited languages were Arabic and Japanese.

Table 2.11. Languages spoken by RNs with active licenses who live in California, by employment group, 2006-2012

	All RNs				Working RNs			
	2006	2008	2010	2012	2006	2008	2010	2012
Tagalog	13.6%	*	*	*	15.8%	*	*	*
Tagalog or other Filipino language	*	16.6%	17.3%	18.2%	*	18.1%	18.9%	18.2%
Spanish	10.3%	11.4%	10.7%	11.1%	11.1%	12.1%	10.8%	11.3%
Mandarin	1.2%	2.2%	1.8%	1.4%	1.4%	2.3%	1.9%	1.5%
Korean	1.1%	1.1%	1.6%	1.8%	1.1%	1.3%	1.5%	1.8%
Hindi	0.8%	*	*	*	0.7%	*	*	*
Hindi or other S. Asian language	*	1.3%	1.4%	1.5%	*	1.5%	1.6%	1.4%
Cantonese	0.8%	1.5%	1.0%	1.4%	0.8%	1.6%	1.1%	1.5%
Vietnamese	0.5%	0.6%	0.8%	0.8%	0.6%	0.7%	0.8%	0.9%
French	*	*	1.4%	0.9%	*	*	1.3%	0.9%
German	*	*	0.7%	0.7%	*	*	0.7%	0.6%
Other	8.0%	8.0%	5.8%	7.2%	8.1%	8.0%	6.1%	7.4%

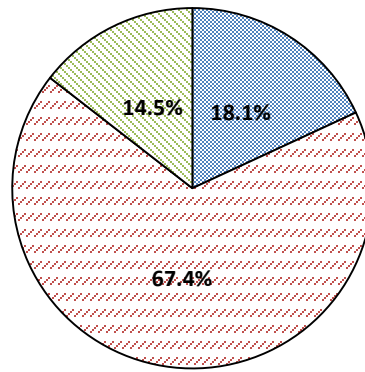
* Language was not listed in the survey in that year.

Note: The 2012 number of cases for all CA residing RNs = 4,967. The 2012 number of cases for working CA residing RNs = 4,100. Respondents could report fluency in multiple languages. Data are weighted to represent all RNs with active licenses.

Families of California’s RNs

Most of California’s working RNs are married or in a domestic partner relationship (67.4%), as seen in Figure 2.6. Over eighteen percent have never married and 14.5 percent are widowed, separated or divorced. The share of working RNs that is married has been stable since 1990, as presented in Table 2.12. There has been a small increase in the share of RNs that has never married, which is in alignment with the inflow of relatively young RNs to the California workforce.

Figure 2.6. Marital status of working RNs with active California licenses who live in California, 2012



■ Single ■ Currently married / in a domestic partner relationship ■ Separated / divorced / widowed

Note: Number of cases=4,033. Data are weighted to represent all RNs with active licenses.

Table 2.12. Marital status of working registered nurses residing in California, by survey year

	1990	1993	1997	2004	2006	2008	2010	2012
Never married	16.2%	12.2%	13.5%	12.3%	12.6%	13.9%	15.3%	18.1%
Married	64.9%	66.4%	66.5%	68.2%	66.9%	67.6%	68.0%	67.4%
Separated or divorced	16.3%	18.4%	17.6%	17.0%	16.7%	15.5%	14.9%	14.5%
Widowed	2.7%	3.0%	2.4%	2.6%	3.8%	2.9%	1.8%	
Number of Cases	2,229	2,197	2,463	2,946	3,719	4,046	4,630	4,033

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

Many of California’s nurses have children living at home, as seen in Table 2.13. In 2012, fewer than half of working nurses had at least one child living at home. This represents the lowest share of RNs with children at home since the BRN surveys commenced in 1990. The proportion of working RNs with children at home has declined since 1990, from 60 percent to 42.2 percent in 2012. There has also been a change in the ages of children living at home, as seen in Table 2.14. Between 2004 and 2010, the share of working nurses with children 2 years and younger increased from 13 percent to 16.9 percent, and it jumped to 30.7 percent in 2012. The share with children 3 to 5 years old has grown, reaching 28.2 percent in 2012. There have been declines in the shares of RN households with children 6 to 12 years old and 13 to 18 years old at home. However, there has been a significant increase in the percentage of these household with children over 18 years; now, more than half of RNs who have children living at home report that at least some of these children are over 18 years old. These changes are consistent with both the increase in the population of younger RNs and rising reports of young adults living with their parents due to challenges in finding employment.

Table 2.13. Number of children living in the homes of currently working registered nurses residing in California, by survey year

	1990	1993	1997	2004	2006	2008	2010	2012
None	40.0%	38.1%	38.2%	45.7%	53.1%	49.2%	47.5%	57.8%
One	25.2%	24.7%	22.9%	20.1%	18.4%	22.0%	22.3%	23.8%
Two	23.3%	25.1%	26.3%	23.4%	20.0%	19.7%	21.4%	13.1%
Three	9.0%	9.5%	9.7%	8.1%	6.4%	6.5%	6.6%	4.2%
Four or more	2.5%	2.6%	2.9%	2.7%	2.1%	2.6%	2.2%	1.2%
Number of Cases	2,014	2,050	2,297	2,933	3,406	4,153	4,531	3,242

Note: Columns might not total 100% due to rounding. Data (2006-2012) are weighted to represent all RNs with active licenses.

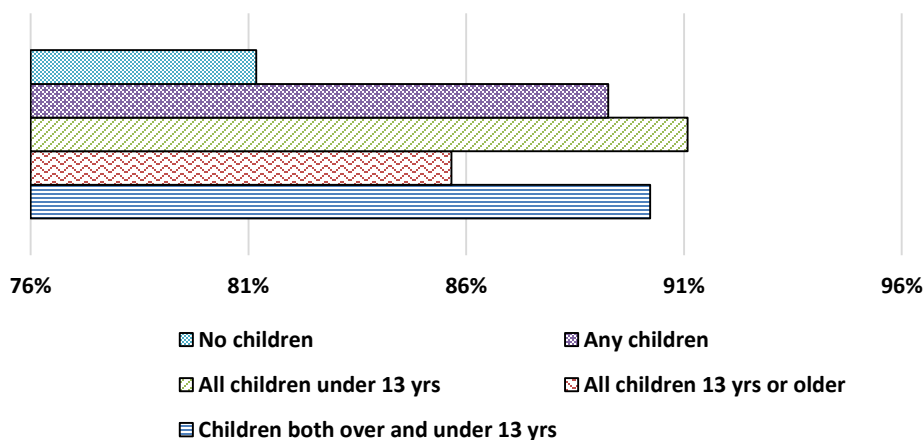
Table 2.14. Percent of nurses with children in specified age groups living at home, for currently working registered nurses residing in California who have children living at home, 2004-2012

Ages of children	2004	2006	2008	2010	2012
Birth to 2 years	13.0%	16.9%	18.9%	16.9%	30.7%
3-5 years	14.2%	16.8%	16.3%	16.3%	28.2%
6-12 years	34.2%	32.8%	33.5%	36.8%	8.8%
13-18 years	39.2%	33.1%	37.4%	32.2%	13.6%
Over 18	33.9%	38.3%	34.7%	31.0%	50.9%

Note: 2012 number of cases=2,016. Some nurses have children in more than one age group, so columns will not total 100%. Data (2006-2012) are weighted to represent all RNs with active licenses.

California RNs with children at home were more likely to be employed in nursing than RNs with no children at home, as seen in Figure 2.7. Nearly 90 percent of RNs with children at home are employed in nursing (89.3%), compared with only 81.2 percent of those without children at home. This is likely associated with age; nurses without children at home tend to be older. Employment also is examined by whether the RN has children older or younger than thirteen years, the age at which paid childcare is normally not required. Nurses who had children under thirteen (91.1%) were more likely to work than other nurses.

Figure 2.7. Employment rates of RNs who live in California and have children at home, 2012



Note: Number of cases=4,967. Data are weighted to represent all RNs with active licenses.

For the first time in 2010, RNs were asked if any of their relatives were RNs. The majority of RNs indicate they have at least one relative who was an RN (Table 2.15). The most common relative to be an RN in 2012 was a cousin (20.4%), followed closely by an aunt or uncle (17.5%), or a sibling (17.4%). Almost ten percent of RNs have a parent who is an RN and nearly six percent of RNs are married or partnered to another RN.

Table 2.15. RN status of the relatives of RNs residing in California, 2010 and 2012

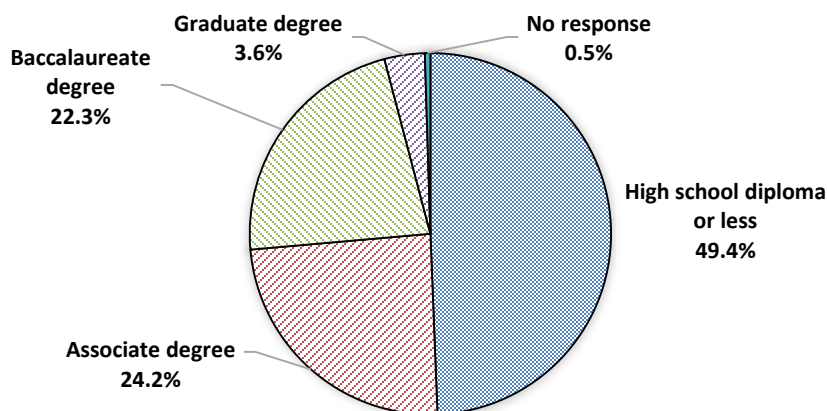
	2010	2012
No Relatives	45.7%	43.0%
A Parent	8.7%	9.8%
A Aunt/Uncle	18.2%	17.5%
A Grandparent	3.5%	3.6%
A Cousin	22.0%	20.4%
A Sibling	16.6%	17.4%
A Child	3.6%	3.2%
A Spouse/Partner	*	5.8%
Number of Cases	5,551	4,876

Note: Number of cases=4,876. Data are weighted to represent all RNs with active licenses.

Education and Licensure of California’s Nursing Workforce

Over half of California’s nurses with active licenses had a college degree before completing a pre-licensure nursing education program, as seen in Figure 2.8. Before attending nursing school, 24.2 percent of nurses had an associate degree, 22.3 percent had a baccalaureate degree, and 3.6 percent had a graduate degree.

Figure 2.8. Highest education obtained prior to basic nursing education for RNs with active California licenses who reside in California, 2012



Note: Number of cases=4,967. Data are weighted to represent all RNs with active licenses.

As seen in Table 2.16, the share of working RNs who had completed a college degree prior to enrolling in their basic nursing education increased from 1990 to 2008, with a particularly notable increase between 2004 and 2006. The proportion of working RNs who had a baccalaureate degree prior to basic nursing education increased from 11 percent in 1990 to 26.5 percent in 2008, and then declined to 22.3 percent in 2012. Overall, starting around 2006, a greater share of nursing students has been entering nursing as a second career. The decline in the share of RNs who had a postsecondary degree prior to entering their pre-licensure RN education program between 2008 and 2012 may reflect growing interest and opportunities for new high-school graduates to enter RN programs.

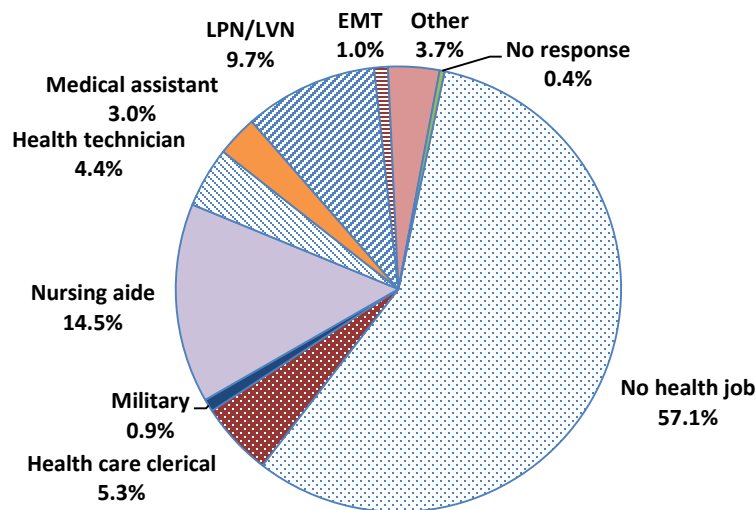
Table 2.16. Highest levels of education completed prior to basic nursing education by currently working registered nurses residing in California, by survey year

	1990	1993	1997	2004	2006	2008	2010	2012
Less than a High School Diploma	0.6%	0.5%	0.8%	0.3%	0.4%	0.3%	0.7%	0.6%
High School Diploma	69.0%	62.9%	57.4%	56.4%	43.2%	40.4%	45.3%	48.9%
Associate Degree	18.6%	22.7%	22.4%	24.5%	27.0%	29.1%	25.6%	24.3%
Baccalaureate Degree	11.0%	13.2%	17.6%	16.6%	25.0%	26.5%	24.7%	22.3%
Master's Degree	0.7%	0.6%	1.6%	2.1%	3.9%	3.0%	2.9%	2.5%
Doctoral Degree	0.1%	0.0%	0.3%	0.2%	0.5%	0.8%	0.9%	1.0%
Number of Cases	2,237	2,197	2,455	2,939	3,692	4,114	4,691	4,100

Note: Columns might not total 100% due to rounding. Data (2006-2012) are weighted to represent all RNs with active licenses.

Over 40 percent of RNs who live in California worked in a health occupation before attending a nursing program, as seen in Figure 2.9. Nearly 15 percent of RNs worked as a nursing aide prior to completing basic RN education, and 9.7 percent were licensed practical/vocational nurses. Many RNs worked in other health-related fields before beginning RN education; 5.3 percent worked as clerks, 3 percent were medical assistants, and 4.4 percent were health care technicians such as radiology technicians or laboratory technicians. Less than one percent reported prior military health experience. “Other” previous work included working as a nurse or physician in another country prior to completing an education program to be licensed as an RN in the United States, and working as a dental assistant or hygienist.

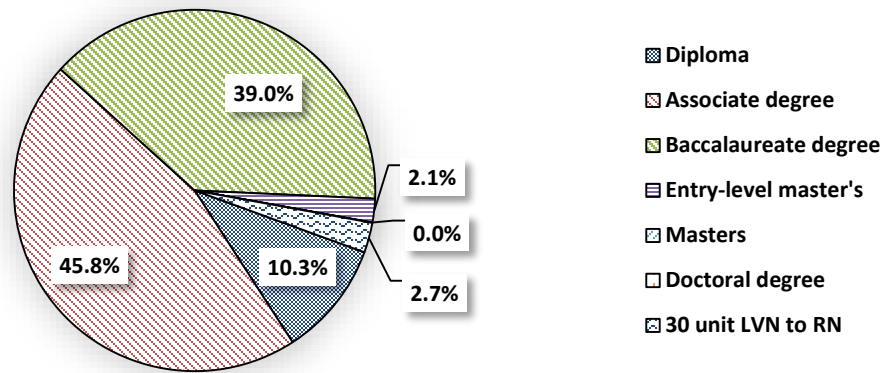
Figure 2.9. Employment in health occupations prior to basic nursing education for RNs with active California licenses who live in California, 2012



Note: Number of cases=4,967. Data are weighted to represent all RNs with active licenses.

Figure 2.10 presents the shares of nurses who completed each type of pre-licensure RN education program. Most of California’s RNs entered the profession with an associate degree (45.8%). Baccalaureate RN education served as basic education for 39 percent of RNs, and 10.3 percent received diplomas in nursing. 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. Nearly 3 percent of RNs entered the profession after completing a 30-unit LVN-to-RN program, and 2.1 percent completed entry-level master’s degree programs.

Figure 2.10. Pre-licensure RN education completed by the statewide population of RNs with active California licenses, 2012

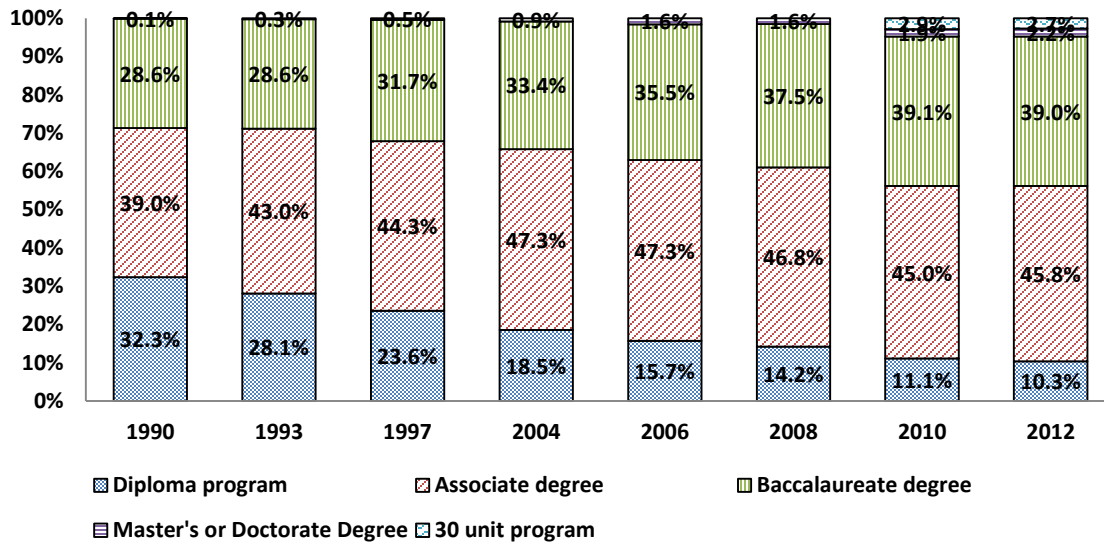


Note: Number of cases=4,913. Data are weighted to represent all RNs with active licenses.

As seen in Figure 2.11, 32.3 percent of working RNs had received their pre-licensure education in a diploma program in 1990; this share decreased to 10.3 percent in 2012. Simultaneously, the shares of RNs whose pre-licensure education was in baccalaureate or graduate degree programs increased, while the associate degree share declined slightly from 2004 levels. For the first time in 2010, RNs were also given the option of indicating their pre-licensure education was a 30-unit LVN-to-RN-program. In 2012, nearly three percent (2.7%) of employed RNs reported their pre-licensure education as a LVN-to-RN program.

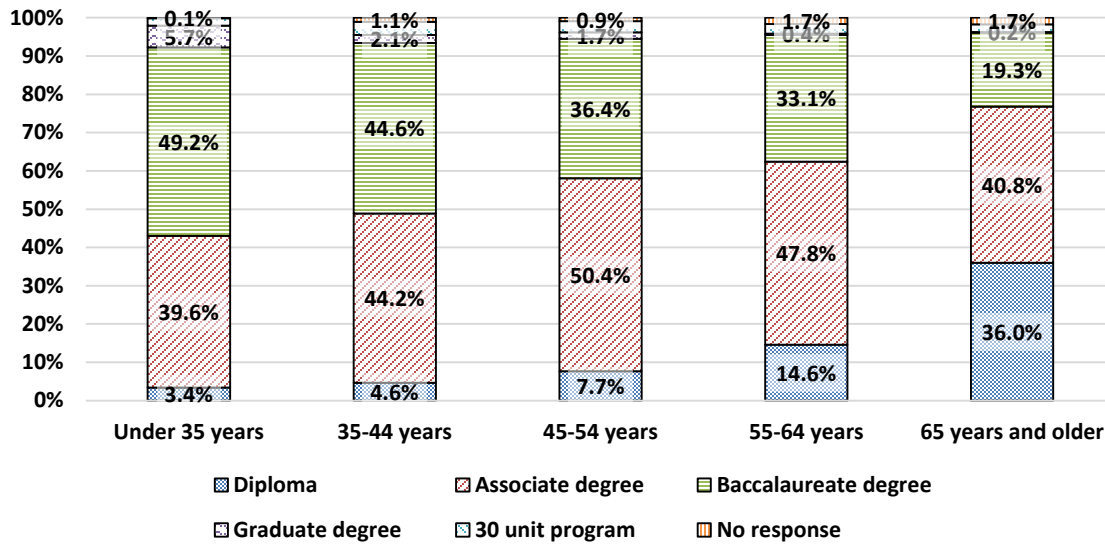
Figure 2.12 presents pre-licensure nursing education by age group, for all nurses with active licenses residing in California. Unsurprisingly, older nurses are more likely to have received their initial nursing education in a diploma program, while only 3.4 percent of California’s nurses under 35 years old received a diploma. Nearly half of nurses under 35 years old received a BSN for their pre-licensure education.

Figure 2.11. Basic pre-licensure education of currently working RNs residing in California, by survey year



Note: 2012 number of cases=4,056. Data (2006-2012) are weighted to represent all RNs with active licenses.

Figure 2.12. Basic pre-licensure RN education completed by the statewide population of RNs with active California licenses, by age group, 2012



Note: Number of cases=4,967. Data are weighted to represent all RNs with active licenses.

Table 2.17 presents the average age of nurses at the time they graduated from their pre-licensure RN education program from 1990 through 2012. The average age increased from 25.4 years in 1990 to 27.3 years in 2010, and has remained stable since then at 27.2 percent in 2012.

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

	1990	1993	1997	2004	2006	2008	2010	2012
Mean	25.4	26.0	26.3	26.9	27.1	27.0	27.3	27.2
Standard Deviation	6.7	6.9	6.8	7.1	*	*	*	*
Number of Cases	2,665	2,435	2,854	2,852	3,624	3,998	4,652	4,044

*A standard deviation computation was not feasible with the weighting scheme used with the 2006-2012 data.

Note: Data (2006-2012) are weighted to represent all RNs with active licenses.

The age distribution of RNs at the time of their graduation, both overall and by age group, is provided in Table 2.18. The first column, labeled “All nurses” shows that 49.7 percent of California’s active RNs completed their nursing education when they were younger than 25 years. An additional 21.6 percent were between 25 and 29 years. The average age at graduation has been rising over the decades. In the 1950s and 1960s, over 90 percent of nursing graduates were in their early 20s. This pattern changed in the 1970s, when nearly 78 percent of RN graduates were under 25 years. By 2012, only 28.9 percent of pre-licensure graduates were under 25 years old, and 42.1 percent of pre-licensure graduates were 30 years or older.

Table 2.18. Age distribution at time of graduation from pre-licensure RN education, for RNs with active California licenses who reside in California, 2012

Age at graduation	All nurses	Decade of graduation						
		1950s	1960s	1970s	1980s	1990s	2000s	2010s
Under 25	49.7%	98.7%	95.3%	77.8%	53.5%	46.0%	30.9%	28.9%
25-29 years	21.6%	1.3%	4.6%	13.7%	24.4%	18.3%	28.3%	29.0%
30-34 years	13.2%	0.0%	0.0%	5.7%	12.6%	14.7%	17.2%	20.8%
35-39 years	7.6%	0.0%	0.1%	2.3%	6.7%	12.0%	8.5%	8.7%
40-44 years	4.5%	0.0%	0.0%	0.1%	1.8%	5.7%	8.1%	6.3%
45 and older	3.5%	0.0%	0.0%	0.3%	1.1%	3.3%	7.0%	6.3%

Note: Number of cases=4,898. RNs who did not report a year of graduation were excluded from the calculation. Columns may not add to 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Nearly 60 percent of California’s working RNs received their basic nursing education in California (59.7%), as seen in Table 2.19. About 20 percent were educated in other states and 20.7 percent are international graduates. There has been a substantial shift over time in the places where California’s RNs completed their initial RN education. Among RNs who graduated prior to the 1980s, more than half were educated internationally or in other states. However, 71.8 percent of working RNs who graduated in the first decade of the 2000s were educated in California, and only 11 percent were educated internationally.

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

Location of education	All nurses	Decade of graduation						
		1950s	1960s	1970s	1980s	1990s	2000s	2010s
California	59.7%	43.2%	35.3%	42.0%	55.2%	53.7%	71.8%	88.1%
Other States	19.6%	47.8%	41.1%	30.7%	19.6%	16.1%	17.2%	9.2%
International	20.7%	9.1%	23.7%	27.4%	25.2%	30.2%	11.0%	2.7%

Note: Number of cases=4,050. RNs who did not report a year of graduation were excluded from the calculation. Columns may not add to 100% due to rounding. Data are weighted to represent all RNs with active licenses.

In 2012, RNs were asked for the first time to indicate their country of birth (Table 2.20). About two-thirds of RNs with active licenses who reside in California were born in the United States. Nearly 18 percent of RNs indicated they were born in the Philippines. Nearly two percent were born in each of South Korea or Mexico, and slightly more than one percent were born in each of India and Canada.

Nurses were also asked where they received their initial RN education. Of RNs reporting they were born in the United States, 72.3 percent were educated in California, and 27.3 percent were educated in another US location. Of RNs reporting they were born in the Philippines, 21 percent were educated in California, 2.6 percent were educated in another state, and 76.4 percent were educated internationally. While most foreign-born RNs were educated outside of California, 81.5 percent of RNs born in Mexico reported graduating from a California pre-licensure program.

Table 2.20. Top five countries of birth and country of education for RNs residing in California, 2012

	Share born in the country	Location of education		
		Educated in California	Educated in other US location	Internationally educated
United States	66.3%	72.3%	27.3%	0.4%
Philippines	17.8%	21.0%	2.6%	76.4%
Mexico	1.9%	81.5%	5.4%	13.1%
Korea	1.6%	29.4%	8.6%	62.1%
India	1.1%	37.2%	6.7%	56.1%
Canada	1.1%	20.6%	19.0%	60.4%

Note: Number of educated country cases=4,785. Rows might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Many California nurses maintain licenses in other states. Table 2.21 presents the share of working nurses who reside in California and have a nursing license in at least one other state. In 2012, 10.9 percent had at least one other license; this share has fluctuated substantially over the years, with a notable drop between 2006 and 2008. Nurses can easily maintain licenses in multiple states, regardless of whether they plan to work in those states. Some nurses maintain multiple licenses because they work as traveling nurses or telemedicine nurses; others want to maintain a license in the state in which they were first licensed for sentimental reasons. These issues are discussed later in this report.

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

	1990	1993	1997	2004	2006	2008	2010	2012
No	86.6%	82.8%	85.3%	87.0%	80.6%	88.1%	90.0%	89.1%
Yes	13.4%	17.2%	14.7%	13.0%	19.4%	11.9%	10.0%	10.9%
Number of Cases	2,251	2,194	2,468	2,906	3,699	4,052	4,726	4,100

Note: Columns might not total 100% due to rounding. Data (2006-2012) are weighted to represent all RNs with active licenses.

Many nurses pursue additional education after their pre-licensure education, as seen in Table 2.22. About 47 percent of nurses with active California licenses received some additional post-licensure education. The most commonly received degree is a baccalaureate of science in nursing (BSN); 14.6 percent of RNs received this after obtaining their RN license. About ten percent of nurses eventually receive a master's degree in nursing. Some nurses pursue additional education in non-nursing fields; for example, 4 percent of RNs received a master's degree in a non-nursing field after their initial RN education. For many nurses, this education is in a field related to nursing, such as public health or health management. In general, older RNs are more likely to have completed additional degrees. This is not surprising because older nurses have had more time to pursue additional education.

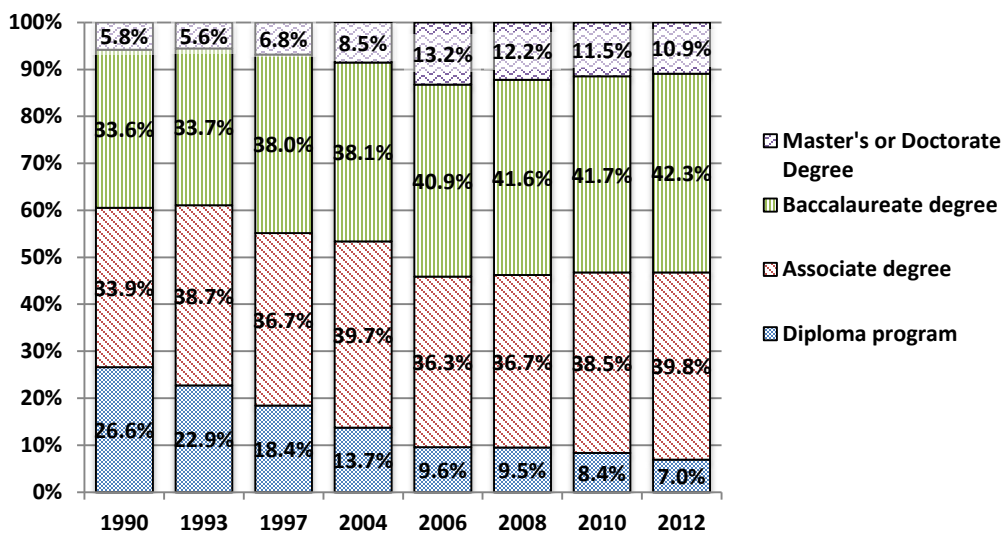
Table 2.22. Additional degrees completed after pre-licensure education by RNs with active California licenses who reside in California, 2012

	All	Under 35 years	35-44 years	45-54 years	55-64 years	65 years and older
No additional degrees	52.9%	56.9%	56.6%	52.2%	49.7%	44.9%
AD – Nursing	4.5%	3.5%	4.9%	4.5%	4.6%	5.4%
BSN	14.6%	9.9%	14.2%	14.6%	17.1%	19.7%
MSN	9.4%	5.3%	9.7%	10.0%	11.2%	11.6%
Doctorate in nursing	0.4%	0.0%	0.0%	0.3%	0.8%	1.6%
AD – Non-nursing	1.7%	1.0%	1.5%	1.4%	2.1%	2.7%
BS/BA – Non-nursing	3.8%	0.7%	2.1%	2.7%	6.5%	11.8%
MS/MA – Non-nursing	4.0%	0.5%	2.5%	3.5%	7.0%	9.0%
Doctorate – Non-nursing	1.0%	0.0%	0.6%	1.0%	1.6%	2.6%

Note: Number of cases=4,967. 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 2.13 presents the highest level of nursing education received by working nurses, from 1990 through 2012. The share of RNs with a graduate degree in nursing has risen from 5.8 percent in 1990 to 10.9 percent in 2012. Fewer than half of California’s nurses report that their highest nursing education is an associate degree or diploma in 2012.

Figure 2.13 Highest nursing degree earned by currently working registered nurses residing in California, by survey year



Note: 2012 number of cases=4,056. Data (2006-2012) are weighted to represent all RNs with active licenses.

Table 2.23 provides more detail about the trend toward higher education levels among California’s working RNs. Each column of the table presents the highest education level of RNs for a particular type of basic nursing education. The first column presents the educational attainment of nurses whose pre-licensure education was in a diploma program. In the 1990 survey, 82.4 percent of diploma graduates had not obtained additional nursing degrees, while 14.3 percent had baccalaureate degrees and 3.3 percent had graduate degrees. In 2012, many more diploma graduates had obtained additional nursing education; only 75.7 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 19.5 percent in 2012.

Table 2.23. Highest level of nursing education obtained since initial licensure by currently working registered nurses residing in California, by basic nursing education, by survey year

Highest Current Level of Nursing Education	Initial Pre-Licensure RN Education		
	Diploma program	Associate degree	Baccalaureate degree
1990 Survey (Number of Cases)	721	869	637
Diploma program	82.4%	-----	-----
Associate degree	0.0%	87.0%	-----
Baccalaureate degree	14.3%	11.4%	86.0%
Master's or Doctorate Degree	3.3%	1.6%	14.0%
1997 Survey (Number of Cases)	575	1,080	774
Diploma program	77.9%	-----	-----
Associate degree	1.4%	82.2%	-----
Baccalaureate degree	14.4%	14.4%	89.0%
Master's or Doctorate Degree	6.3%	3.3%	11.0%
2004 Survey (Number of Cases)	414	1,147	755
Diploma program	65.9%	-----	-----
Associate degree	5.3%	78.1%	-----
Baccalaureate degree	21.3%	15.5%	83.8%
Master's or Doctorate Degree	7.5%	6.4%	0.2%
2008 Survey (Number of Cases)	578	1,903	1,520
Diploma program	67.5%	-----	-----
Associate degree	6.1%	76.4%	-----
Baccalaureate degree	19.5%	15.9%	83.5%
Master's or Doctorate Degree	7.0%	7.8%	16.2%
2010 Survey (Number of Cases)	553	2,112	1,772
Diploma program	75.3%	-----	-----
Associate degree	1.4%	79.2%	-----
Baccalaureate degree	15.3%	14.2%	85.7%
Master's or Doctorate Degree	7.9%	6.6%	14.3%
No Response	0.0%	0.0%	0.0%
2012 Survey (Number of Cases)	637	2,494	2,078
Diploma program	75.7%	-----	-----
Associate degree	2.6%	80.5%	-----
Baccalaureate degree	14.0%	12.6%	88.1%
Master's or Doctorate Degree	7.7%	6.9%	12.0%
No Response	0.0%	0.0%	0.0%

Note: Data (2006-2012) are weighted to represent all RNs with active licenses.

RNs were asked to indicate the year in which they graduated from their post-licensure degree programs. Table 2.24 shows the average number of years since initial RN education and the completion of an additional degree program. The average number of years for an RN holding an associate degree to achieve a baccalaureate in nursing is 9.4 years, and those who continued to a master's degree in nursing required a total of 14.7 years after the initial associate degree. Nurses who entered the RN field with a baccalaureate degree and later completed a master's degree took an average of 10.1 years to do so.

Table 2.24. Average years between initial education nursing education and additional nursing education for all RNs, 2012

Initial RN Education	Additional Degrees			
	ADN	BSN	MSN	PhD
Diploma	6.8	11.6	18.7	25.0
Associate Degree, Nursing		9.4	14.7	20.9
Baccalaureate Degree, Nursing			10.1	24.2

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

Nurses can specialize in a variety of fields, and obtain certification to demonstrate advanced practice or specialized knowledge. Table 2.25 presents information about certifications in various specializations received from the California Board of Registered Nursing by working RNs. The share of RNs who have such certification has risen over time. In 1993, fewer than 17 percent of working RNs reported they had additional certification, but by 2012, 24.1 percent had some sort of certification. The share of working RNs with a Nurse Practitioner certification has increased, from 2.2 percent in 1993 to 5.6 percent in 2012, although the share was higher in 2008 at 7.1 percent. There has also been growth in Public Health Nursing, rising from 11.1 percent in 1993 to 16.2 percent in 2012.

Table 2.25. Certifications received from the California Board of Registered Nursing by currently working registered nurses residing in California, by survey year

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

* Item was not requested in the survey year.

Note: Information about additional certifications was not obtained in the 1990 survey. Nurses can have more than one certification, so columns will not total 100%. Data (2006-2012) are weighted to represent all RNs with active licenses.

Some of California’s nurses are currently enrolled in a nursing degree or specialty certification program. Table 2.26 provides information about these nurses. Overall, 11.6 percent of RNs report being enrolled in school, which is an increase from 2010 when 8.1 percent were enrolled. Enrollment rates are highest among nurses under 35 years old, and decline with age. Of those enrolled, most are working toward a baccalaureate degree (36.8%) or master’s degree (32.9%). Nearly 20 percent are pursuing a doctoral degree; many of these are likely enrolled in doctorate of nursing practice (DNP) programs, which have been expanding rapidly in the past few years.

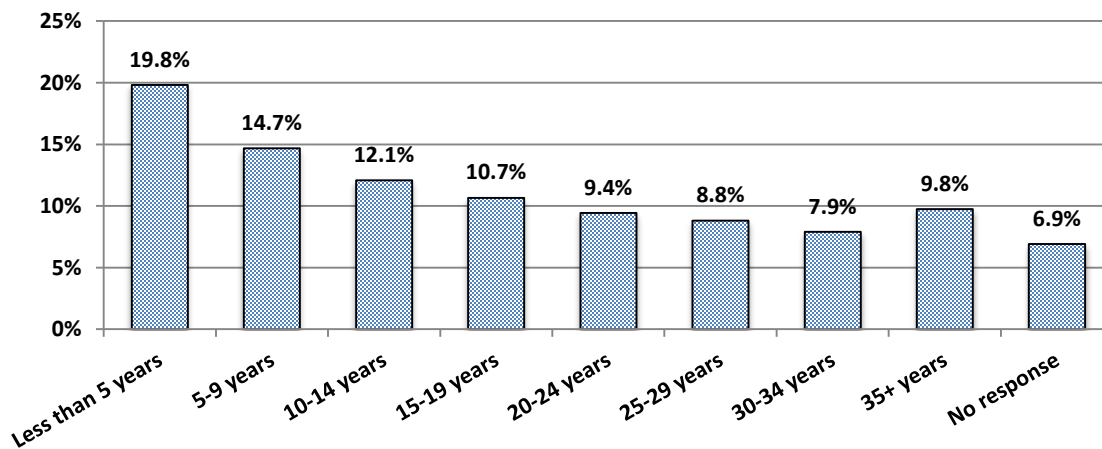
Table 2.26. Current enrollment in nursing degree or specialty certification program among the statewide population of RNs with active California licenses, by age group, 2012

	All nurses	Under 35 years	35-44 years	45-54 years	55-64 years	65 years and older
Currently enrolled	11.6%	16.3%	14.9%	12.6%	6.9%	2.6%
Of those enrolled, objective is...						
Associate Degree	4.1%	0.7%	4.3%	2.8%	8.7%	30.4%
Baccalaureate Degree	36.8%	47.7%	37.6%	28.6%	30.6%	23.1%
Master's Degree	32.9%	42.4%	32.0%	34.9%	16.7%	5.4%
Doctoral Degree	19.6%	7.1%	15.7%	26.8%	35.9%	41.1%
Non-degree specialty certification	5.5%	2.1%	10.4%	3.8%	5.2%	0.0%
No response	1.2%	0.0%	0.0%	2.9%	2.8%	0.0%

Note: Number of cases= 4,967. Number of enrolled cases = 477. Data are weighted to represent all RNs with active licenses.

Nursing competency is achieved through both education and experience. Figure 2.14 presents reported years of experience, excluding years during which nurses did not work in nursing. Nearly 35 percent of California’s active nurses have fewer than 10 years of experience, while 35.9 percent have at least 20 years of experience.

Figure 2.14. Years of experience in nursing among RNs with active California licenses who reside in California, 2012



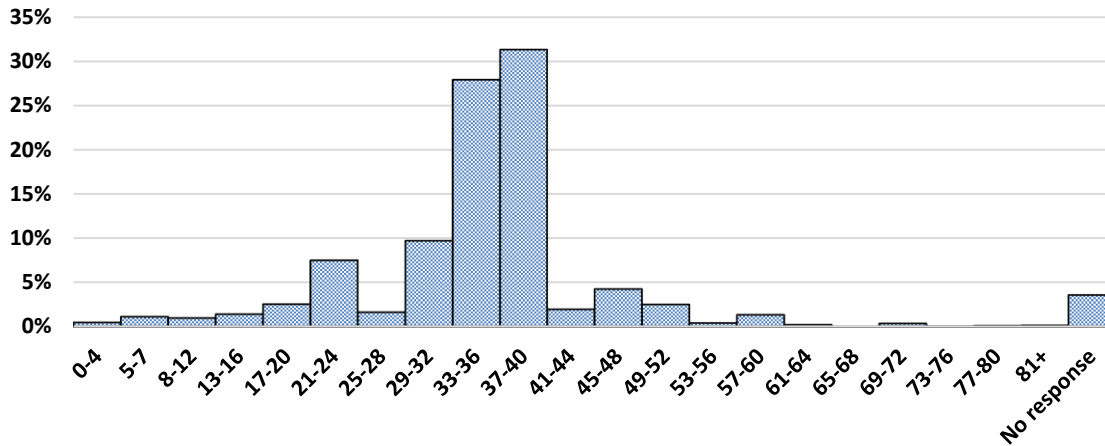
Note: Number of cases=4,967. Data are weighted to represent all RNs with active licenses.

Chapter 3 Employment, Wages, and Satisfaction of Registered Nurses

How Much Do RNs Work?

As discussed in Chapter 2, most RNs work in the nursing field. The number of hours of work provided by these nurses is also high. Figure 3.1 presents the distribution of hours worked in a “normal” week for RNs holding California licenses, working in nursing, and residing in California. Over 46 percent 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 changed very little over time, as seen in Table 3.1. In 1990, the average number of hours worked per week was 36.1; in 2012, it was 36.0.

Figure 3.1. Distribution of hours per week worked by nurses, for California residents, 2012



Note: Number of cases=4,100. Data are weighted to represent all RNs with active licenses.

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

	1990	1993	1997	2004	2006	2008	2010	2012
Mean in hours	36.1	36.3	36.3	35.6	35.2	36.5	36.0	36.0
Standard deviation	12.9	12.3	11.0	11.9	*	*	*	*
Number of Cases	2,251	2,212	2,470	3,064	3,510	3,984	4,605	3,953

*A standard deviation computation was not feasible with the weighting scheme used with the 2006-2012 data.

Note: Data (2006-2012) are weighted to represent all RNs with active licenses.

Table 3.2 presents the shares of nurses working full-time versus part-time, and the average number of hours per week worked by these groups. The share of California resident RNs who reported that they work full-time has changed very little between 2004 and 2012, ranging between 58.8 and 60.3 percent. Over the same period, the average number of hours worked per week by full-time nurses dropped slightly from 41.8 hours in 2004 to 40.3 hours in 2012. Average hours for part-time nurses rose from 22.8 hours in 2004 to 24.4 hours in 2012.

Table 3.2. Number of hours per week usually worked by registered nurses residing in California, 2004-2012

	2004	2006	2008	2010	2012
Working full-time (more than 32 hours per week)	58.8%	61.9%	60.3%	60.9%	60.3%
Mean hours per week	41.8	40.9	41.1	40.6	40.3
Working part-time (32 hours or less per week)	28.7%	24.8%	23.3%	24.1%	21.8%
Mean hours per week	22.8	22.4	24.4	24.7	24.4
Working, unknown hours	*	*	3.4%	2.4%	3.0%
Not working	12.5%	13.3%	13.1%	12.6%	14.9%

* Data not available.

Note: 2012 number of cases=3,313. Data (2006-2012) are weighted to represent all RNs with active licenses..

Nurses were asked to report the number of hours per day they usually work; these data are presented in Table 3.3. Over 40 percent of working RNs residing in California normally work 12-hour shifts, and 44.4 percent work 8-hour shifts. Note that the dramatic difference in shift lengths reported in 2004 is suggestive of a survey-scanning problem and should be interpreted with caution.

Table 3.3. Number of hours per day usually worked by registered nurses residing in California, 1997-2012

	1997	2004	2006	2008	2010	2012
Under 5 hours	2.5%	2.0%	1.7%	0.7%	1.1%	0.6%
5-7.5 hours	6.8%	4.7%	4.0%	3.9%	3.8%	2.5%
8 hours	45.0%	0.3%	42.8%	39.5%	41.7%	44.4%
8.5-11.5 hours	18.6%	57.9%	15.3%	13.5%	11.6%	11.1%
12 hours	24.4%	31.4%	34.7%	40.8%	40.1%	40.3%
More than 12 hours	2.6%	3.8%	1.6%	1.5%	1.8%	1.2%
Number of Cases	2,433	3,038	3,109	3,559	3,986	3,313

Note: This question was not asked in 1990 or 1993. Columns might not total 100% due to rounding. Data (2006-2012) are weighted to represent all RNs with active licenses. It is suspected that in 2004 respondents who entered 8 hours were miscoded with 9 or 10 hours per shift.

BRN surveys have had different questions about overtime hours worked by RNs. In 1997, the survey requested overtime worked “without advance notice;” in 2004, the question asked for “mandatory overtime;” and from 2006 on, survey respondents were asked to report the number of hours of overtime “normally” worked per week. The data from these surveys for working RNs residing in California are presented in Table 3.4. The share of RNs who work one hour or more of overtime per week dropped between 2006 and 2012, from 49.1 percent to 31.5 percent. This change is the result of decreases in the shares of RNs working all levels of overtime. The share working more than 8 hours of overtime per week dropped from 13.4 to 7.5 percent between 2006 and 2012, while the share working one to 2.5 hours per week declined from 14.6 to 10.7 percent in this same period.

Table 3.4. Number of overtime hours per week worked by registered nurses residing in California, 1997-2012

	1997 overtime without advance notice	2004:mandatory overtime	2006: any overtime	2008: any overtime	2010: any overtime	2012: any overtime
None or less than one hour	36.6%	64.0%	50.9%	57.0%	65.5%	68.5%
1-2.5 hours	31.3%	6.7%	14.6%	14.3%	11.8%	10.7%
3-4 hours	15.1%	4.8%	10.6%	7.6%	6.6%	6.1%
5-6 hours	6.7%	1.6%	6.4%	4.3%	3.4%	3.8%
7-8 hours	4.0%	3.0%	4.1%	4.6%	4.0%	3.4%
More than 8 hours	6.4%	19.9%	13.4%	12.2%	8.7%	7.5%
Number of Cases	2,309	3,095	3,313	3,952	4,605	3,953

Note: Columns might not total 100% due to rounding. Data (2006-2012) are weighted to represent all RNs with active licenses.

Some RNs make themselves available to work “on-call.” Nurses who are paid on a wage schedule usually are paid a nominal wage for on-call hours that are not worked, and then are paid their regular wage or a premium wage when they are called to work. Nurses who are salaried may consider some of their time on-call but are not paid specifically for on-call time. As seen in Table 3.5, 89.3 percent of RNs were not normally on-call in 2012. Among those who did normally have some on-call, the number of hours per week on-call varies widely, with 1.4 percent of RNs had 30 or more hours per week of unworked on-call hours. About 4 percent of RNs are on call up to 10 hours per week.

Table 3.5. Number of on-call hours unworked per week by registered nurses residing in California, 2008, 2010, and 2012

	Unworked on-call		
	2008	2010	2012
No on-call hours	86.2%	86.6%	89.3%
0.5-10 hours	5.7%	6.0%	4.1%
10-19 hours	4.3%	3.7%	3.9%
20-29 hours	1.0%	1.4%	1.4%
30 or more hours	2.9%	2.3%	1.4%
Number of Cases	3,951	4,615	3,960

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

Most working RNs are employed the full year, as seen in Table 3.6. In 2006 and 2008, RNs were asked to report the number of weeks they worked per year, and in 2010 and 2012, they were asked to report the number of months per year. Over ninety-eight percent of employed RNs living in California work a “full year” job, defined as at least 46 weeks of work or 11 months per year (up to 6 weeks of vacation would be possible). Less than one percent of RNs work 9 to 10 months of the year, and only 1.1 percent work less than 9 months per year. The increase in the share of RNs working a “full year” position between 2008 and 2010 might be the result of the change in the question from weeks per year to months per year, but could also represent a true change in the likelihood of RNs working full-year jobs.

Table 3.6. Number of weeks per year registered nurses work as a registered nurse, California residents, 2006-2012

	2006	2008	2010	2012
46-52 weeks per year (11-12 months)	86.3%	85.3%	98.0%	98.2%
36-45 weeks per year (9-10 months)	7.7%	10.6%	0.8%	0.7%
Less than 36 weeks per year	4.6%	4.1%	1.1%	1.1%

Note: 2012 number of cases=4,629. Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Nurses' Principal Nursing Positions

Nurses were asked to provide information about their principal nursing position, which is the RN position in which they spend most of their working time. Table 3.7 presents the type of employment arrangement for nurses' principal nursing positions, by residence. More than 96 percent of working RNs residing in California are regular employees in their principal positions. Only one percent are employed through temporary agencies, 1.8 percent are self-employed, and less than one percent reported working as a travel nurse. In contrast, 8.1 percent of employed, non-California resident RNs hold their primary positions through travel nursing agencies. These data support findings from previous years that indicate that a substantial fraction of RNs residing outside California who have California licenses work in California on a traveling basis.

Table 3.7. Employment status in principal nursing positions for currently working RNs, California residents and non-residents, 2012

	California Residents	Non-California Residents
Regular employee	96.6%	88.7%
Employed through a temporary service agency	1.0%	2.2%
Self-employed	1.8%	1.0%
Travel nurse or employed through a traveling nurse agency	0.5%	8.1%
No response	*	*

Note: Number of cases for both residents and non-residents=4,437. Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

The job titles that best describe nurses' principal nursing positions are presented in Table 3.8. The mix of job titles among California's working RNs have been remarkably consistent over time. Most RNs report that they are staff nurses or direct patient care providers; the share has ranged between 56 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, and instead were asked if they were a "direct patient care provider." Many nurses thus selected "other" and wrote that they were staff nurses. This explains the lower share of nurses identified as staff nurses in 2004, and the correspondingly higher shares of "other" titles. The share of RNs in management positions declined to less than 11 percent starting in 2008, although this might not represent a true drop because nurses were allowed the opportunity to report their job title as "Charge Nurse" for the first time in 2008; Charge Nurses represented 10.8 percent of working RNs residing in California in 2012. In 2006, some charge nurses may have reported their title as "front-line management," while others may have chosen "staff nurse."

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

Job Title	1993	1997	2004	2006	2008	2010	2012
Direct patient care provider/staff nurse	59.5%	62.1%	53.3%	61.2%	58.5%	59.8%	56.1%
Charge Nurse	*	*	*	*	7.6%	8.4%	10.8%
Senior management, any setting	*	*	*	1.0%	1.9%	1.5%	1.9%
Senior management, service setting	3.5%	4.6%	1.7%	*	*	*	*
Middle management, any setting	*	*	*	7.7%	5.8%	6.0%	5.8%
Middle management, service setting	14.5%	11.4%	6.3%	*	*	*	*
Front-line management	*	*	11.1%	5.9%	3.0%	2.9%	3.1%
Management/Administration, academic setting	0.2%	0.3%	0.1%	*	*	*	*
Direct care and Charge Nurse (both)	*	*	*	*	0.8%	*	*
Clinical Nurse Specialist	3.2%	3.1%	2.3%	1.6%	1.1%	0.8%	0.9%
Certified Registered Nurse Anesthetist	0.5%	0.3%	0.4%	0.4%	0.4%	0.4%	0.6%
Certified Nurse Midwife	0.2%	0.1%	0.2%	0.2%	0.3%	0.2%	0.2%
Nurse Practitioner	1.8%	3.2%	3.6%	4.7%	4.1%	3.4%	3.5%
Educator, service setting/clinical nurse educator	2.0%	0.9%	2.0%	1.7%	1.6%	1.3%	1.1%
Educator, academic setting	1.3%	1.0%	1.0%	2.5%	1.5%	1.4%	1.4%
School Nurse	1.2%	2.0%	1.9%	1.8%	1.8%	1.5%	1.1%
Public Health Nurse	2.2%	1.5%	1.7%	1.9%	1.3%	1.5%	1.2%
Patient care coordinator/case manager/discharge planner	*	*	*	3.9%	4.2%	4.0%	3.9%
Discharge Planner	*	*	0.1%	*	*	*	*
Case Manager	4.5%	5.6%	3.9%	*	*	*	*
QI/Utilization Review Nurse	*	*	0.7%	1.7%	1.9%	1.3%	2.0%
Occupational Health Nurse	*	*	*	0.3%	0.2%	0.2%	0.2%
Telenursing	*	*	*	0.7%	1.3%	1.1%	1.0%
Nurse Coordinator	*	*	*	*	0.2%	1.0%	1.1%
Consultant	0.9%	1.1%	0.7%	*	0.3%	*	*
Researcher	0.8%	0.4%	0.6%	*	0.2%	0.2%	0.3%
Infection Control Nurse	*	*	*	*	*	*	3.1%
Clinical Nurse Leader	*	*	*	*	*	*	0.3%
Other	3.3%	2.6%	8.3%	2.9%	2.0%	2.7%	2.5%
Number of Cases	2,190	2,375	2,925	3,675	4,108	4,689	4,046

* Question was not asked in the survey year.

Note: Columns might not total 100% due to rounding. Data (2006-2012) are weighted to represent all RNs with active licenses.

Hospitals are the dominant employers of RNs, as seen in Table 3.9. In 2012, 63.6 percent of RNs reported that they worked in some department of a hospital; this share has been stable since 2006, after having declined from 1990 to 1997. The percent of RNs who work in extended care, or skilled nursing facilities or rehabilitation facilities has gradually risen to 6.1 percent after reaching a low of 2.3 percent in 2006. Furthermore, the percentage of RNs working in public health has dropped from 3.4 percent in 1990 to 1.7 percent in 2010-2012. Other common workplaces of RNs residing in California include ambulatory care settings, such as clinics and outpatient surgery centers (7.5%), case management (2.5%), home health agencies (2.4%), and mental health/drug and alcohol treatment (2.3%).

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

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

* Question was not asked in the survey year.

Note: Columns might not total 100% due to rounding. Data (2006-2012) are weighted to represent all RNs with active licenses. Some organizations listed in the survey were combined with others to produce this table; in 2008, 2010, and 2012, urgent care was included as part of ambulatory care. Nurses who reported that their setting was an inpatient mental health facility (1.4%) were combined with those who reported outpatient mental health (0.9%). Nurses who reported working in long-term acute care settings (2.2%) were grouped with “other” in 2008, but in 2010 & 2012 were grouped with skilled nursing/extended care/ rehabilitation.

Just over 11 percent of RNs reported that they do not provide direct patient care at their primary place of employment (11.4%). Among those who do provide patient care, a variety of clinical areas are represented, as seen in Table 3.10. Medical-surgical nursing is reported by the greatest share of RNs, with 11.2 percent working in this area. Other common areas include critical care (8.4%), ambulatory care (9.4%), perioperative care (7.9%), obstetrics/gynecology (6.3%), emergency (7.2%), telemetry (3.6%), neonatal (3.6%), geriatrics (3.5%), and neuropsychiatric (3.4%). There has been a trend since 1990 toward a smaller share of RNs working in medical-surgical, critical care, public health, and geriatrics.

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

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

* Question was not asked in the survey year.

Note: Columns might not total 100% due to rounding. Data (2006-2012) are weighted to represent all RNs with active licenses. In 2008 and prior years some clinical areas, such as mother-baby/neonatal, did not appear as a check box on the survey. However, they occurred often enough in the handwritten "other" category to be segregated from "other" and given their own categories. Some clinical areas specified on surveys were grouped for this table because of very small numbers of RNs reporting the category. In 2010 & 2012, Labor & Delivery was combined with Obstetrics/Gynecology.

The job titles held by nurses vary by type of employer, as seen in Table 3.11. Each row of this table provides the shares of RNs in each job title for the employment setting. About three-fourths of nurses working in hospital acute care departments are staff nurses (74.9%), while 16.5 percent are in some type of management role. In ambulatory departments of hospitals, 60.2 percent of RNs residing in California are staff nurses, while 22.3 percent are involved in management. There is a greater share of advanced practice nurses (9.7%) in hospital-based ambulatory departments than in hospital acute-care departments (2.6%).

In skilled nursing and extended care facilities, 44.3 percent of RNs are in management positions, and 25.2 percent work as staff nurses. Home health agencies have the largest share of nurses working as case managers and related job titles (12.7%), while 42.6 percent report that they are staff nurses. Over fifteen percent of nurses in home

health agencies are in management roles. Many nurses working in non-hospital ambulatory care settings are advanced practice nurses (24.5%), such as nurse practitioners and midwives, and 45.7 percent are staff nurses.

Table 3.11. Job title that best describes the principal nursing position of working registered nurses residing in California, by work setting, 2012

	Staff nurse	Management (any level)	Advanced practice nursing	Case manager, UR, QI	Other	No Response	Number of Cases
Hospital, acute care department	74.9%	16.5%	2.6%	0.8%	3.7%	1.5%	2,052
Hospital-based ambulatory	60.2%	22.3%	9.7%	1.3%	5.3%	1.2%	336
Skilled nursing/extended care	25.2%	44.3%	0.1%	5.6%	14.4%	9.10%	144
Home health agency	42.6%	15.4%	0.6%	12.7%	19.7%	9.1%	112
Ambulatory care setting	45.7%	16.4%	24.5%	0.9%	9.7%	2.9%	313

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

Nurses with different education levels exhibit some differences in their work settings. Table 3.12 presents the work settings of RNs residing in California by the highest nursing education received. Acute care departments of hospitals employ the majority of RNs with associate degrees and baccalaureate degrees. Only 42.3 percent of diploma RNs and 39.0 percent of nurses with an MSN work in hospital acute-care departments. The second most common setting for RNs with a nursing diploma was hospital ambulatory care departments (10.9%). Nearly 5 percent of master’s-educated RNs work in universities and colleges, most likely as educators, while 15.6 percent are in ambulatory care settings, and another 10.4 are in hospital-based ambulatory care departments. The work settings of associate degree and baccalaureate degree RNs are similar to each other, although associate degree nurses are slightly more likely to work in ambulatory care settings (7.4% vs. 5.2%) and bachelor degree nurses are more likely to work in skilled nursing facilities (5.0% vs. 2.9%).

Table 3.13 presents analogous information for nurses with specific certifications. Large shares of respondents with public health certifications reported working in acute-care departments in hospitals (42.3%), hospital-based ambulatory care departments (10.9%), public health departments (6.4%), ambulatory care settings (7.2%), and school nursing (5.0%). Nurse practitioners tend to work in ambulatory care settings (27.8%), acute care departments of hospitals (25.4%), hospital-based ambulatory care departments (11.7%), public health (5.0%), outpatient and inpatient mental health (4.4%), universities and colleges (4.4%), and school nursing (4.0%). Clinical nurse specialists are most often employed in acute care departments of hospitals (44.7%), hospital-based ambulatory care departments (7.0%), public health (6.1%), ambulatory care settings (5.4%), and home health nursing agencies (3.9%).

Table 3.12. Types of organizations in which registered nurses residing in California work the most hours each month, by highest level of nursing education, 2012

	Diploma	ADN	BSN	MSN
Hospital, acute care department	42.3%	55.1%	57.9%	39.0%
Hospital, nursing home unit	0.7%	0.6%	1.0%	0.0%
Hospital-based ambulatory care department	10.9%	8.2%	6.6%	10.4%
Hospital-based ancillary department	1.1%	1.1%	2.0%	1.1%
Skilled nursing/extended care facility	5.4%	2.9%	5.0%	2.0%
University or college	1.3%	0.8%	0.6%	4.9%
Public health department/ community health	1.0%	0.9%	2.0%	3.9%
Home health nursing agency	4.9%	2.2%	2.2%	1.8%
Hospice	0.9%	2.0%	1.3%	1.4%
Ambulatory care setting	8.1%	7.4%	5.2%	15.6%
Dialysis	2.4%	1.7%	0.9%	0.5%
Occupational health/employee health	0.3%	0.7%	0.5%	0.7%
School nursing (K-12)	0.6%	0.5%	1.8%	3.1%
Mental health	2.1%	3.0%	1.5%	3.0%
Forensic setting (correctional facility, prison, jail)	1.6%	1.7%	1.9%	0.2%
Government agency (local, state, federal)	1.4%	1.0%	0.7%	4.2%
Self employed	1.1%	0.6%	0.3%	0.7%
Long Term Acute/ Rehabilitation	2.9%	2.4%	2.3%	0.8%
Telenursing	1.7%	0.9%	0.4%	1.0%
Case Management	4.3%	2.4%	2.8%	1.1%
Other	4.0%	3.7%	2.3%	3.3%
Number of Cases	295	1,638	1,650	402

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

Table 3.13. Types of organizations in which registered nurses residing in California work the most hours each month, by specialty certification, 2012

	Public health nurse (certified)	Nurse Practitioner	Clinical nurse specialist
Hospital, acute care department	42.3%	25.4%	44.7%
Hospital-based ambulatory care department	9.0%	11.7%	7.0%
Hospital-based ancillary department	2.3%	0.4%	0.4%
Skilled nursing/extended care facility	2.5%	1.3%	2.8%
University or college	2.4%	4.4%	2.6%
Public health department/community health agency	6.4%	5.0%	6.1%
Home health nursing agency	3.2%	0.7%	3.9%
Hospice	2.4%	0.1%	2.7%
Ambulatory care setting	7.2%	27.8%	5.4%
Occupational health/employee health	0.6%	1.4%	0.0%
School nursing (K-12)	5.0%	4.0%	3.3%
Mental health	0.5%	4.4%	2.2%
Forensic setting (correctional facility, prison, jail)	1.8%	1.1%	1.8%
Government agency (local, state, federal)	3.0%	0.4%	3.3%
Self employed	0.4%	0.7%	1.8%
Other category	3.2%	2.1%	0.3%
No Response	0.8%	0.5%	1.6%
Number of Cases	666	215	110

Note: Columns might not total 100% due to rounding. Other categories may include hospital nursing home units, long-term acute care, rehabilitation services, dialysis, telenursing, and case management. 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 3.14. The largest share of registered nurses who live in California has been with their current employer for less than five years (43.4%). However, the mean number of years nurses have worked with their current employer has increased somewhat over time, from 7 years in 1990 to 8.9 years in 2012.

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

	1990	1993	1997	2004	2006	2008	2010	2012
Less than 5 years	49.4%	50.4%	40.8%	47.1%	46.3%	46.1%	45.2%	43.4%
5-9 years	22.1%	24.1%	24.8%	20.4%	21.4%	19.4%	22.7%	24.1%
10-14 years	14.4%	14.1%	13.9%	13.2%	8.7%	8.2%	11.9%	12.8%
More than 14 years	14.1%	11.3%	20.5%	19.3%	23.6%	26.3%	20.2%	19.7%
Mean Number of Years	7.0	6.5	8.2	8.1	8.7	8.7	8.7	8.9
Number of Cases	2,222	2,168	2,424	3,016	3,598	4,020	4,617	3,842

Note: Columns might not total 100% due to rounding. Data (2006-2012) are weighted to represent all RNs with active licenses.

Tenure with an employer varies by employment setting. Each row of Table 3.15 presents the distribution of job tenure of nurses in a specific employment setting. Ambulatory care departments of hospitals have the highest share of nurses employed for 15 or more years, with 34.1 percent of RNs in this setting reporting such a long tenure. Public and community health agencies also have a relatively high share of RNs with a long tenure of 15 or more years (26.1%). Skilled nursing facilities exhibit the lowest employer tenures, with 68.9 percent of RNs who work in this setting having been with their employer for less than five years.

Table 3.15. Length of time that working registered nurses residing in California have been employed in their principal nursing position, by work setting, 2012

	Less than 5 years	5-9 years	10-14 years	More than 14 years	No Response
Hospital, acute care department	42.9%	24.9%	12.6%	19.3%	0.4%
Hospital-based ambulatory	29.7%	20.6%	14.5%	34.1%	1.2%
Skilled nursing/extended care	68.9%	16.3%	6.8%	7.5%	0.5%
Public/community health agency	25.4%	31.5%	16.8%	26.1%	0.3%
Home health agency	53.5%	21.1%	13.2%	10.0%	2.3%
Ambulatory care setting	42.5%	21.5%	13.3%	22.2%	0.5%
Case/disease management company	37.7%	23.4%	14.3%	24.6%	0.0%
Number of Cases	1667	926	492	757	342

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

Job title is also associated with the length of time a nurse who lives in California has been with a current employer, as seen in Table 3.16. Nearly half of direct patient care nurses and more than half of nurse practitioners have been with their current employer for less than five years, as have almost 43 percent of school nurses. Nurses in senior management, front-line management, and patient care coordination positions tend to have the longest tenures with their current employers. However, nearly 40 percent of nurses in both senior and front-line management positions report being with their current employer for less than five years.

Table 3.16. Length of time that working registered nurses residing in California have been employed with their principal nursing employer, by job title, 2012

	Less than 5 years	5-9 years	10-14 years	15 or more years	No response
Direct patient care provider/staff nurse	47.7%	25.3%	11.0%	15.3%	0.6%
Senior management	39.0%	24.1%	9.3%	27.2%	0.4%
Front-line management	38.4%	23.4%	16.3%	20.4%	1.6%
Nurse Practitioner	52.5%	17.6%	9.9%	18.9%	1.1%
School Nurse	42.5%	20.1%	19.5%	17.5%	0.5%
Public Health Nurse	23.4%	35.2%	30.7%	10.4%	0.4%
Patient care coordinator/case manager/discharge planner	38.6%	23.2%	12.5%	25.5%	0.2%
Number of Cases	1,574	970	561	931	64

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

Hours and Weeks Worked in Primary Job

In 2008, 2010, and 2012, registered nurses were asked to provide information about how much they work in their principal nursing position. Table 3.17 presents the number of weeks per year that nurses work in their principal position, by state of residence. Ninety-three percent of California residents work a full-year job, and 3.2 percent work in positions that are less than a full year. The share of non-California residents that work part-year jobs is slightly higher, at 4.6 percent. Note that the jobs of non-California residents are likely to be outside California; non-California residents are discussed in more detail below.

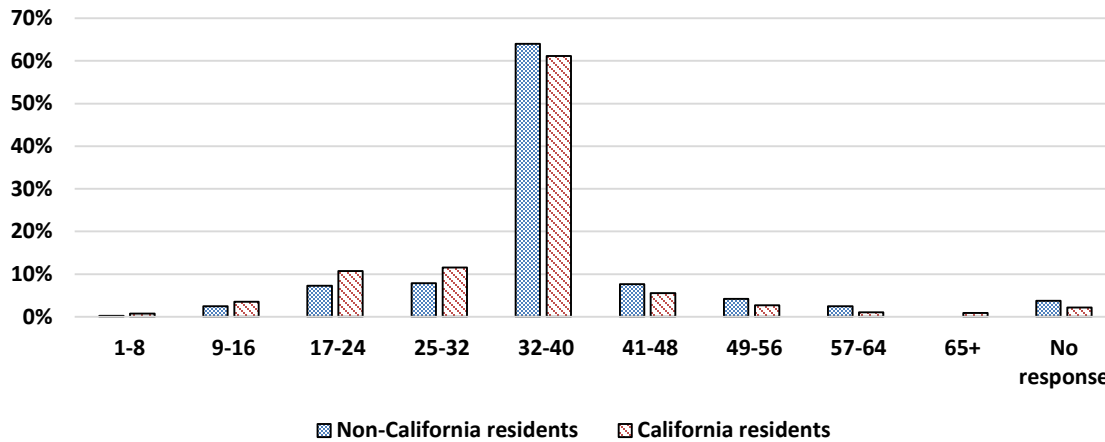
Table 3.17. Number of weeks per year registered nurses work in their primary nursing position, California residents and non-residents, 2012

	California residents	Non-California residents
46-52 weeks per year	93.0%	89.4%
36-45 weeks per year	2.3%	3.6%
Less than 36 weeks per year	0.9%	1.0%
No Response	3.9%	6.0%

Note: Number of total cases for both residents and non-residents=4,543. Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Figure 3.2 presents the distribution of hours worked per week in a primary nursing job for RNs with active California licenses, by whether they reside in California. Over 71 percent of nurses who live in California work more than 32 hours per week. The share of non-resident RNs who work more than 32 hours per week in a principal nursing position is higher, at 78.4 percent.

Figure 3.2. Distribution of hours per week in principal nursing position, for California residents and non-residents, 2012



Note: Number of cases for both residents and non-residents=4,543. 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 3.18. RNs in staff nurse positions averaged 10.4 hours per day and 34.6 hours per week. Staff nurses averaged 1.9 hours of overtime per week. In contrast, school nurses average 7.4 hours per day, and 31.7 hours per week; these figures indicate that school nurses work shorter days, but more days per week, than staff nurses do. Nurses in senior management positions work an average of 9.1 hours per day and 44.1 hours per week. Front-line managers average 41.2 hours of work per week. Public health nurses work the fewest overtime hours on average, but school nurses have the shortest average workweek.

Table 3.18. Average hours normally worked per day and per week by registered nurses residing in California, by job title, 2012

	Hours per day	Hours per week	Overtime per week
Direct patient care provider/staff nurse	10.4	34.6	1.9
Senior management, any setting	9.1	44.1	1.1
Front-line management	9.4	41.2	2.6
Charge Nurse	10.2	37.0	2.8
Nurse Practitioner	8.5	34.6	1.0
School Nurse	7.4	31.7	1.0
Public Health Nurse	8.1	36.8	0.4
Patient care coordinator/case manager/discharge planner	8.3	37.8	1.1

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

Table 3.19 presents the average number of hours normally worked by nurses living in California, by work setting. Nurses employed in acute care departments of hospitals work an average of 10.8 hours per day, which is the longest average workday of all the settings. The shortest workdays are found in school nursing positions. The longest average workweeks are in hospices at 39.4 hours per week, correctional facilities (38.4 hours), and outpatient mental health (38.3 hours). Outpatient mental health, hospice, academic, and acute care settings have the highest average number of overtime hours per week (2.8, 2.5, 2.2, and 2.1 hours, respectively).

Table 3.19. Average hours normally worked per day and per week for registered nurses residing in California, by work setting, 2012

	Hours per day	Hours per week	Overtime per week
Hospital, acute care department	10.8	35.8	2.1
Hospital, ambulatory care department	8.8	35.5	1.7
Skilled nursing/extended care facility	8.3	38.1	1.5
University or college	8.3	34.7	2.2
Public health department/community health agency	8.1	36.0	1.6
Home health nursing agency	8.2	36.4	1.6
Hospice	8.3	39.4	2.5
Ambulatory care setting	8.6	33.1	1.5
School nursing (K-12)	7.5	31.6	1.0
Outpatient Mental health	8.2	38.3	2.8
Inpatient Mental health	9.0	37.0	0.9
Forensic setting (correctional facility, prison, jail)	8.3	38.4	2.0

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

Nurses were asked to report the percent of time spent on each of several functions: direct patient care and charting, indirect patient care (consultation, planning, evaluating care), teaching (including preparation time), supervision, patient education, non-nursing tasks (housekeeping, etc.), administration, and “other.” As seen in Table 3.20, there was wide variation in the percentage of time spent on direct patient care, with the largest share of RNs saying they spent 61 to 80 percent of their time on this activity (26.7%).

Table 3.20. Percentage of time spent on specific job functions during a typical workweek for nurses residing in California, 2012

	0%	1-20%	21-40%	41-60%	61-80%	81-100%
Direct patient care & charting	13.1%	10.9%	10.0%	18.3%	26.7%	15.2%
Indirect patient care	40.7%	43.5%	4.9%	2.1%	1.5%	1.6%
Teaching	47.7%	42.5%	2.2%	0.8%	0.4%	0.7%
Patient education	19.6%	60.3%	11.5%	2.3%	0.4%	0.2%
Supervision	61.6%	20.4%	4.2%	3.9%	2.0%	2.1%
Administration	74.2%	14.4%	2.5%	1.6%	0.6%	0.9%
Non-nursing tasks	59.5%	33.8%	0.6%	0.2%	0.0%	0.0%
Research	81.6%	11.7%	0.5%	0.1%	0.0%	0.3%
Other	86.5%	3.9%	1.1%	0.4%	0.7%	1.6%

Note: Number of cases=4,100. 5.8 % of the sample of employed California residing RNs did not respond to these questions. Data are weighted to represent all RNs with active licenses.

Geographic Location of Primary Position

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. As seen in Table 3.21, most RNs who lived in California reported their principal nursing position was in a large metropolitan area with over one million residents (65.8%), such as the Los Angeles region. Another 18.6 percent worked in large metropolitan counties with over 400,000 residents, such as Monterey or Fresno. Over 12 percent work in smaller metropolitan counties. Less than one percent of RNs work in rural areas or small cities and towns.

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

	1990	1993	1997	2004	2006	2008	2010	2012
Consolidated metropolitan area (over 1 million pop)	*	*	*	*	84.1%	84.0%	69.0%	68.5%
Large metropolitan county (400,000 to 1 million)	*	*	*	*	7.6%	8.1%	18.7%	18.6%
Small metropolitan county (50,000 to 400,000)	*	*	*	*	4.4%	5.1%	11.6%	12.6%
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%	*	*	*	*
Population less than 49,999	11.6%	9.8%	10.1%	18.1%	4.0%	2.8%	0.7%	0.4%
Other	0.4%	0.1%	0.5%	0.9%	*	*	*	*
Number of Cases	2,197	2,147	2,403	3,557	3,427	3,916	4,606	3,558

* Data was not tabulated in this category.

Note: The 2004 data include nurses who do not reside in California. Columns might not total 100% due to rounding. Data (2006-2012) are weighted to represent all RNs with active licenses. Population less than 49,999 includes small cities, towns, and rural areas. In 2006 and 2008, geographic location for RNs was determined by metropolitan statistical areas (MSAs). In 2010 and 2012, the estimated census population was used to perform the analysis.

Over 61 percent of California’s working RNs commute 10 miles or more each way to their jobs, as seen in Table 3.22. Very long commutes of over 40 miles each way are made by 7.4 percent of RNs. There has been little change in the average commuting distance since 2004.

Table 3.22. 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	2008	2010	2012
Less than 5 miles	21.5%	21.6%	16.4%	16.9%	16.5%	17.7%	17.7%	15.7%
5-9 miles	24.0%	22.2%	20.5%	21.9%	23.0%	21.4%	20.7%	23.0%
10-19 miles	31.8%	30.1%	31.7%	31.5%	30.7%	30.7%	31.8%	30.3%
20-39 miles	18.4%	20.2%	24.2%	23.0%	22.7%	23.9%	22.7%	23.6%
40 or more miles	4.3%	5.9%	7.2%	6.6%	7.2%	6.4%	7.1%	7.4%
Mean in Miles	13.1	14.4	15.9	15.9*	15.8*	15.8*	15.6*	16.0*

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

Note: 2012 number of cases=3,950. Columns might not total 100% due to rounding. Data (2006-2012) are weighted to represent all RNs with active licenses.

Use of Health Information Technologies

Nurses were asked whether they use specific health information systems in their principal nursing position, and about their experience with these systems. As seen in Figure 3.3, there were increases between 2010 and 2012 in the shares of RNs who use every type of health information technology. Over two-thirds of RNs who live in California use electronic patient records, and 65.6 percent report using records that include electronic nurse charting. Sixty-five percent of RNs use computerized laboratory reports. .

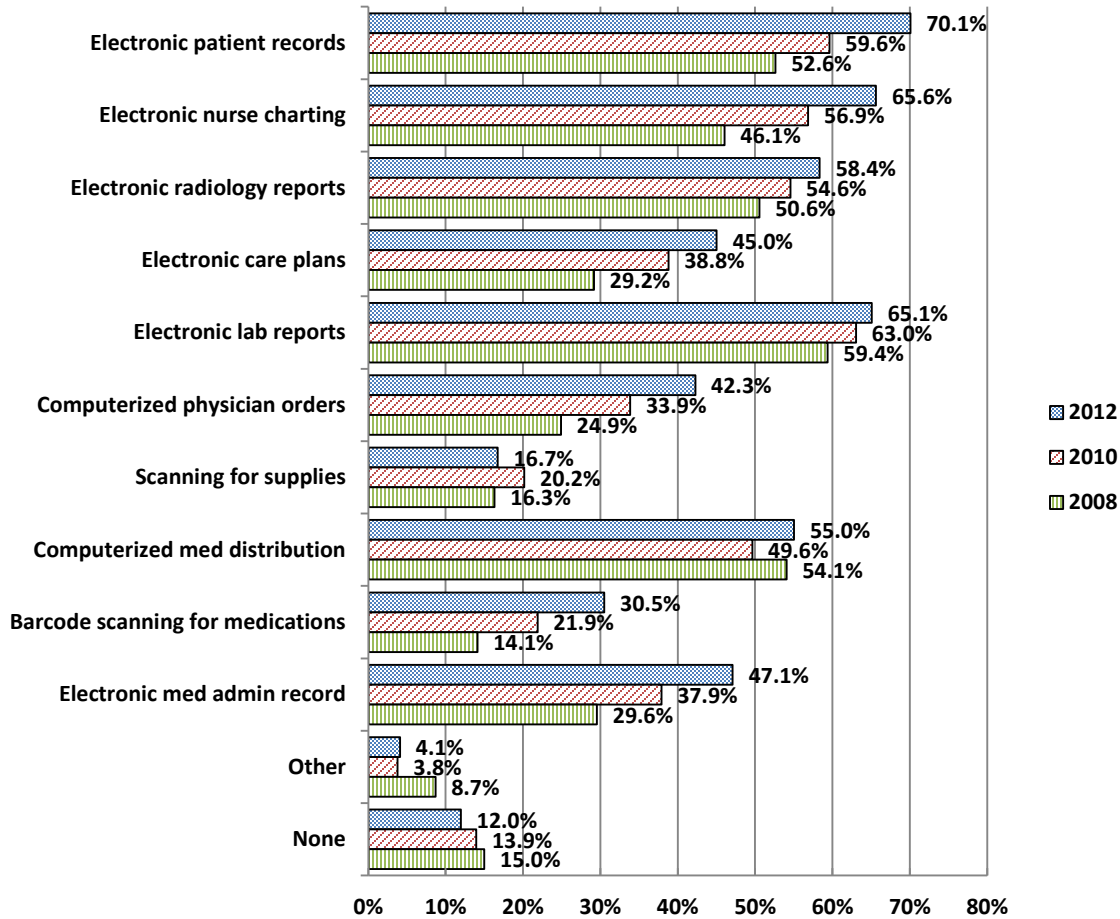
Nurses were asked whether they think the computer systems that they use work well. Table 3.23 presents the responses of nurses who reported working with a health information system from 2006 through 2012. There was a slight decrease in the share of RNs that reported that systems work well or are at least generally helpful, from 79.9 percent in 2010 to 76.5 percent in 2012. In 2012, 4.9 percent of RNs thought electronic systems interfered with their delivery of patient care, which is higher than the 3.7 percent of RNs in 2010 who thought these systems interfered with delivery of care, but still an improvement as compared with 2008 (6.5%).

Table 3.23. Perceived usefulness of computerized health information systems, among working nurses who use them, California residents, 2006-2012

	2006	2008	2010	2012
All systems work well	15.7%	12.3%	16.4%	16.3%
Systems are generally helpful, but have some flaws	57.9%	61.0%	63.5%	60.2%
Systems have problems that affect my work	19.1%	20.1%	16.4%	18.6%
Systems interfere with my delivery of care	7.4%	6.5%	3.7%	4.9%

Note: 2012 number of cases=3,440. Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Figure 3.3. Use of computerized health information systems in a principal nursing position, for California residents, 2008, 2010, and 2012

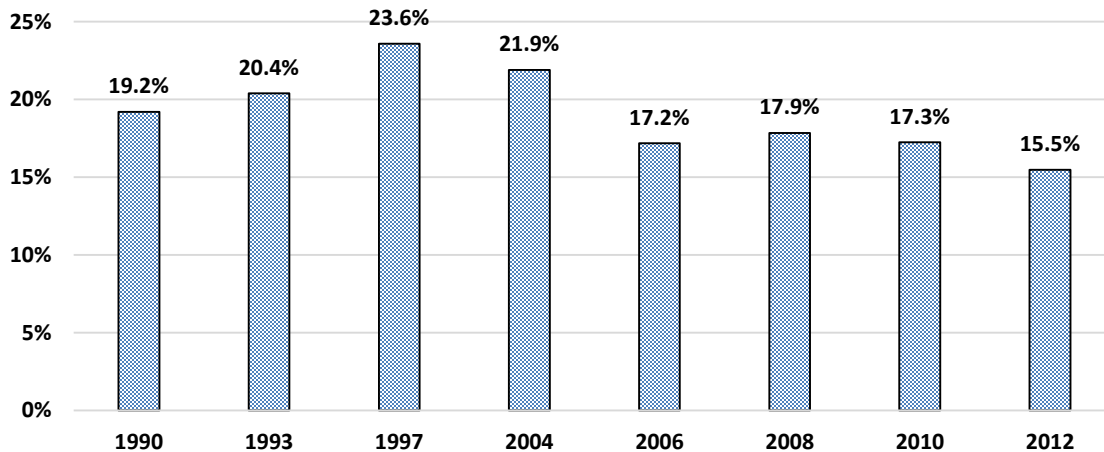


Note: 2012 number of cases=4,021. Data are weighted to represent all RNs with active licenses.

Additional Jobs Held by RNs

In 2012, slightly over 15 percent of RNs who worked and resided in California reported they held more than one nursing position (Figure 3.4). This rate of holding multiple positions is lower than that reported from 1990 through 2010. Among RNs who hold additional positions, 76.2 percent hold one more job, while 22.8 percent have two or more additional positions (Table 3.24).

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



Note: 2012 number of cases=4,031. Data (2006-2010) are weighted to represent all RNs with active licenses..

Table 3.24. Number of additional jobs held by RNs who hold multiple positions and reside in California, by survey year

	1990	1993	1997	2004	2006	2008	2010	2012
One	83.7%	88.4%	83.4%	84.8%	76.7%	80.3%	75.6%	76.2%
Two	13.9%	10.3%	14.7%	12.3%	20.9%	18.7%	21.3%	21.3%
Three or more	2.4%	1.3%	1.9%	2.9%	2.4%	1.0%	2.2%	1.5%
Number of Cases	424	447	518	784	627	652	696	548

Note: Columns might not total 100% due to rounding. Data (2006-2012) are weighted to represent all RNs with active licenses.

Nurses were asked to report the types of employment relationships they have for their additional nursing positions (Table 3.25). Most California residents and non-residents reported that they were regular employees in their additional nursing position(s). Over ten percent of California residents were employed through a temporary agency for at least one of their additional positions, and 14 percent were self-employed. Among RNs residing outside California, 24.1 percent were employed through a temporary agency, and 10.4 percent reported that they were self-employed. A larger fraction of nurses outside of California reported being travel nurses at 10.6 percent compared to 2.2 percent of California nurses.

Table 3.25. Type of employment relationships for non-primary nursing positions, for California residents and non-residents, 2006-2012

	California residents				Non-California residents			
	2006	2008	2010	2012	2006	2008	2010	2012
Regular employee	72.0%	73.7%	77.1%	74.9%	55.7%	60.8%	50.3%	60.6%
Employed through a temporary service agency	17.4%	15.3%	13.3%	10.0%	41.4%	30.7%	33.8%	24.1%
Self-employed	17.1%	14.1%	11.4%	14.0%	11.0%	11.1%	11.9%	10.4%
Employed through traveling agency	*	*	2.5%	2.2%	*	*	12.7%	10.6%

Note: The 2012 number of in-state cases=537. The number of out of state cases=55. Columns will not total 100% because respondents could select multiple categories, due to holding more than one additional job. Data are weighted to represent all RNs with active licenses. *Question not asked in this survey year.

A large share of RNs works as hospital staff for their additional nursing positions, as seen in Table 3.26. About 40 percent of California residents and 46.5 percent of non-California residents report that at least one of their secondary nursing positions is in a hospital. Over eleven percent of California's nurses are engaged in teaching

nursing or students in other health professions in a secondary position, while 7.2 percent of non-residents teach. Twelve percent of residents work in ambulatory care, and 8.8 percent do home health or hospice work.

Table 3.26. Type of work done in non-primary nursing positions, for California residents and non-residents, 2006-2012

	California residents				Non-California residents			
	2006	2008	2010	2012	2006	2008	2010	2012
Hospital staff	43.7%	44.0%	40.4%	40.6%	58.5%	53.5%	53.2%	46.5%
Public health/community health	2.0%	1.1%	1.4%	2.8%	3.8%	4.3%	0.8%	4.9%
Mental health/substance abuse	3.0%	3.1%	3.2%	2.4%	3.4%	2.9%	4.6%	2.2%
Nursing home/skilled nursing facility staff	4.6%	8.7%	6.5%	6.0%	13.8%	9.8%	7.0%	9.9%
Home health or hospice	8.5%	7.5%	7.6%	8.8%	3.0%	0.0%	5.7%	6.4%
Teaching health professions/nursing students	11.3%	9.4%	11.4%	11.4%	7.8%	3.6%	5.2%	7.2%
Ambulatory care, school health, occupational health	8.2%	8.9%	15.5%	12.0%	7.8%	6.3%	9.6%	13.5%
Long term acute	*	*	2.5%	3.6%	*	*	1.9%	3.8%
School health	*	*	1.4%	1.6%	*	*	0.0%	0.0%
Telehealth	*	*	2.0%	2.3%	*	*	4.9%	4.2%
Self-employed	*	*	3.8%	2.9%	*	*	4.1%	3.2%
Other	32.3%	26.8%	17.2%	15.7%	23.6%	25.9%	15.0%	12.9%

Note: The 2012 number of in-state cases=539, and the number of out of state cases=67. Columns will not total 100% because respondents could select multiple categories, due to holding more than one additional job. Data are weighted to represent all RNs with active licenses. *No Data Available

Employment through Temporary Agencies

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

Table 3.27 presents the shares of nurses with active California licenses who work for temporary or traveling agencies. In 2006 and 2008, respondents could select either a temporary agency or traveling agency, but not both; in 2010 and 2012, respondents could indicate both a temporary and a traveling agency, and thus totals do not add to 100 percent in those years. Only 2.2 percent of RNs residing in California work for a temporary agency or registry, and less than one percent work for a traveling agency. In comparison, 10.8 percent of non-California resident RNs with active California licenses work for traveling agencies, and 5.4 percent work for temporary agencies or registries.

Table 3.27. Shares of nurses that work with a temporary agency, traveling agency, or registry for any job, 2006-2012

	California residents				Non-California residents			
	2006	2008	2010	2012	2006	2008	2010	2012
Temporary agency or registry	3.4%	2.9%	3.3%	2.2%	9.5%	6.6%	7.8%	5.4%
Traveling agency	1.2%	1.2%	0.6%	0.6%	19.8%	15.0%	8.7%	10.8%
Neither temporary nor traveling agency	95.4%	95.9%	96.3%	97.4%	70.7%	78.5%	84.8%	84.1%

Note: The 2012 number of in-state cases=3,907, and the number of out of state cases=415. Data are weighted to represent all RNs with active licenses. In 2010 and 2012, respondents could select both a temporary and traveling agency so the total will not add to 100%. Columns might not total 100% due to rounding in 2006 and 2008.

Nurses were asked the reasons they work for a temporary agency, traveling agency, or registry; the findings are presented in Table 3.28. For nurses residing in California in 2012, control of their schedule was the dominant reason (49.2%), followed by supplemental income (40.9%). Other common reasons for temporary and traveling

work were wage (38.7%), to maintain skills or get experience (36.6%), and to have control of work location (30.4%). Over 25 percent said they were doing agency/registry work while waiting for a desirable permanent position, and another 23.3 percent were doing such work because they were unable to find a permanent RN position or they did not have enough work hours at their primary job.

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

	1990	1993	1997	2004	2006	2008	2010	2012
Wages	75.0%	68.5%	59.4%	58.4%	59.5%	58.6%	28.0%	38.7%
Benefits	4.3%	2.1%	4.4%	3.1%	5.7%	7.9%	1.1%	0.0%
Control of schedule	85.3%	68.5%	56.9%	60.1%	57.2%	56.9%	52.6%	49.2%
Control of work location	58.6%	32.2%	30.6%	42.3%	54.1%	39.8%	31.1%	30.4%
Supplemental income	*	*	*	48.2%	36.6%	42.6%	46.2%	40.9%
Control of work conditions	*	*	*	26.3%	26.1%	24.2%	9.3%	15.2%
Maintain skills/get experience	*	*	*	25.6%	27.3%	22.5%	25.9%	36.6%
Waiting for a desirable permanent position	6.0%	14.4%	19.4%	15.0%	12.8%	16.1%	16.5%	25.5%
Travel/see other parts of the country	*	*	*	*	15.4%	15.8%	6.7%	8.1%
Unable to find permanent RN job / insufficient primary hours	*	*	*	*	*	*	13.8%	23.3%
Other	24.1%	17.8%	21.9%	10.8%	16.1%	12.9%	5.3%	3.8%
Number of Cases	116	146	160	198	114	125	121	78

Note: Columns will not total 100% because respondents could select multiple items. Data (2006-2012) are weighted to represent all RNs with active licenses.

*Data not available.

Income and Earnings of Registered Nurses

Nurse incomes have risen dramatically since 1990. In 2006, 2008, 2010, and 2012 RNs were asked to report annual earnings from their primary position, and each of their additional nursing positions. In the 1990, 1993, 1997, and 2004 surveys, nurses were asked to report their annual income by category. Average earnings were estimated by assuming nurses earned the midpoint of the income category for the surveys. The income categories changed for the 2004 survey to accommodate for income growth.

Table 3.29 presents the total annual income received from all nursing positions by currently working RNs residing in California, for each survey year, and Figure 3.5 depicts the 2012 data. As seen in this table, there was modest growth in nurse earnings between 1993 and 1997, rapid growth between 1997 and 2008, little change between 2008 and 2010, and then a return to growth between 2010 and 2012. The slow growth in earnings from 2008 to 2010 is not surprising because reports of nursing shortage abated during this period. The increase between 2010 and 2012 suggests that the labor market is improving for RNs. Thirty-one percent of RNs reported that they earned \$100,000 or more in 2012 (compared to 22.3 percent in 2010). The proportion of nurses reporting earnings of less than \$60k per year dropped from just under a quarter in 2010 to only 19 percent in 2012. The increase in earnings between 2010 and 2012 was not accompanied by an increase in average hours worked, as discussed above, suggesting that the wages of RNs increased during this period.

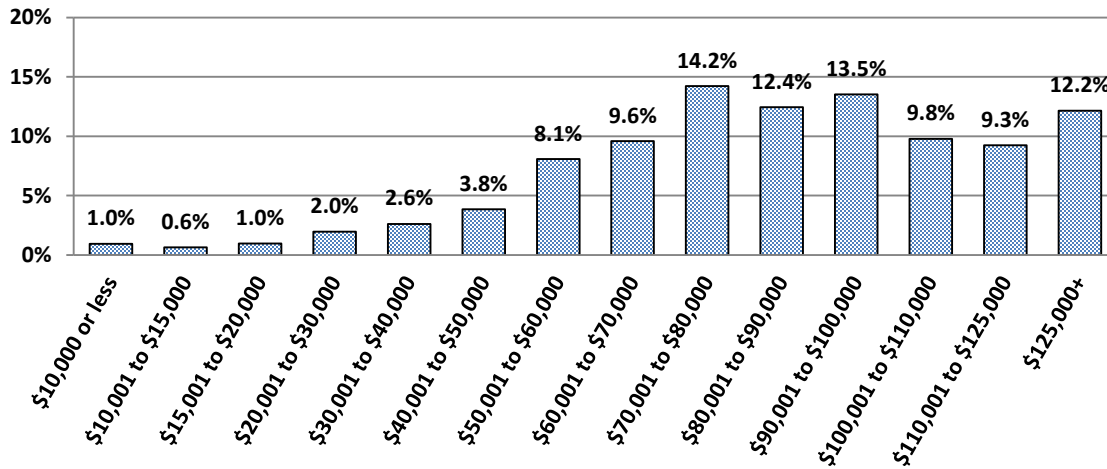
Table 3.29. Total annual income received from all nursing positions by currently working registered nurses residing in California, by survey year

	1990	1993	1997	2004	2006	2008	2010	2012
\$20,000 or less	18.0%	10.2%	10.0%	4.9%	4.6%	2.4%	3.1%	2.6%
\$20,001 to \$30,000	27.6%	11.1%	9.0%	3.5%	2.1%	1.8%	1.8%	2.0%
\$30,001 to \$40,000	33.2%	24.3%	20.0%	8.6%	5.5%	3.5%	3.1%	2.6%
\$40,001 to \$55,000	18.3%	35.9%	34.5%	*	*	*	*	*
\$40,001 to \$50,000	*	*	*	14.2%	7.8%	6.0%	5.7%	3.8%
\$50,001 to \$60,000	*	*	*	20.2%	12.5%	10.0%	9.6%	8.1%
\$55,001 to \$75,000	2.3%	15.3%	22.6%	*	*	*	*	*
\$60,001 to \$70,000	*	*	*	16.4%	17.8%	13.8%	12.3%	9.6%
\$70,001 to \$80,000	*	*	*	12.2%	15.6%	17.0%	16.8%	14.2%
More than \$75,000	0.5%	3.3%	4.5%	*	*	*	*	*
\$80,001 to \$90,000	*	*	*	8.5%	12.8%	14.1%	14.2%	12.4%
\$90,001 to \$100,000	*	*	*	4.5%	8.0%	11.6%	11.1%	13.5%
\$100,001 to \$110,000	*	*	*	2.2%	5.6%	6.6%	8.2%	9.8%
\$110,001 to \$125,000	*	*	*	1.4%	3.5%	6.6%	6.6%	9.3%
More than \$125,000	*	*	*	1.1%	4.1%	6.6%	7.5%	12.2%
Mean Annual Income	\$31,504	\$42,163	\$45,073	\$59,937	\$73,542	\$81,428	\$82,134	\$89,940
Number of cases	2,186	2,141	2,420	2,885	3,447	3,728	3,738	3,692

* 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.

Note: Columns might not total 100% due to rounding. Data (2006-2012) are weighted to represent all RNs with active licenses.

Figure 3.5. Total annual income received from all nursing positions by currently working registered nurses residing in California, 2012



Note: Number of cases=3,692. Data are weighted to represent all RNs with active licenses.

Annual nursing incomes vary by region of California, as seen in Table 3.30. Total nursing incomes among California-resident RNs are highest in the San Francisco Bay Area (\$101,568), and lowest in the counties north of Sacramento (\$75,725). Between 2006 and 2012, the Sacramento region experienced the greatest increase in average earnings from principal nursing position, rising 25.6 percent (\$19,355). The least growth between 2006 and 2012 occurred in the Border counties, where average earnings from the principal position grew only 15.4 percent (\$9,605).

Table 3.30. Annual income received from nursing by currently working registered nurses, by region, 2006-2012

	Primary nursing position				All nursing positions			
	2006	2008	2010	2012	2006	2008	2010	2012
Northern counties	\$60,160	\$66,291	\$70,763	\$74,387	\$61,868	\$69,142	\$70,546	\$75,725
Sacramento	\$72,594	\$79,453	\$82,498	\$92,732	\$75,508	\$82,122	\$82,232	\$94,863
San Francisco Bay Area	\$78,319	\$89,984	\$93,406	\$98,075	\$82,514	\$93,564	\$93,547	\$101,568
Central Valley & Sierra	\$65,689	\$77,730	\$81,973	\$82,908	\$70,252	\$79,995	\$81,553	\$85,077
Central Coast	\$65,715	\$74,801	\$76,563	\$83,096	\$69,208	\$76,809	\$76,536	\$84,933
Los Angeles	\$67,207	\$74,188	\$79,381	\$85,577	\$71,822	\$77,167	\$79,288	\$88,414
Inland Empire	\$66,938	\$77,904	\$77,913	\$81,805	\$70,602	\$81,176	\$77,786	\$83,655
Border Counties	\$67,188	\$71,226	\$76,008	\$79,842	\$70,046	\$72,850	\$75,895	\$82,399
Outside California	\$59,696	\$64,198	\$67,847	\$69,597	\$62,467	\$67,026	\$68,158	\$72,072

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

Nursing incomes for California residents vary with age, as seen in Table 3.31. Average incomes are highest for the group of nurses between 55 and 64 years old. Annual earnings are lowest for nurses 35 years and younger; 2012 is the first year when their earnings were lower than those of RNs 65 years and older. Older RNs typically work fewer hours; the lower annual earnings of younger nurses indicate that entry-level wages may have declined between 2010 and 2012.

Table 3.31. Total annual income received from all nursing positions by currently working registered nurses residing in California, by age group, 2006-2012

	2006	2008	2010	2012
Under 35 years	\$68,307	\$74,632	\$74,982	\$76,341
35-44 years	\$75,113	\$81,318	\$80,008	\$89,286
45-54 years	\$78,530	\$84,711	\$85,718	\$96,171
55-64 years	\$74,411	\$85,696	\$88,169	\$97,894
65 years and older	\$52,888	\$65,790	\$71,636	\$79,295

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

There is some variation in average annual nursing income by education. As seen in Table 3.32, nurses with bachelor's degrees enjoy higher annual nursing income than RNs with associate degrees, averaging \$92,326 versus \$84,839. Nurses with master's degrees have even higher average earnings, at \$99,042. Nurse practitioner earnings are higher, on average, than those of RNs with bachelor's degrees, but not as high as RNs with master's degrees. Clinical nurse specialists, all of whom have master's degrees, report average earnings of \$100,482, which is higher than the average for master's-educated RNs in general.

Table 3.32. Total annual income received from all nursing positions by currently working registered nurses residing in California, by highest level of nursing education and specialty certification, 2006-2012

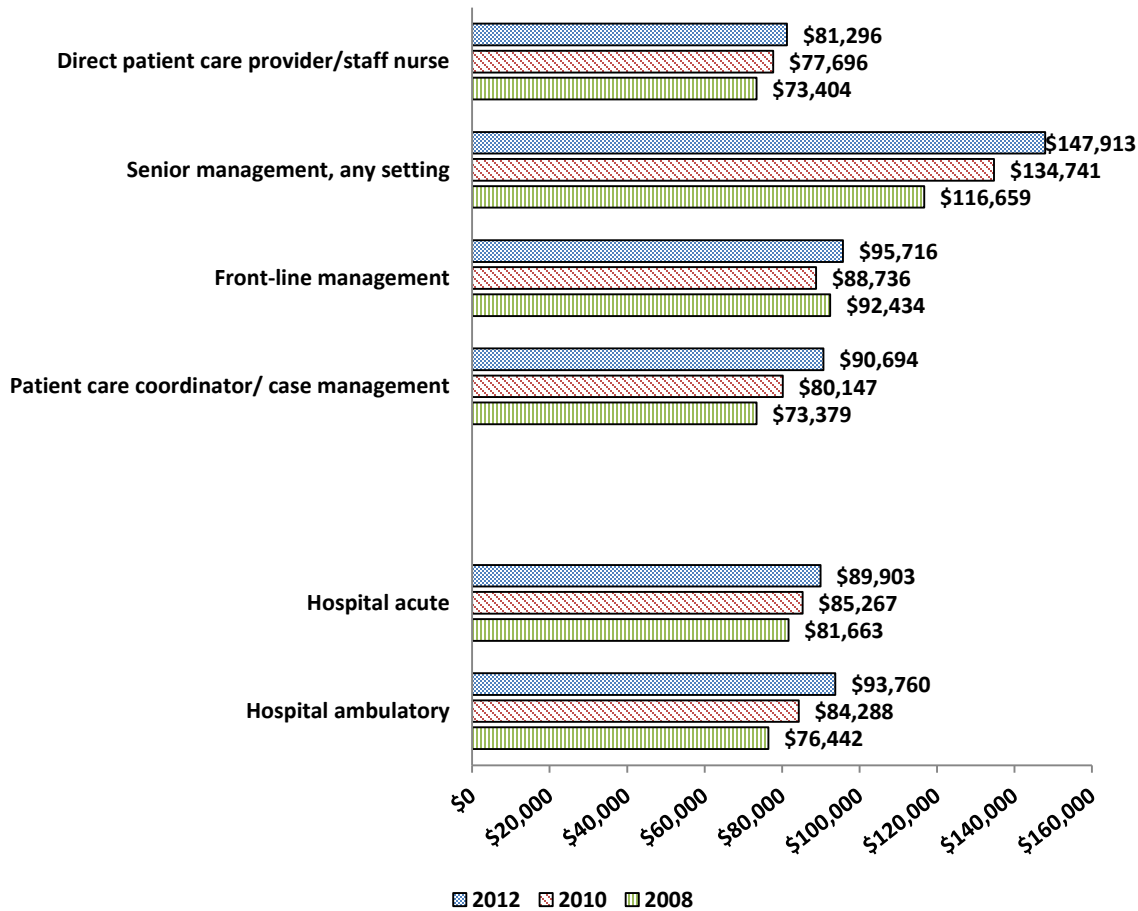
	2006	2008	2010	2012
Diploma	\$70,840	\$79,824	\$83,209	\$89,726
Associate Degree	\$70,804	\$76,995	\$78,228	\$84,839
Baccalaureate Degree	\$75,017	\$82,362	\$83,441	\$92,326
Master's Degree	\$82,638	\$93,378	\$91,225	\$99,042
Public Health Nurse	\$72,285	\$81,413	\$83,746	\$90,715
Nurse Practitioner	\$73,138	\$88,135	\$88,087	\$93,493
Clinical Nurse Specialist	\$82,323	\$88,077	\$89,953	\$100,482

* Means are not reported if there were fewer than 50 responses.

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

Job title and work setting are associated with differences in annual nursing income, as seen in Figure 3.6. For nurses residing in California, nurses in senior management have incomes from their principal nursing position averaging nearly \$150,000. Direct patient care nurses (also called staff nurses) reported annual earnings of \$81,296, which is higher than the average was in 2010. RNs employed in acute care departments of hospitals report an average income of \$89,903, which also is an increase compared with 2010.

Figure 3.6. Income received from principal nursing position by currently working registered nurses residing in California, by job title and work setting, 2008, 2010, and 2012



Note: Number of cases=2,143. 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 3.33. The income categories were revised in 2006. The household incomes of nurses have risen since 1990, and by 2012, over 31 percent of working RNs who lived in California had household incomes over \$150,000.

Table 3.33. Total household incomes of working registered nurses residing in California, by survey year

	1990	1993	1997	2004	2006	2008	2010	2012
Less than \$30,000	13.3%	5.1%	5.5%	2.1%	1.0%	0.3%	0.7%	1.4%
\$30,001 to \$40,000	19.1%	10.3%	7.5%	2.8%	*	*	*	*
\$30,000 to \$44,999	*	*	*	*	3.9%	1.6%	1.4%	1.9%
\$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%	3.2%	3.0%	2.4%
\$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%	10.0%	9.0%	8.5%
\$70,001 to \$80,000	*	*	*	10.9%	*	*	*	*
More than \$75,000	20.4%	37.3%	43.7%	*	*	*	*	*
\$75,000 to \$99,999	*	*	*	*	20.5%	20.1%	18.6%	17.3%
\$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%	23.4%	22.6%	21.3%
\$110,001 to \$125,000	*	*	*	8.8%	*	*	*	*
More than \$125,000	*	*	*	19.7%	*	*	*	*
\$125,000 to \$149,999	*	*	*	*	13.5%	13.9%	14.4%	15.8%
\$150,000 to \$174,999	*	*	*	*	8.6%	11.5%	11.1%	11.3%
\$175,000 to \$199,999	*	*	*	*	4.3%	6.1%	6.9%	7.6%
\$200,000 or more	*	*	*	*	6.0%	10.0%	12.2%	12.5%
Number of Cases	2,182	2,128	2,415	2,864	3,608	3,838	4,323	3,846

* Income categories changed in 2004 and 2006.

Note: Columns might not total 100% due to rounding. Data (2006-2012) are weighted to represent all RNs with active licenses.

Nurses' earnings are increasingly important to their households (Table 3.34). In 1990, over 36 percent of RNs reported that their nursing income accounted for more than 75 percent of their household's income. In 2012, 50.7 percent of nurses said their nursing income comprised at least 80 percent of household income.

Table 3.34. 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	2008	2010	2012
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%	*	*	*	*
Less than 20 percent	*	*	*	*	4.1%	3.4%	3.9%	3.7%
20 to 39 percent	*	*	*	*	9.7%	9.3%	7.7%	6.7%
40 to 59 percent	*	*	*	*	23.9%	21.5%	20.0%	18.8%
60 to 79 percent	*	*	*	*	17.7%	19.5%	20.4%	20.1%
80 to 99 percent	*	*	*	*	14.6%	13.9%	13.8%	14.5%
100 percent	27.3%	26.9%	27.6%	27.9%	30.1%	32.5%	34.3%	36.2%
Number of Cases	2,209	2,150	2,448	2,915	3,676	3,983	4,568	3,961

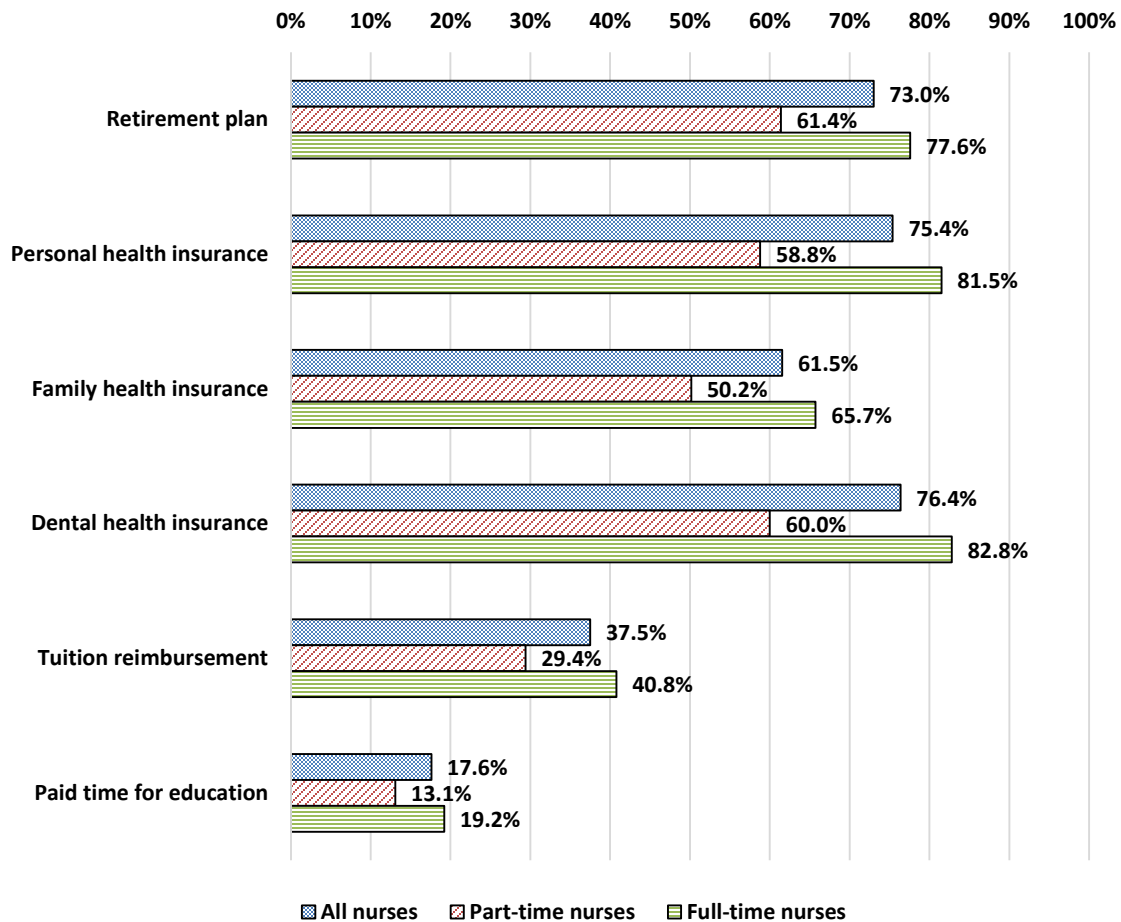
*No Data Available

Note: Percent of income from nursing was reported by category. The categories changed in 2006. Columns might not total 100% due to rounding. Data (2006-2012) are weighted to represent all RNs with active licenses.

Benefits Received by Registered Nurses

As presented in Figure 3.7, over 76 percent of RNs working full time received personal health insurance, dental insurance, and/or a retirement plan from their employer in 2012. Over 65 percent received family health insurance from their employer. Over 40 percent of RNs receive tuition reimbursement from their employers, but only 19.2 percent receive paid time off from work to pursue education. Nurses working part-time are much less likely to receive any benefits than are full-time RNs.

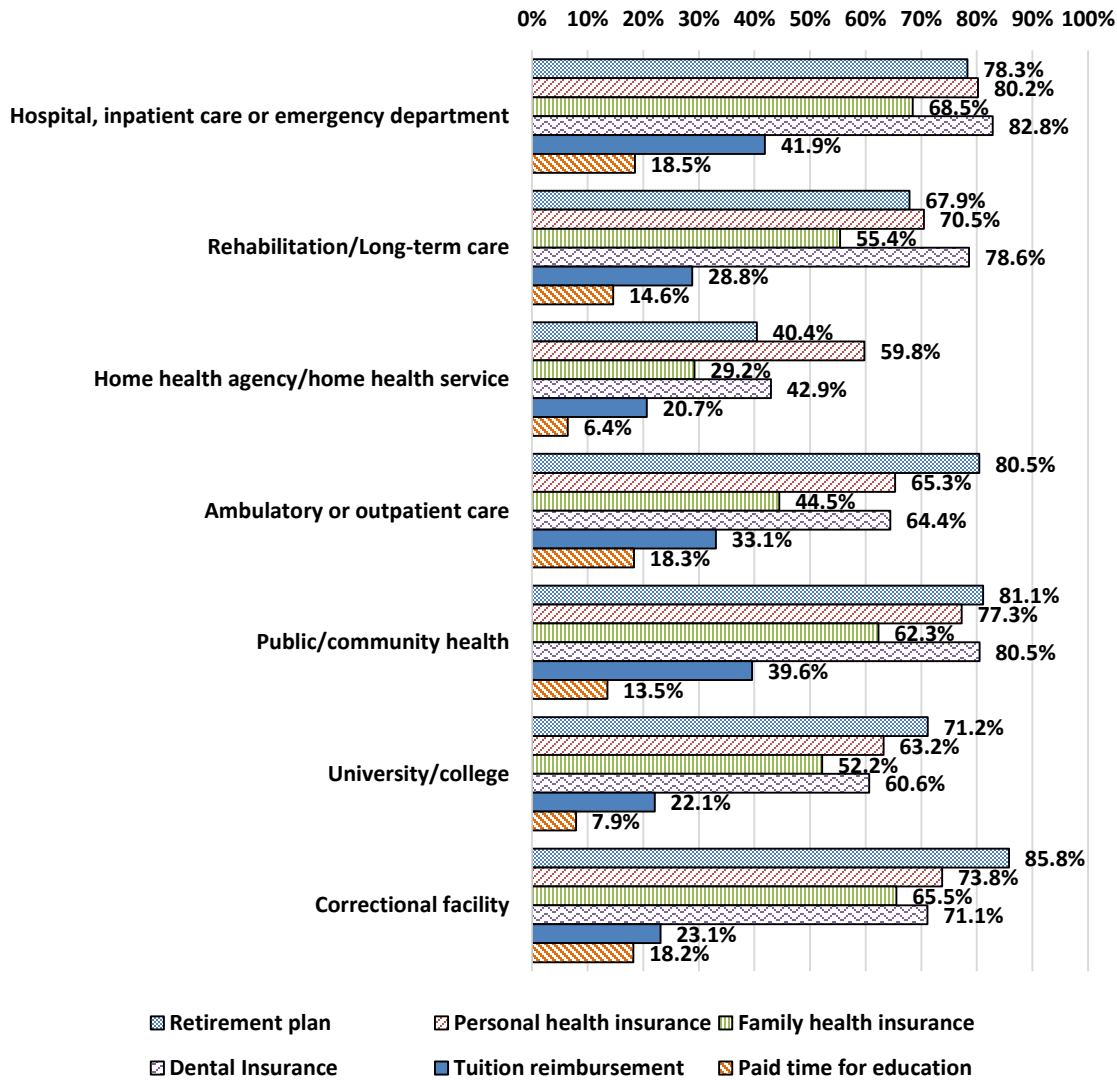
Figure 3.7. Benefits received from principle nursing position by currently working registered nurses residing in California, 2012



Note: Number of cases=4,100. Data are weighted to represent all RNs with active licenses.

Receipt of fringe benefits from employers varies by work setting, as seen in Figure 3.8. Nurses working in correctional facilities are most likely to receive most types of benefits, with 85.8 percent of all RNs in this setting having a retirement plan and 65.5 percent being offered family health insurance. Only 29.2 percent of RNs working for home health agencies have family health insurance and only 40.4 percent report having retirement plans provided by their employer. Tuition reimbursement is most commonly offered to RNs in hospital inpatient departments (41.9%) and in public or community health agencies (39.6%). Paid time off for education is most often available to RNs employed in hospitals (18.5%), ambulatory care (18.3%), and correctional facilities (18.2%).

Figure 3.8. Benefits received by currently working registered nurses residing in California, by setting of principal nursing position, 2012



Note: Number of cases=4,100. Data are weighted to represent all RNs with active licenses.

Nurses Who Live Outside California

Nearly 15 percent of RNs with active California licenses live in other states (52,978 RNs in 2012). Table 3.35 presents information about the employment of nurses with California licenses who lived outside the state, from 2004 through 2012. In 2012, most out-of-state nurses (58.5%) did not work in California in the year prior to completing the survey. Over 11 percent had worked in California, but subsequently moved out of state. Over 17 percent worked in California as a traveling nurse. Five percent worked in telenursing for a California employer or serving California patients. A small share commutes to California from a neighboring state such as Nevada (4.0%).

Table 3.35. Employment in California during the past twelve months of registered nurses with active California licenses who are currently employed and residing outside of California, 2004-2012

	2004	2006	2008	2010	2012
Did not work as an RN in California	43.1%	58.0%	59.3%	64.4%	58.5%
Worked as an RN in California, but subsequently moved out of the state	16.2%	15.7%	15.7%	11.4%	11.7%
Worked as an RN in California for a temporary/traveling agency/registry	23.6%	19.9%	19.5%	16.3%	17.1%
Worked as RN for out-of-state telenursing/telemedicine employer w/ Calif. clients	4.4%	5.9%	6.0%	7.4%	9.2%
Worked as an RN for a California employer in a telenursing capacity	1.9%	2.2%	1.4%	2.7%	5.0%
Lived in a border state and commuted to California to work as an RN	2.1%	3.2%	2.6%	2.0%	4.0%
Other	9.4%	*	*	*	*

Note: 2012 number of cases=370. Columns may total more than 100% because respondents were allowed to select more than one category. Data (2006-2010) are weighted to represent all RNs with active licenses.

* Question not asked in survey.

Nurses residing outside California who worked for temporary or traveling agencies in the previous 12 months reported that they worked in California an average of 4.0 months and 39 hours per week, as seen in Table 3.36. The number of months worked in California was lower in 2010 and 2012 than in 2006 or 2008.

Table 3.36. Average months per year and hours per week worked by RNs residing outside California who worked in California for a temporary agency in the previous year, 2006-2012

	2006	2008	2010	2012
Months worked in California	7.6	5.1	2.1	4.0
Hours worked in usual week (average)	37.4	41.0	39.7	39.0
Number of Cases	82	95	74	53

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

Among nurses who lived outside California, 50.2 percent report wages as a reason for working in California on a temporary basis (Table 3.37). The share of RNs noting that wages influenced their choice of temporary work has declined from 74.1 percent since 2008. Other reasons frequently noted included travel or seeing other parts of the country (61.5%), control of work location (43.8%), and control of work schedule (39.5%). Almost ten percent reported they were a temporary or traveling nurse because they could not find a permanent RN position or their primary job did not offer enough hours—a drop from 2010 when sixteen percent reported this as a reason. The fraction of RNs reporting they work for registries because they are waiting for a desirable permanent position has continually increased since 2006.

Table 3.37. Reasons why registered nurses who reside outside California and worked in California the previous year chose to work for temporary/traveling agencies or registries, 2006-2012

	2006	2008	2010	2012
Wages	58.8%	74.1%	58.8%	50.2%
Benefits	16.0%	14.3%	12.0%	1.4%
Control of schedule	42.7%	61.1%	57.6%	39.5%
Control of work location	52.4%	64.3%	54.6%	43.8%
Supplemental income	7.9%	25.1%	29.7%	24.3%
Control of work conditions	21.3%	34.6%	31.4%	14.4%
Maintain skills/get experience	22.0%	34.4%	41.8%	26.4%
Waiting for a desirable permanent position	15.3%	17.7%	25.4%	26.9%
Travel/see other parts of the country	65.7%	72.7%	49.0%	61.5%
Unable to find RN position/not enough hours at primary job	*	*	16.0%	9.5%
Other	15.1%	4.6%	6.4%	0.0%
Number of Cases	55	83	68	54

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

*Item was not included in the survey that year

Nurses who live outside California were asked about their plans regarding work in California for the next five years, as seen in Table 3.38. In 2012, 25.2 percent reported that they plan to travel to California to work as an RN intermittently; this percentage has dropped slightly compared to previous years, however, nurses who plan to perform telenursing for an out-of-state employer with California clients has increased from 1.3 percent in 2004 to over six percent in 2010 and 2012. Nearly 26 percent plan to relocate to California to work, an increase from 14.3 percent in 2004. Over 41 percent plan to renew their California license, but have no plan to work in California.

Table 3.38. Plans for the next five years for registered nurses with active California licenses who lived outside the state, 2004-2012

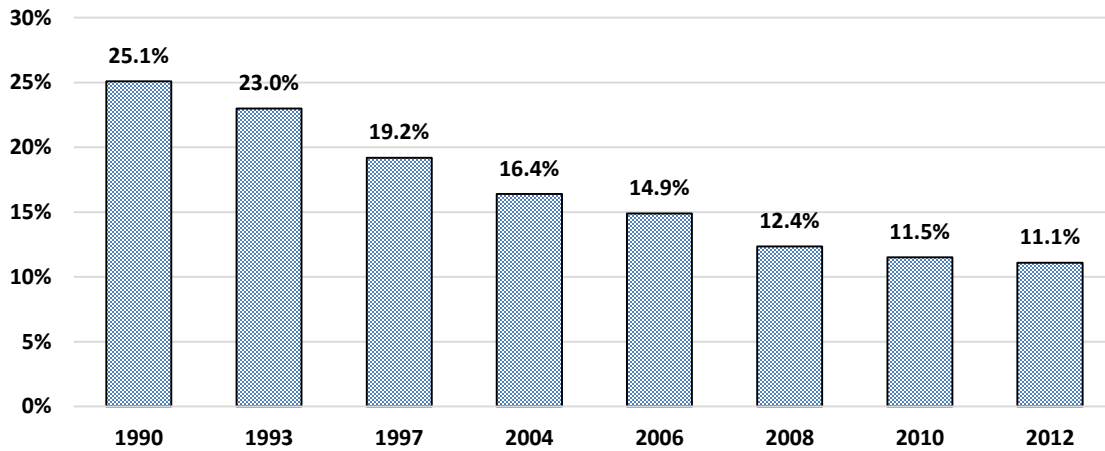
	2004	2006	2008	2010	2012
Yes, I plan to travel to California to work as an RN intermittently	33.2%	30.6%	32.4%	30.5%	25.2%
Yes, I plan to relocate to California and work as an RN	14.3%	14.3%	21.7%	25.9%	25.8%
Yes, I plan to perform telenursing/ telemedicine for a California employer	0.0%	6.1%	1.9%	3.2%	3.7%
Yes, I plan to perform telenursing/ telemedicine for an out-of-state employer with California clients	1.3%	0.6%	4.1%	6.4%	6.3%
Yes, I plan to commute from a border state	1.3%	4.2%	2.2%	1.7%	3.2%
No, I plan to keep my California RN license renewed, but have no plans to work there as an RN	40.8%	41.8%	39.3%	33.9%	41.1%
No, I plan to let my California RN license lapse and have no plans to work there as an RN	7.0%	8.3%	6.5%	8.1%	4.4%
Number of Cases	385	407	413	457	371

Note: Columns will not total 100% because respondents could select multiple items. Data (2006-2012) are weighted to represent all RNs with active licenses. In 2006, there was a six-month gap between when the survey sample was identified and the survey was mailed; thus, a relatively large share of nurses had moved out of California during the interval.

Breaks in Nursing Employment

In every survey since 1990, nurses were asked whether they had stopped working as a registered nurse for a period of more than one year. The proportion of California-resident RNs who stopped working as registered nurses for more than a year has decreased continuously from 25.1 percent in 1990 to 11.1 percent in 2012, as seen in Figure 3.9.

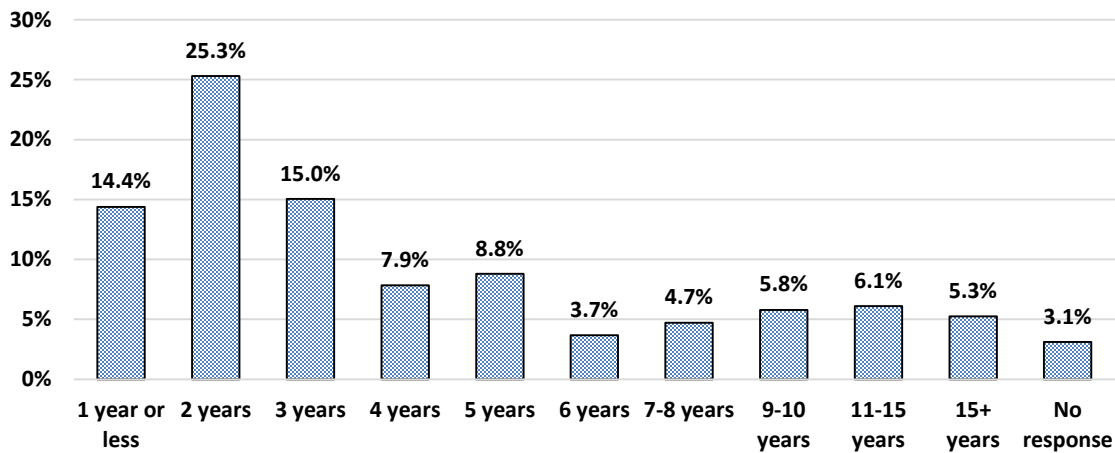
Figure 3.9 Percent of nurses who stopped working as a registered nurse for more than one year, but are currently working as RNs and reside in California, by survey year



Note: 2012 number of cases=3,937. Data (2006-2012) are weighted to represent all RNs with active licenses.

Figure 3.10 presents the length of time of nurses who live and now work in California were away from nursing. The largest share – 25.3 percent – was out of nursing for two years, and another 15 percent stopped working for three years. About a quarter of RNs with active California licenses stopped working for more than five years.

Figure 3.10. Number of years nurses temporarily stopped working in nursing, for currently working California residents, 2012



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

Nurses were asked about the factors that influenced their decision to leave nursing. Prior to the 2006 survey, RNs were asked to mark all the items that applied to their decision; in 2006, 2008, 2010, and 2012, nurses were asked to rate the degree of importance of each item. In Table 3.39, the survey responses are presented over time, with the data for 2006 through 2012 representing the percent of nurses who reported the item as being “important” or “very important.” Comparisons between data before 2004 and 2006 or later should be made with caution due to changes in these particular survey questions. It should also be noted that in 2012, a new item was added to the survey after a large number of nurses indicated that being unable to find work as an RN was an important factor for leaving nursing.

In 2012, childcare responsibilities were cited by 87.4 percent of the nurses who left nursing for more than one year. This was the largest proportion of nurses citing this reason over all survey years since 1990, and a considerable increase since 2006. A rising share of nurses have noted other family responsibilities as being

important to the decision to temporarily stop nursing, with 47.3 percent citing this reason in 2012. Other often-noted reasons include moving to a different area (32.8%), job stress (21.2%), and desire to try another occupation (18.9%).

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

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

* Item was not included in the survey that year.

Note: In 1990-2004, respondents checked items that had any importance. In 2006, 2008, 2010, and 2012 they were asked to rate the degree of importance. The 2006-2012 columns present the share who reported the item was “important” or “very important”. Data (2006-2012) are weighted to represent all RNs with active licenses.

Job Satisfaction of Working Registered Nurses

Registered nurses with active California licenses were asked to indicate their degree of satisfaction with a variety of aspects of their principal nursing position on a five-point Likert-type scale ranging from “very dissatisfied” to “very satisfied.” Table 3.40 presents the responses for working RNs residing in California. A mean score for each item can be obtained by computing the average score, with 1 point given for “very dissatisfied” and 5 points for “very satisfied.” An average score of 3 would indicate neutrality: nurses were neither satisfied nor unsatisfied. Figure 3.11 presents the summary scores for all 30 items. Since 1990, nurses have reported increases in satisfaction in many areas, including salary, benefits, opportunities to learn new skills, involvement in policy and management decisions, leadership from administration, time available for patient education, and even amount of paperwork required. However, there has been a decrease in satisfaction with job security since 1990. Since 2010 there has been a slight decrease in satisfaction with employer-sponsored training opportunities, opportunities for advancement, and workload.

Four of the five aspects of nursing that received the highest average satisfaction ratings in 2012 were the same items receiving the highest ratings in 2006, 2008, and 2010. In 2010, job security was replaced as one of the top five satisfying aspects of nursing jobs by teamwork between coworkers. The five top-rated aspects of nursing work in 2012 were:

- Interactions with patients (4.31)
- Feeling that work is meaningful (4.20)

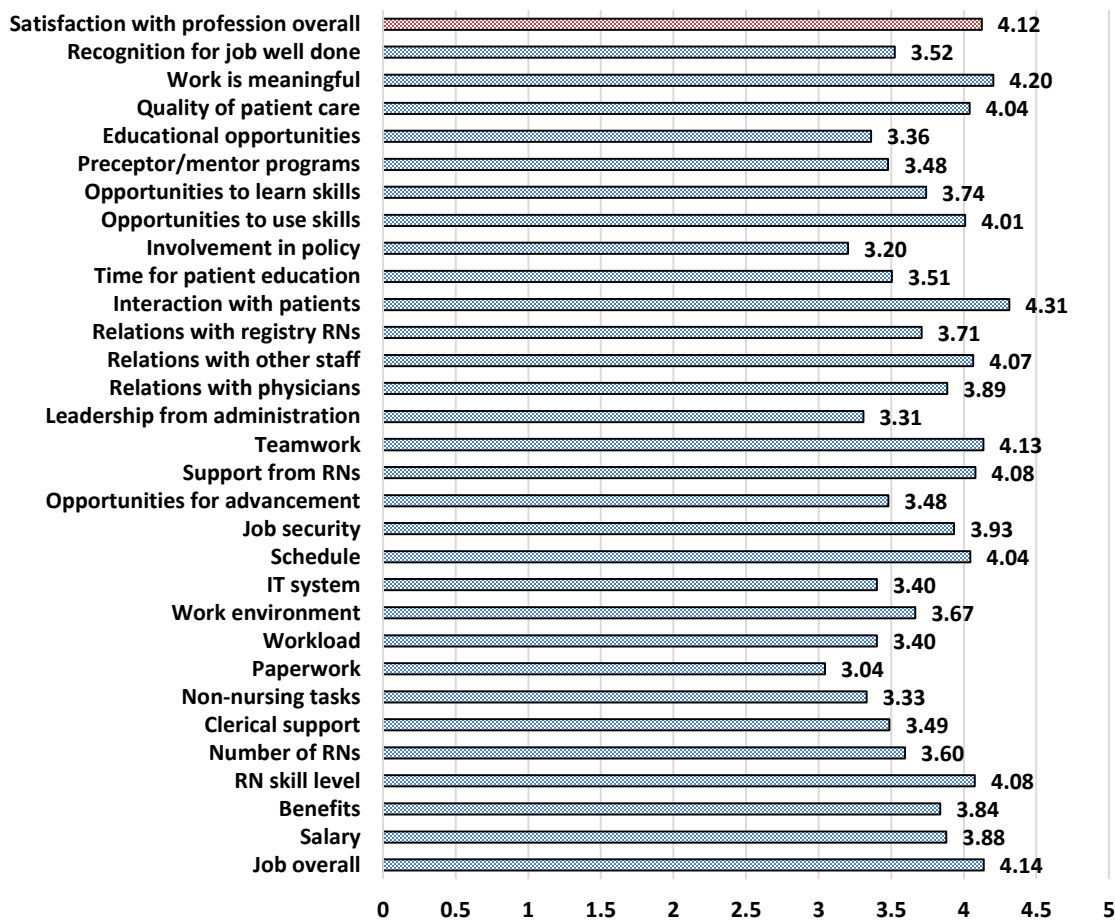
- Job overall (4.14)
- Teamwork between coworkers (4.13)
- Support from other nurses (4.08)

Despite a slight decrease in satisfaction with job security, satisfaction with the nursing profession overall received high a high rating of 4.12.

Four of the five aspects of nursing receiving the lowest average ratings in 2012 also received the lowest ratings in 2010. In 2012, recognition for a job well done was replaced by employer-supported education programs as one of the lowest scoring aspects. The five aspects of nursing receiving the lowest average ratings in 2012 are:

- Amount of paperwork required (3.04)
- Involvement in policy and management decisions (3.20)
- Leadership from administration (3.31)
- Non-nursing tasks required (3.33)
- Employer-supported educational / training programs (3.36)

Figure 3.11. Overall satisfaction with principal nursing position, for RNs currently working and residing in California, 2012



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

Table 3.40. Satisfaction or dissatisfaction with principal nursing position, for RNs currently working and residing in California, 2012

	Very dissatisfied	Dissatisfied	Neither satisfied or unsatisfied	Satisfied	Very satisfied	No response
Your job overall	1.4%	5.2%	8.0%	47.2%	35.8%	2.4%
Your salary	2.2%	10.4%	12.9%	44.5%	28.3%	1.7%
Employee benefits	2.9%	9.6%	12.7%	37.1%	25.8%	12.0%
Adequacy of RN skill level where you work	0.9%	5.0%	11.2%	48.6%	31.2%	3.1%
Adequacy of the number of RNs where you work	3.6%	17.0%	13.9%	40.0%	20.3%	5.2%
Adequacy of clerical support services	4.0%	17.2%	18.6%	39.8%	15.9%	4.6%
Non-nursing tasks required	3.8%	16.0%	26.5%	35.4%	9.0%	9.3%
Amount of paperwork required	8.4%	25.7%	23.1%	32.4%	7.1%	3.4%
Your workload	4.7%	19.2%	17.8%	43.6%	11.9%	2.9%
Physical work environment	2.8%	11.7%	18.8%	46.2%	18.0%	2.4%
Your IT System	4.9%	14.2%	23.7%	38.3%	11.5%	7.4%
Work schedule	1.7%	6.4%	10.5%	47.1%	32.6%	1.9%
Job security	2.2%	6.9%	15.0%	44.0%	28.8%	3.2%
Opportunities for advancement	4.7%	13.9%	23.7%	36.6%	16.2%	5.0%
Support from other nurses you work with	1.7%	5.2%	10.8%	44.5%	34.0%	3.8%
Teamwork between coworkers and yourself	1.5%	5.4%	9.5%	43.5%	37.9%	2.3%
Leadership from your nursing administration	9.0%	17.9%	18.1%	33.5%	15.7%	5.9%
Relations with physicians	1.8%	6.0%	15.9%	49.4%	22.3%	4.5%
Relations with other non-nursing staff	0.5%	2.6%	11.9%	57.4%	24.8%	3.0%
Relations with agency/registry nurses	0.7%	2.7%	18.8%	31.1%	8.3%	38.4%
Interaction with patients	0.7%	1.5%	5.9%	44.8%	39.8%	7.3%
Time available for patient education	3.3%	17.5%	16.6%	38.4%	15.9%	8.3%
Involvement in policy/ management decisions	7.3%	17.6%	26.7%	30.4%	10.1%	8.0%
Opportunities to use your skills	2.0%	5.9%	10.3%	50.9%	28.8%	2.1%
Opportunities to learn new skills	3.1%	10.4%	17.3%	43.5%	22.4%	3.3%
Quality of preceptor and mentor programs	4.6%	12.3%	20.5%	33.4%	14.6%	14.6%
Employer-supported educational opportunities	7.2%	15.5%	22.2%	34.3%	14.7%	6.1%
Quality of patient care where you work	1.0%	5.3%	12.3%	46.8%	29.4%	5.3%
Feeling that work is meaningful	1.0%	4.8%	8.2%	41.7%	40.3%	4.0%
Recognition for a job well done	6.2%	15.2%	18.0%	38.2%	20.3%	2.2%
Satisfaction with the nursing profession overall	2.8%	5.1%	6.3%	45.3%	36.6%	4.0%

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

As discussed previously, nearly all the job satisfaction components have increased at least slightly between 1990 and 2012, as seen in Table 3.41. The areas with the largest improvement in job satisfaction since 2004 include adequacy of RN staffing, benefits, adequacy of clerical support, amount of paperwork required, and salary. Two places where job satisfaction actually dropped were in job security and employer sponsored training programs. The job factors rated “best” and “worst” have remained consistent from 2004 to 2012.

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

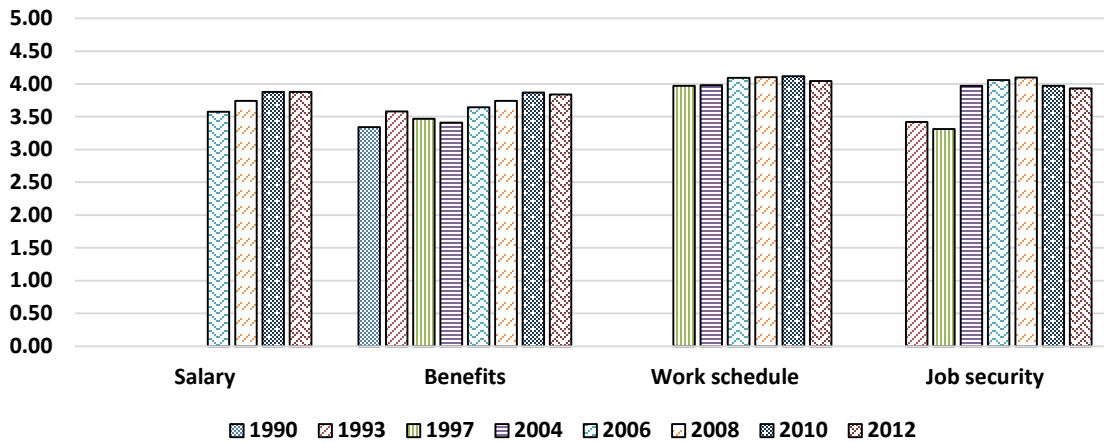
	1990	1993	1997	2004	2006	2008	2010	2012
Your salary	*	*	*	*	3.58	3.74	3.88	3.88
Starting salary	3.04	3.42	3.39	3.26	*	*	*	*
The salary range for your position	2.91	3.34	3.19	3.24	*	*	*	*
Employee benefits	3.34	3.58	3.47	3.44	3.64	3.74	3.87	3.84
Skill of RNs where you work	3.88	3.94	3.96	3.90	3.94	4.00	4.07	4.08
Adequacy of RN staffing where you work	2.97	3.29	3.13	3.14	3.40	3.58	3.65	3.60
Adequacy of clerical support services	2.99	3.20	3.15	3.14	3.35	3.39	3.48	3.49
Non-nursing tasks required	2.78	3.05	3.09	3.11	3.18	3.13	3.31	3.33
Amount of paperwork required	*	*	*	2.69	2.87	2.88	3.00	3.04
Workload	*	*	*	*	3.41	3.41	3.46	3.40
Physical work environment	3.37	3.58	3.60	3.45	3.57	3.59	3.71	3.67
Work schedule	*	*	3.97	4.00	4.09	4.10	4.11	4.04
Job security	*	3.42	3.31	3.98	4.06	4.10	3.97	3.93
Opportunities for advancement	2.95	3.15	3.15	3.37	3.48	3.56	3.55	3.48
Support from other nurses with whom you work	3.92	4.00	4.01	3.95	3.95	4.02	4.09	4.08
Support from nursing administration	2.96	3.00	3.06	3.08	*	*	*	*
Leadership from nursing administration	*	*	*	*	3.18	3.23	3.30	3.31
Relations with physicians	3.65	3.70	3.86	3.79	3.84	3.85	3.93	3.89
Relations with other non-nursing staff	3.86	3.94	4.03	3.95	3.99	4.03	4.09	4.07
Relations with temporary agency/traveling staff	*	*	*	3.56	3.75	3.69	3.74	3.71
Teamwork between coworkers and yourself	*	*	*	*	4.01	4.06	4.15	4.13
Interaction with patients	*	*	4.31	4.27	4.29	4.34	4.34	4.31
Time available for patient education	*	*	*	3.23	3.39	3.42	3.46	3.51
Involvement in policy and management decisions	2.90	3.08	3.06	3.00	3.02	3.15	3.18	3.2
Opportunities to use your skills	3.85	3.98	3.98	3.99	3.99	4.04	4.06	4.01
Opportunities to learn new skills	3.58	3.75	3.74	3.68	3.65	3.78	3.79	3.74
Employer-supported educational/training programs	3.28	3.44	3.42	3.50	3.35	3.46	3.49	3.36
Quality of preceptor and mentor programs	*	*	*	*	3.34	3.41	3.46	3.48
Transition from school to first RN job	3.61	3.70	3.84	3.84	*	*	*	*
Orientation to new RN jobs	3.52	3.58	3.68	3.75	*	*	*	*
Quality of patient care	*	*	*	3.86	3.86	3.97	4.05	4.04
Feeling that work is meaningful	*	*	*	4.11	4.15	4.20	4.23	4.20
Recognition for a job well done	*	*	*	*	3.39	3.44	3.46	3.52
Your job overall	3.77	3.94	3.95	3.94	4.05	4.14	4.19	4.14
The nursing profession overall	*	*	*	*	3.83	3.96	4.10	4.12

* Question not asked in the survey year.

Note: Data (2006-2012) are weighted to represent all RNs with active licenses.

Figure 3.12 presents average satisfaction scores for job characteristics related to salary, benefits, and job security, for currently working RNs residing in California. Satisfaction with job security showed marked improvement from 1997 to 2008, and then declined slightly in 2010 and 2012. 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. In early 2008, the economy entered a severe recession, and unemployment rates in California increased substantially between 2008 and 2010. Layoffs of hospital-employed RNs were reported in some regions of the state. The decline in satisfaction with job security between 2008 and 2012 may reflect the economic downturn in California.

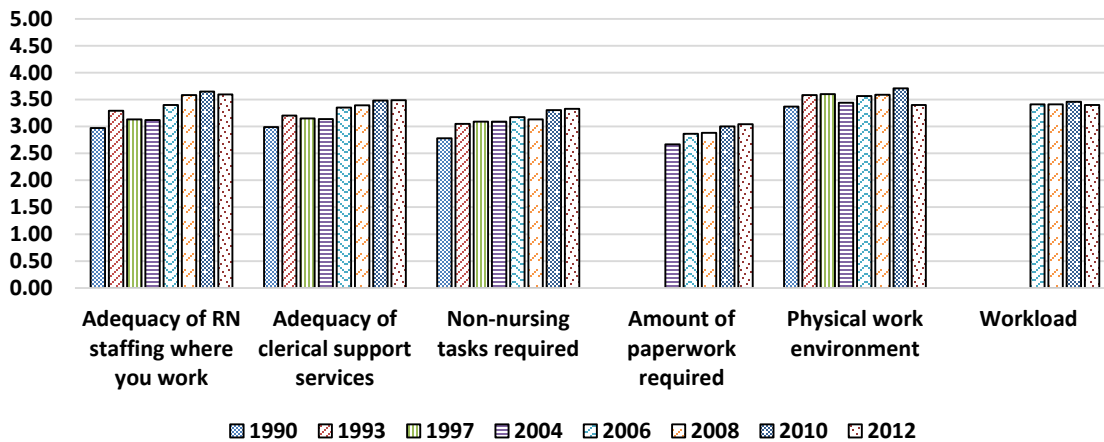
Figure 3.12. Satisfaction with salary, benefits, and job security for RNs currently working and residing in California, by survey year



Note: Data (2006-2012) are weighted to represent all RNs with active licenses. Some items were not included in all surveys.

Figure 3.13 presents average satisfaction over time for job aspects related to workplace resources and support. Satisfaction with most of these facets has improved over time. Satisfaction with the adequacy of RN staffing rose from 3.12 in 2004 to 3.65 in 2010, and then down to 3.60 in 2012. There has been improvement in satisfaction with required non-nursing tasks and amount of paperwork between 2004 and 2012; however, these job aspects are still rated near the bottom.

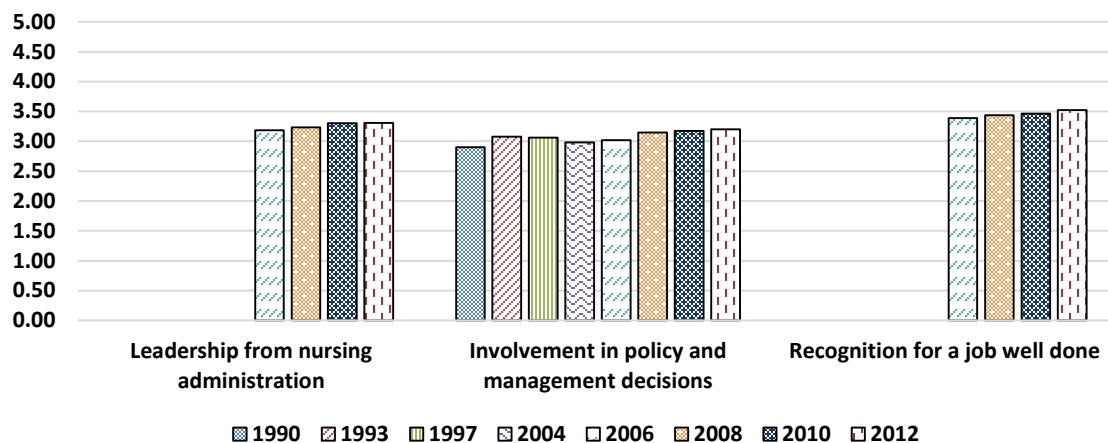
Figure 3.13. Satisfaction with workplace resources and support for RNs currently working and residing in California, by survey year



Note: Data (2006-2012) are weighted to represent all RNs with active licenses. Some items were not included in all surveys.

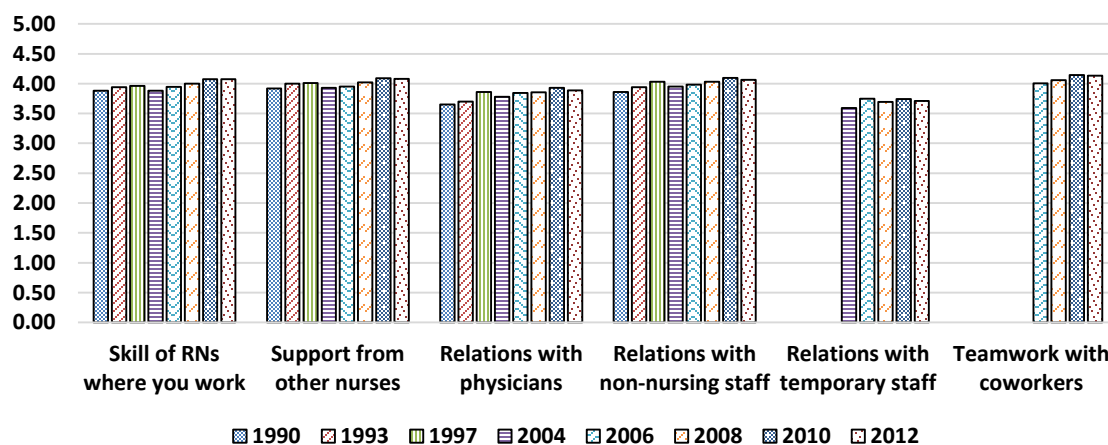
Average satisfaction of registered nurses with management at their current place of employment is presented in Figure 3.14. This is an area of more dissatisfaction among RNs residing in California, and there has been little change over time, although as in nearly all other satisfaction questions, satisfaction appears to be rising. Figure 3.15 presents average satisfaction with collegial interactions in the workplace, by survey year. Nurses tend to be satisfied in this domain, and there has been 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.

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



Note: Data (2006-2012) are weighted to represent all RNs with active licenses. Some items were not included in all surveys.

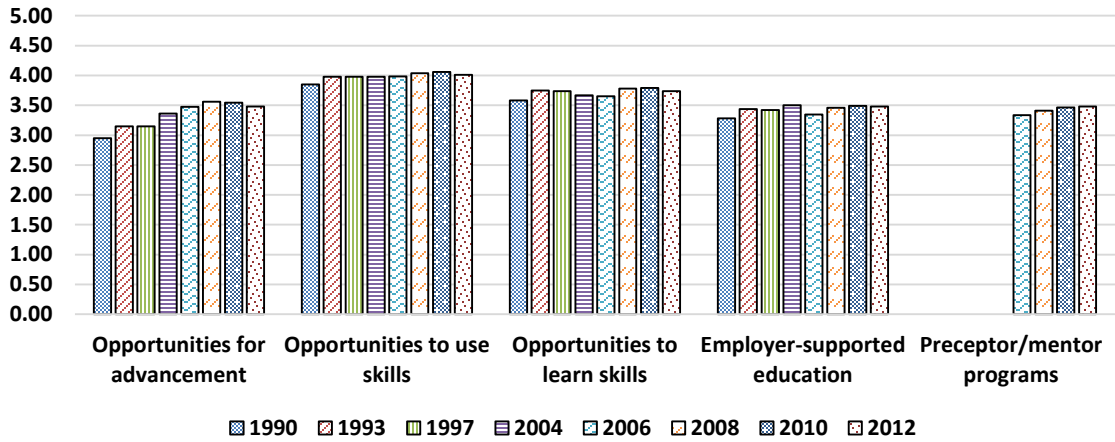
Figure 3.15. Satisfaction with colleagues for RNs currently working and residing in California, by survey year



Note: Data (2006-2012) are weighted to represent all RNs with active licenses. Some items were not included in all surveys.

Satisfaction with opportunities for growth and advancement are presented in Figure 3.16. Nurses are generally satisfied with their opportunities to use their skills, and there has been little change in the rating of this job aspect over time. There has also been little change in average satisfaction with opportunities to learn new skills. However, since 2010, there has been a slight drop in satisfaction with 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 2010, the average score had risen to 3.55, indicating that more nurses were satisfied with their advancement potential. However, by 2012, this had dropped slightly to 3.48.

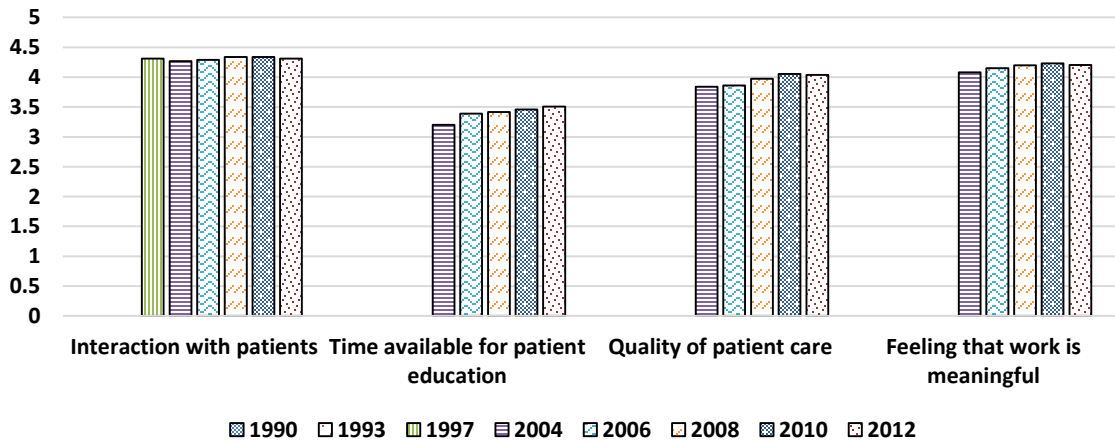
Figure 3.16. Satisfaction with opportunities for growth for RNs currently working and residing in California, by survey year



Note: Data (2006-2012) are weighted to represent all RNs with active licenses. Some items were not included in all surveys.

Figure 3.17 presents average satisfaction scores for factors associated with patient interactions and quality of care. Nurses were very satisfied with their interactions with patients and the feeling that their work is meaningful. These were the two highest rated job factors in 2012, having average ratings of 4.31 and 4.20, respectively. Average satisfaction for all these scores have grown between 2004 and 2010.

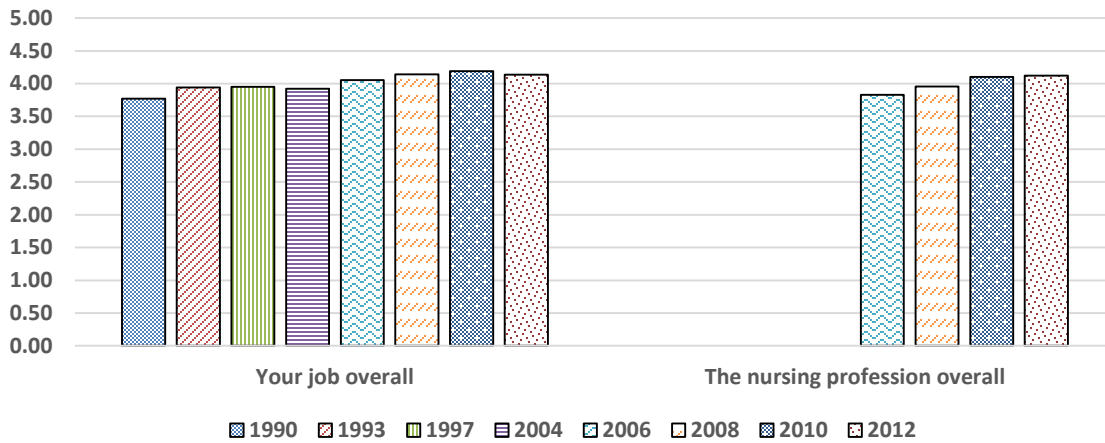
Figure 3.17. Satisfaction with patient interactions and care for RNs currently working and residing in California, by survey year



Note: Data (2006-2012) are weighted to represent all RNs with active licenses. Some items were not included in all surveys.

Figure 3.18 presents the overall satisfaction of currently working RNs residing in California. Average overall job satisfaction is quite high (4.14), and this has been one of the highest rated items on the survey since 1993. Satisfaction with the nursing profession averaged 4.12 in 2012.

Figure 3.18. Overall satisfaction of RNs currently working and residing in California, by survey year



Note: Data (2006-2012) are weighted to represent all RNs with active licenses. Some items were not included in all surveys.

Job Satisfaction by Age

Table 3.42 presents mean job satisfaction scores for selected items by age group in 2012. 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. Nurses under 35 years old are somewhat less satisfied than older RNs, particularly with their relations with physicians and other non-nursing staff, time available for patient education, involvement in policy decisions, benefits, and recognition for a job well done. They are more satisfied with quality of preceptor programs, opportunities for advancement, and non-nursing tasks required.

Job Satisfaction by Education

Table 3.43 presents average satisfaction with selected job factors by highest nursing education attained, for currently working RNs who live in California. In general, nurses with graduate degrees are more satisfied than are nurses whose highest education level is an associate’s degree, or bachelor’s degree. Diploma nurses are more similar to nurses with graduate degrees in terms of satisfaction, possibly because diploma nurses are likely to be older. Graduate-educated nurses are less satisfied than other nurses in the areas of advancement opportunities, adequacy of clerical support, and relations with registry nurses.

Job Satisfaction by Job Title

Table 3.44 explores the relationships between selected job satisfaction items and job title, for working nurses who live in California. This table compares staff nurses, senior management, front-line management, and patient care coordinators/case managers/discharge planners. Nurses working as senior management have average satisfaction ratings that are higher than the other nurses, with few exceptions. They are less satisfied with the adequacy of their IT systems than all other nurses, and less satisfied with their interactions with patients than all but staff nurses. Staff nurses, front-line managers, and patient coordinators have similar levels of overall satisfaction. All of the nurses, regardless of job title, reported being least satisfied with the amount of paperwork, except senior management, who were least satisfied with their IT system. Staff nurses and patient care coordinators are also less satisfied with their involvement in policy and management decisions than the other groups.

Table 3.42. Satisfaction with principal nursing position for RNs currently working and residing in California, by age group, 2012

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	4.03	4.15	4.15	4.19	4.21
Your salary	3.78	3.83	3.89	3.99	3.97
Employee benefits	3.76	3.78	3.84	3.92	4.06
Adequacy of RN skill level where you work	3.96	4.11	4.10	4.10	4.20
Adequacy of the number of RNs where you work	3.49	3.59	3.60	3.67	3.70
Adequacy of clerical support services	3.46	3.54	3.45	3.49	3.56
Non-nursing tasks required	3.38	3.35	3.25	3.35	3.31
Amount of paperwork required	3.00	3.12	2.97	3.06	3.09
Your workload	3.33	3.40	3.38	3.45	3.57
Physical work environment	3.60	3.67	3.64	3.71	3.83
Your IT System	3.30	3.47	3.41	3.39	3.50
Work schedule	3.93	4.01	4.08	4.12	4.19
Job security	3.96	3.95	3.91	3.90	4.00
Opportunities for advancement	3.54	3.45	3.45	3.49	3.49
Support from other nurses you work with	4.09	4.05	4.07	4.08	4.26
Teamwork between coworkers and yourself	4.13	4.13	4.12	4.14	4.25
Leadership from your nursing administration	3.36	3.32	3.26	3.28	3.43
Relations with physicians	3.65	3.86	3.93	4.02	4.14
Relations with other non-nursing staff	3.93	4.06	4.08	4.14	4.23
Relations with agency/registry nurses	3.60	3.77	3.64	3.80	3.85
Interaction with patients	4.22	4.29	4.33	4.38	4.48
Time available for patient education	3.38	3.51	3.49	3.60	3.72
Involvement in policy/ management decisions	3.07	3.23	3.18	3.27	3.45
Opportunities to use your skills	3.89	4.04	4.00	4.07	4.11
Opportunities to learn new skills	3.70	3.76	3.66	3.81	3.88
Quality of preceptor and mentor programs	3.58	3.53	3.41	3.41	3.48
Employer-supported educational opportunities	3.29	3.40	3.28	3.43	3.57
Quality of patient care where you work	3.92	4.00	4.12	4.08	4.14
Feeling that work is meaningful	4.09	4.16	4.26	4.27	4.36
Recognition for a job well done	3.44	3.53	3.52	3.56	3.74
Satisfaction with the profession overall	4.09	4.14	4.15	4.11	4.10

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

Table 3.43. Satisfaction with principal nursing position for RNs currently working and residing in California, by highest nursing education, 2012

1 through 5 scale; 1=very dissatisfied; 5=very satisfied	Diploma	Associate Degree	Baccalaureate Degree	Master's Degree
Your job overall	4.20	4.10	4.14	4.21
Your salary	3.93	3.86	3.89	3.88
Employee benefits	3.96	3.80	3.84	3.88
Adequacy of RN skill level where you work	4.06	4.09	4.06	4.07
Adequacy of the number of RNs where you work	3.68	3.60	3.57	3.64
Adequacy of clerical support services	3.58	3.48	3.49	3.42
Non-nursing tasks required	3.35	3.31	3.35	3.31
Amount of paperwork required	3.13	2.98	3.08	3.04
Your workload	3.49	3.40	3.38	3.43
Physical work environment	3.81	3.64	3.65	3.72
Your IT System	3.54	3.35	3.42	3.39
Work schedule	4.20	4.00	4.03	4.18
Job security	4.01	3.91	3.92	4.04
Opportunities for advancement	3.55	3.43	3.53	3.40
Support from other nurses you work with	4.09	4.07	4.08	4.11
Teamwork between coworkers and yourself	4.13	4.12	4.14	4.15
Leadership from your nursing administration	3.50	3.24	3.34	3.27
Relations with physicians	3.96	3.88	3.88	3.88
Relations with other non-nursing staff	4.17	4.06	4.04	4.11
Relations with agency/registry nurses	3.80	3.71	3.71	3.67
Interaction with patients	4.40	4.32	4.26	4.42
Time available for patient education	3.66	3.47	3.48	3.60
Involvement in policy/ management decisions	3.45	3.13	3.19	3.33
Opportunities to use your skills	4.13	4.00	4.00	4.02
Opportunities to learn new skills	3.91	3.65	3.75	3.87
Quality of preceptor and mentor programs	3.60	3.40	3.52	3.50
Employer-supported educational opportunities	3.46	3.29	3.39	3.42
Quality of patient care where you work	4.09	4.01	4.03	4.11
Feeling that work is meaningful	4.35	4.16	4.17	4.36
Recognition for a job well done	3.69	3.46	3.52	3.59
Satisfaction with the profession overall	4.15	4.10	4.12	4.21

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

Table 3.44. Satisfaction with principal nursing position for RNs currently working and residing in California, by job title, 2012

1 through 5 scale; 1=very dissatisfied; 5=very satisfied	Staff nurse	Senior management	Front-line management	Patient care coordinator
Your job overall	4.06	4.40	4.18	4.16
Your salary	3.88	4.24	3.89	3.89
Employee benefits	3.82	4.19	3.70	3.88
Adequacy of RN skill level where you work	4.09	4.25	4.01	4.10
Adequacy of the number of RNs where you work	3.56	4.09	3.50	3.30
Adequacy of clerical support services	3.44	3.69	3.43	3.52
Non-nursing tasks required	3.26	3.82	3.33	3.25
Amount of paperwork required	2.99	3.52	3.00	3.04
Your workload	3.38	3.61	3.34	3.27
Physical work environment	3.57	4.13	3.65	3.84
Your IT System	3.37	3.27	3.32	3.63
Work schedule	4.00	4.19	4.08	4.01
Job security	3.90	4.15	3.95	4.04
Opportunities for advancement	3.45	3.88	3.53	3.37
Support from other nurses you work with	4.06	4.22	4.07	4.07
Teamwork between coworkers and yourself	4.12	4.38	4.12	4.08
Leadership from your nursing administration	3.22	4.15	3.36	3.23
Relations with physicians	3.82	4.22	3.96	4.04
Relations with other non-nursing staff	4.02	4.41	4.03	4.17
Relations with agency/registry nurses	3.71	4.20	3.63	3.76
Interaction with patients	4.26	4.28	4.39	4.35
Time available for patient education	3.42	3.81	3.43	3.80
Involvement in policy/ management decisions	2.99	4.32	3.34	3.05
Opportunities to use your skills	3.99	4.40	4.02	4.02
Opportunities to learn new skills	3.71	4.18	3.74	3.57
Quality of preceptor and mentor programs	3.51	3.91	3.48	3.32
Employer-supported educational opportunities	3.35	4.06	3.30	3.22
Quality of patient care where you work	3.99	4.53	4.11	4.01
Feeling that work is meaningful	4.15	4.73	4.21	4.27
Recognition for a job well done	3.42	4.24	3.45	3.69
Satisfaction with the nursing profession overall	4.10	4.53	4.19	4.00

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

Job Satisfaction by Work Setting

Table 3.45 presents nurse satisfaction with selected job factors by work setting, focusing on nurses who work in acute-care hospital departments, hospital-based ambulatory care departments, skilled nursing facilities, home health agencies, and ambulatory care settings. For all of these groups, satisfaction with patient interaction ranked highest, and paperwork ranked lowest in satisfaction. In general, nurses working in freestanding ambulatory care settings had higher satisfaction ratings in almost all areas. Nurses working in ambulatory care departments of hospitals also had generally higher satisfaction than nurses did in other settings, except in the areas of involvement in policy and management decisions and leadership from administration. RNs working in skilled nursing facilities have the lowest average satisfaction levels as they had the lowest ratings in all aspects except for amount of non-nursing tasks required, involvement in policy and management decisions, and overall satisfaction with the profession.

Table 3.45. Satisfaction with principal nursing position for RNs currently working and residing in California, by work setting, 2012

1 through 5 scale; 1=very dissatisfied; 5=very satisfied	Hospital, acute care	Hospital, ambulatory	Skilled nursing facility	Home health agency	Ambulatory care setting
Your job overall	4.12	4.17	3.98	4.15	4.20
Your salary	3.95	4.09	3.25	3.60	3.82
Employee benefits	3.88	4.06	3.30	3.27	3.67
Adequacy of RN skill level where you work	4.09	4.18	3.81	3.89	4.18
Adequacy of the number of RNs where you work	3.60	3.59	3.56	3.58	3.73
Adequacy of clerical support services	3.46	3.44	3.38	3.46	3.63
Non-nursing tasks required	3.26	3.35	3.37	3.43	3.36
Amount of paperwork required	2.96	3.10	3.04	2.88	3.24
Your workload	3.37	3.55	3.14	3.37	3.43
Physical work environment	3.59	3.62	3.67	3.73	3.86
Your IT System	3.36	3.35	3.14	3.46	3.52
Work schedule	4.08	4.04	3.89	3.78	4.08
Job security	4.00	3.93	3.69	3.72	3.98
Opportunities for advancement	3.57	3.52	3.20	3.32	3.42
Support from other nurses you work with	4.12	4.00	3.85	3.89	4.15
Teamwork between coworkers and yourself	4.19	4.06	3.96	3.94	4.28
Leadership from your nursing administration	3.26	3.15	3.37	3.51	3.44
Relations with physicians	3.79	3.90	3.86	3.84	4.24
Relations with other non-nursing staff	4.03	4.07	3.98	4.01	4.17
Relations with agency/registry nurses	3.71	3.59	3.59	3.70	3.72
Interaction with patients	4.27	4.46	4.36	4.27	4.53
Time available for patient education	3.34	3.64	3.58	3.94	3.82
Involvement in policy/ management decisions	3.12	3.09	3.59	3.36	3.38
Opportunities to use your skills	4.09	3.97	3.98	3.88	4.05
Opportunities to learn new skills	3.83	3.70	3.66	3.56	3.71
Quality of preceptor and mentor programs	3.59	3.38	3.34	3.18	3.35
Employer-supported educational opportunities	3.42	3.31	3.23	3.23	3.42
Quality of patient care where you work	3.99	4.16	3.97	4.14	4.39
Feeling that work is meaningful	4.18	4.24	4.14	4.15	4.44
Recognition for a job well done	3.46	3.41	3.40	3.70	3.83
Satisfaction with the profession overall	4.12	4.17	4.16	4.04	4.14

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

Future Nursing Work Plans

RNs were asked about their plans for the next five years with regard to nursing. Table 3.46 presents the responses regarding plans in the next five years of currently working RNs who live in California for each survey year. Since 1993, over half of respondents plan to work approximately as much as they do now, which has increased from 53.1 percent in 2006 to 60.2 percent in 2010, but dropped again to 53.1 percent in 2012. About 21 percent plan to reduce their hours of nursing work and this share had been relatively stable since 1993, but decreased by nearly 5

percentage points in 2010. Nearly twelve percent planned to increase their hours of nursing work. In each survey since 2004, about 3 percent of nurses plan to leave nursing entirely, but not retire; in 2010, this percentage dropped to 2.0 percent, but returned to 3 percent in 2012. In 2012, 11.4 percent of working nurses said they plan to retire within five years.

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

	1990	1993	1997	2004	2006	2008	2010	2012
Plan to work approximately as much as now	46.1%	60.1%	57.1%	56.7%	53.1%	54.6%	60.2%	53.1%
Plan to reduce hours of nursing work	32.7%	21.8%	24.7%	22.1%	21.6%	19.8%	15.2%	21.0%
Plan to increase hours of nursing work	6.7%	8.4%	8.5%	7.2%	9.5%	10.1%	13.1%	11.5%
Plan to leave nursing entirely, but not retire	14.6%	9.8%	9.7%	3.4%	3.0%	3.1%	2.0%	3.0%
Plan to retire	*	*	*	10.6%	12.8%	12.4%	9.5%	11.4%
Number of Cases	2,219	2,160	2,422	3,717	3,694	4,037	4,660	3,142

Note: Columns might not total 100% due to rounding. Data (2006-2012) are weighted to represent all RNs with active licenses.

*Data not available

The 2012 survey asked RNs about their plans for the next two years; prior surveys did not ask about this time period. As seen in Table 3.47, nearly 20 percent of RNs under 35 years old intend to increase their hours of nursing work in the next two years, while only 11.7 percent plans to reduce their hours. Of RNs under 55 years old, 2.5 percent of them plan to leave nursing in the next two years. In contrast, more than 35 percent of RNs 65 years and older plan to retire in the next two years.

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

	All respondents	Under 35 years	35-44 years	45-54 years	55-64 years	65 years and older
Plan to work approximately as much as now	73.3%	67.9%	74.4%	80.1%	74.7%	44.8%
Plan to reduce hours of nursing work	10.1%	11.7%	9.1%	7.5%	11.3%	17.0%
Plan to increase hours of nursing work	12.2%	19.2%	16.3%	10.9%	4.9%	1.1%
Plan to leave nursing entirely, but not retire	0.8%	1.1%	0.2%	1.2%	0.6%	2.0%
Plan to retire	3.7%	0.0%	0.0%	0.4%	8.5%	35.2%

Note: Number of cases=3,180. Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

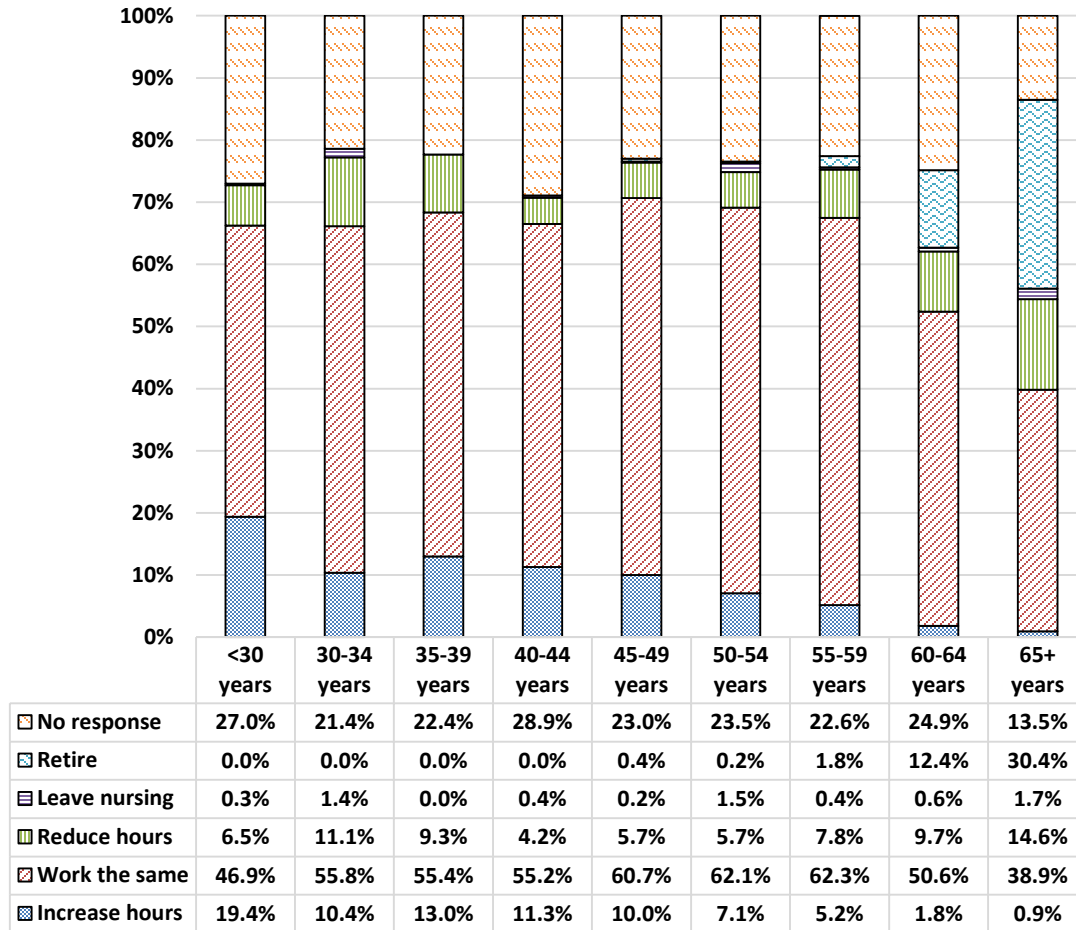
Table 3.48 and Figure 3.19 examine responses about plans for the next five years by age group. The share of nurses that plans to maintain the same number of hours of nursing work increases with age until about 54 years, and then declines precipitously afterward, however, the percentage increased in all age groups from 2008 until 2012, when it decreased for nurses over the age of 65 years. The share of nurses that reported they “plan to increase hours of nursing work” is higher among younger nurses, likely reflecting the tendency of younger nurses with children to work less, with plans to increase their hours as their children get older. More than half of RNs over 65 years old plan to retire within five years, and 32.1 percent of nurses between 55 and 64 years old plan to retire within five years. The share of RNs in older age groups who plan to retire within five years dropped notably between 2008 and 2010, but returned to 2008 levels in 2012.

Table 3.48. Future plans of RNs who resided in California and were employed in nursing at the times of the surveys, by age group, 2012

		Plan to increase hours of nursing work	Plan to work approximately as much as now	Plan to reduce hours of nursing work	Plan to leave nursing entirely, but not retire	Plan to retire
Under 35 years	2008	19.30%	54.80%	21.10%	4.70%	0.00%
	2010	25.50%	60.00%	12.60%	1.80%	0.00%
	2012	23.43%	50.01%	24.03%	2.53%	0.00%
35-44 years	2008	15.60%	62.10%	19.50%	2.30%	0.50%
	2010	16.30%	68.50%	13.50%	1.50%	0.30%
	2012	13.57%	61.19%	21.09%	3.14%	1.01%
45-54 years	2008	8.00%	65.40%	19.90%	2.80%	3.90%
	2010	10.90%	67.50%	15.50%	2.90%	3.20%
	2012	9.52%	61.73%	20.92%	3.60%	4.23%
55-64 years	2008	2.30%	41.20%	20.80%	3.30%	32.50%
	2010	3.90%	49.30%	18.60%	1.20%	27.00%
	2012	2.74%	43.43%	18.85%	2.88%	32.10%
65 years and older	2008	0.60%	14.90%	12.80%	2.10%	69.80%
	2010	1.30%	23.10%	18.00%	2.90%	54.70%
	2012	0.19%	16.85%	16.53%	1.66%	64.78%

Note: Number of cases=3,180. Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Figure 3.19. Future plans of RNs who resided in California and were employed in nursing at the times of the surveys, by age group, 2012

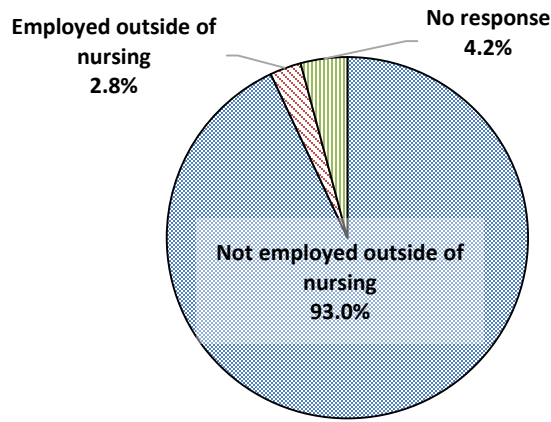


Note: Number of cases=4,100. Data are weighted to represent all RNs with active licenses.

Employment Outside of Nursing

RNs were asked in 2012 to report if they were employed outside nursing even if they were employed in nursing. Over 93 percent of working RNs residing in California reported they did not hold a non-nursing job (Figure 3.20). Of the 2.8 percent that did hold a non-nursing job, almost 70 percent reported the additional job required their nursing knowledge (Table 3.49). Most non-nursing jobs were in health services (50.7%) and retail sales (11.6%) (Table 3.50). Over 29 percent of working RNs with a non-nursing job indicated that their non-nursing job was in an “other” category.

Figure 3.20 Employment outside of nursing for working RNs residing in California, 2012



Note: Number of cases=4,100. Data are weighted to represent all RNs with active licenses.

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

	2012
Does not require nursing knowledge	26.6%
Requires nursing knowledge	69.8%
No response	3.6%
Number of Cases	118

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

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

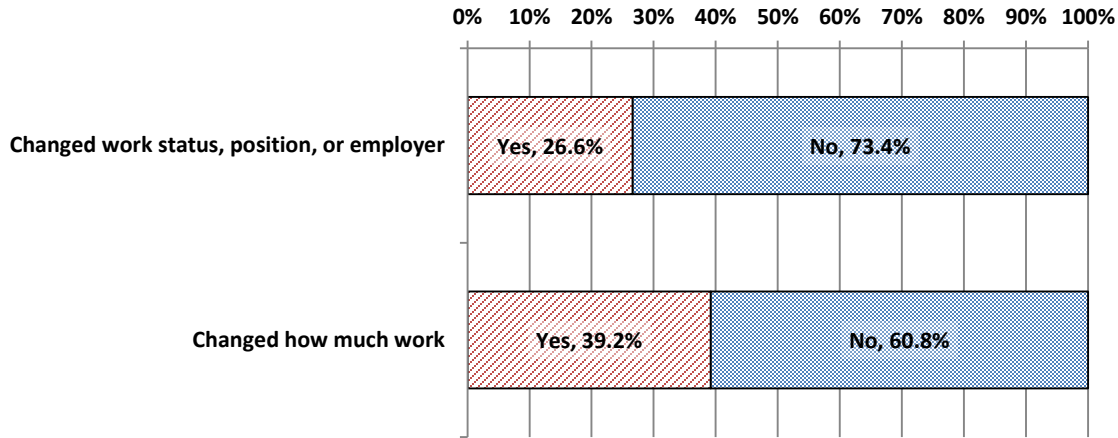
	2012
Health Services	50.7%
Retail sales	11.6%
Education	10.1%
Financial Services	4.4%
Consulting	5.2%
Other	29.3%
Number of Cases	121

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

Changes in Employment Status

In 2012, 26.6 percent of RNs residing in California reported a change over the prior year in their employment status, position, or employer (Figure 3.21). Nearly 40 percent indicated that they changed how much they work, for example they increased or decreased their hours per week.

Figure 3.21. Change in employer or position as reported by all RNs and employed RNs residing in California, 2012



Note: Number of cases=4,026. Data are weighted to represent all RNs with active licenses.

Table 3.51 presents the types of work status, employer, and position changes reported by RNs. The most common change was a new position with the same employer (29.5%), and the next most common was a new position with a new employer (20.6%).

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

	Percent of RNs who experienced a change, 2012
Added second nursing job	14.3%
Added second non-nursing job)	1.2%
Not working as RN now, but was earlier this year	6.5%
Working as an RN now, but was not working earlier this year	7.5%
New Position, Same Employer	29.5%
Same Position, New Employer	14.3%
New Position, New Employer	20.6%
Other	17.2%
Number of Cases	1,230

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

RNs were asked what factors may have played a role in their change in work status, employer, or position during the previous year (Table 3.52). The factors most often rated as very important were salary (40.9%), other family responsibilities (30.9%), change in financial status (27.0%), wanting to work more convenient hours (26.7%), and promotion (26.4%). More than 12 percent indicated that a change in their spouse or partner’s employment situation was a very important cause of their own employment change.

Table 3.52. Factors important to changes in employment status as reported by RNs residing in California who experienced a change in work status, employer, or position, 2012

	Not at all Important	Somewhat Important	Important	Very Important
Retired	82.2%	2.8%	5.9%	9.1%
Childcare responsibilities	72.2%	2.2%	5.7%	19.9%
Other family responsibilities	53.2%	5.7%	10.2%	30.9%
Salary	33.3%	6.4%	19.4%	40.9%
Laid off	87.8%	0.9%	3.8%	7.5%
Employer reduced hours	78.5%	1.8%	7.3%	12.5%
Change spouse/partner work situation	80.8%	1.1%	5.5%	12.7%
Change in financial status	58.2%	3.5%	11.3%	27.0%
Relocation	76.3%	0.7%	5.0%	18.0%
Promotion	60.3%	2.9%	10.4%	26.4%
Change in Health Status	77.8%	1.3%	7.0%	13.9%
Wanted more convenient hours	58.5%	3.7%	11.1%	26.7%
Dissatisfied with previous job	59.6%	6.0%	11.0%	23.4%
Other	87.8%	0.1%	2.6%	10.5%

Note: Number of cases=988. Data are weighted to represent all RNs with active licenses.

Nurses who reported that the hours they had worked over the previous year had changed provided information about the types of changes experienced (Table 3.53). The most common change was an increase in the number of hours worked, which was the RN’s choice. An additional 11 percent reported that their employer imposed an increase in work hours. The next most common change was an elective decrease in work hours (21.4%), although 14.1 percent of respondents said they experienced a decline in work hours imposed by their employer.

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

	Percent of RNs who experienced a change, 2012
Did not work in past year	19.8%
Increase in hours, imposed by employer	11.0%
Increase in hours, by choice	28.9%
Decrease in hours, imposed by employer	14.1%
Decrease in hours, by choice	21.4%
Other	11.1%
Number of Cases	1870

Note: Number of cases=1,870. Data are weighted to represent all RNs with active licenses.

RNs were asked what factors may have played a role in the change of their hours worked during the previous year (Table 3.54). Respondents were asked to rank each item on a four-point scale, with one point given for “not at all important” and four points for “very important.” The factors most often rated as very important among RNs who changed work intensity were salary (36.0%), family responsibilities (30.8%), change in financial status (28.0%), wanting more convenient hours (22.6%), and childcare responsibilities (20.1%). Nearly 14 percent reported that a change in their spouse or partner’s employment situation was a very important factor in their own change in work intensity.

Table 3.54. Factors important to changes in hours worked as reported by RNs residing in California who experienced a change in work status, employer, or position, 2012

	Not at all Important	Somewhat Important	Important	Very Important
Retired	82.8%	2.4%	5.3%	9.5%
Childcare responsibilities	71.5%	2.5%	5.9%	20.1%
Other family responsibilities	52.3%	5.5%	11.4%	30.8%
Salary	42.3%	5.6%	16.1%	36.0%
Laid off	89.9%	0.8%	3.5%	5.8%
Employer reduced hours	77.0%	1.6%	6.1%	15.3%
Change spouse/partner work situation	78.9%	1.9%	5.6%	13.6%
Change in financial status	58.4%	3.1%	10.5%	28.0%
Relocation	83.6%	1.1%	4.4%	10.9%
Promotion	73.1%	2.7%	8.0%	16.3%
Change in Health Status	78.5%	1.5%	6.4%	13.7%
Wanted more convenient hours	63.7%	3.8%	9.9%	22.6%
Dissatisfied with previous job	72.1%	4.7%	8.3%	14.9%
Other	85.7%	0.4%	2.6%	11.4%

Note: Number of cases=1,392. Data are weighted to represent all RNs with active licenses.

A mean score for each item can be obtained by computing the average score, with one point given for “not at all important” and four points for “very important.” Higher mean scores thus indicate greater importance of the factor for RNs. The mean scores for each factor affecting work status changes are summarized in Table 3.55, by type of change. Salary ranked highest among all groups, regardless of the type of change, as a factor for their change in employment status, except for those who decreased hours who rated childcare responsibilities highest, and those who stopped working as RNs, who rated retirement highest. “Other family responsibilities” was the second most highly rated factor (Table 3.55).

Table 3.55. Factors important to changing employment status by type of change as reported by RNs residing in California who experienced a change in employment status, 2012

1 through 4 scale; 1=not at all important; 4=very important	Increased Hours	Decreased hours	New RN position	Stopped Working as RN	Changed RN position
Retired	1.28	1.79	1.27	2.23	1.32
Childcare responsibilities	1.83	2.30	1.55	1.48	1.73
Other Family responsibilities	2.27	2.29	2.08	1.84	2.19
Salary	2.91	1.26	2.75	1.66	2.74
Laid off	1.22	1.99	1.31	1.49	1.33
Employer reduced hours	1.38	1.56	1.43	1.32	1.52
Change spouse/partner situation	1.60	2.04	1.21	1.47	1.53
Change in financial status	2.27	1.42	1.91	1.78	2.01
Relocation	1.44	1.54	2.04	1.47	1.68
Promotion	1.91	1.56	1.75	1.24	2.19
Change in Health Status	1.42	2.08	1.35	1.88	1.51
Wanted more convenient hours	1.93	1.71	1.78	1.45	2.12
Dissatisfied with Job	1.67	1.40	1.59	1.84	2.09
Other	1.37	1.52	1.34	1.57	1.33
Number of Cases	548	522	68	81	637

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

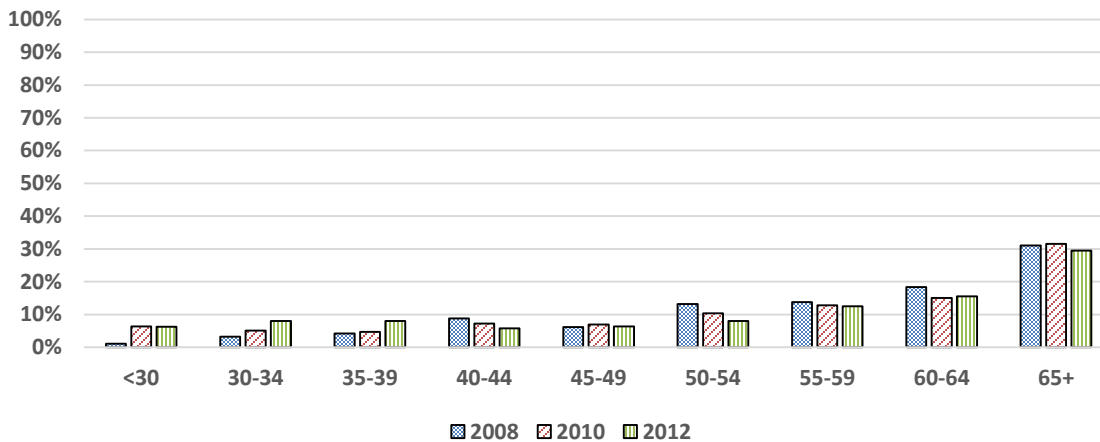
Chapter 4. Profile of Registered Nurses with Active Licenses Not Working in Nursing

About 15 percent of nurses with active California licenses who lived in California were not working in nursing jobs in 2012 (Chapter 2, Table 2.1). 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. In this chapter, we examine the education of RNs who do not work in nursing, and analyze their responses to a series of survey questions specifically directed to better understand the reasons they are not working in nursing. These nurses are of particular interest, since they represent a group who could potentially be recruited to return to nursing.

Demographic Characteristics

RNs who have active licenses but are not working in nursing are older than working nurses, as seen in Figure 4.1. The average age of RNs who are not working in nursing is 55.7 whereas the average age of working RNs is 46.1 years (Chapter 2, Table 2.5). The share of licensed RNs not working in nursing rises with age. Almost 60 percent of RNs who are not working as nurses are 55 years and older. The greatest percentage of RNs who are not working in nursing are 65 years and older (29.5%). Between 2008 and 2012, the employment rates of older nurses (55+) stayed high but declined slightly, the percentage of middle aged nurses (40-55) declined, and there was an increase in the percentage of younger RNs (<40) who were not working in nursing. A larger share of RNs-working outside of nursing was under 40 years old in 2012 (22.2%) as compared with 2008 (8.5%). This is most likely related to the reported difficulties of recently graduated RNs in obtaining nursing employment since the start of the 2008 recession.

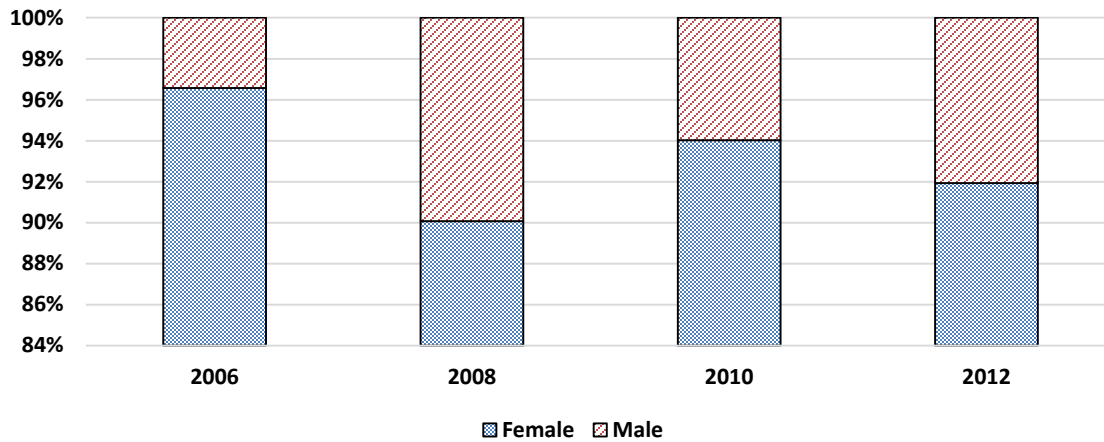
Figure 4.1. Age distribution of registered nurses who are not working in nursing positions, for RNs with active California licenses and California addresses, 2008, 2010 & 2012



Note: 2012 number of cases=867. Data might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Eight percent of RNs not working in nursing in 2012 were male, as seen in Figure 4.2. Statewide, 11.6 percent of RNs with active licenses are male (Chapter 2, Figure 2.3).

Figure 4.2. Gender of registered nurses who are not working in nursing positions, for RNs with active California licenses and California addresses, 2006-2012



Note: 2012 number of cases=846. Data are weighted to represent all RNs with active licenses.

The ethnic and racial distribution of RNs who are not working is different from that of the RN population as a whole (Table 4.1 and Chapter 2, Figure 2.4). Sixty-three percent of RNs who are not working in nursing positions are White, but only 53 percent of the statewide RN population is White. Nineteen percent of California’s RNs are Filipino, but Filipinos account for fourteen percent of RNs not working in nursing. However, the gap has narrowed over time: in 2008, 59 percent of RNs working in nursing were White versus 79 percent of RNs not working in nursing.

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, 2006-2012

	2006	2008	2010	2012
White, not Hispanic	81.7%	78.6%	69.1%	63.5%
Black/African-American	2.4%	3.8%	5.2%	4.2%
Hispanic	1.7%	2.3%	5.0%	5.8%
Filipino	6.5%	7.5%	8.8%	13.7%
Other Asian	3.8%	5.4%	8.2%	8.8%
Native Hawaiian or Other Pacific Islander	<0.1%	<0.1%	0.3%	0.8%
Native American/American Eskimo	0.1%	0.4%	0.2%	0.7%
Mixed	3.5%	1.5%	3.1%	2.6%
Other	0.4%	0.4%	0.1%	
Number of Cases	644	707	807	833

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

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 (Table 4.2 and Chapter 2, Table 2.11). However, the gap has narrowed over time: in 2008, 46 percent of RNs working in nursing spoke a language other than English, as compared to 24 percent of RNs not working in nursing. In 2012, 39 percent of RNs working in the field spoke another language versus 30 percent of those not working in the field.

Table 4.2. Language fluency of registered nurses who are not working in nursing positions, for RNs with active California licenses and California addresses, 2006-2012

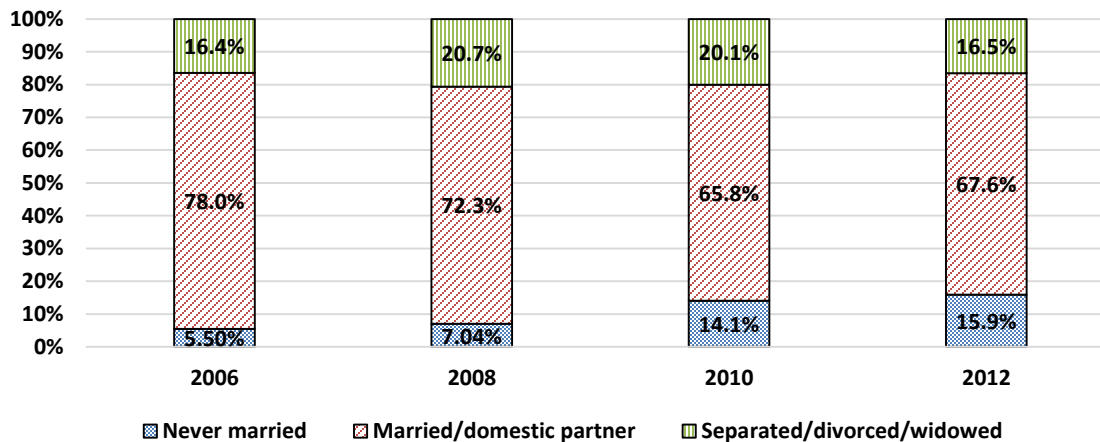
	Working RNs				Non-working RNs			
	2006	2008	2010	2012	2006	2008	2010	2012
Tagalog	15.8%	*	*	*	5.9%	*	*	*
Tagalog or other Filipino language	*	18.1%	18.9%	18.2%	*	6.1%	6.9%	12.16%
Spanish	11.1%	12.1%	10.8%	11.3%	8.8%	7.1%	10.1%	9.89%
Mandarin	1.4%	2.3%	1.9%	1.5%	0.1%	1.5%	1.4%	1.01%
Korean	1.1%	1.3%	1.5%	1.8%	0.1%	0.1%	1.9%	1.94%
Hindi	0.7%	*	*	*	0.8%	*	*	*
Hindi or other South Asian language	*	1.5%	1.6%	1.4%	*	0.1%	0.2%	1.77%
Cantonese	0.8%	1.6%	1.1%	1.5%	0.7%	0.8%	0.3%	0.50%
Vietnamese	0.6%	0.7%	0.8%	0.9%	0.0%	0.0%	0.6%	0.47%
French	*	*	1.3%	0.9%	*	*	1.7%	0.87%
German	*	*	0.7%	0.6%	*	*	0.6%	0.84%
Other	8.1%	8.0%	6.1%	1.2%	10.2%	7.9%	3.9%	0.55%

* Category was not offered in the survey.

Note: 2012 number of cases=4,100. RNs could indicate fluency in more than one language. Data are weighted to represent all RNs with active licenses who are not working.

The share of non-working RNs that is married is 67.6 percent (Figure 4.3), which is similar to the share in the overall RN population (67.4%, Chapter 2, Figure 2.6).

Figure 4.3. Marital status of registered nurses who are not working in nursing positions, for RNs with active California licenses and California addresses, 2006-2012



Note: 2012 number of cases=843. Data might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses who are not working.

As seen in Table 4.3, nurses who are not working in nursing are less likely than the statewide active RN population to have children living at home (Chapter 2, Table 2.13). Among the statewide working RN population, about 42 percent have some children living at home, but only 27 percent of non-working RNs have children at home. The share of non-working RNs with children living at home dropped by almost half between 2006 and 2012.

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, 2006-2012

	Working RNs				Non-working RNs			
	2006	2008	2010	2012	2006	2008	2010	2012
None	53.1%	49.2%	47.5%	57.8%	47.3%	68.7%	67.3%	72.7%
One	18.4%	22.0%	22.3%	23.8%	17.5%	12.2%	15.9%	16.2%
Two	20.0%	19.7%	21.4%	13.1%	25.0%	12.2%	13.2%	6.0%
Three	6.4%	6.5%	6.6%	4.2%	7.4%	3.9%	2.4%	3.7%
Four or more	2.1%	2.6%	2.2%	1.2%	2.8%	3.0%	1.2%	1.5%
Number of cases	3,406	4,153	4,531	3,242	579	737	793	750

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

Nurses who are not working in nursing positions are more likely to have children who are older as opposed to younger (Table 4.4 and Chapter 2, Table 2.14). This is consistent with non-working RNs being older themselves. The percentages of all nurses with children living in the home in the age range of 6-18 years dropped a great deal from prior years. The percentage of RNs not working in nursing with children living in the home that were over the age of 18 increased from 34 percent in 2010 to almost 41 percent in 2012.

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, 2006-2012

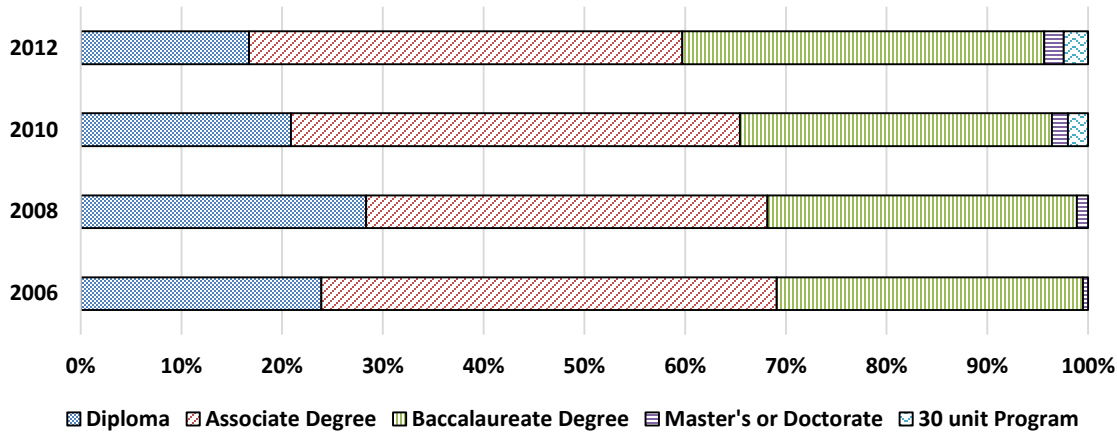
Ages of children	Working RNs				Non-working RNs			
	2006	2008	2010	2012	2006	2008	2010	2012
Birth to 2 years	16.9%	18.9%	16.9%	19.3%	20.4%	16.7%	22.1%	13.8%
3-5 years	16.8%	16.3%	16.3%	18.1%	15.3%	20.5%	14.7%	19.5%
6-12 years	32.8%	33.5%	36.8%	5.4%	30.9%	36.1%	28.0%	4.7%
13-18 years	33.1%	37.4%	32.2%	8.0%	35.6%	40.3%	27.5%	9.5%
Over 18	38.3%	34.7%	31.0%	30.2%	38.4%	38.5%	34.3%	40.5%

Note: 2012 working RN number of cases=2,016. 2012 non-working RN number of cases=254. Some nurses have children in more than one age group, so columns will not total 100%. Data are weighted to represent all RNs with active licenses.

Educational Preparation

Most RNs who 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; 16.7 percent of RNs not working in nursing are diploma-educated, as compared with 10.3 percent of working RNs (Chapter 2, Figure 2.10). This is not surprising; diploma education is more common among older RNs, who are less likely to hold nursing positions. However, the proportion of RNs not working in nursing holding diploma degrees has decreased over time, down from 23.9 percent in 2006.

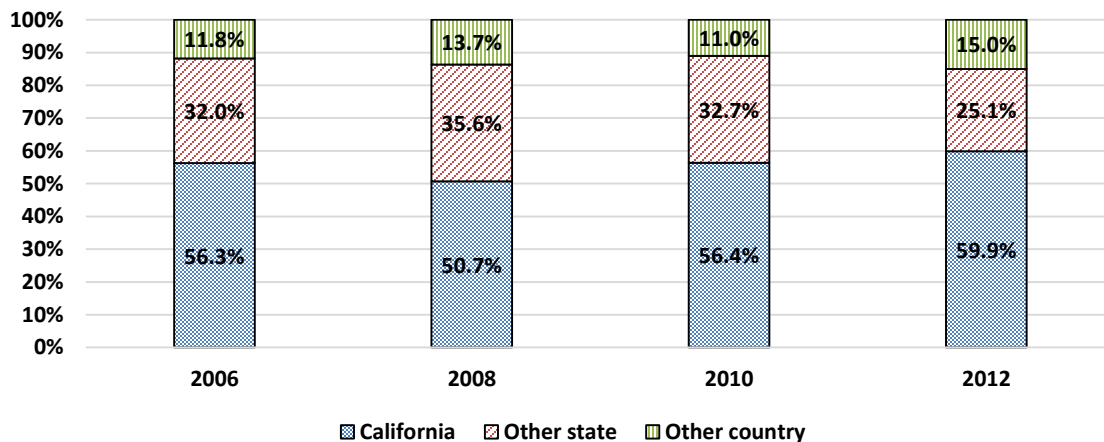
Figure 4.4. Pre-licensure education of registered nurses who are not working in nursing positions, for RNs with active California licenses and California addresses, 2006-2012



Note: 2012 number of cases=857. Data might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

The majority of RNs not working in nursing positions received their initial nursing education in California (59.9%), as seen in Figure 4.5. Fifteen percent of RNs not working in nursing were educated in another country, compared to 21 percent of working RNs who were educated in other countries (Chapter 2, Table 2.19).

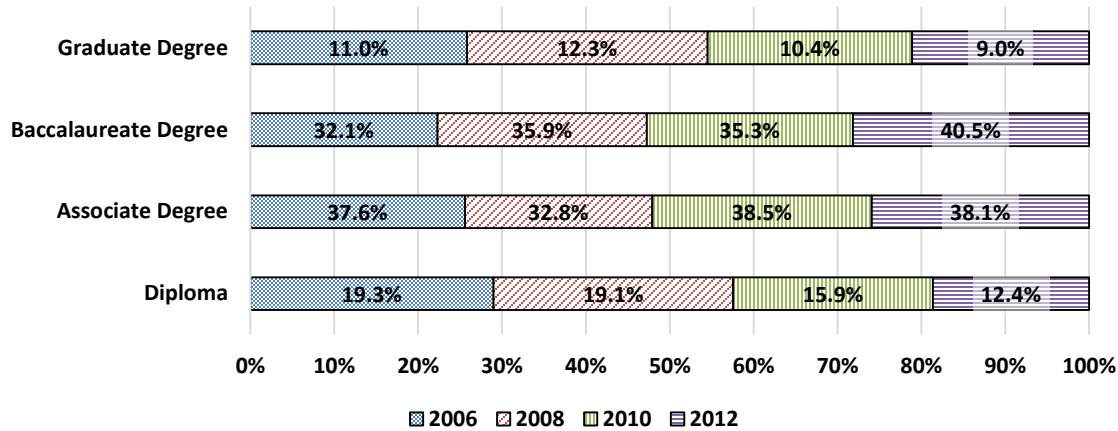
Figure 4.5. Location of education of registered nurses who are not working in nursing positions, for RNs with active California licenses and California addresses, 2006-2012



Note: 2012 number of cases= 855. Data might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Figure 4.6 presents the highest nursing education received by RNs who are not working in nursing positions. In 2012, 53.2 percent of working RNs report that their highest education is at least a baccalaureate degree (Chapter 2, Figure 2.13); compared to 49.5 percent of non-working RNs.

Figure 4.6. Highest level of nursing education of registered nurses who are not working in nursing positions, for RNs with active California licenses and California addresses, 2006-2012



Note: 2012 number of cases=857. Data might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

RNs not working in nursing are about as likely to have certification as RNs employed in nursing jobs. They are slightly more likely than working RNs to have certification in public health nursing (Table 4.5 and Chapter 2, Table 2.25).

Table 4.5. 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, 2006-2012

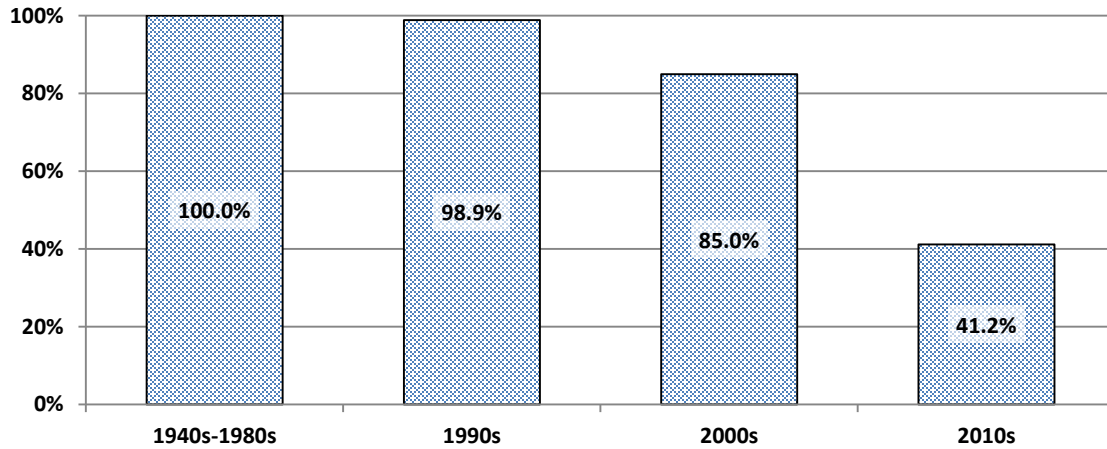
	Working RNs				Non Working RNs			
	2006	2008	2010	2012	2006	2008	2010	2012
No additional certifications	76.3%	77.9%	77.3%	75.9%	78.9%	69.2%	73.6%	74.9%
Nurse Anesthetist	0.6%	0.4%	0.4%	0.7%	0.6%	0.3%	0.2%	0.3%
Nurse Midwife	2.0%	0.6%	0.4%	0.4%	1.0%	0.1%	0.5%	0.8%
Nurse Practitioner	6.6%	7.1%	5.6%	5.6%	5.4%	9.2%	6.1%	4.0%
Public Health Nurse	15.5%	16.9%	14.9%	16.2%	16.7%	21.0%	16.9%	18.8%
Psychiatric/Mental Health Nurse	3.4%	1.1%	1.2%	1.5%	0.5%	1.5%	2.1%	1.8%
Clinical Nurse Specialist	2.8%	2.7%	2.7%	2.6%	2.7%	5.6%	3.5%	3.5%
Number of cases	3,282	3,532	4368	3,842	549	737	774	815

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

Last Job in the Nursing Field

Nurses with active licenses who are not working in nursing positions were asked about the last time they worked in nursing. Some respondents indicated that they have never worked as an RN. Figure 4.7 presents the percentages of non-working RNs who previously worked in registered nursing, by decade of graduation. All respondents who graduated prior to 1990 who are not presently employed in registered nursing had worked in the field previously, and nearly all of those who graduated in the 1990s had previously worked as RNs. However, only 85 percent of RNs who are not presently working and graduated in the 2000s held an RN job previously, and only 41.2 percent of non-working RNs who graduated in the 2010s have worked in nursing.

Figure 4.7. Percent of registered nurses not currently employed in nursing who previously worked as a registered nurse, by decade of graduation from initial RN education program



Note: Number of cases=867. Data are weighted to represent all RNs with active licenses.

As seen in Table 4.6, of the RNs not working in the nursing profession in 2012, but had previously worked in nursing, 33 percent last worked in the field when they were under 45 years old. Another 33 percent were 60 years or older when they stopped working in nursing. The mean age at which California-resident RNs last held a nursing position was 51 years.

Table 4.6. Age at which registered nurses with active California licenses last worked in the profession, for registered nurses who are not working in nursing positions and have active California licenses and reside in California, by survey year

	1990	1993	1997	2004	2006	2008	2010	2012
Under 35	36.3%	28.0%	29.8%	18.6%	25.2%	13.7%	15.9%	14.3%
35-44	28.6%	33.7%	38.2%	21.6%	32.8%	19.3%	17.4%	18.2%
45-54	15.9%	21.0%	22.1%	22.2%	23.5%	20.5%	19.2%	13.7%
55-59	8.8%	7.0%	6.3%	13.6%	9.9%	13.8%	14.0%	9.7%
60-64	8.3%	5.8%	2.2%	14.4%	6.0%	17.1%	17.2%	16.7%
65 and older	2.1%	4.5%	1.5%	9.6%	2.7%	15.7%	16.3%	16.7%
Mean	41.4	42.5	40.6	48.2	43.3	51.2	50.9	51.0
Number of Cases	444	245	274	500	568	617	733	740

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

About 45 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 4.7. The mean number of years that nurses had been out of the field in 2012 was 7.7 years.

Table 4.7. Length of time since registered nurses with active California licenses last worked as a registered nurse, for registered nurses who are not working in nursing positions and have active California licenses and California addresses, by survey year

	1990	1993	1997	2004	2006	2008	2010	2012
One year ago or less	11.7%	19.2%	25.5%	13.1%	32.3%	22.1%	26.4%	21.9%
2-4 years ago	25.9%	3.6%	25.2%	31.2%	27.8%	27.2%	24.7%	23.3%
5-9 years ago	21.4%	27.3%	22.6%	30.8%	18.6%	21.4%	22.0%	17.6%
10-14 years	16.9%	13.9%	14.2%	9.8%	11.5%	13.4%	11.4%	10.8%
15-24 years	14.6%	6.1%	9.1%	11.2%	8.2%	12.5%	11.9%	10.6%
25 or more years	9.5%	2.8%	3.3%	3.9%	1.7%	3.5%	3.7%	5.0%
Mean	10.0	6.7	6.7	7.5	5.6	7.4	7.0	7.7
Number of Cases	444	245	274	519	568	617	733	740

Note: Columns might not total 100% due to rounding. Data (2006-2012) 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 15 years, as seen in Table 4.8. Sixty-one percent of California residents who are not working in nursing report that they have at least 15 years of nursing experience. Fourteen percent have fewer than 5 years of experience.

Table 4.8. Number of years nurses practiced registered nursing before stopping work, for registered nurses who have active California licenses and have California addresses, by survey year

	1990	1993	1997	2004	2006	2008	2010	2012
Less than 5 years	14.9%	10.8%	14.9%	8.0%	14.9%	9.3%	11.4%	13.9%
5-9 years	22.5%	26.4%	22.1%	16.4%	20.3%	12.2%	11.5%	13.0%
10-14 years	23.9%	23.6%	25.4%	14.7%	20.2%	14.1%	13.2%	12.3%
15-24 years	22.8%	24.0%	25.4%	25.4%	26.1%	22.4%	22.0%	20.6%
25 or more years	16.0%	15.2%	12.3%	35.5%	18.5%	41.9%	41.9%	40.2%
Mean	14.4	14.2	13.3	19.9	15.1	21.6	21.6	20.73
Number of Cases	457	250	276	524	568	689	744	779

Note: Columns might not total 100% due to rounding. Data (2006-2012) 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 factors in their decision to not hold a nursing position. As seen in Table 4.9, the factors most frequently identified as “very important” were retirement (26.3%), stress on the job (21.1%), difficulty finding desired nursing position (20.7%), “other” family responsibilities (17.6%), difficulty finding a nursing position (15.9%), and other job dissatisfaction (15.6%). The share of RNs that said that difficulty finding a nursing position was a very important reason for not working in nursing rose from 4.6 percent in 2008 to 13.7 percent in 2010 and 15.9 percent in 2012.

Table 4.10 examines these responses by the number of years since the nurse last worked in nursing, and by age. The first column of Table 4.10 presents the share of nurses who rated a factor as important or very important among those who last worked in nursing within the previous five years. The second column presents the share rating a factor as important or very important for nurses who have been out of nursing work for more than five years. The most important reasons among nurses who last held a nursing position within the past five years were retirement (43.1%), stress on the job (37.7%), other job dissatisfaction (33.7%), and difficulty in finding desired nursing position (31.5%). The most important reasons for not working in nursing among nurses who have not held a nursing position for more than five years were retirement (34.5%), stress on the job (29.4%), inconvenient schedule (28.5%), and other family responsibilities (27.0%).

The importance of factors that influence a nurse’s decision not to work in a nursing position varies with the age of the nurse, as seen in the last two columns of Table 4.10. The third column presents the share of nurses

younger than 55 years of age who rated each factor as important or very important. The last column provides the same data for nurses 55 years and older. Among nurses younger than 55 years, the most important factors for not working in nursing were difficulty finding desired nursing position (40.6%), childcare responsibilities (36.9%), difficulty finding any nursing position (35.5%), and stress on the job (35.3%). The most important reasons for not working in nursing among nurses 55 years and older were retirement (52.2%), stress on the job (30.4%), other job dissatisfaction (28.3%), and difficulty finding desired nursing position (21.2%).

Table 4.9. Importance of factors in the decision to not hold a nursing position, for registered nurses who have active California licenses, and reside in California, 2008, 2010, 2012

	Not at all important/ Does not apply			Somewhat important			Important			Very important		
	2008	2010	2012	2008	2010	2012	2008	2010	2012	2008	2010	2012
Retired	62.1%	60.9%	62.0%	5.5%	4.2%	2.1%	9.9%	11.3%	9.6%	22.5%	23.6%	26.3%
Childcare responsibilities	71.4%	75.4%	78.6%	2.9%	2.7%	2.8%	3.8%	3.8%	3.2%	22.0%	18.1%	15.3%
Other family responsibilities	60.7%	64.2%	67.8%	5.6%	6.1%	8.4%	11.3%	10.0%	6.2%	22.5%	19.7%	17.6%
Moving to a different area	86.5%	88.2%	86.6%	0.4%	1.7%	3.2%	4.0%	3.6%	2.2%	9.1%	6.5%	8.0%
Stress on the job	41.5%	52.1%	59.2%	11.0%	12.2%	8.6%	17.2%	13.8%	11.1%	30.3%	21.9%	21.1%
Job-related illness/injury	80.4%	86.6%	82.9%	2.3%	2.4%	2.7%	5.0%	3.6%	4.4%	12.4%	7.4%	10.0%
Non-job-related illness/injury	78.3%	81.0%	80.9%	2.8%	1.9%	2.7%	5.3%	5.3%	4.1%	13.6%	11.9%	12.4%
Salary	63.7%	71.5%	71.9%	8.5%	8.4%	8.0%	14.3%	11.3%	8.4%	13.5%	8.8%	11.7%
Dissatisfied with benefits	77.9%	81.0%	80.6%	7.1%	7.4%	5.7%	9.7%	5.6%	6.4%	5.3%	6.1%	7.3%
Other job dissatisfaction	51.2%	62.3%	64.7%	11.5%	9.0%	6.8%	17.3%	13.1%	12.9%	19.9%	15.6%	15.6%
Dissatisfaction with nursing profession	64.3%	69.7%	70.6%	12.7%	11.9%	9.9%	12.8%	11.5%	8.0%	10.2%	6.8%	11.5%
Travel	78.9%	84.5%	82.4%	7.2%	5.8%	3.1%	8.7%	5.9%	6.1%	5.2%	3.8%	8.4%
Wanted to try another occupation	74.6%	79.1%	76.5%	4.7%	3.4%	5.1%	7.6%	7.1%	8.0%	13.1%	10.5%	10.4%
Inconvenient schedules	67.0%	71.0%	69.3%	6.1%	9.1%	7.1%	11.4%	9.3%	8.2%	15.5%	10.6%	15.4%
Difficult to find a nursing position	90.3%	77.4%	75.6%	1.6%	3.3%	3.6%	3.5%	5.6%	4.9%	4.6%	13.7%	15.9%
Laid off	*	90.2%	92.0%	*	1.3%	0.2%	*	2.8%	1.9%	*	5.7%	5.9%
Difficult to find desired position	*	*	65.8%	*	*	5.8%	*	*	7.6%	*	*	20.7%
Returned to School	*	*	85.8%	*	*	1.5%	*	*	2.4%	*	*	10.3%
Other	*	83.4%	83.4%	*	0.9%	0.1%	*	5.2%	3.8%	*	10.5%	12.7%

Note: 2012 number of cases=749. Rows might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

*Question not asked in this year.

Table 4.10. 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, 2012

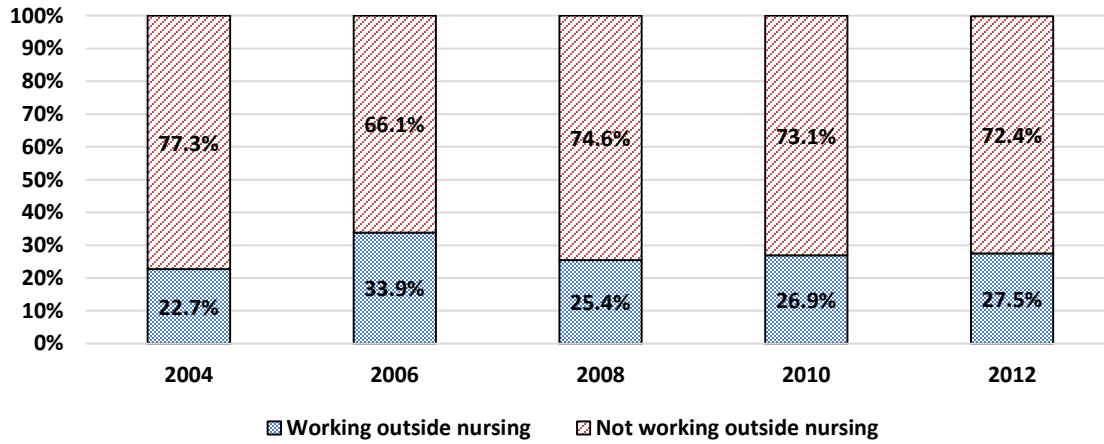
	Years since last worked in nursing		Age of nurse	
	5 years or less	More than 5 yrs	Under 55 yrs	55 yrs and older
Retired	43.1%	34.5%	8.0%	52.2%
Childcare responsibilities	11.2%	26.7%	36.9%	7.8%
Other family responsibilities	21.1%	27.0%	34.0%	17.8%
Moving to a different area	11.7%	4.1%	18.6%	5.3%
Stress on the job	37.7%	29.4%	35.3%	30.4%
Job-related illness/injury	16.6%	11.9%	17.3%	12.8%
Non-job-related illness/injury	19.6%	14.2%	21.9%	13.3%
Salary	22.8%	18.1%	26.0%	16.6%
Dissatisfied with benefits	14.0%	13.2%	17.0%	11.8%
Other dissatisfaction with your job	33.7%	22.9%	28.9%	28.3%
Dissatisfaction with the nursing profession	23.3%	17.6%	22.6%	17.6%
Travel	14.0%	12.2%	18.3%	12.3%
Wanted to try another occupation	14.0%	22.4%	23.1%	15.6%
Inconvenient schedules in nursing jobs	21.2%	28.5%	29.3%	20.3%
Difficult to find a nursing position	22.5%	5.9%	35.5%	12.2%
Laid off	13.9%	1.3%	7.0%	8.2%
Difficult to find desired nursing position	31.5%	17.0%	40.6%	21.2%
Returned to School	12.0%	10.1%	23.1%	6.6%
Other	16.2%	17.5%	21.9%	13.5%

Note: Number of cases for years since last worked in nursing=682. Number of cases for age of nurse=749. Items that were omitted by respondents who answered at least one of these items were assumed not to apply. Data are weighted to represent all RNs with active licenses.

Employment Status of Nurses Not Working in Nursing

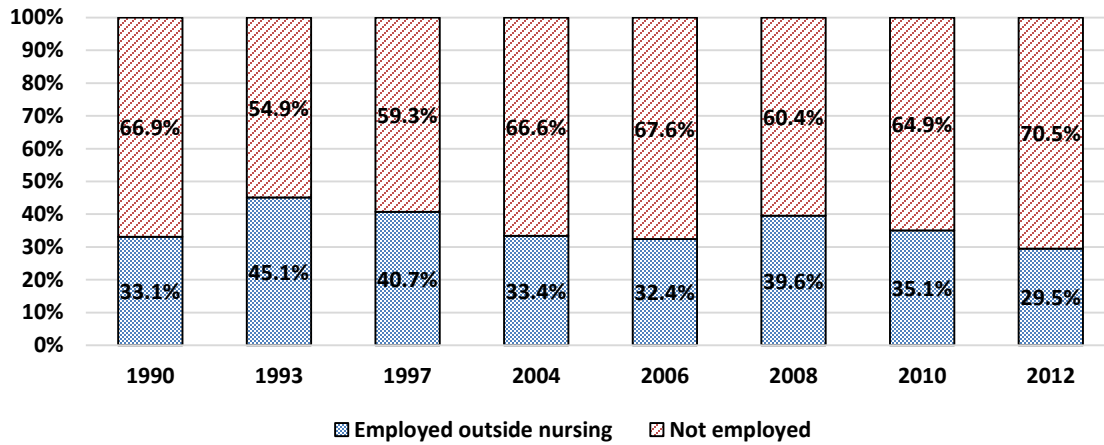
Some nurses who are not employed in nursing positions are employed outside nursing. Figure 4.8 presents the non-nursing employment status of RNs residing in California who do not work in nursing. In 2012, 27.5 percent of RNs residing in California who were not employed in nursing were working in another field; this is a decrease from 2006, when the share was 34 percent. Figure 4.9 refines these data by focusing on RNs who reported that they were not working in nursing but were not retired. Of these RNs, 29.5 percent of non-retired RNs not working in nursing were employed outside of nursing in 2012. This rate is lower than that observed any year since 1990.

Figure 4.8. Current employment status of registered nurses whose California licenses are active and who live in California, but who are not currently working as RNs, 2004-2012



Note: 2012 number of cases=829. Data (2006-2012) are weighted to represent all RNs with active licenses.

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



Note: 2012 number of cases=738. Data (2006-2012) are weighted to represent all RNs with active licenses.

Table 4.11 presents the number of hours per week that nurses with active licenses employed in non-nursing positions worked. The average number of hours worked per week was 40.7 in 2010, which was the highest ever reported. The average number of hours worked per week decreased slightly from 2010 to 2012, to 39.3 hours per week. The modal range was 33 to 40 hours per week. In every year of the RN survey, the most common working schedule outside of nursing was 33 to 40 hours per week.

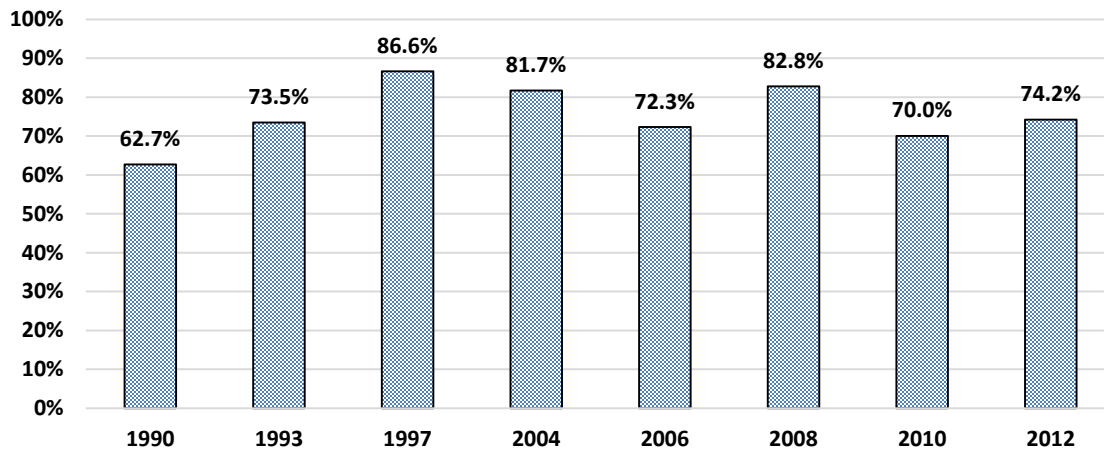
Table 4.11. Number of hours per week nurses work outside the nursing profession, for RNs with active licenses residing in California, by survey year

	1990	1997	2004	2006	2008	2010	2012
8 hours or less	6.0%	4.5%	2.6%	4.2%	1.8%	7.3%	5.4%
9-16 hours	6.6%	6.3%	12.3%	14.4%	8.5%	10.5%	11.7%
17-24 hours	11.3%	12.5%	14.9%	15.3%	9.5%	11.6%	15.4%
25-32 hours	8.6%	13.4%	8.8%	14.4%	17.0%	8.7%	5.4%
33-40 hours	43.0%	35.7%	37.7%	37.5%	36.2%	32.2%	40.1%
41-48 hours	8.6%	8.9%	9.7%	4.0%	9.5%	6.3%	1.7%
More than 48 hours	15.9%	18.8%	14.0%	10.2%	17.8%	23.4%	20.3%
Mean	35.8	36.0	34.7	33.6	35.8	40.7	39.3
Number of Cases	151	112	114	200	156	198	173

Note: This question was not asked in 1993. Columns might not total 100% due to rounding. Data (2006-2012) 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. As shown in Figure 4.10, 74.2 percent of California residents said their non-nursing job used their nursing knowledge. About 26 percent of non-working RNs in 2012 reported that their jobs outside nursing did not use nursing knowledge.

Figure 4.10. Utilization of nursing knowledge in non-nursing jobs, for nurses with active California licenses residing in California, by survey year



Note: 2012 number of cases=204. Data (2006-2012) are weighted to represent all RNs with active licenses.

As shown in Table 4.12, most non-nursing jobs held by RNs not employed in nursing were in health services (54.7%), as was true among RNs working in nursing. For RNs not working in nursing, other common areas of employment reported include “other” (24.4%) and education (11.9%).

Table 4.12. Field outside of nursing as reported by RNs not working in nursing and residing in California who have a position outside of nursing, 2012

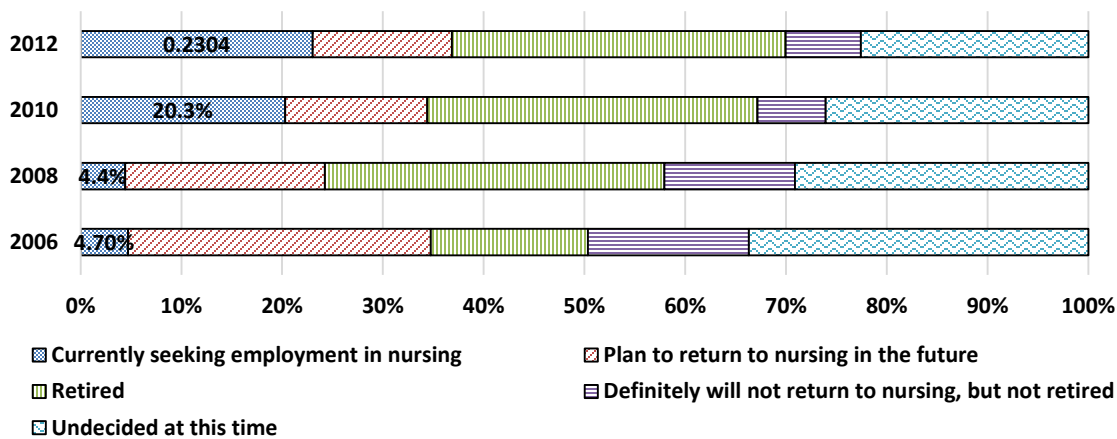
	2012
Health Services	54.7%
Retail sales	8.6%
Education	11.9%
Financial Services	7.7%
Consulting	4.4%
Other	24.4%
Number of cases	207

Note: Data are weighted to represent all RNs with licenses

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

Registered nurses with active California licenses who were not employed in nursing positions were asked about their future plans. Their responses are summarized in Figure 4.11. About 37 percent said they plan to return to nursing or are currently seeking employment. Forty-one percent either were retired or would definitely not return to nursing. More than twenty-two percent said they were undecided about their future plans. The share of RNs that is currently seeking nursing work or definitely plans to return to nursing was slightly higher in 2012 than it was in 2010, and the share that was retired increased from 2006 and 2010, and remained fairly stable from 2010 to 2012. The proportion of RNs not working in the profession that is currently seeking employment in nursing is four to five times the proportion it was in 2006 and 2008.

Figure 4.11. Future plans of California nurses with active licenses not working in the profession, for California residents, 2006-2012



Note: 2012 number of cases=762. Data are weighted to represent all RNs with active licenses.

Table 4.13 examines the plans of nurses who were not working in nursing by survey year and age. In 2012, over seventy percent of the California residing RNs under 35 years of age were seeking nursing work, and nearly 20 percent more were planning to return to nursing in the future. The share of nurses seeking nursing work increased across nearly all age groups between 2008 and 2012, reflecting the effects of the recession. Seventy-two percent of nurses with active licenses aged 65 and older are either currently seeking work or say they may return to nursing in the future.

Table 4.13. Future plans of all California nurses with active licenses not working in the profession and not retired, for California residents, by survey year and age

Survey Year	Intentions regarding returning to nursing	All non-retired RNs not working in nursing	Age at time of survey					
			Under 35	35-44	45-54	55-59	60-64	Over 64
1990 (n=444)	Definitely will not return	36.9%	17.9%	20.5%	34.5%	35.8%	47.6%	69.2%
	May return	53.8%	71.4%	62.2%	56.9%	60.4%	47.6%	28.2%
	Plan to return	9.2%	10.7%	17.3%	8.6%	3.8%	4.8%	2.6%
1993 (n=251)	Definitely will not return	32.3%	36.0%	27.3%	21.8%	32.4%	50.0%	51.9%
	May return	52.6%	40.0%	52.3%	58.2%	61.8%	45.5%	48.1%
	Plan to return	15.1%	24.0%	20.5%	20.0%	5.9%	4.5%	0.0%
1997 (n=283)	Definitely will not return	31.1%	4.2%	28.1%	32.1%	37.1%	60.1%	33.3%
	May return	42.0%	33.3%	47.2%	41.5%	45.7%	30.0%	33.3%
	Plan to return	26.9%	62.5%	24.7%	26.5%	17.1%	10.0%	33.3%
2004 (n=505)	Definitely will not return	35.6%	0.0%	13.6%	28.9%	35.7%	45.3%	59.1%
	May return	38.4%	20.8%	37.5%	42.2%	37.5%	44.0%	35.4%
	Currently seeking work	5.5%	33.3%	3.4%	4.4%	7.1%	6.7%	1.6%
	Plan to return	20.4%	45.8%	45.5%	24.4%	19.6%	4.0%	3.9%
2006 (n=350)	Definitely will not return	19.7%	17.5%	12.8%	21.0%	25.9%	36.8%	8.0%
	May return	41.6%	8.7%	29.0%	52.0%	49.4%	43.5%	70.0%
	Currently seeking work	5.7%	23.3%	<0.1%	3.7%	7.8%	2.1%	7.4%
	Plan to return	33.0%	50.4%	58.2%	23.3%	16.9%	17.6%	14.6%
2008 (n=220)	Definitely will not return	17.5%	6.9%	8.4%	24.2%	26.7%	35.0%	8.8%
	May return	40.2%	31.5%	36.6%	41.1%	46.2%	51.5%	83.4%
	Currently seeking work	7.6%	22.0%	2.4%	4.7%	9.6%	1.8%	6.1%
	Plan to return	34.7%	39.6%	52.6%	30.1%	17.5%	11.7%	1.8%
2010 (n=473)	Definitely will not return	10.2%	0.8%	8.0%	15.7%	14.6%	16.4%	5.0%
	May return	35.7%	12.6%	32.8%	44.0%	41.6%	57.1%	54.2%
	Currently seeking work	32.8%	62.0%	32.4%	23.7%	23.8%	13.7%	16.1%
	Plan to return	21.3%	24.6%	26.9%	16.6%	20.0%	12.8%	24.8%
2012 (n=446)	Definitely will not return	8.8%	0.0%	5.3%	7.5%	13.6%	34.9%	11.6%
	May return	29.6%	9.9%	25.5%	38.5%	59.2%	31.6%	46.9%
	Currently seeking work	38.0%	70.2%	35.5%	31.1%	14.6%	15.5%	25.1%
	Plan to return	23.6%	19.9%	33.7%	22.9%	12.6%	18.0%	16.4%

Note: Columns might not total 100% due to rounding. Data (2006-2012) are weighted to represent all RNs with active licenses.

Table 4.14 presents the time frame in which nurses who say they plan to return to nursing expect to do so. Almost 50 percent say they expect to return to nursing within the year. Another 37 percent plan to return in one to two years. A little over nine percent plan to return in five or more years.

Table 4.14. 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, 2004-2012

	2004	2006	2008	2010	2012
Less than one year	28.0%	39.9%	36.7%	40.4%	49.4%
1 to 2 years	24.6%	28.3%	33.9%	34.7%	37.1%
2 to 3 years	14.3%	*	*	*	*
3 to 4 years	7.4%	14.3%	18.8%	18.1%	4.2%
4 to 5 years	5.1%	*	*	*	*
5 or more years	20.6%	17.5%	10.5%	6.8%	9.3%
Number of Cases	175	99	103	87	86

*Data not available

Note: Columns might not total 100% due to rounding. Data (2006-2012) are weighted to represent all RNs with active licenses.

Nurses with active licenses who lived in California who were not working in a nursing position, and who were undecided as to their future nursing plans, were asked to rate the importance of factors that might affect their decision to return to nursing. Table 4.15 summarizes their responses. The factors most often rated as very important were availability of re-entry programs and mentoring (63.1%), flexible work hours (47.2%), better nurse-to-patient ratios (43.7%), and better support for non-nursing tasks (38.7%).

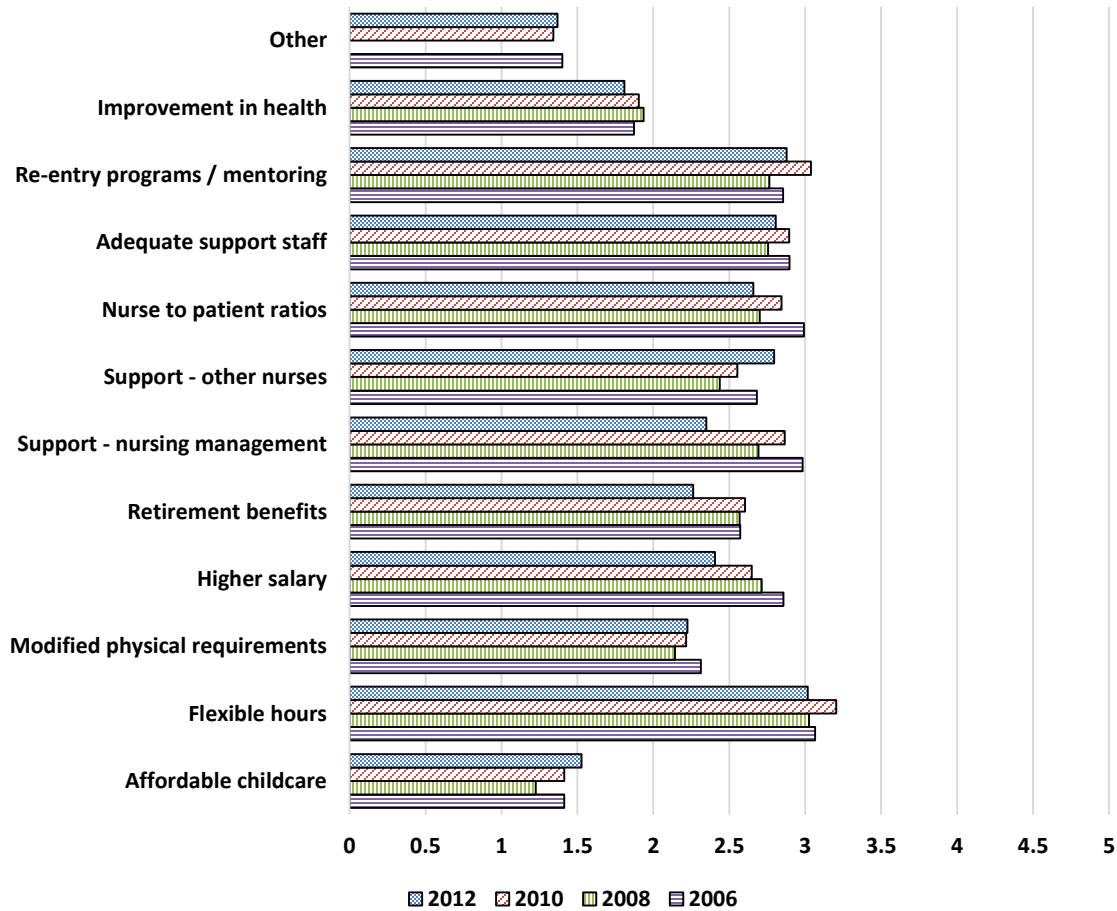
Table 4.15. Importance of factors in the decision to return to nursing for RNs who live in California, have active licenses, but are not working in nursing and are undecided about their future plans, 2012

	Not at all important / Does not apply	Somewhat important	Important	Very Important
Affordable childcare at or near work	77.0%	3.4%	9.5%	10.1%
Flexible work hours	18.9%	7.8%	26.1%	47.2%
Modified physical requirements of job	50.6%	1.6%	22.4%	25.4%
Higher nursing salary	31.6%	15.8%	33.2%	19.4%
Better retirement benefits	37.7%	19.9%	20.7%	21.6%
Better health care benefits	35.5%	15.3%	28.0%	21.2%
Better support from nursing management	17.1%	18.5%	32.3%	32.1%
More support from other nurses	22.8%	16.6%	32.5%	28.1%
Better nurse to patient ratios	27.5%	8.1%	20.7%	43.7%
Adequate support staff for non-nursing tasks	19.2%	12.5%	29.7%	38.7%
Availability of re-entry programs / mentoring	19.7%	9.0%	8.3%	63.1%
Improvement in my health status	65.3%	10.4%	2.5%	21.8%
Other	87.2%	1.6%	11.3%	*

Note: Number of cases=168. Rows might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Figure 4.12 summarizes the factors by scoring them on a four-point Likert-type scale ranging from “not at all important/does not apply”, scored as 1 point, to “very important,” scored as 4 points. The most important factors that might affect RNs’ decisions to return to work include availability of re-entry programs and mentoring and flexible work hours. The least important factors are affordable childcare near work and improvement in health status.

Figure 4.12. Importance of factors in encouraging RNs with active licenses who live in California but are not working in nursing to return to nursing, 2006-2012



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

Table 4.16 uses the same scoring scheme to examine the responses of nurses who have been without a nursing position for five or fewer years, as compared with those who have been outside nursing more than five years. Nurses who have been out of nursing employment for more than five years rated most factors higher than nurses who held a nursing position more recently.

Nurses who have been out of work for five years or less rated improvement in health status as more important than those out of work for more than five years did. The factors most important to RNs who worked in nursing within the past five years were flexible work hours, adequate staff for non-nursing tasks, and availability of re-entry programs. Nurses who last worked over five years ago rated the availability of re-entry programs and flexible work hours as the most important factors in their decision to return to nursing.

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, by years since last worked in nursing, 2012

	Years since last worked in nursing	
	5 years or less	More than 5 years
Affordable childcare at or near work	1.6	1.6
Flexible work hours	2.9	3.2
Modified physical requirements of job	2.2	2.2
Higher nursing salary	2.2	2.6
Better retirement benefits	2.2	2.4
Better health care benefits	2.1	2.6
Better support from nursing management	2.6	2.9
More support from other nurses	2.5	2.7
Better nurse to patient ratios	2.5	3.0
Adequate support staff for non-nursing tasks	2.8	2.9
Availability of re-entry programs/mentoring	2.7	3.4
Improvement in my health status	2.0	1.8

Note: Number of cases=151. Data are weighted to represent all RNs with active licenses. A value of 1 indicates “not at all important” and a value of 4 indicates “very important.”

All nurses who responded to the 2012 survey were asked about their satisfaction with the nursing profession as a whole. Table 4.17 compares the satisfaction of RNs who were employed in nursing in 2012 with those who were not employed in nursing. Unsurprisingly, nurses who were not employed in nursing were less satisfied with the nursing profession overall than RNs who were working in the profession. Nearly 15 percent of nurses not employed in nursing reported that they are dissatisfied or very dissatisfied with the profession.

Table 4.17. Satisfaction with nursing profession of registered nurses residing in California, by employment in the nursing profession, 2012

	Employed in nursing	Not employed in nursing
Very satisfied	38.1%	27.8%
Satisfied	47.1%	35.7%
Neither satisfied nor dissatisfied	6.6%	21.9%
Dissatisfied	5.3%	10.9%
Very dissatisfied	2.9%	3.7%

Note: Number of cases=4,764. Data are weighted to represent all RNs with active licenses.

Chapter 5. Thematic Analysis of Nurses' Comments

Introduction

Narrative responses were invited in the comments section at the end of the 2012 Survey of Registered Nurses and were submitted by 1,143¹ survey respondents, representing 21 percent of the total 5,529 survey respondents. Nearly 50 percent (2,750) of respondents indicated interest in the results of this survey and offered an email or street address for notification purposes.

The survey respondents who entered narrative comments are slightly older than those who did not comment, have been practicing nursing a little longer, and tended to under represent ethnic minorities (Table 5.1).

Table 5.1. Characteristics of respondents who commented and all survey respondents, 2010-2012

	Respondents who Commented		All Survey Respondents	
	2010	2012	2010	2012
Years in nursing (years)	24.2	21.0	20.8	19.1
Age (years)	52.9	53.3	49.1	50.4
Ethnicity (% White)	69.4%	72.8%	62.5%	65.9%
Number of Cases	1,265	1,143	6,273	5,529

Note: Data in table is not weighted.

The percent of online respondents leaving narrative comments (21.1%) was similar to the corresponding percentage among hard-copy respondents (20.6%) as seen in Table 5.2. The online narrative respondent's characteristics more closely mirrored the larger population in terms of age and experience.

Table 5.2 Characteristics of online narrative respondents vs. hard-copy narrative respondents, 2012

	Hard-Copy Respondents	Online Respondents
Years in nursing (years)	21.1	18.7
Age (years)	53.4	49.1
Ethnicity (% White)	73.1%	64.5%
Response Rate (%)	20.6	21.1

Note: Number of total hard copy and online respondent cases=1,143. Data in table is not weighted.

It should be kept in mind that the comments made by 21 percent of the sample respondents may not necessarily reflect the opinions of the whole sample of surveyed RNs, let alone the whole of the California nursing workforce. Nonetheless, the fact that the expressed issues, opinions, and concerns are shared by a considerable number of sampled nurses suggests that these are very real concerns and issues in the nursing workforce.

Some respondent comments were not relevant to this thematic analysis; some respondents merely wanted to express their thanks for being included in the survey, and others wrote to clarify responses to questions earlier in the survey. A few comments included specific critiques of this survey instrument and focus of the survey questions, which will be considered for future surveys. The majority of the comments concerned the practice of nursing in the hospital setting, although there were comments from nursing faculty, school nurses, a number of nurses in long-term care facilities, and some nurses in primary care settings.

This analysis utilizes a set of five themes identified from the past three BRN Surveys of Registered Nurses. These five thematic areas are: (1) the culture of nursing, (2) work relationships, (3) job-related concerns, (4) nursing education, and (5) compensation for work. Overall, the tone and content of the 2012 survey comments remain very

¹ Includes comments on the survey, comments that were informational in nature, and comments that were relevant to the thematic analysis, but not "thanks for the survey" or "send me the survey" or "none".

similar to past surveys. This is not surprising as the concerns voiced in these comments are fundamental issues affecting how nursing is practiced in the midst of an evolving health care industry and integration of rapidly changing technology. The 2012 survey comments break from the past surveys in the number of comments about difficulty in finding employment in nursing, particularly for new graduates. The thematic analysis below highlights nurses' perceptions of their profession and working conditions.

Theme 1: Culture of Nursing

A common theme among the narrative comments of the 2012 Survey of RNs was the changing culture of nursing. This theme reflected 1) pride in and appreciation of nursing, and 2) how the changing health care environment was changing the profession.

Pride in the Nursing Profession

Pride in the nursing profession was the most common theme among narrative responses — nearly a quarter of all comments included some reference to loving the profession and/or an individual career in nursing. Many respondents reported that their children and/or other relatives were following in their footsteps. Many of the critical comments reflected frustration and disappointment that the practice of nursing does not meet its own high standards. Some respondents were unequivocal in their pride and satisfaction with their nursing career:

“I have no regrets about becoming a nurse. I think it is one of the most interesting and rewarding ways to have a meaningful professional life. My son is an RN and my daughter is a PA, with my encouragement.”

“My experience as a RN has been the most valuable part of my life. I love nursing and all the life experiences it has brought me. I support the profession 100% and mentor many individuals who select nursing.”

“I believe now, as in the past, that nursing is more than my profession--it is a lifelong calling”.

“My RN and NP education were the best investments I could have possibly made. The benefits for me and my family are too many to list. My personal and professional life could not have been more rewarding. I loved being a nurse.”

However, there were a few who felt they could no longer recommend nursing as a career:

“For the first time ever, I do not whole heartedly recommend nursing as a profession--too much documentation! And the inpatients are really sick. I recommend my students immediately further their education to expand their options.”

“I would never recommend it as a career choice. I feel the actual delivery of patient care has broken down. I wish I was no longer a part of it.”

“I would tell my daughter to go to medical school instead. Nurses as a profession are over-worked, under-paid, lack recognition, do not support each other at work, and are generally destructive as women. Sad, we really haven't made much progress in my 40 years in nursing.”

“When my daughter was deciding what to do in college, I told her if she chose nursing, I wouldn't help pay for it--but that was no problem: she said after hearing all my stories of how the doctors treat us, she wanted no part--she's very happy to do graphic design working from her home.”

State of Nursing Today

While many respondents noted that they loved nursing or their nursing career, many also felt things were changing for the worse. Negative changes were linked with increased documentation requirements and correspondingly less time at the bedside, heavy workloads, inadequate nursing education, and facilities where cost-cutting and efficiency are a priority, all resulting in less than the highest quality of care

“Nursing is being destroyed by corporate greed. Everything I see at the hospital is about money. I am saddened that the art of nursing and medicine has been so devalued. Nurses are no longer recognized for their nursing skill but penalized if not being “efficient.” My position was eliminated and I took the opportunity to... consider a career outside of nursing. The sad part is I love being a nurse and taking excellent care of patients but the corporate greed does not support excellent healthcare!”

“I know nurses work very hard and are very under-appreciated especially from upper management. We are expected to take on more and more every day: more patient load, more charting, sicker patients--and yet we have outdated, nonfunctioning equipment. We are told to “deal with it” because we have to stay on budget. Everything is about the budget now. We were also told by upper management that our jobs are not secure and nobody is safe anymore, so we should watch it. Yes, we really were told that. Such a nice work environment to come to every day. I have been a nurse for 20+ years now and it’s not the same anymore.”

“I loved being a nurse for 23 years. Nursing has changed a lot recently. I would prefer animal care now; the computer age and technology changed hands-on nursing to assembly-line care.”

Similar to 2008 and 2010 survey comments, several respondents remarked on perceived attitude changes among newer nurses (compared to earlier generations) who seem to treat nursing as a “job” with flexible hours and good pay. Respondents perceived this behavior as undermining professionalism and quality patient care.

“I think nursing has changed so much over the years. I don’t think that people go into nursing wanting to make a difference in someone’s life or having a passion to help someone get better. It’s just big business, “How much money can we make?” is the attitude. The work ethic has changed.”

“The most disheartening for me is working with nurses all levels – who offer complaints about the profession and refusing patient care when patients request. Nurses who cannot speak, understand, or write English – nurses who “walk-out” per unions – to be honest. I almost never have “RN” behind my employment identification. In general, I’m not proud of where our nursing profession has gone. We need to bring the “profession” back.”

However, some reported improvements. This was particularly true of those who could compare the situation in California to that in other states.

“I continue to enjoy the nursing profession. Communication with RNs in other states makes me realize how fortunate we are here in California. We still have room for improvement but in the 32 years I have been an RN I have seen significant changes/improvements. I hope the momentum continues.”

“Like it or not, the CNA union has helped improve nursing in CA with its increased schooling and nurse-to-patient ratio law.”

The current economic downturn has introduced additional uncertainty and stress into the nursing workplace. After a much-touted nursing shortage, many new graduates and older, returning nurses report difficulty finding employment. Many have had to accept positions that are not in their desired field, facility type, or geographic location, and many report deteriorating working conditions at organizations that have been negatively impacted by the recession. New regulations and increasing use of technology are reportedly changing the role of the nurse in the workplace, redirecting some focus away from direct bedside care and towards greater time spent in documentation. Finally, the gradual implementation of the Affordable Care Act may have an impact on nurse's roles as health care organizations work to accommodate the anticipated influx of new patients by adopting new staffing patterns and technology.

Some respondents were particularly concerned about the lack of jobs and new graduate programs, fearing that an entire generation of new RNs would miss the mentoring of experienced nurses.

"I believe that many in hospital management today are not vested in our future young nurses. Very few are hiring new graduates due to hiring freezes as the result of our recent weak economy. However, in the long term, this could mean fewer experienced nurses will be caring for the growing aging Baby Boomer generation. New grads that are unable to find an RN job for an extended period may leave the nursing field completely. These new RNs need their training at the bedside now in order to gain valuable experience to be ready to replace the large number of RNs who will be retiring in the next 5 to 10 years."

"I have enjoyed and am proud of my nursing career; however, I am worried about the profession's future. The inability for the best qualified candidate to gain admission to nursing school, and the fact that new graduates are finding it next to impossible to be hired into RN positions, are two of the problems I feel impact the profession."

The mean satisfaction ratings given by all active nurses were all relatively high (Chapter 3, Figure 3.11). Active nurses scored their "job overall" with a 4.14 rating, "nursing profession overall" with 4.12, "quality of patient care" with 4.0, and "work is meaningful" with a 4.2, on a 5-point scale where 1 = "very dissatisfied" and 5 = "very satisfied". These scores indicate that the negative comments about the nursing profession written in the open-ended comment section do not necessarily reflect the views of the majority of the survey respondents, or represent specific complaints rather than an overall assessment of the state of the profession.

Theme 2: Work Relationships

Some narrative respondents felt that there was a general lack of respect for and appreciation of nursing skills and responsibilities. This was often mentioned in the context of employers and managers who treat nursing staff as a pool of technicians to be maneuvered to increase efficiency. Some respondents noted disrespectful treatment from physicians, but these comments were relatively few. While comments about nurses "eating their young" still appeared among narrative responses, there were relatively few comments about "mean" nurses, and respondents gave high ratings to relations among nurses. Relationships with patients were the high point in terms of job satisfaction—a factor which is reflected both in narrative comments and in survey ratings. The importance of providing patient-centered care was repeated throughout the narrative comments and reflects a central tenet of the culture of nursing.

Relationships with Patients

The 2012 RN respondents rated interactions with patients (4.3) as the highest area of satisfaction (Chapter 3, Figure 3.11). The relational nature of their jobs, and the ability to provide compassionate, high-quality bedside care was extremely important to many nurses providing narrative responses.

"I have enjoyed my nursing career. It has been a privilege to aid and assist patients with medical needs (from newborns to assisting with patients' comfort during terminal care). I am proud to have been on the cutting edge of health care technology. My one concern for

the future would be that the nurse will continue to be “hands-on” in the delivery of compassionate care.”

A few respondents commented on a changing patient population with higher acuity levels and less respect for health care professionals.

“Sadly the nursing profession does not receive the recognition, respect, or support it deserves. Patients and families have become increasingly abusive--both physical threats and verbal.”

However, the majority of critical narrative responses submitted in 2012 reflect the frustration of nurses not being able to provide quality care to patients due to circumstances beyond their control. This latter theme is taken up in more detail in the sections that follow.

“I was taught to be the patient’s advocate. But all that is wanted now is speed for the bottom line. They want me to focus on the computer and admit patients fast. No holding hands & drying frightened tears--this takes too long--wastes time. After surgery--get them out fast. Don’t give that last dose of pain and or nausea med to really get them comfortable. Just hurry up, get them out, get them out.”

Relationships with Physicians

There were a few comments regarding relations with physicians. More typical were comments about the lack of respect from administrators and supervisors.

“Dissatisfied in profession due to the behavior of MDs and their treatment of nursing professionals--It has not changed during the 17 years that I have been a nurse! Most MDs still treat RNs as second class citizens--I would not have gone into nursing if I had known this when I entered the profession.”

Relations with Management and Employers

Many respondents felt that management and administration in particular exhibited a lack of respect for the rigors or contributions of the nurse’s job. Few of the narrative responses were positive about management and employers. Lack of support, failure to understand or respect the complexity and intensity of nursing practice in the hospital, and making efficiency a higher priority than quality care were common themes in comments about administration. Heavy workload, inflexible scheduling, low wages, and ignoring physicians’ incivility were cited as examples. Most respondents felt that their needs and their voice were not heard by their administration.

These comments are consistent with some of the lower rated areas of satisfaction identified by working nurses: involvement in policy and management decisions (3.2), non-nursing tasks required (3.3), leadership from nursing administration (3.3), and recognition for a job well done (3.5) (Chapter 3, Figure 3.11).

“...I feel that constant disrespect by hospital management in terms of staffing, retirement benefits, monitoring of physician/RN conflict issues have all contributed to my decision to leave a profession that I dearly loved and excelled in my practice. Constant stress and ethical/moral dilemmas caused by hospital understaffing. Not enough staff to safely care for patients or to take breaks/dinner.”

“Yes, we have service awards (every 5 years); you get a free meal if you attend the ceremony & sometimes a pin! During the ‘80s, we got a 50 cents/hour raise almost every year but now we haven’t had an increase in 5 years. We are aware of the bad economy. We get cancelled or put on-call when census is low. We are always reminded that retrofitting the hospital is their priority, never retaining the numerous good nurses that left. Administration

got their bonuses & nurse managers & head nurses (chosen by a handful) got an increase last year!"

"Nurses need to be respected and valued by hospital administrations. Often, when an issue comes up regarding the poor manner in which a MD treats a RN, the hospital will support the MD because the bottom line is, they bring in the revenue." "

Relations among Nurses

A few narrative responses in the 2012 survey mentioned a lack of support among nurses. Critical comments regarding relations among nurses are not reflected in the 4.1 satisfaction score for "support from other nurses" as well as the 4.1 score for "teamwork between coworkers" identified in the 2012 RN Survey Report (Chapter 3, Figure 3.11).

Some respondents reported bullying behaviors from colleagues and supervisors that caused them considerable stress. Relations among nurses were also impacted by the recession, with some respondents expressing hostility towards nurses of other cultures and generations for "taking" jobs they thought better suited to others.

However, despite the comments about nurses "eating their young", many experienced nurses decried the lack of positions for new nurses and called upon other nurses and administrators to create opportunities for them. Many were sympathetic to younger nurses, noting that their children and/or other relatives had followed them into the profession.

"...The few (new grads) that I do know that have found work are tormented by the established nurses and have to face terrible lateral violence in the work force. I have considered forming a support group because of the frequency with which I see new grads that are facing similar issues. It is horrible to enter a work force that either has no interest in you or tries to break you down if you are lucky enough to find employment within the nursing world."

"Nurses are not very supportive of each other and especially to new or returning to practice RNs. We need to develop a better community and culture of support and collaboration; we need to celebrate and work together on the job site."

Another issue mentioned in conjunction with competition and economic uncertainty had to do with cultural issues and competition for a shrinking pool of jobs. A few respondents noted difficulty in accepting foreign-born nurses, difficulty in understanding various accents or cultural styles, and some resentment towards foreign-born nurses "taking" jobs they felt should be reserved for local candidates. Older nurses complained about younger nurses' lack of commitment to the nursing ethic and that hospitals were eager to replace experienced nurses with cheaper new grads. Younger nurses complained that older nurses were holding on past reasonable retirement age, depriving them of jobs. A smaller group of nurses noted that they felt that they were targeted for their age, gender, race, ethnic, or cultural identity.

"...There are lots of nurses that treat other nurses in a very mean way. I didn't know this until I started working as an RN. Many nurses don't even acknowledge each other when they meet, although they work together. This is not nice. With my RN job, I feel very insecure. I rarely leave my workplace with peace of mind. Every day that I work, I feel I am under attack by my colleagues. Some of my colleagues look for my mistakes so that I can get fired. This is so stressful. Being a male nurse especially from a minority group this is a very hard struggle for survival."

"It seems locally there is a trend towards prejudice against older nurses. Is this a statewide trend? Any type of advancement does not seem possible. There has been created an

unwritten but spoken policy about “young” vs. older which creates a hostile atmosphere towards a generation which should be mentoring the new nurse.”

Exemplary Work Relationships

Some respondents were happy with their current workplace situations, and suggested these workplaces as best practices. These comments were in the minority of comments about workplace relations, but do provide some information about situations where administration, providers, and staff are “doing it right.”

“I was interested in California nursing partially because of the nurse patient ratio. This was a daily issue in the Canadian workplace and it adds untold stress for each shift to feel overloaded and pressed beyond reasonable burden to accomplish satisfactory and safe patient care. I worked as a travel nurse for several years in CA and then became staff with my current employer.... I have been extremely pleased with the quality of RN and medical staff, the support staff and generally all employees of this system seem to do their best at all times. Nurses need all their colleagues to work as a team, and I have felt this hospital is true to their patient-first mission.”

“[Our] Surgical Unit has done a phenomenal job supporting the transition of new RN grads to RNs. They are very cohesive unit & could be a model for providing a supportive work environment in the nursing world for all of their nurses.”

“Very different culture compared to Northwest Indiana. I found more opportunity and teamwork in California.”

Theme 3: Job-related concerns

A relatively new theme that started with the 2010 survey and continued through the 2012 survey was the lack of adequate job opportunities, especially for new graduates and returning nurses. This was mentioned by new graduates, returning nurses, and experienced, employed nurses as cause for concern. Several noted that hospitals were not hiring nurses unless they had one to two years of experience, a practice that put new graduates in a bind as they could not get the experience to get a job because they had no prior experience. Some re-entry nurses reported that despite often extensive experience, they were told they needed two years of *recent* experience—and complained that there were few if any refresher or orientation programs for returning nurses.

Employment seekers reported searching for work for up to two years, needing to relocate in order to find work, or, in a few cases, accepting alternative employment. Anxiety about the lack of jobs prompted some to suggest that nursing schools cut back on enrollment. Some were angry that nurses from other countries were allowed to work in California hospitals while domestic graduates were struggling to find employment. Lack of employment opportunities was one of the biggest category of complaints, cited in approximately 16% of comments overall.

“More new grad positions!!! It is so frustrating to have spent so much time, energy and money on my nursing education to now be not able to find employment--not to mention hard on the spirit and budget to be actively seeking employment for a year. The word is that 500 new grads are applying for each new grad position that opens up. If hospitals want a sustainable workforce that is invested in the institution and community, something needs to be done to retain more new grads in the Bay Area. We are eager to work and learn from the baby boomer nurses before they retire. Let us in!!! Please!”

“I am very disappointed and frustrated about the job situation for new grad RNs. I love the profession but fear I may never be able to practice. It’s been a year of searching and still no job. I sometimes regret quitting my admin job to attend nursing school. My life and family have been negatively affected by my decision to become a nurse. I never thought I’d be an unemployed RN on welfare but that’s my reality.”

“It was extremely difficult to re-enter the field of nursing after 13 years. No hospitals would even consider to employ/retrain. I was told by many potential employers that new graduates or re-entry nurses are not being hired. One potential employer stated that there are plenty of nurses from the Philippines who want to come over. More needs to be done to assist nurses to obtain employment (new graduates & re-entry)...”

“We are oversaturated with foreign nurses in California and it is making it more difficult to find employment. This should stop. It isn’t fair to those of us who are citizens and who have lived in CA a long time. I have also experienced age discrimination, I believe. Hospitals are not willing to retain RNs who have been out of hospital nursing for a while.”

For employed RNs, the main issues in the workplace that were mentioned included (1) paperwork and documentation requirements, (2) staffing or workload, (3) scheduling, and (4) quality of care. All of these issues were cited as stressors that negatively impact the quality of patient care. The inordinate amount of time required for charting and documentation, resulting in time lost for patient care, was the most frequent complaint among these narrative responses.

Paperwork and Documentation

The increasing amount of documentation required of nurses was the subject of a great number of critical job-related comments and was included in 15 percent of comments overall. Many respondents reported that paperwork and charting detracted from patient care. The amount of paperwork required received the lowest satisfaction rating, 3.0, on a 5-point scale, in the 2012 RN Survey (Chapter 3, Figure 3.11). Many respondents were especially critical of their electronic documentation systems.

“Way too much paper work; I feel more like a secretary than an RN.”

“I feel like I have been “beta testing” IT systems and equipment for years. The ongoing malfunctions and constant change impact patient care, drag down morale, and generally exhaust staff. Delays in resolving IT failures and biomed issues cause much frustration.”

“What has happened to bedside care? What kind of healthcare system have we created when a nurse must choose between charting, holding her patient’s hand for comfort, or turning an exhausting 12 hour shift into 14 or 16 hours because she has to chart after her shift is over because she chose to hold her patient’s hand?”

In fact, we received only two positive comments about health information technology and documentation:

“Wonderful career, versatile, continuous learning, electronic medical record makes job easier and quicker.”

I appreciate the leading edge technology in the regional hospital where I worked through a temp agency. Patient confidentiality is huge.[...] is excellent, ensuring med administration in a timely manner. Also worthy of note is the fact that each patient’s room is equipped individually including medications, computer etc.--everything for proper nursing care and practice.”

Staffing and Workload

Understaffing, or heavy workload, was among the most commonly identified concern among respondents—comprising around 10 percent of comments. The satisfaction ratings with workload as discussed in the 2012 RN Survey were rated 3.4 on a 5 point scale (Chapter 3, Figure 3.11), indicating that survey respondents have a slightly satisfied view of their workload. In many comments the heavy workload is considered evidence that the

management does not understand the challenges of nursing in a hospital. Nurses worried about the impact of understaffing on patient care, and on their own health.

“...Over the past 5 years, in-patient acuities have gone up, but ratios remain 1:5; CNAs are being laid off, leaving RNs to do aide work such as getting fresh water, restocking gloves in room, taking patients to bathroom and waiting for them to finish, etc. More regulations and paperwork are being added to workload, with no recognition for things done right; constant criticism of RNs and why certain things aren't getting done. Nurses on med/surg are generally late getting off by at least 1.2 hour or more, while trying to do a conscientious job, then they are “concerned” on their overtime and “apparent mismanagement of time.” Patients are sicker and more demanding than ever before!”

“The work is physically debilitating due to lack of CNAs, causing a lifetime of back pain and arthritis. There isn't even hospital assistance with lifting, transferring patients, some of whom weigh up to 300 lbs. Nursing is so stressful due to the lack of staff and support one would lucky if they didn't end up with PTSD and a lifetime of physical ailments. Not to mention the unimaginable amount of errors occurring in patient care due to lack of proper staffing, and no willingness of patient care managers to help nurses when things get tough. I was an extremely competent and capable RN working in acute care (hospital setting), and would not recommend nursing as a profession based on the amount of responsibility in ratio to the pay. If more CNAs, “lift teams”, meal break coverage, and help from managers was better, not so many experienced RNs would want to leave a profession they had dedicated themselves to...”

California's mandatory staffing ratios were generally praised, and many noted that staffing ratios had made their jobs more manageable:

“California remains to be the best state to work in for nursing. The mandated staffing ratios allow me to spend more time with my patients.”

Others felt that staffing ratios had been used as an excuse to eliminate ancillary staff and put more work back on the RN. Still others noted that the ratios did not take into account patient acuity and were therefore insufficient. A number of comments indicated that the ratio law was not being properly enforced at their hospital, or that it should be expanded to address other types of workplaces like schools and skilled nursing facilities.

“There should be mandated nurse-to-patient ratios in the outpatient setting, particularly in the oncology setting. I don't understand why ratios only apply to the inpatient setting in California.”

“There needs to be a patient ratio in long-term and rehabilitation care that affects each individual shift. Currently, it is an hour of care ratio over 24 hours. This results in day shift having way more people to assist patients than any other shift...”

Scheduling

The demands of long shifts and inflexible scheduling were common complaints and cited as a reason for leaving the nursing profession and/or the hospital environment. At the same time, the wide range of scheduling configurations available to nurses has clearly been a benefit for many raising families or attending school. The issue of working through breaks and or lunch came up frequently in connection with the issue of understaffing on the job. The satisfaction rating for work schedule as discussed in the 2012 RN Survey was 4.0 on a 5-point scale (Chapter 3, Figure 3.11), indicating that survey respondents are generally satisfied with their work schedule.

There were complaints about 12 hour shifts, although one respondent felt 12 hour shifts improved continuity of care and allowed nurses more contiguous downtime during the week to recuperate.

“I enjoy the work that I do tremendously. I truly enjoy caring for patients, particularly teaching and getting to know my patients as people. However, I do not enjoy my job. Twelve hour shifts on a very busy L&d unit take a lot of stamina and can be incredibly stressful. It takes me approximately one full day to recover after each shift I work 12 hours! And I am in great physical shape. As I get older, each shift takes more recovery time. I think our management teams do a huge disservice to nurses by mandating 12 hour shifts. These shifts will force many of us experienced nurses out of hospital nursing.”

“I had worked in CA since moving there and had 4 small children. When the hospital I worked at (and loved) went to mandatory 12 hour shifts I could not work that and leave the children. Too hard physically and finding child care for 4 children.”

Quality of Care

Quality of care, and patient safety, were frequently mentioned as concerns among respondents. Heavy workloads and lack of sufficient support staff were cited as the main obstacles to delivering quality care. The inadequate skill level of new nursing graduates was mentioned as a concern by several respondents.

“Even though I have not worked as an RN since being disabled, I have been a patient in the hospital on several occasions and was disappointed to see the quality of nursing care has gone down. Mainly the professional attire is gone and it is difficult to know who is an RN or who is housekeeping. Many nurses don’t listen to their patients and seem to be more focused on completing tasks than caring for the patient...Performing tasks, giving meds, and charting seems to be more important than assessing patients and listening to them.”

“I’ve witnessed the insidious, progressive erosion of quality care over my career coincident with the increase corporatization of medical care delivery. Sadly, I’ve witnessed a new generation of care givers now socialized to these eroded expectations.”

Theme 4: Nursing Education

Nursing education was a common theme including (1) inadequate preparatory education and (2) lack of available nursing re-entry programs. Many commenters were frustrated with nursing education because increasing levels of education did not necessarily translate into corresponding increases in salary across the various practice settings.

Preparatory Education

There were a number of comments about preparatory education. Some respondents complained that new graduates were not prepared to enter the workforce, lacking hands-on clinical skills, critical thinking skills, and appropriate work ethic. Some comments faulted the caliber of nursing program applicants being accepted as well as the nursing programs themselves. While some respondents felt it was unfair to expect hospitals to provide new graduate training programs to pick up the slack, others called for more such programs to prepare the next generation to take their places as current nurses moved towards retirement

“The lottery in CA is turning out very poor nurses. We need to go back to higher standards for entrance into nursing schools. We are turning out mediocre nurses!!!! This is shameful!”

“Nursing schools have not kept up with the changes necessary in training new graduates. These new grads are not ready to work in the hospital setting & require the hospitals to have training programs which are very expensive & time consuming! Therefore, new grads can’t get hired & there is still a nursing shortage! Schools should include ~3 month training program after graduation with experienced RNs willing to do this job! Of course most grads

would gladly pay for this & not place the burden on the hospitals! “We need more RN programs. Eliminate lotteries and determining who should get into the programs should be based on grades, experiences, and talents. Also, RNs need to be more supportive of new grads. We are all life-long teachers and students.”

Respondents were split on the IOM Future of Nursing Report recommendation that the proportion of nurses with baccalaureate degrees be increased to 80 percent by year 2020. Some argued that this would increase professionalism, improve the quality of care, and command greater respect and compensation for nurses. Others felt BSN-prepared nurses were no better than nurses with the ADN degree and that this move would simply increase the price of acquiring a nursing degree and raise the cost of health care.

“The RN profession should mandate a minimum BSN requirement to sit for the boards. This sets a level of professionalism within our field that creates constant standards of practice and like-mindedness, subsequently commanding a unified respect. This in turn translates into better salaries, benefits and working conditions and best of all high quality of patient care.”

“The bureaucracy of nursing requirements has made nursing much more difficult and undesirable than when I first started. Requiring all nurses to have a bachelor’s degree for in-hospital direct patient care is ridiculous. It won’t improve care in this setting. It only services educational institutions and drives up the cost of healthcare.”

Re-entry Programs

Several respondents indicated they are returning nurses who would like to continue practicing nursing but have had difficulty locating information about reputable nursing re-entry programs, particularly programs that could be found nearby. The comments remind us, also, that these returning nurses are an overlooked addition to the state’s nursing workforce.

“For an RN wanting to return to nursing after a period of 11 years, this has been the most frustrating job-seeking experience. Understandably, no one wants to hire an absentee RN, but the availability of re-entry/refresher programs “somewhere” would be great asset to the experienced nurses and the nursing profession, as well as provide jobs in this bad economy. I am fortunate that the temp agency has given me an opportunity to hopefully re-enter the nursing market...”

Theme 5: Compensation for Work

The 2012 RN Survey findings showed the average compensation for working RNs in California was \$89,940 (Chapter 3, Table 3.29). Earnings from nursing work were reported to be very important to the households of nurses, accounting for the majority of the household income for more than 70 percent of working nurses (Chapter 3, Table 3.34). Almost universally, narrative responses regarding compensation expressed dissatisfaction with salary, benefits, or both.

Salary

Some respondents were satisfied with their salaries, and a number noted that they had moved to California for the higher salaries and better working conditions, despite the high cost of living. The satisfaction rating for salary as discussed in the 2012 RN survey was 3.9 on a 5 point scale (Chapter 3, Figure 3.11), which is relatively high and indicates that the majority of nurses are still satisfied with their salary.

“I think being an RN in CA is awesome! Better pay, moderate weather, beautiful scenery! Can’t beat it! I plan to stay here until I retire!”

“Relocated here due to better salary and working conditions. I feel the unions are vital to the improvement of nursing. I am from the East (South) where it is comparable to the ‘60s and ‘70s in California.”

However, the majority of respondents felt their salary was inadequate considering the amount of work and responsibility required of them. The number of negative comments about salary outnumbered the positive by 3:1.

“I work hard and long hours taking care of sick patients. I don’t feel employers take care of us--hours, PTO, healthcare. We are the backbone of healthcare--if we all walked out, what would be left? Salary is not equal to knowledge, skill, and responsibility--people’s lives!”

Some respondents expressed dissatisfaction with perceived salary inequities within the nursing profession. Many noted that getting a higher degree or certification did not result in higher pay.

“I moved from a rural area to a large city. In the rural area pay for new grad nurses is \$41/hr to start, and my peers have had an easier time finding work there. In the city where I now reside, I have been looking for a new grad nursing job for 3 months and the average pay offered is \$16 to \$22/hr. That barely makes up for the cost of living in the area.”

“I do not like that nurses with advanced degrees are not paid better if they are working directly with patients. Increases in wages are often based on bimonthly or years worked as an RN. This fact doesn’t promote nurses to advance their education.”

“If the goal is to increase the number of certified/advanced practice nurses, then I strongly feel that there needs to be a focus on tuition reimbursement & ongoing incentive to obtain higher certification levels for nursing. As a general rule, for a staff nurse, the cost of education is far more expensive than the certifications’ yield in earnings/pay. On a global scale (all CA RNs) I don’t feel that the majority of nurses will pay additional monies out of pocket for little to no return in salary changes. There must be a focus shift by hospital leadership to not only pay for license certification tests, but also increase the salary of those who obtain their licenses/certifications.”

Benefits

Benefits, while not mentioned as often as salary, were noted as an important and desirable aspect of a fair compensation package. Several respondents mentioned insufficient retirement packages, including lack of pension (401k only), and lack of retirement compensation altogether. A number of nurses mentioned retirement policies in conjunction with concerns about workplace injuries. Several mentioned that they were forced, or feared they would be forced, to leave nursing before retirement age due to injuries or failing health. Other complaints had to do with lack of breaks, reasonable health care benefits, and lack of employer support for educational advancement and certifications.

“It has been my experience that the health insurance provided in the two health care positions I’ve held have not been the best coverage overall, which seems an inconsistency considering we work in health care. I do not use my employer’s coverage because I get better coverage under my husband’s policy. He is a school teacher.”

“My employer has removed out education benefits and longevity bonus. The overtime pay has decreased. Now that I’m getting close to retirement, me and other fellow workers (baby boomers) are finding out that our retirement is way low compared to other institutions. I wish California will require it to be competitive. Very unhappy with our retirement benefits!”

However, a few respondents noted that they were happy with their benefits, most notably those who had worked most of their careers for Kaiser Permanente or the University of California.

Respondents Suggestions for Improving Nursing

Many respondents provided suggestions to strengthen the nursing profession and improve nursing education. These included providing more background in teamwork and professionalism in the nursing curriculum, more internships and new grad programs to assist the latest waves of nursing graduates to gain clinical skills and employment, stronger collaboration between nursing employers and educators to place new graduates, support for tuition reimbursement for currently employed nurses,; and stronger and more supportive leadership from nursing administrators. Respondents also suggested that flexible scheduling and less physically demanding job roles would allow the older, experienced nurses to continue contributing to a profession they love.

“We need assertive leadership to be perceived as respected as equal partners with physicians. I suggest an inter-agency coalition to keep or place nursing at the table in legislative and public health. Also, the CNL role is invaluable as a change agent, more scholarships, please.”

“With the recent saturation of new graduates into the nursing profession their need to be more internship programs to ease the transition and assist in these new grads in job placement”

“I would like to see the Board of Nursing provide an on-line RN to BSN at a lower cost/much lower cost than private institutions. Can you fund the program by adding \$5-\$10 to license fee for RNs? This can improve the quality of nursing. Please include a class in respect/manners/teamwork in the nursing curriculum which provides a code of conduct.”

“I also worry about some of the “newer” graduating RNs ... They seem to lack the empathy and compassion of non-judgment of patients that may be of a lower socio-economic group, of the elderly, of the patients w/ chronic pain issues ... This concerns me. Again, I say this is not “all” the new grads that I work with, but I do see a bit of a trend over the last 12+ years or so. What can I suggest? Please encourage the nursing programs to teach & emphasize the important of the ethics of nursing, the compassion and empathy that is required. It is not a “mechanical-cookie-cutter” type role. I also worry about how nurses treat one another. They seem to not support each other and “teach” each other as they should. It is a dynamic and wonderful career. I am a big believer in teaching, mentoring new nurses, and respecting everyone - regardless of their background. We are there to work together and care for our patients.”

“We need more RN programs. Eliminate lotteries and determining who should get into the programs should be based on grades, experiences and talents. Also, RNs need to be more supportive of new grads. We are all life-long teachers and students.”

“More consideration needs to be given to the special needs of “older” RNs-those over 60. If these RNs are truly needed or valued they could be more productive for more years with a little support re: vacation time; schedules; shift work; rest breaks, etc.”

“More opportunities are needed to allow older RN’s to transition to education, teaching, mentor positions without loss of income or retirement benefits.”

Respondents were split on certain issues, including requiring the BSN to practice nursing, as noted earlier, and on the relative merit of unions.

“Thank you for CNA, our union, and the staff/patient ratio law and the law regarding meals and breaks. It has made all the difference in the world on helping to reduce burnout and provide better working conditions and salaries.”

“Get the CNA out of nursing practice. They have made most nurses into factory shift workers! We need an organization that promotes nursing as a profession NOT as a political lobbying machine.”

Summary of Thematic Findings

While these comments represent the opinions of a self-selected group of nurses with active California licenses, they do provide a deeper look at the experiences and concerns behind the quantitative survey results. The recurrence of key issues among respondents to this 2012 survey, and their persistence as themes over the years from 2004-2012 indicates their relevance to a sizable number of nurses.

Significant numbers of 2012 narrative responses indicate that many nurses feel that nursing is changing for the worse due to conditions beyond their control. For those providing narrative responses, lack of jobs for new and returning nurses was a topic of major concern—a new theme that started in the 2010 survey. Many nurses were experiencing difficulty finding work due to a weak job market, and some expressed greater insecurity about their positions due to layoffs and salary freezes. For employed nurses, heavy workloads, demanding schedules, increased reporting and documentation requirements, and inadequate support systems were major causes for dissatisfaction. Some faulted management at their organizations for lack of concern about working conditions and undue interest in “the bottom line.” Underlining many of these comments are collective concerns about the resulting quality of care and patient safety. Comments show that nurses are frustrated and distressed by a work environment perceived to erode professional respect and pride, and more importantly, their ability to provide the highest quality patient-centered care.

These narrative comments offer some insight into issues that respondents consider in their decision to continue a career in the nursing profession or work in the hospital setting. Comments from the 2012 RN Survey dramatically remind us that nurses work in an industry that is not immune to the fluctuations of the marketplace. In a time of shrinking budgets and downsizing, nurses are confronting cuts in compensation and heavier workloads, and re-evaluating the physical and emotional cost of doing what they love – giving compassionate, quality care to their patients.

Chapter 6. Conclusions

California has a diverse workforce of nurses, and this diversity is increasing with the entry of more men and minorities into the profession. In general, the trends in nursing seen between 2004 and 2010 have continued through 2012, including the persistent impact of the economic downturn on the nursing labor market and RN employment. Employment rates of registered nurses are very high, particularly for a profession composed of many older and female workers. However, there was a continued decline in the share of RNs employed in nursing in 2012, particularly among nurses under 40 years old, and many of these unemployed nurses indicated that were not able to find a job in nursing. At the same time, employment rates of nurses age 50 years and older continue to be higher than previous years; more of these nurses are seeking work and delaying retirement. The growing number of young RNs who are not employed is problematic, as California has spent considerable money on increasing school enrollments to abate the nursing shortage. Long-term forecasts indicate that a shortage is likely to re-emerge over the next decade; in the interim, strategies must be identified to ensure that unemployed new graduates can retain their skills and stay in California.

The age of the RN workforce has stabilized in the past five years. In 2012, 45.4 percent of RNs were 50 years or older, as compared with 46.3 percent in 2010. The age distribution has become more even across age groups, with nearly as many nurses in the youngest age groups as in the oldest age groups. The workforce has continued to become more diverse. In 2012, nearly 12 percent of RNs were men, and nearly 47 percent were non-White. Fewer than 45 percent of RNs under 45 years old are White. The share of RNs that has never been married rose from 15.3 percent in 2010 to 18.1 percent in 2012, reflecting the growth of the population of younger RNs. At the same time, the share of RNs who do not have children living at home rose from 47.5 percent in 2010 to 57.8 percent in 2012. Those who do have children at home tend to have younger children, 2 years or younger, or adult children at home.

Nurses are well educated, with more than 53 percent of RNs having a baccalaureate or higher degree. In 2012, more than a quarter of RNs reported that they had complete a baccalaureate or graduate degree in a non-nursing field before they began their nursing education. About 58 percent of RNs who graduated in the 2000s were under 30 years old when they completed their initial nursing education; the share of RNs who enter nursing at older ages has risen over the decades. In 2012, about 43 percent of nurses with active California licenses received some additional education; this share was only 37 percent in 2010. Nurses have a wide range of job opportunities available, and can take advantage of even more with appropriate educational advancement. However, the pattern of long gaps between initial RN education and completion of additional education has not changed. In 2012, RNs who entered the profession with an associate degree took an average of 9.4 years before completing a baccalaureate degree, and those whose initial education was a baccalaureate degree took an average of 10.1 years to complete a master's degree.

The employment settings and job titles of RNs have been relatively stable over the past decade, with most nurses working in staff nurse positions, and most working in acute-care hospitals. Nurses work in a wide range of roles, including long-term care, management, patient care coordination, education, and other roles. About 15 percent of working RNs who reside in California reported that they hold more than one nursing position. Total compensation for nurses rose substantially from 1990 through 2012, from an average of \$31,504 in 1990 to \$89,940 in 2012. Earnings growth was very low between 2008 and 2010, but returned to a pace that was consistent with pre-recession growth between 2010 and 2012. Earnings from nursing are very important to the households of nurses, with half of nurses reporting their nursing income comprised at least eighty percent of household income.

About 15 percent of RNs with active California licenses live outside California (52,978 in 2012). Many of these nurses contribute to California's labor supply. Of the actively licensed nurses residing outside California, 41.5 percent worked in California in the previous year. Over 17 percent of out-of-state nurses worked for a temporary agency, registry, or traveling agency, and another 14.2 percent worked for a telenursing employer with California clients. Nurses employed with a traveling or temporary agency worked an average of 4 months and 39 hours per week in California during the previous year. About one-quarter 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. Another 25.8 percent intend to relocate to

California in the next five years. workforce is important to meeting the health care needs of Californians. Another 25.8 percent intend to relocate to California in the next five years.

In 2010, 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 in 2012 were interactions with patients, feeling that work is meaningful, job overall, team work between coworkers, and support from other nurses. The five lowest rated areas of satisfaction were the amount of paperwork required, involvement in policy and management decisions, leadership from administration, non-nursing tasks required, and employer-supported educational and training programs.

About 15 percent of nurses with active California licenses who lived in California were not working in nursing jobs in 2012. These nurses are, on average, older than the employed RN workforce. However, some RNs who are not employed in nursing are involuntarily unemployed. Among RNs who graduated between 2010 and 2012, 41.2 percent who were not working in 2012 had never worked as an RN. Among those who had worked previously as an RN, about 55 percent have been out of nursing for five or more years. The factors most frequently identified as “very important” reasons for not working in nursing were retirement, stress on the job, other family responsibilities, difficulty finding a nursing position, and other job dissatisfaction. There has been a notable increase in the share of RNs who report that they are not working because it is difficult to find a nursing position, from 4.6 percent in 2008 to 15.9 percent in 2012. Thirty-eight percent of non-retired RNs who are not working in nursing are currently seeking work, and another 23.6 percent said they plan to return to nursing. The factors that are most important in the decision to return to nursing are availability of re-entry programs and mentoring, flexible work hours, better nurse to patient ratios, and adequate support staff for non-nursing tasks. Some nurses who are not in nursing positions work in other fields, some of which are related to health care. In 2010, 27.5 percent of California residents not in nursing positions were working outside nursing, and 74.2 percent of these said their non-nursing job used their nursing knowledge.

About 11 percent of currently-employed RNs plan to retire in the next five years, which is an increase from the 9.5 percent that had such plans in 2010. Among nurses under 35 years, about 23 percent plan to increase their hours of nursing work, and a similar share intends to reduce their hours of nursing work. About 21 percent of RNs aged 35 to 44 years plans to reduce their hours of nursing work, while only 13.6 percent plan to increase their hours.

One-fifth of all survey respondents offered comments in addition to their survey responses. Most comments included positive remarks about the nursing profession, although many comments were tempered by a short or long list of conditions at their job or in the profession that need fixing. Significant numbers of comments indicate that nurses feel stressed under heavy workloads, demanding schedules, excessive documentation, and support systems perceived to be inadequate. Underlying many of these comments are nurses’ collective concerns about quality of care and patient safety. Some respondents offered solutions to improve nursing in California as well as suggestions to improve this biennial BRN survey of RNs.

Nursing remains a strong profession in California, but the 2010 and 2012 surveys show signs of stress among nurses caused by the recession of the late 2000s. Many new people are entering the field of nursing, but employment rates of younger RNs have continued to decline between 2010 and 2012, after dropped between 2008 and 2010. Many new graduate are having difficulty finding nursing work. At the same time, employment rates of older RNs have risen. The satisfaction of RNs with most aspects of their work has improved over recent years, but improvements were much smaller between 2010 and 2012 than between previous surveys.

The nursing workforce in California is becoming increasingly diverse in both gender and ethnicity, and thus is even better positioned to meet the health care needs of Californians. RNs remain dedicated to improving their skills, and their ongoing commitment to education is one of the strengths of the nursing workforce. Employers and health care leaders will continue to benefit from supporting this dynamic workforce, seeking to improve the factors that frustrate nurses, and promoting the aspects of nursing which attract RNs to the profession.

Appendices

Appendix A. Tabulations of Responses, 2006-2012

1. What was the highest level of education you completed *prior* to your basic RN nursing education?

	2006	2008	2010	2012
Less than High School Diploma	0.4%	0.2%	0.6%	0.7%
High School Diploma	45.1%	41.9%	45.7%	49.0%
Associates Degree	27.6%	28.3%	25.8%	24.4%
Baccalaureate Degree	23.4%	25.8%	24.0%	22.4%
Master's Degree	2.9%	3.0%	3.1%	2.7%
Doctoral Degree	0.5%	0.7%	0.8%	1.0%
Number of Cases	4,456	4,822	5,503	4,942

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

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

	2006	2008	2010	2012
No	57.0%	58.1%	57.9%	57.3%
Clerical or Administrative	*	5.0%	5.1%	5.4%
Military Medical Corps	*	0.7%	0.6%	0.9%
Nursing Aide	19.3%	17.3%	15.7%	14.5%
Other Health Technician	*	3.7%	5.5%	4.4%
Medical Assistant	*	2.8%	2.7%	3.0%
LPN/LVN	10.2%	8.1%	9.2%	9.7%
Other	13.5%	4.4%	3.2%	4.8%
Number Cases	4,461	4,807	5,495	4,942

* Question was not asked in this survey year.

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

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

	2006	2008	2010	2012
Diploma	16.9%	16.0%	12.4%	10.3%
Associates Degree Program	47.4%	45.9%	45.0%	45.8%
Baccalaureate Program	34.9%	36.6%	38.0%	2.7%
Masters Program	0.1%	0.3%	1.5%	39.0%
Entry Level Master Program	0.6%	1.2%	0.2%	2.1%
Doctoral program	0.0%	0.1%	0.2%	0.0%
30 Unit option program	*	*	2.8%	0.0%
Number of Cases	4,440	4,773	5,476	4,913

* Question was not asked in this survey year.

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

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

	2006	2008	2010	2012
California	60.1%	54.6%	56.2%	59.7%
Other US state	22.0%	23.2%	22.3%	20.4%
Australia	0.1%	0.0%	0.2%	0.1%
Canada	1.4%	1.2%	1.0%	0.8%
China	0.2%	0.2%	0.4%	0.4%
England	0.8%	0.9%	0.8%	0.3%
India	0.5%	0.7%	0.6%	0.6%
Ireland	0.1%	0.1%	0.0%	0.0%
Korea	0.9%	1.0%	1.3%	1.0%
Philippines	11.1%	13.7%	14.0%	13.7%
Other Country	3.0%	4.4%	3.3%	2.7%
Number of Cases	4,351	4,775	5,480	4,905

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

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

	2006	2008	2010	2012
1940s	0.2%	0.2%	0.2%	0.0%
1950s	2.7%	2.3%	1.3%	1.0%
1960s	8.3%	8.3%	6.1%	4.3%
1970s	23.3%	21.7%	17.4%	16.1%
1980s	25.1%	22.7%	20.4%	19.1%
1990s	25.8%	25.2%	24.1%	23.5%
2000s	14.6%	19.8%	30.3%	28.7%
2010s	*	*	0.1%	7.0%
Number of Cases	4,375	4,688	5,463	4,900

* Question was not asked in this survey year.

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

6. In what year were you first licensed as an RN?

	2006	2008	2010	2012
1940s	0.1%	0.2%	0.2%	0.0%
1950s	2.5%	2.1%	1.1%	0.9%
1960s	7.9%	7.8%	5.8%	4.0%
1970s	21.3%	19.8%	16.4%	14.6%
1980s	25.1%	22.8%	20.2%	18.2%
1990s	26.5%	24.8%	23.4%	24.1%
2000s	16.5%	22.3%	31.8%	29.3%
2010s	*	*	1.1%	8.8%
Number of Cases	4,448	4,767	5,551	4,967

* Question was not asked in this survey year.

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

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

	2006	2008	2010	2012
California	63.9%	60.1%	61.7%	64.1%
Other US	20.1%	21.5%	20.5%	18.7%
Australia	0.1%	0.0%	0.2%	0.1%
Canada	1.6%	1.1%	1.0%	0.8%
China	0.1%	0.3%	0.3%	0.3%
England	0.7%	1.0%	0.6%	0.4%
India	0.4%	0.6%	0.5%	0.5%
Ireland	0.1%	0.1%	0.0%	0.0%
Korea	0.8%	0.8%	1.1%	0.9%
Philippines	9.6%	10.9%	11.7%	11.7%
Other Country	2.7%	3.7%	2.6%	2.4%
Number of Cases	4,447	4,790	5,480	4,914

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

8. In what year were you first licensed as an RN in California?

	2006	2008	2010	2012
1940s	0.1%	0.1%	0.0%	0.0%
1950s	1.2%	1.0%	0.6%	0.5%
1960s	5.2%	5.3%	3.9%	2.5%
1970s	16.9%	14.6%	11.9%	11.1%
1980s	26.5%	23.6%	20.3%	17.7%
1990s	26.2%	22.2%	20.1%	19.1%
2000s	23.9%	33.2%	42.0%	37.8%
2010s	*	*	1.2%	11.3%
Number of Cases	4,459	4,765	5,490	4,967

* Question was not asked in this survey year.

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

9. Do you presently have an active RN license in California?

Asked first in 2010; all reported respondents had to be actively licensed.

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

	2006	2008	2010	2012
0	88.2%	88.0%	90.0%	89.5%
1	8.5%	8.4%	7.0%	7.9%
2	2.3%	2.5%	2.2%	1.9%
3	0.7%	0.5%	0.4%	0.6%
4	0.2%	0.3%	0.2%	0.1%
5 or more	0.1%	0.3%	0.2%	0.1%
Number of Cases	4,456	4,746	5,551	4,967

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

11. Since graduating from the basic RN nursing program, have you earned any additional degrees?

In what year was it completed?

	% received	Year received							Number of Cases
		1950s	1960s	1970s	1980s	1990s	2000s	2010s	
ASN	3.0%	0.0%	1.5%	8.3%	16.9%	23.1%	39.8%	10.4%	159
BSN	10.7%	0.4%	1.7%	7.1%	17.0%	23.5%	32.1%	18.2%	604
MSN	6.6%	0.0%	0.9%	4.2%	13.2%	17.5%	42.5%	21.7%	351
Doctorate, Nursing	0.3%	0.0%	0.0%	12.6%	2.3%	30.6%	47.2%	6.9%	19
Associate's, non-nursing	1.7%	0.0%	0.0%	13.3%	19.5%	19.2%	40.3%	7.7%	113
Bachelor's, non-nursing	3.8%	0.2%	0.0%	7.6%	29.0%	28.8%	32.3%	2.2%	242
Master's, non-nursing	4.0%	0.0%	0.1%	2.4%	16.4%	24.3%	42.7%	14.1%	245
Doctorate, non-Nursing	1.0%	0.0%	0.0%	0.9%	10.3%	38.2%	31.3%	19.3	48

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

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

	2006	2008	2010	2012
Nurse Anesthetist	0.8%	0.4%	0.4%	0.6%
Public Health Nurse	16.1%	17.5%	15.2%	16.6%
Nurse Midwife	1.3%	0.6%	0.4%	0.5%
Psychiatric/Mental Health Nurse	3.2%	1.1%	1.3%	1.5%
Nurse Practitioner	5.6%	7.4%	5.7%	5.4%
Clinical Nurse Specialist	3.2%	3.0%	2.8%	2.8%
None	77.2%	76.7%	76.8%	75.7%
Number of Cases	*	*	5,142	4,657

* Question was not asked in this survey year.

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

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

	2006	2008	2010	2012
Less than 5 years	14.1%	15.7%	19.2%	19.9%
5 to 9 years	15.5%	14.7%	16.4%	17.2%
10 to 14 years	14.5%	13.8%	13.5%	12.8%
15-19 years	12.3%	11.8%	12.0%	11.9%
20-24 years	13.5%	12.2%	9.7%	10.0%
25-29 years	12.2%	11.7%	9.7%	9.3%
30-34 years	9.3%	9.4%	8.9%	8.4%
35+ years	8.7%	10.8%	10.6%	10.4%
Number of Cases	4,345	4,754	5,242	4,691

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

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

	2006	2008	2010	2012
No	93.5%	93.0%	91.8%	88.1%
Yes	6.5%	7.0%	8.3%	11.9%
Number of Cases	4,440	4,814	5,444	4,854

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

15. What is your degree objective?

	2006	2008	2010	2012
Associates Degree	0.3%	1.0%	0.3%	5.2%
Baccalaureate Degree	33.7%	34.4%	31.2%	33.0%
Master's Degree	44.1%	38.5%	44.1%	29.3%
Non-degree specialty certification	17.4%	21.2%	17.6%	27.1%
Doctoral Degree	4.4%	4.9%	6.8%	5.4%
Number of Cases	242	285	360	472

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

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

	2006	2008	2010	2012
Very Dissatisfied	2.4%	1.6%	2.3%	3.0%
Dissatisfied	10.6%	8.4%	6.0%	6.1%
Neither satisfied nor dissatisfied	12.4%	12.8%	9.3%	8.9%
Satisfied	54.2%	52.7%	50.6%	45.4%
Very satisfied	20.4%	24.5%	31.8%	36.6%
Number of Cases	*	*	5,404	4,764

* Question was not asked in this survey year.

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

17. Are you **currently employed** in registered nursing?

	2006	2008	2010	2012
Employed in nursing	86.7%	86.9%	12.6%	14.9%
Not employed in nursing	13.3%	13.1%	87.4%	85.1%
Number of Cases	4,346	4,890	5,551	4,967

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

18. How many **hours** do you normally work as an RN?

A. Hours per day	2006	2008	2010	2012
Under 5 hours	1.7%	0.7%	1.1%	0.7%
5-7.5 hours	4.0%	3.9%	3.8%	2.8%
8 hours	42.8%	39.5%	41.7%	45.3%
8.5-11.5 hours	15.3%	13.5%	11.6%	11.4%
12 hours	34.7%	40.8%	40.1%	38.5%
More than 12 hours	1.6%	1.5%	1.8%	1.2%
Number of Cases	3,109	3,559	3,986	3,313

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

B. Hours per week	2006	2008	2010	2012
Less than 1 Hour	0.0%	0.0%	0.0%	0.0%
1 to 20 Hours	8.9%	7.2%	6.8%	7.8%
21 to 30 Hours	14.0%	13.3%	13.4%	12.4%
31 to 40 hours	62.7%	63.9%	65.7%	68.0%
41 to 60 hours	13.2%	13.6%	12.6%	10.8%
60+ hours	1.2%	2.0%	1.5%	1.1%
Number of Cases	3,649	3,984	4,603	3,953

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

C. Overtime hours per week	2006: any overtime	2008, any overtime	2010, any overtime	2012, any overtime
None or less than one hour	50.9%	57.0%	65.5%	69.3%
1-2hours	14.6%	14.3%	11.8%	10.5%
3-4 hours	10.6%	7.6%	6.6%	5.9%
5-6 hours	6.4%	4.3%	3.4%	3.7%
7-8 hours	4.1%	4.6%	4.0%	3.4%
8+ hours	13.4%	12.2%	8.7%	7.2%
Number of Cases	3,313	3,952	4,605	3,953

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

D. On Call Hours per week	2006	2008	2010	2012
No on-call hours	*	86.2%	86.6%	89.5%
0.5-9 hours	*	5.7%	6.0%	3.9%
10-19 hours	*	4.3%	3.7%	3.8%
20-29 hours	*	1.0%	1.4%	1.3%
30 or more hours	*	2.9%	2.3%	1.4%
Number of Cases	*	3,951	4,615	3,960

* Question was not asked in this survey year.

Note: Columns might not total 100% due to rounding. 2008 and 2010 data are weighted to represent all RNs with active licenses.

19. How many **months** per year do you work as an RN?

In prior years, the question was “how many weeks” rather than months.

	2012
Less than 8 months	1.3%
8-10 months	0.8%
11-12 months	98.0%
Number of Cases	3,983

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

20a. Within the next two years, what are your intentions?

This question was asked for the first time in 2012.

	2012
Plan to increase hours of nursing work	11.6%
Plan to work approximately as much as now	72.0%
Plan to reduce hours of nursing work	10.5%
Plan to leave nursing entirely, but not retire	0.9%
Plan to retire	5.1%
Number of Cases	3,180

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

20b. Within the next five years, what are your intentions?

	2006	2008	2010	2012
Plan to increase hours of nursing work	9.5%	10.1%	13.1%	10.8%
Plan to work approximately as much as now	53.1%	54.6%	60.2%	50.9%
Plan to reduce hours of nursing work	21.6%	19.8%	15.2%	20.8%
Plan to leave nursing entirely, but not retire	3.0%	3.1%	2.0%	3.0%
Plan to retire	12.8%	12.4%	9.5%	14.5%
Number of Cases	3,694	4,037	4,660	3,142

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

21. In your **principal** nursing position, are you...?

	2006	2008	2010	2012
Regular Employee	96.0%	95.8%	96.2%	96.2%
Temp or Agency	2.4%	2.6%	1.3%	1.2%
Self-Employed	1.7%	1.6%	2.0%	2.2%
Traveling RN	*	*	0.5%	0.5%
Number of Cases	3,800	4,032	4,652	4,015

* Question was not asked in this survey year.

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

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

	2006	2008	2010	2012
0 to 20 Hours	10.5%	10.0%	7.6%	8.0%
21 to 30 Hours	15.1%	13.5%	14.4%	12.6%
31 to 40 hours	61.6%	63.4%	66.4%	69.2%
41 to 60 hours	11.1%	10.2%	10.3%	9.3%
60+ hours	1.7%	3.0%	1.3%	0.9%
Number of Cases	3,778	4,031	4,644	4,000

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

23. How many **weeks per year** do you normally work in your **principal** nursing position?

In prior years, the question was “how many weeks” rather than months.

	2012
Less than 8 months	1.1%
8-10 months	2.6%
11-12 months	96.3%
Number of Cases	3,946

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

24. Where is your **principal** nursing position located?

This question was excluded for confidentiality.

25. How many miles is it from your home to your **principal** nursing position? If you work for an agency or registry, write the average **one-way distance** to your employment.

	2006	2008	2010	2012
Less than 5 miles	16.5%	17.7%	17.7%	15.9%
5-9 miles	23.0%	21.4%	20.6%	23.2%
10-19 miles	30.7%	30.7%	31.8%	30.3%
20-39 miles	22.7%	23.9%	22.7%	23.3%
40 or more miles	7.2%	6.4%	7.1%	7.4%
Number of Cases	3,750	3,961	4,210	3,950

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

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

	2006	2008	2010	2012
Less than 5 years	46.3%	46.1%	42.8%	42.0%
5-9 years	21.4%	19.4%	24.0%	23.8%
10-14 years	8.7%	8.2%	12.5%	11.8%
More than 14 years	23.6%	26.3%	20.8%	22.3%
Number of Cases	3,598	4,020	4,617	4,034

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

27. Which of the following **best** describes the type of setting of your **principal** nursing position? If you work for a temporary employment agency, in which setting do you most often work?

	2006	2008	2010	2012
Hospital, acute care or emergency department	55.6%	56.3%	53.4%	52.2%
Hospital, nursing home unit	0.5%	0.5%	0.4%	0.7%
Hospital-based ambulatory care department	4.8%	5.5%	7.8%	8.0%
Hospital-based ancillary department	1.8%	1.4%	2.3%	1.4%
Hospital, other department	*	0.7%	*	*
Skilled nursing/extended care / nursing home	2.3%	3.0%	2.8%	4.0%
University or college	3.3%	*	1.6%	1.4%
Academic nursing program	*	1.4%	*	*
Public health dept/community health agency	2.5%	2.6%	1.7%	1.8%
Home health nursing agency or service	3.0%	2.5%	3.3%	2.6%
Hospice	1.7%	1.4%	1.4%	1.7%
Ambulatory care setting (office, surgery center)	6.3%	9.3%	7.3%	7.2%
Dialysis	1.5%	1.2%	1.6%	1.3%
Telenursing organization / call center	*	1.1%	0.7%	0.8%
Occupational health/employee health	0.5%	0.3%	0.3%	0.6%
School health (K-12 or college)	1.8%	2.1%	1.7%	1.5%
Mental health/drug and alcohol treatment	3.8%	0.8%	1.9%	*
Outpatient mental health/substance abuse	*	*	*	0.9%
Inpatient mental health/substance abuse	*	*	*	1.5%
Insurance organization	*	0.6%	*	*
Forensic setting (correctional facility, prison, jail)	2.0%	1.2%	1.9%	1.6%
Government agency (local, state, federal)	1.4%	1.0%	1.7%	1.2%
Case management/ disease management	*	2.3%	2.2%	2.6%
Self employed	0.5%	0.7%	0.7%	0.6%
Long term care	*	*	0.4%	*
Rehabilitation	*	*	1.2%	2.2%
Urgent Care	*	*	0.8%	0.4%
Other	6.9%	4.1%	3.0%	3.8%
Number of Cases	3,661	4,080	4,671	4,049

* Question was not asked in this survey year.

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

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

	2006	2008	2010	2012
Direct patient care provider/staff nurse	61.2%	58.5%	59.8%	54.8%
Senior management, any setting	1.0%	1.9%	1.5%	2.1%
Middle management, any setting	7.7%	5.8%	6.0%	6.1%
Front-line management	5.9%	3.0%	2.9%	3.1%
Charge Nurse / Team Leader	*	7.6%	8.4%	10.9%
Direct care and Charge Nurse (both)	*	0.8%	*	*
Clinical Nurse Specialist	1.6%	1.1%	0.8%	0.9%
Certified Registered Nurse Anesthetist	0.4%	0.4%	0.4%	0.7%
Certified Nurse Midwife	0.2%	0.3%	0.2%	0.2%
Nurse Practitioner	4.7%	4.1%	3.4%	3.6%
School Nurse	1.8%	1.8%	1.5%	1.2%
Public Health Nurse	1.9%	1.3%	1.5%	1.2%
Educator, academic setting	2.5%	1.5%	1.4%	1.6%
Educator, service setting/clinical nurse educator	1.7%	1.6%	1.3%	1.1%
Patient care coordinator/case manager/discharge planner	3.9%	4.2%	4.0%	4.0%
Infection Control Nurse	0.3%	0.3%	0.2%	0.2%
Quality Improvement Nurse /Utilization Review	1.7%	1.9%	1.3%	2.1%
Occupational Health Nurse	0.3%	0.2%	0.2%	0.2%
Telenursing	0.7%	1.3%	1.1%	1.0%
Nurse Coordinator	*	0.2%	1.0%	1.0%
Consultant	*	0.3%	*	*
Researcher	*	0.2%	0.2%	0.3%
Patient Educator	*	*	0.5%	0.4%
Clinical Nurse Leader	*	*	*	0.3%
Other	2.6%	1.7%	2.5%	3.0%
Number of Cases	3,675	4,108	4,689	4,046

* Question was not asked in this survey year.

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

29. Approximately what percentage of your time is spent on each of the following functions during a typical week in your **principal** position?

Direct patient care & Charting	2006	2008	2010	2012
0 to 25 percent of time	*	*	26.3%	28.3%
26 to 50 percent of time	*	*	19.6%	17.4%
51 to 75 percent of time	*	*	26.7%	27.4%
76 to 100 percent of time	*	*	27.5%	27.0%
Number of Cases	*	*	4,484	3,880

* Question was not asked in this survey year.

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

Patient Education	2006	2008	2010	2012
0 to 25 percent of time	93.3%	93.4%	90.6%	89.7%
26 to 50 percent of time	5.5%	5.2%	8.4%	9.4%
51 to 75 percent of time	0.7%	0.6%	0.6%	0.7%
76 to 100 percent of time	0.6%	0.8%	0.4%	0.3%
Number of Cases	3,320	4,018	4,484	3,880

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

Indirect patient/client care (consultation, planning, evaluating care)	2006	2008	2010	2012
0 to 25 percent of time	86.3%	93.1%	91.2%	91.3%
26 to 50 percent of time	8.2%	4.0%	5.3%	4.5%
51 to 75 percent of time	2.0%	1.4%	1.6%	1.6%
76 to 100 percent of time	3.5%	1.4%	2.0%	2.5%
Number of Cases	3,320	4,018	4,484	3,880

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

Education of students in health care occupations (including preparation time)	2006	2008	2010	2012
0 to 25 percent of time	97.7%	97.3%	95.9%	96.7%
26 to 50 percent of time	0.9%	1.1%	1.9%	1.9%
51 to 75 percent of time	0.4%	0.6%	0.5%	0.4%
76 to 100 percent of time	0.9%	1.0%	1.7%	1.0%
Number of Cases	3,320	4,018	4,484	3,880

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

Supervision	2006	2008	2010	2012
0 to 25 percent of time	91.5%	91.7%	89.6%	88.1%
26 to 50 percent of time	5.4%	5.0%	5.1%	6.3%
51 to 75 percent of time	1.5%	1.3%	2.6%	2.6%
76 to 100 percent of time	1.6%	1.9%	2.7%	3.1%
Number of Cases	3,320	4,018	4,484	3,880

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

Administration	2006	2008	2010	2012
0 to 25 percent of time	93.8%	92.7%	96.5%	94.7%
26 to 50 percent of time	2.4%	3.8%	2.1%	3.1%
51 to 75 percent of time	0.9%	1.3%	0.5%	0.7%
76 to 100 percent of time	2.9%	2.1%	1.0%	1.6%
Number of Cases	3,320	4,018	4,484	3,880

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

Research	2006	2008	2010	2012
0 to 25 percent of time	*	*	99.5%	99.3%
26 to 50 percent of time	*	*	0.3%	0.3%
51 to 75 percent of time	*	*	0.1%	0.0%
76 to 100 percent of time	*	*	0.1%	0.3%
Number of Cases	*	*	4,484	3,880

* Question was not asked in this survey year.

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

Non-nursing tasks (housekeeping, etc)	2006	2008	2010	2012
0 to 25 percent of time	*	99.0%	99.2%	99.4%
26 to 50 percent of time	*	0.8%	0.6%	0.5%
51 to 75 percent of time	*	0.1%	0.1%	0.1%
75 to 100 percent of time	*	0.1%	0.0%	0.0%
Number of Cases	*	4,018	4,484	3,880

* Question was not asked in this survey year.

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

Other	2006	2008	2010	2012
0 to 25 percent of time	*	96.7%	96.2%	96.2%
26 to 50 percent of time	*	1.1%	1.5%	1.2%
51 to 75 percent of time	*	0.6%	0.4%	0.5%
75 to 100 percent of time	*	1.6%	1.9%	2.2%
Number of Cases	*	4,018	4,484	3,880

* Question was not asked in this survey year.

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

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

	2006	2008	2010	2012
Not involved in direct patient care	10.4%	12.0%	11.9%	12.3%
Ambulatory/outpatient	*	10.2%	8.2%	8.6%
Cardiology	*	2.0%	2.3%	2.6%
Community/public health	1.6%	1.3%	1.2%	1.4%
Corrections	1.3%	0.8%	1.4%	0.9%
Dialysis	1.4%	1.3%	1.7%	1.6%
Emergency Trauma	6.3%	5.8%	5.9%	6.2%
Geriatrics	2.3%	2.2%	2.4%	3.1%
Home health care	2.6%	2.4%	2.6%	2.6%
Hospice	1.6%	1.4%	1.3%	1.7%
Intensive Care	10.8%	9.8%	9.4%	7.2%
Labor & delivery	*	3.6%	3.5%	4.1%
Medical/surgical	15.3%	11.5%	10.3%	9.7%
Mother-baby or normal newborn nursery	*	2.5%	2.5%	2.9%
Neonatal Care	3.8%	3.4%	2.9%	3.1%
Obstetrics	6.3%	0.2%	1.3%	1.2%
Oncology	*	2.1%	1.9%	2.3%
Pediatrics	3.9%	2.9%	2.9%	2.6%
Peri-operative/Surgery/PACU/Anesthesia	6.6%	6.0%	6.9%	7.0%
Pysch/Mental Health	2.8%	2.8%	3.1%	3.1%
Rehabilitation	2.1%	1.4%	1.4%	1.8%
School (K-12)	2.2%	2.0%	1.5%	1.2%
Step down unit	2.7%	1.7%	1.4%	1.6%
Telemetry	*	4.5%	4.2%	3.0%
Multiple area	1.4%	2.0%	2.0%	1.3%
Endoscopic	*	0.1%	*	*
Radiology	*	0.2%	*	*
Orthopedics	*	0.2%	*	*
Other	14.5%	2.9%	5.8%	7.0%
Number of Cases	3,812	4,100	4,633	4,005

* Question was not asked in this survey year.

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

31. Which of the following computerized health information systems, if any, do you use in your **principal** nursing position?

	2006	2008	2010	2012
Electronic patient records	47.0%	52.6%	59.6%	69.3%
Electronic nursing charts	*	46.1%	56.9%	64.7%
Electronic radiology reports	*	50.6%	54.6%	57.2%
Electronic care plans	*	29.2%	38.8%	44.1%
Electronic lab reporting	*	59.4%	63.0%	64.2%
Computerized physician orders	20.6%	24.9%	33.9%	41.7%
Barcode scanning for medication administration	11.9%	14.1%	21.9%	29.9%
Scanning system for supplies inventory	16.0%	16.3%	20.2%	16.3%
Computerized medication distribution (Pyxis/Omniceil)	*	54.1%	49.6%	53.9%
Electronic medication administration	*	29.6%	37.9%	46.1%
Other	20.1%	8.7%	3.8%	4.2%
None of the above	35.5%	15.0%	13.9%	12.7%
Number of cases	*	*	4,640	4,021

* Question was not asked in this survey year or was not reported in that year.

Note: Data are weighted to represent all RNs with active licenses. No cases – check all that apply.

32. What is your experience with the information systems in your **principal nursing position**?

	2006	2008	2010	2012
All systems work well	13.3%	11.4%	15.1%	15.3%
Systems are generally helpful, but have some flaws	51.4%	56.4%	57.2%	55.0%
Systems have problems that affect my work	16.8%	18.6%	15.4%	17.4%
Systems interfere with my delivery of care	6.4%	6.0%	3.4%	4.7%
No system	12.1%	7.6%	8.9%	7.6%
Number of Cases	3,751	3,972	4,600	3,971

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

33. Please specify the **annual earnings** for your **principal position only**, before deductions for taxes, social security, etc. If you do not have a set annual salary, please estimate your annual earnings for last year.

	2006	2008	2010	2012
Less than 25,000	3.7%	2.9%	3.1%	3.5%
25,000 to 49,999	12.9%	9.3%	7.4%	6.9%
50,000 to 74,999	41.0%	32.3%	29.1%	23.4%
75,000 to 99,999	30.9%	34.7%	33.4%	31.5%
100,000 to 124,999	9.4%	15.4%	19.0%	23.8%
over 125,000	2.1%	5.4%	8.0%	10.9%
Number of Cases	3,567	3,711	3,707	3,692

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

34. Does your compensation from your **principal position** include:

	2008	2010	2012
Retirement Plan	84.8%	84.2%	85.1%
Personal Health insurance	83.6%	84.5%	87.6%
Dental Insurance	88.5%	88.6%	88.5%
Family Health Insurance	70.0%	68.7%	70.7%
Tuition Reimbursement	*	*	43.2%
Paid Time Off for Education	*	*	20.2%

* Question was not asked in the survey year.

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

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

This question was asked about current position, only for those working as nurses, in 2010 and 2012.

	2006				
	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
Your job overall	1.0%	7.0%	8.7%	47.5%	35.9%
Your salary	2.8%	16.2%	14.3%	47.3%	19.5%
Employee benefits	3.8%	16.1%	13.8%	45.5%	20.9%
Adequacy of RN skill level where you work	1.1%	8.8%	11.8%	51.0%	27.2%
Adequacy of the number of RNs where you work	4.7%	21.8%	14.7%	41.2%	17.6%
Adequacy of clerical support services	5.7%	20.7%	17.9%	43.2%	12.5%
Non-nursing tasks required	6.4%	23.8%	28.5%	34.8%	6.6%
Amount of paperwork required	11.9%	32.7%	20.0%	30.0%	5.5%
Your workload	5.4%	18.2%	19.6%	47.4%	9.4%
Physical work environment	3.7%	15.4%	17.8%	47.2%	15.8%
Work schedule	1.7%	6.5%	9.3%	48.8%	33.6%
Job security	2.1%	6.0%	10.6%	43.9%	37.3%
Opportunities for advancement	3.8%	14.0%	26.6%	39.0%	16.6%
Support from other nurses you work with	1.8%	7.5%	12.4%	44.8%	33.6%
Teamwork between coworkers and yourself	1.7%	8.4%	10.9%	43.2%	35.9%
Leadership from your nursing administration	10.5%	22.0%	20.5%	31.4%	15.7%
Relations with physicians	2.3%	7.5%	16.3%	40.5%	23.4%
Relations with other non-nursing staff	1.1%	3.9%	12.5%	59.2%	23.4%
Relations with agency/registry nurses	0.9%	5.6%	27.7%	53.9%	11.9%
Interaction with patients	0.4%	1.5%	7.7%	46.8%	43.7%
Time available for patient education	4.6%	23.6%	17.2%	38.3%	16.3%
Involvement in policy/ management decisions	7.6%	23.7%	28.6%	31.1%	9.0%
Opportunities to use your skills	0.9%	5.4%	11.0%	54.4%	28.3%
Opportunities to learn new skills	1.7%	11.9%	17.6%	47.4%	21.3%
Quality of preceptor and mentor programs	4.8%	18.5%	24.7%	39.1%	12.9%
Employer-supported educational opportunities	5.3%	19.2%	20.4%	37.9%	17.3%
Quality of patient care where you work	1.3%	8.8%	13.2%	49.4%	27.4%
Feeling that work is meaningful	1.5%	4.9%	9.5%	43.6%	40.5%
Recognition for a job well done	6.9%	18.8%	19.8%	36.3%	18.2%

Note: In 2010 this question was asked only of Employed CA RNs. In prior years it was asked to all RNs, and the responses of employed and non-employed RNs were tabulated. 2006 and 2008 percentages for this table have therefore changed to represent only employed RNs. Data are weighted to represent all RNs with active licenses. Rows might not total 100% due to rounding.

	2008				
	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
Your job overall	1.4%	6.3%	8.6%	47.3%	36.3%
Your salary	2.3%	15.5%	12.5%	46.9%	22.8%
Employee benefits	2.8%	13.9%	14.2%	44.1%	25.1%
Adequacy of RN skill level where you work	1.0%	7.4%	11.7%	50.4%	29.5%
Adequacy of the number of RNs where you work	3.9%	19.0%	14.1%	43.5%	19.5%
Adequacy of clerical support services	5.4%	21.0%	17.6%	41.8%	14.2%
Non-nursing tasks required	6.4%	22.3%	29.1%	35.3%	6.9%
Amount of paperwork required	11.1%	31.6%	20.6%	31.3%	5.5%
Your workload	4.4%	19.9%	17.6%	48.3%	9.8%
Physical work environment	3.8%	15.3%	16.9%	47.1%	17.0%
Work schedule	1.7%	5.8%	9.6%	48.1%	34.7%
Job security	2.0%	6.2%	10.4%	44.9%	36.5%
Opportunities for advancement	3.7%	13.2%	25.7%	39.8%	17.6%
Support from other nurses you work with	2.1%	6.8%	13.1%	45.3%	32.7%
Teamwork between coworkers and yourself	1.7%	7.7%	11.4%	43.3%	35.8%
Leadership from your nursing administration	10.2%	21.8%	19.2%	33.5%	15.4%
Relations with physicians	1.7%	7.6%	17.8%	49.0%	23.8%
Relations with other non-nursing staff	0.7%	3.8%	12.1%	58.2%	25.1%
Relations with agency/registry nurses	1.1%	4.9%	29.4%	52.3%	12.2%
Interaction with patients	0.3%	1.7%	6.2%	45.9%	45.8%
Time available for patient education	4.4%	21.4%	17.8%	40.2%	16.2%
Involvement in policy/ management decisions	7.3%	23.8%	26.5%	32.3%	10.1%
Opportunities to use your skills	1.1%	5.4%	10.8%	54.7%	28.1%
Opportunities to learn new skills	2.1%	10.9%	16.9%	48.0%	22.2%
Quality of preceptor and mentor programs	5.3%	17.7%	23.7%	39.1%	14.2%
Employer-supported educational opportunities	5.9%	16.9%	20.2%	40.3%	16.7%
Quality of patient care where you work	1.4%	7.5%	12.8%	49.9%	28.4%
Feeling that work is meaningful	1.4%	4.3%	8.4%	44.6%	41.2%
Recognition for a job well done	7.2%	17.3%	19.4%	36.4%	19.8%

Note: In 2010 this question was asked only of Employed CA RNs. In prior years it was asked to all RNs, and the responses of employed and non-employed RNs were tabulated. 2006 and 2008 percentages for this table have therefore changed to represent only employed RNs. Data are weighted to represent all RNs with active licenses. Rows might not total 100% due to rounding.

	2010						
	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied	Does not Apply	Number of Cases
Your job overall	0.9%	5.1%	7.1%	47.8%	39.1%	0.1%	4,657
Your salary	1.4%	11.9%	11.5%	47.6%	27.4%	0.2%	4,666
Employee benefits	2.3%	10.1%	12.7%	41.7%	27.2%	6.0%	4,613
Adequacy of RN skill level where you work	0.7%	6.3%	10.2%	48.9%	32.0%	1.9%	4,665
Adequacy of the number of RNs where you work	3.0%	17.1%	13.2%	40.6%	22.5%	3.5%	4,666
Adequacy of clerical support services	4.2%	18.6%	17.5%	40.7%	16.5%	2.5%	4,663
Non-nursing tasks required	3.9%	17.0%	27.8%	35.9%	8.7%	6.7%	4,617
Amount of paperwork required	9.9%	27.9%	20.5%	32.9%	7.4%	1.5%	4,648
Your workload	4.2%	17.9%	18.0%	47.2%	12.4%	0.3%	4,664
Physical work environment	2.8%	11.8%	16.3%	49.1%	19.4%	0.7%	4,676
Work schedule	1.2%	5.9%	9.1%	47.9%	35.8%	0.2%	4,679
Job security	2.5%	7.5%	12.2%	45.5%	31.8%	0.6%	4,673
Opportunities for advancement	3.2%	14.0%	23.1%	38.4%	17.2%	4.0%	4,664
Support from other nurses you work with	1.5%	5.9%	11.0%	42.2%	36.4%	3.0%	4,679
Teamwork between coworkers and yourself	1.5%	5.7%	9.8%	41.2%	40.3%	1.4%	4,687
Leadership from your nursing administration	9.0%	19.9%	17.4%	32.1%	17.1%	4.5%	4,678
Relations with physicians	1.3%	6.1%	16.0%	48.5%	24.8%	3.3%	4,683
Relations with other non-nursing staff	0.4%	3.0%	11.2%	56.7%	27.6%	1.2%	4,682
Relations with agency/registry nurses	0.2%	2.3%	18.5%	32.8%	7.9%	38.4%	4,653
Interaction with patients	0.3%	1.1%	6.5%	45.3%	41.9%	4.9%	4,680
Time available for patient education	3.5%	19.4%	15.8%	39.4%	14.8%	7.0%	4,684
Involvement in policy/ management decisions	6.5%	20.5%	27.2%	28.9%	10.5%	6.4%	4,651
Opportunities to use your skills	1.0%	5.6%	10.2%	52.4%	30.5%	0.4%	4,628
Opportunities to learn new skills	2.1%	11.5%	16.0%	45.1%	24.6%	0.8%	4,642
Quality of preceptor and mentor programs	4.3%	13.2%	20.8%	32.6%	14.3%	14.9%	4,640
Employer-supported educational opportunities	6.3%	15.7%	17.7%	38.1%	18.7%	3.5%	4,655
Quality of patient care where you work	0.7%	5.8%	12.6%	45.8%	31.4%	3.8%	4,662
Feeling that work is meaningful	1.1%	3.9%	9.5%	41.7%	43.6%	0.2%	4,628
Recognition for a job well done	7.2%	16.6%	19.1%	36.2%	20.5%	0.4%	4,591

Note: 2010 total potential number of cases=4,726. Rows might not total 100% due to rounding. In 2010 and 2012 this question was asked only of Employed CA RNs. In prior years it was asked to all RNs, and the responses of employed and non-employed RNs were tabulated. 2006 and 2008 percentages for this table have therefore changed to represented only employed RNs. Data are weighted to represent all RNs with active licenses. Rows might not total 100% due to rounding.

	2012						
	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied	Does not Apply	Number of Cases
Your job overall	1.3%	5.4%	8.2%	47.9%	37.1%	0.0%	3,987
Your salary	2.2%	10.4%	12.9%	45.1%	29.1%	0.2%	4,027
Employee benefits	3.1%	10.0%	13.3%	39.1%	28.2%	6.3%	3,771
Adequacy of RN skill level where you work	1.0%	5.1%	11.4%	48.7%	32.3%	1.6%	4,025
Adequacy of the number of RNs where you work	3.8%	17.2%	14.0%	41.0%	20.8%	3.3%	3,989
Adequacy of clerical support services	4.2%	17.5%	18.6%	40.3%	16.5%	3.0%	4,025
Non-nursing tasks required	3.9%	16.7%	27.3%	36.5%	9.5%	6.1%	3,949
Amount of paperwork required	8.5%	26.1%	23.5%	33.2%	7.3%	1.4%	4,015
Your workload	4.8%	19.5%	18.2%	45.0%	12.4%	0.2%	3,979
Physical work environment	2.8%	11.9%	19.1%	46.8%	18.8%	0.6%	4,022
Your IT system	5.1%	14.7%	24.2%	39.4%	12.1%	4.6%	3,958
Work schedule	1.7%	6.5%	10.6%	47.4%	33.6%	0.3%	4,033
Job security	2.2%	7.0%	15.5%	44.7%	29.9%	0.6%	3,979
Opportunities for advancement	4.7%	14.0%	24.3%	36.8%	16.3%	3.9%	4,022
Support from other nurses you work with	1.7%	5.2%	10.8%	45.1%	35.0%	2.2%	4,020
Teamwork between coworkers and yourself	1.5%	5.4%	9.7%	43.9%	38.6%	0.9%	4,033
Leadership from your nursing administration	9.2%	18.1%	18.5%	34.0%	16.1%	4.2%	4,015
Relations with physicians	1.8%	6.0%	16.1%	49.8%	23.3%	3.1%	4,028
Relations with other non-nursing staff	0.5%	2.6%	12.0%	57.8%	25.8%	1.3%	4,019
Relations with agency/registry nurses	0.7%	2.7%	19.0%	31.5%	8.6%	37.6%	3,984
Interaction with patients	0.7%	1.5%	6.0%	45.1%	41.4%	5.3%	3,991
Time available for patient education	3.4%	17.5%	16.7%	38.6%	16.6%	7.3%	4,027
Involvement in policy/ management decisions	7.4%	17.6%	27.0%	30.9%	10.7%	6.3%	4,011
Opportunities to use your skills	2.0%	5.9%	10.7%	51.2%	29.7%	0.5%	4,026
Opportunities to learn new skills	3.1%	10.6%	17.8%	44.2%	23.1%	1.2%	3,998
Quality of preceptor and mentor programs	4.6%	12.4%	20.9%	33.4%	14.7%	13.9%	4,021
Employer-supported educational opportunities	7.2%	15.6%	22.7%	34.7%	15.2%	4.6%	4,022
Quality of patient care where you work	1.0%	5.5%	12.3%	46.8%	30.3%	4.1%	4,032
Feeling that work is meaningful	1.0%	5.0%	8.5%	42.5%	42.6%	0.4%	3,929
Recognition for a job well done	6.2%	15.3%	18.5%	38.6%	21.2%	0.3%	4,015

Note: Rows might not total 100% due to rounding. In 2010 and 2012 this question was asked only of Employed CA RNs. In prior years it was asked to all RNs, and the responses of employed and non-employed RNs were tabulated. 2006 and 2008 percentages for this table have therefore changed to represented only employed RNs. Data are weighted to represent all RNs with active licenses. Rows might not total 100% due to rounding.

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

	2006	2008	2010	2012
No	82.0%	82.2%	82.7%	84.9%
Yes	18.0%	17.8%	17.3%	15.1%
Number of Cases	3,826	4,047	4,628	4,031

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

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

	2006	2008	2010	2012
One	76.7%	80.3%	75.6%	76.7%
Two	20.9%	18.7%	21.3%	19.8%
Three or more	2.4%	1.0%	*	*
Three	*	*	2.2%	1.8%
Four or more	*	*	0.8%	1.7%
Number of Cases	627	652	696	548

* Question was not asked in this survey year.

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

38. In your other **nursing** positions, are you...

	2006	2008	2010	2012
Regular employee	72.0%	73.7%	77.1%	73.7%
Employed through a temporary service agency	17.4%	15.3%	13.3%	8.7%
Self-employed	17.1%	14.1%	11.4%	16.5%
Travel nurse or employed through a travel agency	*	*	2.5%	2.1%
Number of Cases	*	*	668	537

* Question was not asked in this survey year.

Note: Columns will not total 100% because respondents could select multiple categories, due to holding more than one additional job. Data are weighted to represent all RNs with active licenses.

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

	2006	2008	2010	2012
Hospital staff	45.2%	44.0%	40.4%	37.5%
Public health/community health	2.1%	1.1%	1.4%	2.5%
Long Term Acute Care	*	2.0%	2.5%	3.2%
School Health	*	*	1.4%	1.8%
Nursing home/skilled nursing facility staff	5.7%	6.7%	6.5%	5.6%
Mental health/substance abuse	3.4%	3.1%	3.2%	2.5%
Home health or hospice	9.4%	7.4%	7.6%	11.1%
Telehealth/telenursing	*	*	2.0%	2.1%
Teaching health professions/nursing students	11.0%	9.4%	11.4%	10.7%
Ambulatory care, school health, occupational health	9.2%	8.9%	15.5%	13.1%
Self-Employed	5.9%	3.7%	3.8%	3.9%
Other	31.1%	23.1%	17.2%	16.1%
Number of Cases	*	*	690	539

* Question was not asked in this survey year.

Note: Columns will not total 100% because respondents could select multiple categories, due to holding more than one additional job. 2006, 2008, and 2010 data are weighted to represent all RNs with active licenses. No cases – check all that apply.

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

Hours worked per week	2010		2012	
	Additional Job 1	Additional Job 2	Additional Job 1	Additional Job 2
Less than 8	35.8%	51.2%	23.3%	42.3%
9-16	41.8%	44.0%	57.1%	32.0%
17-24	15.7%	4.5%	13.4%	20.4%
25-32	3.5%	0.3%	3.3%	4.7%
33-40	3.0%	0.0%	2.3%	0.7%
More than 40	0.2%	0.0%	0.7%	0.0%
Number of Cases	629	80	458	45

There were not enough respondents to report data for 3rd or more jobs.

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

Months worked per year	2010		2012	
	Additional Job 1	Additional Job 2	Additional Job 1	Additional Job 2
Less than 4	5.9%	16.2%	8.8%	6.3%
4-6	6.5%	4.6%	8.0%	2.7%
7-9	7.8%	4.9%	5.0%	18.4%
10-12	79.8%	74.3%	78.2%	72.6%
Number of cases	573	77	436	40

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

Estimated pre-tax annual income

Job 1	2006	2008	2010	2012
Less than 25,000	72.5%	68.3%	97.5%	70.3%
25,000 to 49,999	18.5%	23.0%	1.7%	20.4%
50,000 to 74,999	6.9%	7.0%	0.9%	6.4%
75,000 to 99,999	1.6%	1.0%	0.0%	2.3%
100,000 to 124,999	0.5%	0.6%	0.0%	0.6%
over 125,0000	0.1%	0.1%	0.0%	0.0%
Number of Cases	582	549	521	386

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

Job 2	2006	2008	2010	2012
Less than 25,000	87.0%	100%	98.6%	83.1%
25,000 to 49,999	6.4%	0.0%	1.4%	11.6%
50,000 to 74,999	3.6%	0.0%	0.0%	5.3%
75,000 to 99,999	1.3%	0.0%	0.0%	0.0%
100,000 to 124,999	0.0%	0.0%	0.0%	0.0%
over 125,0000	1.7%	0.0%	0.0%	0.0%
Number of Cases	110	3	65	42

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

41. Are you doing volunteer work as an RN or APRN (working in an unpaid capacity as an RN or APRN)?

Are you in an internship/transition residency program?

Questions first asked in 2012.

	2012
Yes, volunteering	9.0%
Number of Cases	3,316
If volunteering, in internship/residency	7.8%
Number of Cases	375

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

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

	2006	2008	2010	2012
Temporary agency or registry	3.4%	2.9%	3.3%	2.2%
Traveling agency	1.2%	1.2%	0.6%	0.6%
Neither temporary nor traveling agency	95.4%	95.9%	96.3%	97.4%
Number of Cases	3,820	4,032	4,500	3,907

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

43. Please indicate which of the following reasons describe why you work for a temporary agency, traveling agency, or registry.

	2006	2008	2010	2012
Wages	59.5%	58.6%	28.0%	33.3%
Control of work location	54.1%	39.8%	31.1%	24.3%
Maintain skills/get experience	27.3%	22.5%	25.9%	36.0%
Unable to find a permanent RN job of work enough hours at my primary Job	*	*	13.8%	30.7%
Benefits	5.7%	7.9%	1.1%	0.0%
Control of work conditions	26.1%	24.2%	9.3%	16.4%
Waiting for a desirable permanent position	12.8%	16.1%	16.5%	24.9%
Control of schedule	57.2%	56.9%	52.6%	39.8%
Supplemental income	36.6%	42.6%	46.2%	45.1%
Travel/see other parts of the country	15.4%	15.8%	6.7%	6.8%
Other	16.1%	12.9%	5.3%	2.9%
Number of Cases	114	125	121	78

* Question was not asked in this survey year.

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

44. Have you ever stopped working as a registered nurse **for a period of more than one year?**

	2006	2008	2010	2012
No	85.1%	87.6%	88.5%	88.1%
Yes	14.9%	12.4%	11.5%	11.9%
Number of Cases	3,855	4,117	4,561	3,937

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

45. How long did you stop working as a registered nurse?

	2006	2008	2010	2012
Less than 5 years	62.3%	62.9%	59.4%	72.4%
5 to 9 years	19.8%	20.5%	21.0%	16.6%
10 to 14 years	10.3%	11.9%	10.6%	7.0%
15 or more years	7.7%	4.7%	8.9%	4.1%
Number of Cases	556	567	612	511

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

46. How important are each of the following reasons you stopped working as a registered nurse for a **period of more than one year**.

	2006			2008		
	Important	Very important	Not at all important/ Does not apply	Somewhat important	Important	Very important
Child care responsibilities	5.9%	76.9%	41.5%	1.2%	4.7%	52.6%
Other family responsibilities	16.3%	55.0%	49.1%	7.7%	11.3%	31.9%
Moving to a different area	10.9%	49.2%	68.8%	3.9%	7.7%	19.6%
Stress on the job	25.4%	36.0%	67.8%	7.7%	6.6%	17.9%
Job-related injury or illness	7.7%	36.4%	84.8%	1.8%	4.5%	8.8%
Non-job-related injury or illness	7.7%	26.4%	84.3%	1.4%	5.1%	9.3%
Salary	19.1%	19.3%	78.1%	3.0%	7.1%	11.8%
Dissatisfied with benefits	11.2%	16.0%	84.7%	3.3%	6.8%	5.2%
Laid off	7.9%	7.3%	91.3%	0.5%	2.3%	5.9%
Return to school	10.1%	38.9%	78.9%	3.3%	5.0%	12.7%
Travel	13.4%	21.7%	86.1%	4.0%	4.0%	5.9%
To try another occupation	16.4%	40.9%	75.3%	4.7%	7.8%	12.3%
Other dissatisfactions with your job	24.9%	29.8%	81.0%	4.8%	7.0%	7.1%
Dissatisfaction with the nursing profession	18.6%	34.5%	75.7%	6.5%	7.6%	10.2%
Other	18.3%	45.2%	92.0%	0.6%	2.7%	4.7%

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

	2010					Number of Cases
	Not at all Important	Somewhat Important	Important	Very important	Does not Apply	
Child care responsibilities	8.2%	2.0%	4.7%	61.1%	24.0%	548
Other family responsibilities	10.6%	4.1%	11.9%	42.7%	30.8%	493
Moving to a different area	13.5%	4.9%	9.5%	25.4%	46.8%	484
Stress on the job	15.0%	8.0%	12.1%	21.8%	43.1%	479
Job-related injury or illness	16.8%	1.5%	5.3%	9.3%	67.2%	475
Non-job-related injury or illness	16.5%	2.3%	5.5%	10.2%	65.5%	476
Salary	22.2%	4.9%	11.3%	7.3%	54.3%	465
Dissatisfied with benefits	23.8%	4.0%	6.4%	3.8%	61.9%	467
Laid off	15.7%	1.0%	2.5%	4.4%	76.3%	464
Return to school	15.9%	1.1%	7.7%	11.4%	64.0%	475
Travel	18.0%	2.6%	7.0%	7.5%	65.0%	465
To try another occupation	13.7%	5.8%	10.2%	13.4%	57.0%	483
Other dissatisfactions with your job	15.1%	7.5%	10.6%	11.6%	55.2%	471
Dissatisfaction with the nursing profession	18.4%	8.9%	9.2%	7.6%	55.9%	470
Other	7.6%	0.4%	8.0%	14.0%	70.1%	185

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

	2012					Number of Cases
	Not at all Important	Somewhat Important	Important	Very important	Does not Apply	
Could not find work as an RN	19.0%	7.4%	6.5%	13.0%	54.2%	444
Child care responsibilities	5.4%	2.5%	6.4%	57.4%	28.3%	476
Other family responsibilities	8.1%	4.7%	11.4%	43.4%	32.5%	448
Moving to a different area	11.5%	2.8%	12.2%	28.2%	45.3%	459
Stress on the job	15.1%	6.4%	7.6%	22.7%	48.1%	445
Job-related injury or illness	17.8%	0.7%	1.3%	13.5%	66.8%	446
Non-job-related injury or illness	17.9%	2.6%	3.8%	8.0%	67.7%	443
Salary	20.0%	4.6%	4.7%	13.3%	57.4%	445
Dissatisfied with benefits	20.8%	2.9%	2.3%	9.7%	64.3%	441
Laid off	14.0%	1.7%	5.3%	8.3%	70.7%	486
Return to school	13.1%	1.0%	3.4%	13.8%	68.7%	443
Travel	14.8%	4.3%	7.7%	8.4%	64.9%	440
To try another occupation	14.7%	3.1%	7.3%	15.8%	59.1%	444
Other dissatisfactions with your job	15.9%	2.8%	6.1%	17.7%	57.6%	442
Dissatisfaction with the nursing profession	14.0%	5.2%	5.9%	11.3%	63.7%	445
Other	8.3%	0.0%	2.9%	18.6%	70.1%	195

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

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

	2006	2008	2010	2012
One year ago or less	32.3%	22.1%	29.8%	42.0%
2-4 years ago	27.8%	27.2%	24.3%	18.6%
5-9 years ago	18.6%	21.4%	26.0%	17.3%
10-14 years	11.5%	13.4%	10.1%	9.6%
15-24 years	8.2%	12.5%	7.0%	8.9%
25 or more years	1.7%	3.5%	2.8%	3.7%
Number of Cases	568	617	714	743

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

48. How important were each of the following factors in your decision to leave nursing?

	2006			
	Not at all important/ Does not apply	Somewhat important	Important	Very important
Retired	30.3%	9.3%	20.0%	40.4%
Childcare responsibilities	37.1%	6.5%	9.2%	47.2%
Other family responsibilities	24.9%	13.4%	19.5%	42.2%
Moving to a different area	50.3%	6.4%	13.3%	30.0%
Stress on the job	11.7%	16.0%	23.6%	48.7%
Job-related illness/injury	48.6%	12.2%	12.6%	26.5%
Non-job-related illness/injury	47.3%	13.0%	17.4%	22.3%
Salary	32.7%	20.1%	22.7%	24.6%
Dissatisfied with benefits	47.1%	15.9%	15.8%	21.1%
Other dissatisfaction with your job	19.7%	15.2%	22.4%	42.6%
Dissatisfaction with the nursing profession	33.0%	15.8%	24.7%	26.6%
Travel	49.0%	12.3%	22.2%	16.4%
Wanted to try another occupation	42.5%	15.6%	14.9%	26.9%
Inconvenient schedules in nursing jobs	34.2%	16.6%	20.8%	28.4%
Difficult to find a nursing position/laid off	72.2%	4.4%	7.7%	15.8%
Other	16.1%	1.9%	24.9%	57.0%

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

	2008				2010					Number of Cases
	Not at all important/ Does not apply	Somewhat important	Important	Very important	Not at all important	Somewhat important	Important	Very important	Does not Apply	
Retired	62.1%	5.5%	9.9%	22.5%	9.5%	4.6%	12.5%	26.0%	47.4%	739
Childcare responsibilities	71.4%	2.9%	3.8%	22.0%	11.6%	3.0%	4.4%	20.7%	60.3%	690
Other family responsibilities	60.7%	5.6%	11.3%	22.5%	11.4%	7.0%	11.3%	22.6%	47.7%	703
Moving to a different area	86.5%	0.4%	4.0%	9.1%	14.6%	2.0%	4.1%	7.6%	71.6%	693
Stress on the job	41.5%	11.0%	17.2%	30.3%	11.6%	13.9%	15.8%	24.8%	34.0%	702
Job-related illness/injury	80.4%	2.3%	5.0%	12.4%	13.6%	2.8%	4.1%	8.5%	71.0%	697
Non-job-related illness/injury	78.3%	2.8%	5.3%	13.6%	12.6%	2.2%	6.2%	13.8%	65.2%	691
Salary	63.7%	8.5%	14.3%	13.5%	23.8%	9.7%	13.1%	10.2%	43.3%	690
Dissatisfied with benefits	77.9%	7.1%	9.7%	5.3%	26.1%	8.6%	6.5%	7.1%	51.7%	683
Other dissatisfaction with your job	51.2%	11.5%	17.3%	19.9%	16.6%	10.6%	15.3%	18.1%	39.5%	687
Dissatisfaction with the nursing profession	64.3%	12.7%	12.8%	10.2%	21.6%	13.8%	13.4%	7.8%	43.5%	694
Travel	78.9%	7.2%	8.7%	5.2%	21.3%	6.8%	7.0%	4.4%	60.6%	687
Wanted to try another occupation	74.6%	4.7%	7.6%	13.1%	18.0%	3.9%	8.0%	11.9%	58.2%	695
Inconvenient schedules in nursing jobs	67.0%	6.1%	11.4%	15.5%	18.9%	10.3%	10.6%	12.0%	48.1%	695
Difficult to find a nursing position/laid off	90.3%	1.6%	3.5%	4.6%	19.1%	3.7%	6.3%	15.4%	55.5%	699
Laid off	*	*	*	*	14.4%	1.5%	3.2%	6.7%	74.2%	684
Other	84.9%	0.1%	6.6%	8.4%	7.3%	1.6%	10.6%	21.1%	59.4%	369

* Question was not asked in this survey year.

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

	2012					Number of Cases
	Not at all Important	Somewhat Important	Important	Very Important	Does not Apply	
Cannot find any work as an RN	18.6%	4.0%	6.0%	22.5%	48.9%	632
Difficult to find desired nursing position	17.5%	8.3%	9.1%	26.9%	38.1%	644
Retired	8.7%	1.8%	6.6%	14.5%	68.4%	675
Childcare responsibilities	9.9%	4.4%	4.1%	24.3%	57.2%	648
Other family responsibilities	7.5%	11.4%	5.9%	26.1%	49.1%	644
Moving to a different area	15.1%	4.3%	3.1%	13.1%	64.5%	643
Stress on the job	12.5%	10.2%	11.5%	26.5%	39.3%	644
Job-related illness/injury	14.1%	3.2%	4.5%	12.3%	66.0%	645
Non-job-related illness/injury	14.1%	2.7%	4.8%	15.8%	62.6%	648
Salary	18.4%	9.3%	10.8%	15.2%	46.4%	642
Dissatisfied with benefits	17.2%	6.8%	8.3%	8.6%	59.0%	633
Other dissatisfaction with your job	13.3%	9.1%	14.2%	17.9%	45.5%	644
Dissatisfaction with the nursing profession	15.9%	12.0%	7.7%	15.2%	49.2%	636
Travel	19.9%	2.6%	6.6%	11.3%	59.6%	643
Wanted to try another occupation	13.5%	6.5%	9.5%	13.9%	56.6%	639
Inconvenient schedules in nursing jobs	16.7%	8.7%	9.8%	20.1%	44.7%	644
Returned to school	10.4%	3.6%	3.3%	15.4%	67.3%	635
Laid off	12.3%	0.3%	1.8%	6.8%	78.8%	644
Other	2.0%	0.3%	9.6%	40.5%	47.6%	295

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

49. (For those not working) Are you doing volunteer work as an RN or APRN (working in an unpaid capacity as an RN or APRN)?

Are you in an internship/transition residency program?

Questions first asked in 2012.

	2012
Yes, volunteering	15.2%
Number of Cases	771
If volunteering, in internship/residency	7.2%
Number of Cases	225

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

50. Which of the following best describes your current intentions regarding work in nursing?

	2006	2008	2010	2012
Currently seeking employment in nursing	4.7%	4.4%	20.3%	31.8%
Plan to return to nursing in the future	30.1%	19.8%	14.1%	19.8%
Retired	15.6	33.7	32.8%	16.3%
Definitely will not return to nursing but not retired	16.0%	12.9%	6.8%	7.4%
Undecided at this time	33.7%	29.12%	26.1%	24.8%
Number of Cases	173	682	782	762

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

50a. (For those who plan to return to nursing) How soon?

	2012
Less than one year	50.3%
1-2 years	38.7%
3-4 years	2.6%
5 or more years	8.4%
Number of Cases	86

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

51. Would any of the following factors affect your decision to return to nursing?

	2006			
	Not at all important / Does not apply	Somewhat important	Important	Very Important
Affordable childcare at or near work	78.1%	7.6%	2.1%	12.1%
Flexible work hours	16.0%	9.3%	17.6%	57.0%
Modified physical requirements of job	25.3%	13.9%	22.6%	38.2%
Higher nursing salary	15.4%	16.4%	26.1%	42.1%
Better retirement benefits	24.7%	13.1%	16.7%	45.5%
Better support from nursing management	12.2%	12.6%	19.2%	55.9%
More support from other nurses	17.6%	16.0%	27.1%	39.3%
Better nurse to patient ratios	15.1%	7.3%	23.2%	54.4%
Adequate support staff for non-nursing tasks	13.2%	8.6%	32.4%	45.8%
Availability of re-entry programs / mentoring	14.6%	10.3%	20.4%	54.7%
Improvement in my health status	28.4%	11.6%	14.4%	45.5%
Other	34.9%	*	11.8%	53.4%

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

	2008				2010					
	Not at all important / Does not apply	Somewhat important	Important	Very Important	Not at all important	Somewhat important	Important	Very important	Does not apply	Number of cases
Affordable childcare at or near work	90.2%	2.0%	2.8%	5.0%	16.1%	6.2%	5.0%	7.7%	65.1%	194
Flexible work hours	23.7%	3.1%	20.2%	53.0%	2.2%	6.3%	23.0%	60.5%	8.0%	202
Modified physical requirements of job	50.6%	10.6%	12.8%	26.0%	12.9%	16.7%	18.0%	27.1%	25.3%	196
Higher nursing salary	27.3%	11.1%	24.5%	37.1%	10.4%	23.2%	19.5%	36.3%	10.7%	197
Better retirement benefits	34.0%	7.1%	27.1%	31.8%	10.0%	19.5%	23.6%	33.0%	13.8%	195
Better support from nursing management	30.1%	5.6%	29.5%	34.9%	6.1%	5.8%	23.9%	48.1%	16.2%	198
More support from other nurses	36.5%	9.2%	28.6%	25.8%	6.8%	16.4%	18.3%	37.9%	20.6%	195
Better nurse to patient ratios	33.9%	5.7%	16.9%	43.6%	7.1%	7.9%	14.6%	51.8%	18.7%	197
Adequate support staff for non-nursing tasks	27.8%	6.6%	27.7%	37.8%	1.7%	14.0%	22.8%	45.3%	16.2%	197
Availability of re-entry programs / mentoring	28.3%	5.7%	27.3%	38.7%	4.6%	11.8%	11.1%	60.6%	12.0%	198
Improvement in my health status	61.5%	5.4%	11.2%	22.0%	14.1%	5.2%	13.3%	22.3%	45.2%	198
Other	93.6%	0.1%	3.5%	2.8%	4.9%	0.0%	10.2%	23.5%	61.4%	74

Note: In 2010 and 2012, the question was limited to RNs who were undecided about their future plans. In 2006 and 2008 it was limited to RNs who were retired, not planning on returning to nursing, and undecided about their future plans. Rows might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

	2012					Number of cases
	Not at all important	Somewhat important	Important	Very important	Does not apply	
Affordable childcare at or near work	32.5%	3.6%	7.4%	8.2%	48.3%	156
Flexible work hours	6.5%	7.7%	26.5%	50.8%	8.5%	160
Modified physical requirements of job	19.4%	1.6%	25.6%	27.4%	26.0%	154
Higher nursing salary	10.4%	16.6%	32.2%	20.4%	20.5%	157
Better retirement benefits	16.4%	21.3%	18.9%	23.7%	19.7%	153
Better health benefits	16.9%	14.6%	27.0%	22.2%	19.3%	156
Better support from nursing management	4.3%	16.3%	31.0%	34.5%	14.0%	155
More support from other nurses	8.0%	15.2%	34.2%	27.6%	15.1%	156
Better nurse to patient ratios	9.9%	7.5%	20.6%	45.6%	16.5%	155
Adequate support staff for non-nursing tasks	6.7%	10.1%	27.1%	43.4%	12.7%	156
Availability of re-entry programs / mentoring	8.4%	8.8%	9.8%	63.7%	9.2%	159
Improvement in my health status	9.5%	9.8%	3.1%	25.8%	52.0%	158
Other	19.6%	0.0%	3.3%	43.0%	34.1%	57

Note: In 2010 and 2012, the question was limited to RNs who were undecided about their future plans. In 2006 and 2008 it was limited to RNs who were retired, not planning on returning to nursing, and undecided about their future plans. Rows might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

52. Are you currently employed outside nursing?

	2006	2008	2010	2012
No	66.1%	74.6%	73.1%	93.4%
Yes	33.9%	25.4%	26.9%	6.6%
Number of Cases	641	682	802	4,761

Note: In 2012, this question was asked of all RNs. In prior years, it was asked only of RNs who were not employed in nursing. Data are weighted to represent all RNs with active licenses.

53. Does your position utilize any of your nursing knowledge?

	2006	2008	2010	2012
No	27.7%	17.2%	30.4%	24.8%
Yes	72.3%	82.8%	69.6%	75.2%
Number of Cases	182	161	206	303

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

54. Please indicate the field(s) of your work position(s) outside nursing. (Check all that apply.)

	2010	2012
Health-related services	45.3%	55.4%
Retail sales & services	11.5%	9.9%
Education	12.2%	11.8%
Financial, accounting, & insurance services	8.6%	7.3%
Consulting	5.7%	4.5%
Other	39.4%	29.0%
Number of cases	203	296

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

55. Please indicate the following for work positions outside of nursing.

Hours Worked per Week	2010		2012	
	Position #1	Position #2	Position #1	Position #2
8 or fewer	0.0%	0.0%	18.2%	36.7%
9-16	15.2%	19.0%	18.3%	19.1%
17-24	13.3%	21.1%	18.1%	12.7%
25-32	10.7%	7.0%	6.4%	2.1%
33-40	40.0%	32.5%	28.2%	23.0%
41-48	5.9%	7.4%	1.3%	0.0%
Over 48	14.8%	13.0%	9.5%	6.3%
Number of Cases	161	21	254	57

Note: Not enough observations for the 3rd position to report data. Data are weighted to represent all RNs with active licenses.

Estimated annual pre-tax income	2010		2012	
	Position #1	Position #2	Position #1	Position #2
Less than 25,000	38.1%	47.3%	72.7%	87.6%
25,000 to 49,999	16.9%	15.8%	8.2%	12.4%
50,000 to 74,999	16.0%	1.6%	10.3%	0.0%
75,000 to 99,999	6.0%	27.7%	2.5%	0.0%
100,000 to 124,999	10.2%	2.7%	0.7%	0.0%
Over 125,000	13.0%	4.9%	5.6%	0.0%
Number of Cases	130	26	128	27

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

56. Have you changed work status, positions or employers in the past year? (Check all that apply.)

Note: Similar content was in one question in 2010

	2010	2012
No change in job, position, or work status	71.5%	73.4%
Added second nursing job	*	13.8%
Added second non-nursing job	*	1.4%
Not working now, but was working earlier this year	9.1%	6.8%
Now in an RN job, was not last year	7.8%	6.1%
New position with same employer	20.4%	29.5%
Same position with different employer	9.5%	14.2%
New position with different employer	16.6%	20.2%
Other change in job or position	*	18.5%
Other change (2010)	18.8%	*
Number of cases	1,521	1,230

* Question was not asked in 2010.

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

57. Has there been a change in how much you work as an RN in the past year? (Check all that apply.)

Note: Similar content was in one question in 2010

	2010	2012
No change in hours	*	60.8%
Did not work as RN last year	*	19.0%
Increased hours (general)	20.1%	*
Increased hours – employer imposed	*	11.1%
Increased hours – my choice	*	29.1%
Decreased hours (general)	26.3%	*
Decreased hours – employer imposed	*	14.6%
Decreased hours – my choice	*	21.5%
Other change in hours	*	11.0%
Number of Cases	1,521	1,870

* Question was not asked in 2010.

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

58. How important were each of the following factors in your change in employment or hours worked during the past year? (Check all that apply.)

	2010					Number of Cases
	Not at all important	Somewhat important	Important	Very Important	Does not apply	
Retired	11.9%	2.4%	5.8%	12.3%	67.7%	1,159
Childcare Responsibilities	11.4%	2.8%	7.2%	22.1%	56.4%	1,177
Other Family Responsibilities	8.0%	7.2%	16.5%	29.2%	39.1%	1,179
Salary	8.5%	8.4%	21.8%	39.8%	21.5%	1,204
Laid off	9.4%	1.8%	3.2%	12.0%	73.5%	1,136
Change in spouse/partner work situation	9.4%	2.8%	7.5%	17.7%	62.6%	1,144
Change in financial status	6.9%	6.7%	13.4%	30.1%	42.9%	1,170
Relocation/moved to a different area	10.2%	2.5%	5.4%	13.7%	68.2%	1,143
Promotion/career advancement	8.6%	4.0%	11.6%	26.8%	49.0%	1,151
Change in my health status	9.4%	4.7%	6.6%	16.0%	63.4%	1,147
Wanted more convenient hours	8.6%	6.0%	13.3%	30.0%	42.2%	1,179
Dissatisfaction with previous position	9.5%	7.6%	10.8%	21.9%	50.2%	1,156
Other	4.1%	0.8%	8.2%	29.5%	57.5%	536

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

	2012					Number of Cases
	Not at all important	Somewhat important	Important	Very Important	Does not apply	
Retired	8.8%	2.4%	6.3%	12.2%	70.2%	1,415
Childcare Responsibilities	9.4%	2.7%	6.2%	21.1%	60.6%	1,382
Other Family Responsibilities	7.1%	5.8%	12.5%	34.2%	40.4%	1,379
Salary	6.6%	6.7%	18.8%	40.6%	27.3%	1,390
Laid off	6.9%	0.8%	3.7%	7.6%	81.0%	1,342
Employer reduced hours	6.2%	1.7%	6.7%	16.9%	68.5%	1,354
Change in spouse/partner work situation	6.2%	2.0%	5.5%	15.6%	70.7%	1,348
Change in financial status	5.6%	3.2%	11.2%	31.3%	48.8%	1,369
Relocation/moved to a different area	7.0%	1.1%	4.6%	14.0%	73.3%	1,338
Promotion/career advancement	6.0%	2.9%	8.9%	21.9%	60.3%	1,353
Change in my health status	7.3%	1.7%	7.4%	16.0%	67.6%	1,374
Wanted more convenient hours	6.4%	3.9%	11.3%	25.6%	52.8%	1,370
Dissatisfaction with previous position	7.1%	5.6%	9.2%	18.5%	59.8%	1,351
Other	4.4%	0.6%	7.2%	27.6%	60.3%	625

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

59. Do you reside outside California?

This question was excluded as it did not pertain to California Residents

60. If you reside outside California, please **check all** of the following that apply regarding the **past 12 months**:

This question was excluded as it did not pertain to California Residents

61. How many months did you work in California in the past 12 months?

This question was excluded as it did not pertain to California Residents

62. If you reside outside California, do you plan to work as an RN in California in the **next five years**?

This question was excluded as it did not pertain to California Residents

63. Gender

	2006	2008	2010	2012
Male	9.4%	13.8%	10.1%	11.1%
Female	90.6%	86.2%	89.9%	88.9%
Number of Cases	4,477	4,890	5,480	4,894

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

64. Year of Birth (converted to age groups)

	2006	2008	2010	2012
Under 30 years	7.5%	6.1%	9.3%	9.3%
30-34 years	10.3%	9.3%	9.4%	10.6%
35-39 years	10.6%	11.5%	11.2%	12.0%
40-44 years	12.3%	11.2%	12.1%	11.6%
45-49 years	13.9%	12.3%	11.2%	10.2%
50-54 years	19.1%	17.0%	15.6%	13.5%
55-59 years	12.6%	14.1%	13.2%	13.3%
60-64 years	7.7%	9.8%	10.2%	11.2%
65 years and older	6.1%	8.8%	7.9%	8.3%
Number of Cases	4,442	4,890	5,551	4,967

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

65. Country of birth

First asked in 2012.

	2012
Canada	1.1%
China	0.7%
Germany	0.5%
India	1.1%
Japan	0.5%
Korea	1.6%
Mexico	1.9%
Philippines	17.8%
United States	66.3%
Vietnam	0.6%
Number of Cases	4,840

Note: Only countries with greater than 0.5% reported here. Data are weighted to represent all RNs with active licenses.

66. Marital status

	2006	2008	2010	2012
Never Married	11.9%	13.0%	15.2%	17.8%
Married/Domestic Partnership	69.8%	68.2%	67.7%	67.4%
Separated/Divorced	14.9%	15.1%	14.8%	*
Widowed	3.4%	3.6%	2.3%	*
Separated/Divorced/Widowed	*	*	*	14.8%
Number of Cases	4,494	4,748	5,441	4,876

* Item was not asked in 2012.

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

67. What is your ethnic/racial background (select the **one** with which you most strongly identify)?

Note: Questions was significantly changed in 2012.

	2006	2008	2010	2012
African-American	4.2%	4.1%	4.3%	5.1%
White	63.1%	58.6%	55.8%	54.9%
Native American/Alaskan Native	0.2%	0.4%	0.3%	0.3%
Other or Mixed	*	*	*	3.0%
Asian Indian	1.0%	1.3%	1.4%	*
Asian, not Filipino or Indian	6.2%	7.1%	7.7%	*
Cambodian				0.0%
Chinese				2.9%
Indian				1.5%
Indonesian				0.4%
Japanese				1.3%
Korean				2.0%
Laotian/Hmong				0.0%
Pakistani				0.0%
Thai				0.3%
Vietnamese				0.8%
Latino	6.1%	7.5%	8.0%	*
Central American				0.7%
South American				0.6%
Cuban				0.1%
Mexican				4.6%
Other Hispanic				0.7%
Fijian				0.0%
Filipino	16.3%	18.0%	19.2%	20.1%
Guamanian				0.0%
Native Hawaiian	0.2%	0.1%	0.2%	0.1%
Samoan				0.1%
Tongan				0.0%
Other Pacific Islander				0.2%
Mixed race	2.3%	2.0%	2.6%	*
Other	0.4%	0.8%	0.5%	*
Number of Cases	4,480	4,726	5,417	4,797

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

68. Other than English, what languages do you speak fluently?

	2006	2008	2010	2012
No other language	*	*	*	59.7%
Spanish	10.3%	11.4%	30.3%	11.6%
Korean	1.1%	1.1%	3.7%	1.9%
Vietnamese	0.5%	0.6%	2.0%	0.9%
Tagalog	13.6%	*	*	*
Tagalog or other Filipino language	*	16.6%	44.0%	18.0%
French	*	*	4.1%	1.0%
Hindi	0.8%	*	*	*
Hindi or other South Asian language	*	1.3%	3.6%	1.5%
Mandarin	1.2%	2.2%	4.3%	1.5%
Cantonese	0.8%	1.5%	2.6%	1.4%
Other Chinese dialect	*	*	*	0.7%
Other	8.0%	8.0%	15.3%	6.4%
Number of Cases	*	*	1,777	4,711

* Question was not asked in this survey year. In 2010, data are only for those who speak another language.

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

69. Do you have children living at home with you?

	2006	2008	2010	2012
No	48.0%	50.6%	48.9%	49.9%
Yes	52.0%	49.4%	51.1%	50.1%
Number of Cases	4,500	4,765	5,449	4,884

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

69 a-e. If Yes, **how many** are:

	2006					2008				
	0 to 2 years	3 to 5 years	6 to 12 years	13-18 years	19+ years	0 to 2 years	3 to 5 years	6 to 12 years	13-18 years	19+ years
0 children	81.7%	82.3%	66.1%	61.7%	57.6%	83.9%	85.5%	70.4%	64.0%	58.6%
1 child	17.4%	16.7%	29.6%	32.6%	39.6%	14.2%	12.9%	21.4%	27.0%	32.3%
2 children	0.9%	1.0%	4.1%	5.1%	2.2%	1.6%	1.6%	7.2%	7.9%	7.6%
3 or more children	0.0%	0.0%	0.2%	0.7%	0.6%	0.3%	0.1%	0.9%	1.1%	1.5%
Number of Cases	1,481	1,481	1,481	1,481	1,481	2,189	2,189	2,189	2,189	2,189

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

	2010					2012				
	0 to 2 years	3 to 5 years	6 to 12 years	13-18 years	19+ years	0 to 2 years	3 to 5 years	6 to 12 years	13-18 years	19+ years
0 children	81.6%	84.7%	68.1%	70.5%	60.8%	72.7%	74.9%	92.1%	87.3%	43.0%
1 child	16.4%	12.9%	22.0%	21.8%	29.1%	24.6%	22.1%	6.1%	9.7%	42.6%
2 children	2.1%	2.5%	8.7%	6.8%	8.4%	2.7%	2.9%	1.8%	2.9%	12.4%
3 or more children	0.0%	0.0%	1.2%	0.9%	1.8%	0.0%	0.1%	0.0%	0.2%	1.7%
Number of Cases	2,440	2,440	2,440	2,440	2,440	1,378	1,378	1,378	1,378	1,378

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

70. Home Zip Code:

This question was excluded for confidentiality.

71. Have any of your relatives been an RN, or are any an RN now? (Check all that apply.)

	2010	2012
No RNs in my family	47.5%	43.0%
Mother/Father	9.0%	9.8%
Aunt/Uncle	18.8%	17.5%
Spouse/Partner	*	5.8%
Grandparent	3.6%	3.6%
Cousin	22.8%	20.4%
Child	3.8%	3.2%
Sister/Brother	17.2%	17.4%
Number of Cases	5,333	4,876

* Question was not asked in this survey year.

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

72. Which category best describes how much income your **total household** received last year? This is the before-tax income of **all** persons living in your household:

	2006	2008	2010	2012
Less than \$30,000	2.0%	1.4%	2.0%	3.3%
\$30K-\$44,999	3.0%	2.5%	2.4%	2.8%
\$45K-\$59,999	5.5%	3.8%	4.0%	3.4%
\$60K-\$74,999	12.4%	10.0%	9.4%	8.8%
\$75K-\$99,999	21.8%	19.4%	17.8%	16.5%
\$100K-124,999	21.5%	22.3%	21.5%	20.3%
\$125K-\$149,999	13.4%	13.0%	13.6%	14.6%
\$150K-\$174,999	8.5%	10.8%	10.4%	10.5%
\$175K-\$199,999	4.8%	5.8%	6.6%	7.3%
\$200K or more	7.2%	11.0%	12.2%	12.8%
Number of Cases	4,302	4,468	5,028	4,605

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

73. Approximately what percentage of your **total household** income comes from your nursing job(s)?

	2006	2008	2010	2012
None	*	*	8.4%	9.7%
Less than 20 percent	4.1%	3.4%	3.5%	3.4%
20 to 39 percent	9.7%	9.3%	7.5%	6.4%
40 to 59 percent	23.9%	21.5%	18.5%	17.3%
60 to 79 percent	17.7%	19.5%	18.5%	18.2%
80 to 99 percent	14.6%	13.9%	12.6%	12.9%
100 percent	30.1%	32.5%	31.1%	32.1%
Number of Cases	3,676	3,983	5,324	4,775

* Question was not asked in this survey year.

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

Appendix B. Letters and mailings

First Post Card

Hello!

We recently mailed you a survey about your experiences as a registered nurse. This research is sponsored by the California Board of Registered Nursing. We want to hear from people with both active and inactive licenses, nurses currently working in nursing, those working in other fields, and those who have retired from nursing altogether. I understand that we have not yet received your completed questionnaire. Your response is valuable to this report and I hope that you will take 15 minutes to complete your questionnaire and mail it back in the postage-paid envelope. If you've misplaced your questionnaire, please call 1-877-276-8277 and I'll see that you receive another copy. (If you have recently mailed your completed questionnaire, please disregard this notice.) Thank you for your assistance.

Sincerely,

Dennis Keane, Project Director
School of Nursing
UC San Francisco

Follow-up Post Card

CHECKING IN.

The **California Board of Registered Nursing**, working with the University of California, mailed you a copy of the 2012 RN Survey a month ago and again two weeks ago. We have not heard from you and wanted to make sure you received a copy of the survey. It was sent to people with both active and inactive licenses, to nurses currently working in nursing, those working in other fields, as well as those who have retired from nursing altogether.

We need your input to better gauge the health of the nursing profession in California.

You also have the option of completing the survey online. If you need another copy of the questionnaire or want to know how to do it on-line, **please call me toll-free at 1-877-276-8277** or email me at dkeane@thecenter.ucsf.edu. (If you have already mailed your completed questionnaire, please disregard this notice.) Thank you.

Dennis Keane, Project Manager
School of Nursing
UC San Francisco

Letter for Active RNs

Dear XXXXXXXXXX;

We are pleased to inform you the Board of Registered Nursing is inviting you to be one of a select group of California nurses to provide the Board with vital information concerning current nursing practice in the state. Only 10,000 of California's estimated 365,000 RNs/APRNs are being surveyed, giving you a unique opportunity to contribute to an important study of the nursing profession and future workforce planning. With the pivotal role of the nursing profession in workforce planning and policy in California, it is vital for the Board to be able to accurately present your opinions about working conditions, salaries and other issues pertinent to nursing practice. Survey results will be used by the Board to guide public policy and plan for California's future nursing workforce needs. Summary results of the survey will be published on the Board's website in early 2013.

Your individual survey responses are absolutely confidential and individual responses will not be identified or reported. Your participation in the survey is voluntary and you may skip any questions you choose not to answer, but we hope to have a great response to the survey to ensure that the Board has a representative picture of California nurses.

The University of California, San Francisco is conducting the survey for the Board. The attached survey has been sent to RNs/APRNs with active California licenses residing in and outside of California. Completion of the survey should take no more than 20 minutes. The survey may be completed in the attached paper/pencil format or ONLINE. If completing the attached survey by paper and pencil, please return in the postage-paid return envelope. You may complete the enclosed survey online at http://futurehealth.ucsf.edu/brn_2012/

Your online USERNAME is: XXXXXXXXXX.

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 Dennis Keane at UC San Francisco toll-free at 1-877-276-8277. You may also contact Joanne Spetz, Ph. D., Principal Investigator, by phone at (415) 502-4443. You also have the option of contacting the UC San Francisco Human Research Protection Program at (415) 476-1814 or via email at chr@ucsf.edu.

We hope we can count on your participation and look forward to receiving your completed survey.

Sincerely,



Louise Bailey, M.Ed, RN

Interim Executive Officer

California Board of Registered Nursing



California Board of Registered Nursing

Survey of Registered Nurses 2012

Conducted for the Board of Registered Nursing
by the
Center for the Health Professions
University of California, San Francisco

Here's how to fill out the Survey:

- Use pen or pencil to complete the survey.
- Please try to answer each question.
- Most questions can be answered by checking a box, or writing a number or a few words on a line.
- Never check more than one box, except when it says **Check all that apply**.
- Sometimes we ask you to skip one or more questions. An arrow will tell you what question to answer next, like this:

₁ YES
₂ NO → **SKIP TO Question 23**

- If none of the boxes is just right for you, please check the one that fits you the best. Feel free to add a note of explanation. If you are uncomfortable answering a particular question, feel free to skip it and continue with the survey.
- If you need help with the survey, call toll-free (877) 276-8277.
- **REMEMBER:** An online version of this survey is available. Follow the instructions in the cover letter that came with this questionnaire to access the online survey.
After you complete the survey, please mail it back to us in the enclosed envelope. No stamps are needed. Thank you for your prompt response.

**CALIFORNIA BOARD OF REGISTERED NURSING
2012 RN SURVEY**

SECTION A: EDUCATION AND LICENSURE INFORMATION

1. What was the highest level of education you completed **prior** to your basic RN education?

- ₁ Less than a high school diploma ₃ Associate degree ₅ Master's degree
₂ High school diploma ₄ Baccalaureate degree ₆ Doctoral degree

2. **Immediately prior** to starting your basic RN nursing education, were you employed in a health occupation? (**Check only one.**)

- ₀ No ₃ Yes, nursing aide/assistant ₅ Yes, medical assistant
₁ Yes, clerical or administrative in healthcare ₄ Yes, other health technician/therapist ₆ Yes, licensed practical/vocational nurse
₂ Yes, military medical corps ₇ Yes, other (**Please specify:** _____)

3. In what kind of program did you receive your initial, pre-licensure RN education that qualified you for U.S. RN licensure? (**Check only one.**)

- ₁ Diploma program ₄ Baccalaureate program ₆ Master's program
₂ Associate degree program ₅ Entry-level Master's program ₇ Doctoral program
₃ 30-unit option program (LVN to RN)

4. In what state or country did you complete your pre-licensure RN education that qualified you for RN licensure in the United States?

- ____ 2-letter state code **OR** Other country: ₁ Australia ₄ England ₇ Korea
₂ Canada ₅ India ₈ Philippines
₃ China ₆ Ireland
₉ Other (**Please specify:** _____)

5. In what year did you graduate from that program? ____ _

6. In what year were you first licensed as an RN? ____ _

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

- ____ 2-letter state code **OR** Other country: ₁ Australia ₄ England ₇ Korea
₂ Canada ₅ India ₈ Philippines
₃ China ₆ Ireland
₉ Other (**Please specify:** _____)

8. In what year were you first licensed as an RN **in California**? ____ _

9. Do you presently have an **active** RN license in California?

- ₁ Yes ₂ No

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

_____ # states or No other states

11. Since graduating from the basic RN nursing program that qualified you for licensure in the U.S., have you earned any **additional** degrees? In what **year** did you earn that degree? **(Check all that apply.)**

Degree		Year	Degree		Year
<input type="checkbox"/> _a	No additional degrees earned	↓			↓
<input type="checkbox"/> _b	Associate degree in Nursing (ADN)		<input type="checkbox"/> _f	Other Associate degree (non-nursing)	
<input type="checkbox"/> _c	Baccalaureate of Science in Nursing (BSN)		<input type="checkbox"/> _g	Other Baccalaureate degree (non-nursing)	
<input type="checkbox"/> _d	Master's degree in Nursing (MSN)		<input type="checkbox"/> _h	Other Master's degree (non-nursing)	
<input type="checkbox"/> _e	Doctorate in Nursing (PhD, DNSc, DNP, etc.)		<input type="checkbox"/> _i	Other Doctoral degree (non-nursing)	

12. Which of the following certifications or listings, if any, do you have with the California Board of Registered Nursing since your initial licensure as an RN? **(Check all that apply.)**

- _a Nurse Anesthetist _c Nurse-Midwife _e Nurse Practitioner
_b Public Health Nurse _d Psychiatric/Mental Health Nurse _f Clinical Nurse Specialist
_g None

13. Since completing your initial RN education, how many years and months have you worked in a job that requires a registered nursing license? Exclude years since graduation during which you did not work as an RN.

_____ years and _____ months

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

- ₁ Yes ₂ No → **Skip to Question #16 below.**

15. What is your degree objective?

- ₁ Associate degree ₃ Master's degree ₅ Doctoral degree
₂ Baccalaureate degree ₄ Non-degree specialty certification program

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

- Very dissatisfied Dissatisfied Neither satisfied nor dissatisfied Satisfied Very satisfied
- ₁ ₂ ₃ ₄ ₅

17. Are you **currently employed for pay** in a position that requires a registered nursing license, including any Advanced Practice Registered Nurse (APRN) positions?

- ₁ **Yes**, working full or part-time ₂ **No** → **Skip to page 10, Section C.**
Continue to the next page, Section B.



SECTION B: FOR NURSES CURRENTLY EMPLOYED IN NURSING

Please complete this section if you are working in a position that requires a registered nursing license, including a position in which you are an Advanced Practice Registered Nurse (APRN). In this survey, the term "RN" or "registered nursing" refers to both RNs and APRNs.

18. How many **hours** do you normally work in all positions that require a registered nursing license? **(Please complete all items.)**

- a. ____ # hours per **day**
- b. ____ # hours per **week** (do not include unworked call hours)
- c. ____ # overtime hours per **week**
- d. ____ # hours **on call** not worked per week

19. How many **months** per year do you work as an RN? ____ # months per **year**

20. What are your intentions regarding your nursing employment in the next:

TWO YEARS (Check only one.)	FIVE YEARS (Check only one.)
<input type="checkbox"/> ₁ Plan to increase hours of nursing work	<input type="checkbox"/> ₁ Plan to increase hours of nursing work
<input type="checkbox"/> ₂ Plan to work approximately as much as now	<input type="checkbox"/> ₂ Plan to work approximately as much as now
<input type="checkbox"/> ₃ Plan to reduce hours of nursing work	<input type="checkbox"/> ₃ Plan to reduce hours of nursing work
<input type="checkbox"/> ₄ Plan to leave nursing entirely but not retire	<input type="checkbox"/> ₄ Plan to leave nursing entirely but not retire
<input type="checkbox"/> ₅ Plan to retire	<input type="checkbox"/> ₅ Plan to retire

Questions 21 through 35 refer to your principal nursing position, which is the RN or APRN position in which you spend most of your working time.

21. In your **principal** nursing position, are you... **(Check only one.)**

- ₁ A regular employee
- ₂ Employed through a temporary employment service agency
- ₃ Self-employed
- ₄ Travel nurse or employed through a traveling nurse agency

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

____ # hours per week

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

____ # months per year

24. Where is your **principal** nursing position located?

- a. Zip Code _____
- b. County _____
- c. City _____
- d. State _____ (2-letter)

25. How many miles is it **one-way** from your residence to your **principal** nursing position? If you work for a traveling nurse agency or registry, write the average **one-way distance** from your residence to your current or most recent employment location.

_____ miles one-way

26. How long have you been employed as an RN with your **principal** employer?

_____ years and _____ months

27. Which of the following **best** describes the type of setting of your **principal** nursing position? If you work for a temporary employment or traveling nurse agency, in which setting do you most often work? (**Check only one.**)

₁ Hospital, inpatient care or emergency department

₉ Urgent care/wound care, not hospital-based

₁₇ Hospice

₂ Hospital, ancillary unit

₁₀ Public health or community health agency

₁₈ School health service (K-12 or college)

₃ Hospital, ambulatory care department (outpatient, surgery, clinic, etc.)

₁₁ Outpatient mental health/substance abuse

₁₉ Call center/telenursing center

₄ Hospital, nursing home unit

₁₂ Inpatient mental health/substance abuse

₂₀ University or college (academic department)

₅ Nursing home/extended care/skilled nursing facility/group home

₁₃ Occupational health or employee health service

₂₁ Case management/disease management

₆ Home health agency/ home health service

₁₄ Dialysis

₂₂ Self-employed

₇ Rehabilitation facility/long-term acute care

₁₅ Correctional facility/prison/jail

₈ Ambulatory or outpatient: medical practice, clinic, physician office or surgery center

₁₆ Government agency other than public/community health or corrections

₂₃ Other (**Please describe:** _____)

28. 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"/> ₁₂ Public Health/Community Health Nurse |
| <input type="checkbox"/> ₂ Senior management (Vice President, Nursing Executive, Dean) | <input type="checkbox"/> ₁₃ Educator, academic setting (professor, instructor in a school of nursing) |
| <input type="checkbox"/> ₃ Middle management (Asst. Director, Dept. Head, House Supervisor, Nurse Manager, Associate Dean) | <input type="checkbox"/> ₁₄ Staff educator, service setting (in-service educator, clinical nurse educator) |
| <input type="checkbox"/> ₄ Front-line management (Head Nurse, Supervisor) | <input type="checkbox"/> ₁₅ Patient educator |
| <input type="checkbox"/> ₅ Charge Nurse or Team Leader | <input type="checkbox"/> ₁₆ Patient care coordinator/case manager/discharge planner |
| <input type="checkbox"/> ₆ Clinical Nurse Specialist (CNS) | <input type="checkbox"/> ₁₇ Quality improvement nurse, utilization review |
| <input type="checkbox"/> ₇ Certified Registered Nurse Anesthetist (CRNA) | <input type="checkbox"/> ₁₈ Infection control nurse |
| <input type="checkbox"/> ₈ Certified Nurse-Midwife (CNM) | <input type="checkbox"/> ₁₉ Occupational health nurse |
| <input type="checkbox"/> ₉ Nurse Practitioner (NP) | <input type="checkbox"/> ₂₀ Telenursing |
| <input type="checkbox"/> ₁₀ School Nurse | <input type="checkbox"/> ₂₁ Researcher |
| <input type="checkbox"/> ₁₁ Nurse Coordinator | <input type="checkbox"/> ₂₂ Clinical Nurse Leader (CNL) |
| <input type="checkbox"/> ₂₃ Other (Please describe: _____) | |

29. Approximately what percentage of your time is spent on each of the following functions during a typical week in your **principal** position?

- a. _____% Patient care and charting
 - b. _____% Patient education
 - c. _____% Indirect patient/client care (consultation, planning, evaluating care)
 - d. _____% Teaching, precepting or orienting students or new hires/staff (include prep time)
 - e. _____% Supervision/management
 - f. _____% Administration
 - g. _____% Research
 - h. _____% Non-nursing tasks (housekeeping, etc)
 - i. _____% Other (**Please describe:** _____)
- _____100% Total

30. Mark the clinical area in which you **most frequently** provide direct patient care in your **principal** nursing position. **(Check only one.)**

- | | | |
|---|---|---|
| <input type="checkbox"/> ₁ Not involved in direct patient care | <input type="checkbox"/> ₁₀ Hospice | <input type="checkbox"/> ₁₈ Pediatrics |
| <input type="checkbox"/> ₂ Ambulatory/outpatient | <input type="checkbox"/> ₁₁ Intensive care/critical care | <input type="checkbox"/> ₁₉ Psychiatry/mental health |
| <input type="checkbox"/> ₃ Cardiology | <input type="checkbox"/> ₁₂ Labor and delivery | <input type="checkbox"/> ₂₀ Rehabilitation |
| <input type="checkbox"/> ₄ Community/public health | <input type="checkbox"/> ₁₃ Medical-surgical | <input type="checkbox"/> ₂₁ School health (K-12 or post-secondary) |
| <input type="checkbox"/> ₅ Corrections | <input type="checkbox"/> ₁₄ Mother-baby unit or normal newborn nursery | <input type="checkbox"/> ₂₂ Step-down or transitional bed unit |
| <input type="checkbox"/> ₆ Dialysis | <input type="checkbox"/> ₁₅ Neonatal care | <input type="checkbox"/> ₂₃ Surgery/pre-op/post-op/PACU/anesthesia |
| <input type="checkbox"/> ₇ Emergency/trauma | <input type="checkbox"/> ₁₆ Obstetrics/gynecology | <input type="checkbox"/> ₂₄ Telemetry |
| <input type="checkbox"/> ₈ Geriatrics | <input type="checkbox"/> ₁₇ Oncology | <input type="checkbox"/> ₂₅ Work in multiple areas and do not specialize |
| <input type="checkbox"/> ₉ Home health care | <input type="checkbox"/> ₂₆ Other (Please describe: _____) | |

31. Which of the following computerized health information systems, if any, do you use in your **principal** nursing position? **(Check all that apply.)**

- | | |
|---|--|
| <input type="checkbox"/> _a Electronic patient records | <input type="checkbox"/> _f Computerized physician orders |
| <input type="checkbox"/> _b Electronic nurse charting/nursing notes | <input type="checkbox"/> _g Barcode scanning for medication administration |
| <input type="checkbox"/> _c Electronic radiology reports | <input type="checkbox"/> _h Barcode scanning for supplies/other |
| <input type="checkbox"/> _d Electronic care plans/pathways | <input type="checkbox"/> _i Computerized medication distribution (such as |
| <input type="checkbox"/> _e Electronic lab reporting | <input type="checkbox"/> _j Electronic medication administration record |
| <input type="checkbox"/> _k Other (Please describe: _____) | |
| <input type="checkbox"/> _l None of the above | |

32. What is your experience with the information systems in your **principal** nursing position? **(Check only one.)**

- | | | | | |
|---------------------------------------|--|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| All systems work well | Systems are generally helpful, but may have some flaws | Systems have problems that affect my work | Systems interfere with my work | No systems in my workplace |

33. Please specify the **total annual earnings** for your **principal nursing position only**, before deductions for taxes, social security, etc. If you do not have a set annual salary, please estimate your annual earnings for last year.

\$ _____ /year

34. Does your compensation from your **principal** nursing position include: **(Check all that apply.)**

- | | |
|---|---|
| <input type="checkbox"/> _a Retirement plan | <input type="checkbox"/> _d Dental insurance |
| <input type="checkbox"/> _b Personal health insurance | <input type="checkbox"/> _e Family health insurance |
| <input type="checkbox"/> _c Tuition reimbursement | <input type="checkbox"/> _f Paid time to pursue an educational degree |

35. Please rate each of the following factors of your **principal** nursing position:

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied	Does not apply
A. Your job overall	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
B. Your salary	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
C. Employee benefits	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
D. Adequacy of RN skill level where you work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
E. Adequacy of the number of RN staff where you work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
F. Adequacy of clerical support services	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
G. Non-nursing tasks required	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
H. Amount of paperwork required	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
I. Your workload	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
J. Physical work environment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
K. Your IT system	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
L. Work schedule	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
M. Job security	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
N. Opportunities for advancement	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
O. Support from other nurses you work with	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
P. Teamwork between coworkers and yourself	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Q. Leadership from your nursing administration	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
R. Relations with physicians	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
S. Relations with other non-nursing staff	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
T. Relations with agency or registry nurses	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
U. Interaction with patients	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
V. Time available for patient education	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
W. Involvement in policy or management decisions	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
X. Opportunities to use my skills	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Y. Opportunities to learn new skills	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Z. Quality of preceptor and mentor programs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
AA. Employer-supported educational opportunities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

Continue on the next page

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied	Does not apply
BB. Quality of patient care where you work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
CC. Feeling that work is meaningful	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
DD. Recognition for a job well done	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

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

₁ Yes ₂ No → **Skip to Question #41 below.**



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

₁ One ₂ Two ₃ Three ₄ Four or more

38. In your other **nursing** positions, are you... (**Check all that apply.**)

- _a A regular employee _c Self-employed
- _b Employed through a temporary employment service agency, not traveling _d Travel nurse or employed through a traveling nurse agency

39. What type of work do you do in your **other nursing positions**? (**Check all that apply.**)

- _a Hospital staff _e Nursing home, extended care, or skilled nursing facility staff _i Teaching health professions or nursing students
- _b Public health or community health _f Mental health or substance abuse treatment _j Ambulatory care, occupational health
- _c Long-term acute care _g Home health or hospice _k Self-employed
- _d School health _h Telehealth/telenursing
- _l Other (**Specify:** _____)

40. Please indicate the following for your **other** nursing positions.

Additional nursing positions (not principal nursing position)	Hours worked per week	Months worked per year	Estimated <u>pre-tax</u> annual income
Additional job 1 Zip code _____	(a1) _____ Hrs/week	(a2) _____ Months/year	(a3) _____ \$/year
Additional job 2 Zip code _____	(b1) _____ Hrs/week	(b2) _____ Months/year	(b3) _____ \$/year
Additional job 3 Zip code _____	(c1) _____ Hrs/week	(c2) _____ Months/year	(c3) _____ \$/year
All other additional nursing positions	(d1) _____ Hrs/week	(d2) _____ Months/year	(d3) _____ \$/year

41. Are you doing volunteer work as an RN or APRN (working in an unpaid capacity as an RN or APRN)?

₂ No ₁ Yes → Are you in an internship/transition residency program? ₁ Yes ₂ No



42. Are you currently employed through a temporary agency, traveling agency, or registry for any of your nursing jobs? **(Check all that apply.)**

- _a Yes, a temporary agency or registry
_b Yes, a traveling agency
_c No → **Skip to Question #44 below.**

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

- _a Wages
_b Control of work location
_c Maintain skills/get experience
_d Unable to find a permanent RN job or work enough hours at my primary job
_e Benefits
_f Control of work conditions
_g Waiting for a desirable permanent position
_h Control of schedule
_i Supplemental income
_j Travel/see other parts of the country
_k Other **(Please specify: _____)**

44. Have you ever stopped working as a registered nurse **for a period of more than one year?**

- ₁ Yes
₂ No → **Skip to page 12, Section D.**

45. How long did you stop working as a registered nurse? _____ years and _____ months

46. How important were each of the following reasons you stopped working as a registered nurse for a **period of more than one year?**

	Not at all important	Somewhat important	Important	Very important	Does not apply
A. Could not find work as an RN	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
B. Childcare responsibilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C. Other family responsibilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
D. 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
E. Stress on the job	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
F. Job-related illness or injury	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
G. Non-job-related illness or injury	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
H. Salary	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
I. Dissatisfied with benefits	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
J. Laid off	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
K. Gone back to school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
L. Travel	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
M. Try another occupation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
N. Other dissatisfaction with job	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
O. 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
P. Other	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
(Please specify: _____)					

PLEASE SKIP TO PAGE 12, SECTION D

SECTION C: FOR PERSONS NOT EMPLOYED IN REGISTERED NURSING

The purpose of this section is to learn why people are not employed in nursing or have left nursing practice. The term "registered nurse" applies to both RNs and APRNs.

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

I have never worked for pay as an RN (Skip to Question #49 below) ➔

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

	Not at all important	Somewhat important	Important	Very important	Does not apply
A. Cannot find any work as an RN	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
B. Difficult to find desired nursing position	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C. Retired	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
D. Childcare responsibilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E. Other family responsibilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
F. 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
G. Stress on the job	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
H. Job-related illness/injury	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
I. 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
J. Salary	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
K. Dissatisfied with benefits	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
L. Other dissatisfaction with your job	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
M. 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
N. Travel	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
O. Wanted to try another occupation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
P. Inconvenient schedules in nursing jobs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Q. Returned to school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
R. Laid off	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
S. Other	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

(Specify: _____)

49. Are you doing volunteer work as an RN or APRN (working in an unpaid capacity as an RN or APRN)?

₂ No ₁ Yes ➔ Are you in an internship/transition residency program? ₁ Yes ₂ No

50. Which of the following best describes your current intentions regarding work in nursing?

₁ Currently seeking employment in nursing → **Skip to the next page, Section D.**

₂ Plan to return to nursing in the future

50a. How soon?

₁ Less than one year

₂ 1-2 years

₃ 3-4 years

₄ 5 or more years

Skip to the next page, Section D.

₃ Retired

₄ Definitely will not return to nursing, but not retired

₅ Undecided at this time (**Continue to Question #51.**)

Skip to the next page, Section D.



51. Would any of the following factors affect your decision to return to nursing?

	Not at all <u>important</u>	Somewhat <u>important</u>	<u>Important</u>	Very <u>important</u>	Does not <u>apply</u>
A. Affordable childcare at or near work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
B. Flexible work hours	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C. Modified physical requirements of job	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
D. Higher nursing salary	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E. Better retirement benefits	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
F. Better health care benefits	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
G. Better support from nursing management	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
H. More support from other nurses	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
I. Better nurse-to-patient ratios	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
J. Adequate support staff for non-nursing tasks	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
K. Availability of re-entry programs/mentoring	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
L. Improvement in my health status	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/>	<input type="checkbox"/> ₅
M. Other	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

(Specify: _____)

SECTION D: EMPLOYMENT OUTSIDE NURSING

52. Are you currently employed in a non-nursing position (that does not require a Registered nursing license)?

₁ Yes

₂ No → **Skip to the next page, Section E.**



53. Does your position utilize any of your nursing knowledge? ₁ Yes ₂ No

54. Please indicate the field(s) of your work position(s) outside of nursing. **(Check all that apply.)**

_a Health related services outside of nursing

_b Retail sales and services

_c Education, elementary and secondary

_d Financial, accounting, and insurance services

_e Consulting organization

_f Other **(Please specify: _____)**

55. Please indicate the following for up to three work positions **outside of nursing.**

Work positions outside of nursing	Hours worked per week	Estimated <u>pre-tax</u> annual income
Position #1 Title: _____ a1	_____ Hrs/week a2	_____ \$/year a3
Position #2 Title: _____ b1	_____ Hrs/week b2	_____ \$/year b3
Position #3 Title: _____ c1	_____ Hrs/week c2	_____ \$/year c3

SECTION E: CHANGES IN THE PAST YEAR

56. Have you changed work status, positions or employers in the past year? **(Check all that apply.)**

- _a No change in positions or employers
- _b Added second nursing job
- _c Added second non-nursing job
- _d I am not working as an RN now, but was working earlier this year
- _e I was not working earlier this year, but am working now as an RN
- _f New position with the same employer
- _g Same position with a different employer
- _h New position with a different employer
- _i Other **(Please specify)** _____

57. Has there been a change in how much you work as an RN in the past year? **(Check all that apply.)**

- _a No change in hours worked
- _b Did not work as an RN in the past year
- _c Increased hours – employer imposed
- _d Increased hours – my choice
- _e Decreased hours – employer imposed
- _f Decreased hours – my choice
- _g Other **(Please specify)** _____



If you answered the first option, “No change..”, in both Question 56 and 57 above, please skip to the next page, Section F.

58. How important were each of the following factors in your change in employment or hours worked during the past year? **(Check all that apply.)**

	Not at all important	Somewhat important	Important	Very important	Does not apply
A. Retired	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
B. Childcare responsibilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C. Other family responsibilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
D. Salary	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E. Laid off	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
F. Employer reduced hours	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
G. Change in spouse/partner work situation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
H. Change in financial status	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
I. Relocation/moved to a different area	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
J. Promotion/career advancement	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
K. Change in my health status	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
L. Wanted to work more convenient hours	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
M. Dissatisfaction with previous position	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
N. Other	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
(Please specify: _____)					

SECTION F: RESIDENCE OUTSIDE CALIFORNIA

59. Do you reside primarily outside California? ₁ Yes ₂ No → **Skip to Section G below.**



60. If you reside outside California, please check any of the following that apply regarding the **past 12 months. (Check all that apply.)**

- _a Worked as an RN in California for temporary agency/registry
- _b Worked as an RN for California employer in telenursing
- _c Worked as an RN for out-of-state telenursing employer with California clients
- _d Regularly commuted to California for an RN job
- _e Worked as an RN in California but have since moved out
- _f Did not work as an RN in California

61. How many months did you work in California as an RN in the past 12 months?

_____ months or ₀ Did not work as an RN in CA

62. If you reside outside California, do you plan to work as an RN in California in the **next two years? (Check all that apply.)**

- _a **Yes**, I plan to travel to California intermittently to work as an RN
- _b **Yes**, I plan to relocate to California and work as an RN
- _c **Yes**, I plan to perform telenursing for a California employer
- _d **Yes**, I plan to perform telenursing for out-of-state employer with California clients
- _e **Yes**, I plan to regularly commute to California to work as an RN.
- _f **No**, I plan to keep my California license active but do not plan to practice in California
- _g **No**, I plan to let my California license lapse

SECTION G: DEMOGRAPHIC INFORMATION

63. Gender ₁ Female ₂ Male

64. Year of birth 19 ____ ____

65. In what country were you born? _____

66. Marital status

- ₁ Single ₂ Currently married / in domestic partner relationship ₃ Separated/divorced/widowed

67. What is your ethnic/racial background (select the **ONE** with which you most strongly identify)?

- | | | | | |
|--|---|--|---|---|
| <input type="checkbox"/> ₁ African American/Black/African | <input type="checkbox"/> ₂ Caucasian/White/European/
Middle Eastern | <input type="checkbox"/> ₃ American Indian/Native
American/Alaskan
Native | <input type="checkbox"/> ₄ Other
or Mixed | |
| <u>Asian</u> | | <u>Latino/Hispanic</u> | <u>Native Hawaiian/Pacific Islander</u> | |
| <input type="checkbox"/> ₅ Cambodian | <input type="checkbox"/> ₁₀ Korean | <input type="checkbox"/> ₁₅ Central American | <input type="checkbox"/> ₂₀ Fijian | <input type="checkbox"/> ₂₅ Tongan |
| <input type="checkbox"/> ₆ Chinese | <input type="checkbox"/> ₁₁ Laotian/Hmong | <input type="checkbox"/> ₁₆ South American | <input type="checkbox"/> ₂₁ Filipino | <input type="checkbox"/> ₂₆ Other |
| <input type="checkbox"/> ₇ Indian | <input type="checkbox"/> ₁₂ Pakistan | <input type="checkbox"/> ₁₇ Cuban | <input type="checkbox"/> ₂₂ Guamanian | |
| <input type="checkbox"/> ₈ Indonesian | <input type="checkbox"/> ₁₃ Thai | <input type="checkbox"/> ₁₈ Mexican | <input type="checkbox"/> ₂₃ Hawaiian | |
| <input type="checkbox"/> ₉ Japanese | <input type="checkbox"/> ₁₄ Vietnamese | <input type="checkbox"/> ₁₉ Other Hispanic | <input type="checkbox"/> ₂₄ Samoan | |

68. Other than English, what languages do you speak fluently? (**Check all that apply.**)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> _a None | <input type="checkbox"/> _b Spanish | <input type="checkbox"/> _e Tagalog/other Filipino dialect | <input type="checkbox"/> _h Mandarin |
| <input type="checkbox"/> _c Korean | <input type="checkbox"/> _f French | <input type="checkbox"/> _i Cantonese | |
| <input type="checkbox"/> _d Vietnamese | <input type="checkbox"/> _g Hindi/Urdu/Punjabi/other South Asian language | <input type="checkbox"/> _j Other Chinese dialect | |
| <input type="checkbox"/> _k Other (Please describe: _____) | | | |

69. 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) 19+ years _____

70. Home Zip code: _____ or other country (**Please specify:** _____)

71. Have any of your relatives been an RN, or are any an RN now? (**Check all that apply.**)

- | | | |
|---|--|--|
| <input type="checkbox"/> _a No RNs in my family | <input type="checkbox"/> _d Spouse/partner | <input type="checkbox"/> _g Child |
| <input type="checkbox"/> _b Mother/Father | <input type="checkbox"/> _e Grandparent | <input type="checkbox"/> _h Sister/Brother |
| <input type="checkbox"/> _c Aunt/Uncle | <input type="checkbox"/> _f Cousin | <input type="checkbox"/> _i Other _____ |

72. Which category best describes how much income your **total household** received last year? This is the before-tax income of **all** persons living in your household:

- | | | |
|--|---|---|
| <input type="checkbox"/> ₁ Less than \$30,000 | <input type="checkbox"/> ₄ \$60,000 - 74,999 | <input type="checkbox"/> ₇ \$125,000 - 149,999 |
| <input type="checkbox"/> ₂ \$30,000 - 44,999 | <input type="checkbox"/> ₅ \$75,000 - 99,999 | <input type="checkbox"/> ₈ \$150,000 - 174,999 |
| <input type="checkbox"/> ₃ \$45,000 - 59,999 | <input type="checkbox"/> ₆ \$100,000 - 124,999 | <input type="checkbox"/> ₉ \$175,000 - 199,999 |
| | | <input type="checkbox"/> ₁₀ \$200,000 or more |

73. Approximately what percentage of your **total household** income comes from your nursing job(s)?

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> ₁ None | <input type="checkbox"/> ₃ 20-39% | <input type="checkbox"/> ₅ 60-79% | <input type="checkbox"/> ₇ 100% |
| <input type="checkbox"/> ₂ 1-19% | <input type="checkbox"/> ₄ 40-59% | <input type="checkbox"/> 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:

Yes, I would like to be notified when the report is published.

My email address is: _____