California Board of Registered Nursing

2016 Survey of Registered Nurses

Conducted for the

California Board of Registered Nursing

by the

University of California, San Francisco

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Survey of Registered Nurses in California, 2016

September 30, 2017

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Executive Summary

The 2016 Survey of California Registered Nurses is the tenth in a series of surveys designed to describe the population of registered nurses (RNs) licensed in California and to examine changes in this population over time. Other studies were completed in 1990, 1993, 1997, and every two years since 2004. The 2016 survey was mailed to 8,000 RNs with active California licenses and addresses in the United States. The survey response rate was 53.5 percent, yielding information for about 4,178 nurses.

REGISTERED NURSES in California

ABOUT THIS SURVEY

This study of California registered nurses (RNs) is the tenth survey conducted by the Board of Registered Nursing since 1990. In April, 2016, surveys were mailed to 8,000 RNs with California licenses living both within and outside California. The response rate was 53.5 percent of the eligible population, producing data from 4,178 RNs. All analyses were weighted to ensure the results represent the total population of RNs with California licenses.

The complete report is available at:
https://rnworkforce.ucsf.edu/publications/brn2016

RNs LIVING IN CALIFORNIA

259,531 ... 342,250

RNs LIVING IN OTHER STATES/COUNTRIES

EMPLOYMENT RATES

90-95% UNDER 60 YEARS
77% 60-64 YEARS
47% 65+ YEARS

81%
79%
86%

36 HOURS PER WEEK
ON AVERAGE IN 1990-2016

AGE AND GENDER COMPOSITION

1990

5% MALES
95% FEMALES

AVERAGE AGE	42.9 y
UNDER 30	8%
31-40	36%
41-50	29%
51-60	19%
60+	7%

2004

5% MALES
95% FEMALES

AVERAGE AGE	47.6 y
UNDER 30	4%
31-40	16%
41-50	29%
51-60	33%
60+	17%

2016

12% MALES
88% FEMALES

AVERAGE AGE	45 y
UNDER 30	9%
31-40	26%
41-50	26%
51-60	23%
60+	16%

RACE/ETHNICITY COMPOSITION

2016
2004
1990

0%   25%   50%   75%   100%

White | Hispanic | Black/African American | Filipino | Other/Mixed

In 1990, most RNs were 31 to 40 years old. The average age of RNs has risen since then. In 2016, equal shares were 31 to 40 years old and 41 to 50 years old.

REGISTERED NURSES
in California

PRE-LICENSURE *EDUCATION*

2016				
2004				
1990				

0   25%   50%   75%   100%

■ Diploma program ■ Associate degree ■ Baccalaureate degree ■ Master's or Doctorate Degree ■ 30 unit program ■ Other

AVERAGE AGE OF *GRADUATION*

27.6

26.9

25.4

27-

26-

25-

1990   2004   2016

HIGHEST *NURSING DEGREE*

2016			
2004			
1990			

0   25%   50%   75%   100%
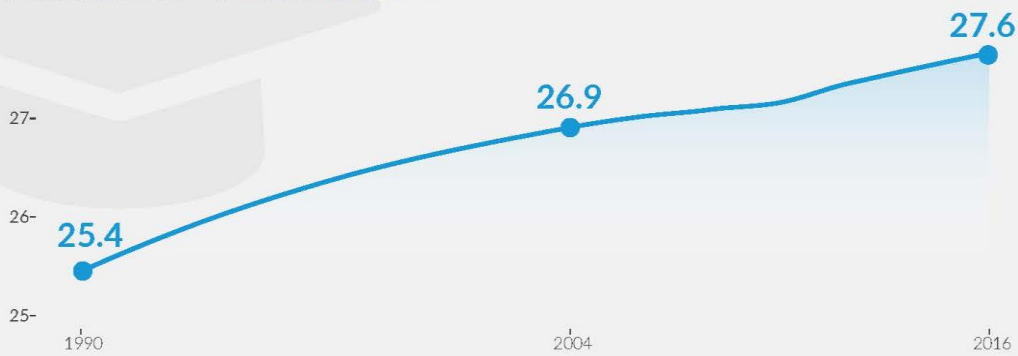
■ Diploma program ■ Associate degree ■ Baccalaureate degree ■ Master's or Doctorate Degree
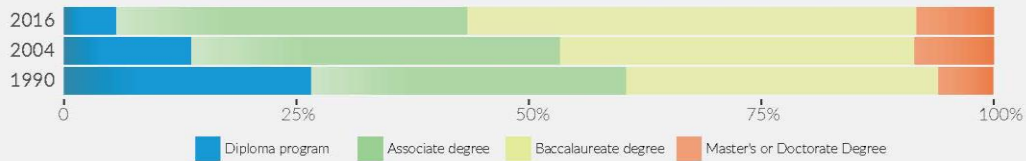
CURRENTLY ENROLLED
IN NURSING DEGREE OR CERTIFICATION PROGRAM

12% -

10% -

8% -

2006   2012   2016
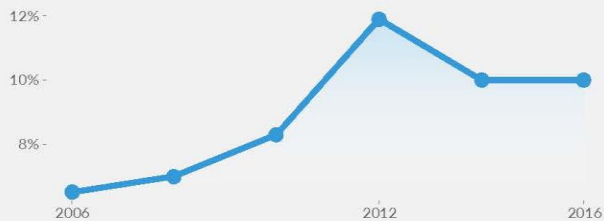
NURSING *JOB TITLES*

SHARE OF RNs WITH MORE THAN ONE JOB

19% 1990
22% 2004
12% 2016
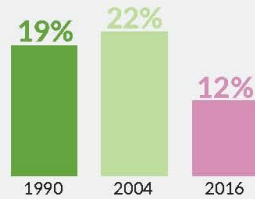
JOB TITLE	1993	2004	2016	TREND 1993-2016
Staff Nurse/Direct patient care provider	59.5%	53.3%	51.3%	
Charge Nurse	—	—	1.9%	
Staff Nurse and Charge Nurse (both)	—	—	15.6%	
Senior management, any setting	—	—	1.8%	
Senior management, service setting	3.5%	1.7%	—	
Middle management, any setting	—	—	5.4%	
Middle management, service setting	14.5%	6.3%	—	
Front-line management	—	11.1%	2.1%	
Management/Administration, academic setting	0.2%	0.1%	—	
Clinical Nurse Specialist	3.2%	2.3%	0.5%	
Certified Registered Nurse Anesthetist	0.5%	0.4%	0.4%	
Certified Nurse Midwife	0.2%	0.2%	0.2%	
Nurse Practitioner	1.8%	3.6%	3.9%	
Educator, service setting/clinical nurse educator	2.0%	2.0%	—	
Educator, academic setting	1.3%	1.0%	—	
School Nurse	1.2%	1.9%	1.2%	
Public Health Nurse	2.2%	1.7%	1.5%	
Patient care coordinator/case manager	—	—	5.3%	
Discharge Planner	—	0.1%	—	
Case Manager	4.5%	3.9%	—	
QI/Utilization Review Nurse	—	0.7%	1.9%	
Occupational Health Nurse	—	—	0.3%	
Telenursing	—	—	1.0%	
Nurse Coordinator	—	—	—	
Consultant	0.9%	0.7%	—	
Researcher	0.8%	0.6%	0.5%	
Infection Control Nurse	—	—	0.3%	
Clinical Nurse Leader	—	—	0.3%	
Other	3.3%	8.3%	1.4%	

NURSING *WORK SETTING*

SHARE OF RNs IN A TEMPORARY OR TRAVELING JOB

TRAVEL AGENCY
TEMPORARY WORK

	2006	2010	2016
Travel agency	1.2%	0.6%	0.8%
Temporary work	3.4%	3.3%	1.6%

WORK SETTING	1990	2004	2016	TREND 1990-2016
Acute hospital	67.9%	60.9%	66.3%	
Hospital, inpatient or emergency	—	—	56.1%	
Hospital, nursing home unit	—	—	1.1%	
Hospital, ambulatory unit	—	—	8.1%	
Hospital, ancillary unit	—	—	0.5%	
Hospital, other department	—	—	2.1%	
Skilled nursing/extended care/ rehabilitation	5.6%	4.4%	5.1%	
Academic nursing program	1.3%	0.9%	0.9%	
Public health dept/community health agency	3.4%	2.1%	1.4%	
Home health nursing agency/service	3.8%	3.3%	3.4%	
Hospice	—	1.3%	0.3%	
Ambulatory care setting (office, surgery center)	11.8%	10.8%	8.2%	
Dialysis	—	—	1.0%	
Telenursing organization/call center	—	0.6%	0.6%	
Occupational health/employee health	1.5%	0.3%	0.4%	
School health (K-12 or college)	2.1%	2.0%	1.3%	
Mental health/drug and alcohol treatment	—	2.0%	1.6%	
Forensic setting (correctional facility, prison, jail)	—	1.1%	1.5%	
Government agency (local, state, federal)	—	2.7%	0.8%	
Case management/disease management	—	—	2.1%	
Self employed	1.1%	0.8%	0.3%	
Other	1.5%	6.9%	2.5%	

EARNINGS BY *HIGHEST EDUCATION*

100,000 –
80,000 –
60,000 –
40,000 –

AVERAGE EARNINGS
1990-2016

— Associate Degree
-- Baccalaureate Degree
-- Diploma
— Master's Degree or higher

1990   2006   2016
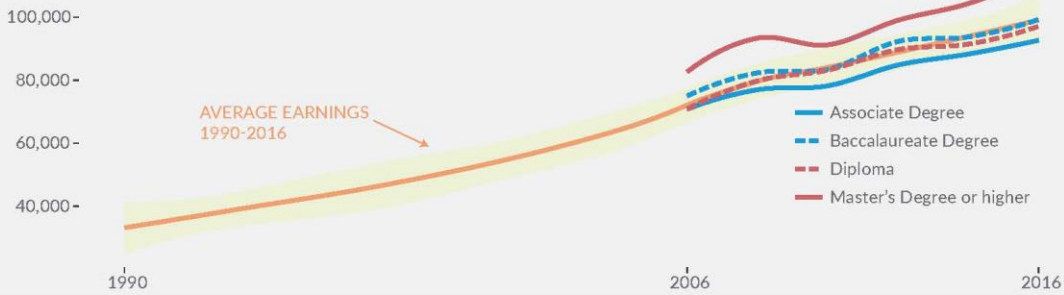
EARNINGS BY *WORK SETTING*

— Senior management, any setting
— Patient care coordinator/case manager
— Direct patient care provider/staff nurse
-- Hospital acute
-- Hospital ambulatory
-- Front-line management

120,000 –
80,000 –
40,000 –

AVERAGE EARNINGS
1990-2016

1990   2008   2016

EARNINGS BY *REGION*

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

JOB *SATISFACTION* IN 2016

Four of the five aspects of nursing that received the highest average satisfaction ratings in 2016 were the same items receiving the highest ratings in 2014: Interactions with patients, nursing profession overall, feeling that work is meaningful, and job overall. In 2014, the five items with greatest satisfaction also included relations with non-nursing staff (ranked 7th in 2016).

Dissatisfied — Neutral
Very dissatisfied — Satisfied — Very satisfied

- Your job overall
- Your salary
- Employee benefits
- Adequacy of RN skill level where you work
- Adequacy of the number of RNs where you work
- Adequacy of clerical support services
- Non-nursing tasks required
- Amount of paperwork required
- Your workload
- Physical work environment
- Work schedule
- Job security
- Opportunities for advancement
- Support from other nurses you work with
- Teamwork between coworkers and yourself
- Leadership from your nursing administration
- Involvement in patient care decisions
- Relations with physicians
- Relations with other non-nursing staff
- Relations with agency/registry nurses
- Interaction with patients
- Time available for patient education
- Involvement in policy/management decisions
- Opportunities to use your skills
- Opportunities to learn new skills
- Quality of preceptor and mentor programs
- Employer-supported educational opportunities
- Quality of patient care where you work
- Feeling that work is meaningful
- Recognition for a job well done

TOP 5

INTERACTION WITH PATIENTS (4.24)
NURSING PROFESSION OVERALL (4.21)
FEELING THAT WORK IS MEANINGFUL (4.16)
YOUR JOB OVERALL (4.15)
TEAMWORK (4.14)

BOTTOM 5

AMOUNT OF PAPERWORK REQUIRED (3.18)
INVOLVEMENT IN POLICY AND MANAGEMENT DECISIONS (3.23)
NON-NURSING TASKS REQUIRED (3.35)
ADEQUACY OF THE NUMBER OF RN STAFF (3.37)
LEADERSHIP FROM NURSING ADMINISTRATION (3.39)

REGISTERED NURSES
in California

EMPLOYMENT PLANS IN 5 YEARS

1990   2004   2016

- ■ Plan to retire or leave nursing
- ■ Plan to reduce hours of nursing work
- ■ Plan to increase hours of nursing work
- ■ Plan to work approximately as much as now
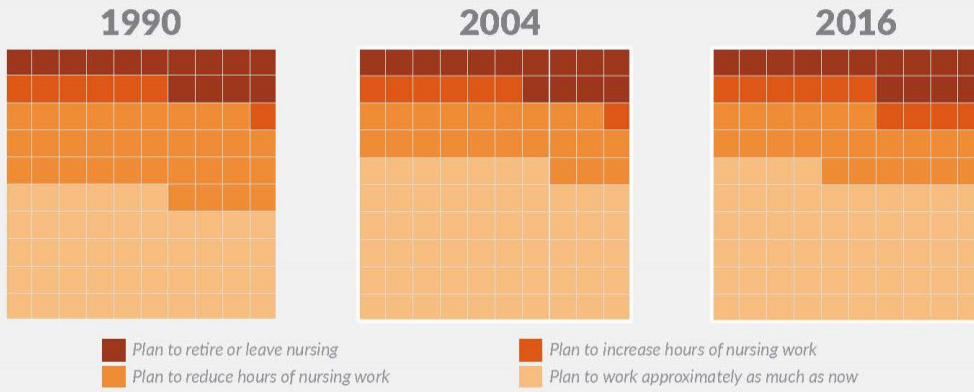
EMPLOYMENT PLANS IN 2 YEARS AND 5 YEARS — BY AGE GROUP (2016)

Plan to work approximately as much as now

Plan to increase hours of nursing work

Plan to reduce hours of nursing work

AGE GROUPS
5 YEAR PLANS
2 YEAR PLANS
65 years or more
55-64 years
45-54 years
35-44 years
under 30 years

Plan to leave nursing entirely, but not retire

Plan to retire
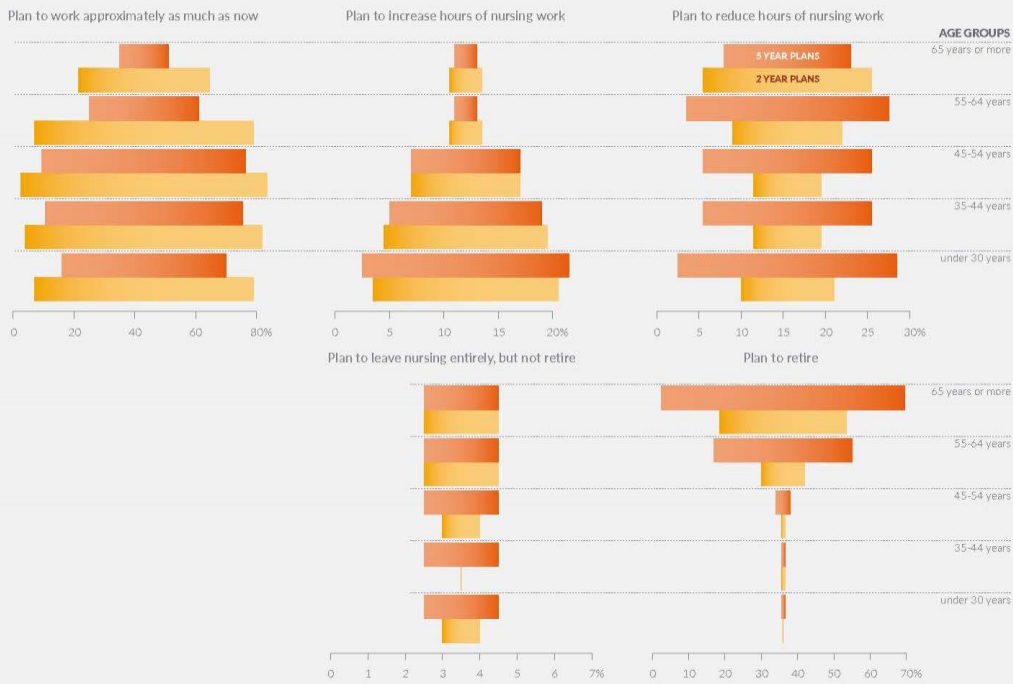
Executive summary infographic can also be downloaded from: http://www.rn.ca.gov/pdfs/forms/brochure2016.pdf

Chapter 1. Introduction and Methodology

This study of registered nurses with California licenses is the tenth 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, 2014, and 2016 studies 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. 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. General consistency of measures has been maintained, which permits the analysis of trends in California's nursing workforce over time. As in prior years, the 2016 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 2016. Specifically, the survey update included the following steps:

- A review of past surveys conducted for the BRN, particularly the survey conducted in 2014;

- Collaboration with staff at the BRN to identify current issues and draft the survey questionnaire;

- A review of draft questions by the BRN staff, UCSF staff, and other experts;

- Revision of the surveys based on feedback from BRN and UCSF staff, and other experts;

- Development of formatted survey instruments;

- Testing of the survey instruments by nurses recruited by UCSF, the Nursing Workforce Advisory Committee, and the BRN;

- Development of the web-based surveys;

- Testing of the web-based surveys by staff at the BRN and UCSF; and

- Editing the formatted surveys for printing, and editing of the web-based surveys for online use.

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 25, 2016. A reminder postcard was sent on May 17, and the questionnaire was re-mailed on June 10 to non-respondents. Reminder postcards were sent on June 24 and July 8, 2016. Data collection ended on September 30, 2016.

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 23.3 percent of the respondents completed the survey online, an increase of 5.1 percentage points from 2014.

The RN Sample

Selection of the RN Sample

The survey was sent to 8,000 active RNs with addresses in California and other states. The Board of Registered Nursing delivered a file of all RNs to UCSF on March 8, 2016. This database included name, mailing address, birth date, date of licensure in California, date of last renewal, and license status. The database included 396,278 nurses with active licenses residing in the United States. Nurses were excluded from the survey if their birthdate was missing, indicated an age of younger than 20, or indicated an age greater than 100; this affected 7 cases. Thus, the working file from which nurses were sampled contained 396,271 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.

Our goal was to have at least 420 respondents per region. To reach this goal, we assumed that the response rate for each region would be the same as for the 2014 survey, thus requiring at least 700 surveys be mailed to nurses in each region. The first four columns of Table 1.1 present our final sampling scheme.

Response Rates

By the end of the data collection period (September 30, 2016), questionnaires were received from 4,190 of the 8,000 registered nurses to whom surveys were mailed, but 12 of these indicated that they refused to participate and thus there were 4,178 useable responses. A total of 193 cases were determined ineligible for the survey due to being returned for lack of a current mailing address (183), reported death or other inability to participate (8), or revised residence outside the U.S. (2). Thus, there was a total of 7,807 eligible nurses and a 53.5 percent response rate for the eligible population. Table 1.2 details the survey response outcomes for all eight surveys (1990-2016).

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, Sacramento, and Central Coast regions were more likely to respond to the survey, while the lowest response was from nurses residing in the Inland Empire region. The age distribution of respondents also is different from that of the sample, as seen in Table 1.3. Younger nurses were substantially less likely to respond to

the survey, with only 16.7 percent of nurses under the age of 25 years and 36 percent of those 25 to 34 years completing the survey. In contrast, 64.5 percent of nurses aged 55 to 64 responded to the survey. Thus, nurses in the younger age groups (ages 45 and under) are under-represented in the data.

To address differential response rate by age group and account for the regional stratification of the sample design, post-stratification weights were used to ensure that all analyses reflect the full statewide population of RNs with active California licenses. The post-stratification weights are based on the numbers of nurses in the sample file, for each region and each age group. We used Stata MP 13, a commonly used statistical package, to analyze the data. The survey data analysis commands in this software (svy) were used to conduct all analyses of the data for nurses with active licenses, using the post-stratification weights.

Precision of Estimates

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

Unweighted tables based on the full dataset of 4,178 nurses with active licenses may vary from the true population values by +/-1.51 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, 2016

Region	Counties	Actively Licensed RNs		Survey Sample		Survey Respondents		Response rate
		#	%	#	%	#	%	%
North of Sacramento	Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Siskiyou, Sierra, Tehama, Trinity	10,410	2.63%	750	9.4%	441	10.56	58.8%
Sacramento	El Dorado, Placer, Sacramento, Sutter, Yolo, Yuba	25,063	6.32%	825	10.3%	476	11.39	57.7%
San Francisco Bay Area	Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma	78,882	19.91%	875	10.9%	454	10.87	51.9%
Central Valley & Sierra	Alpine, Amador, Calaveras, Fresno, Inyo, Kern, Kings, Madera, Mariposa, Merced, Mono, San Joaquin, Stanislaus, Tulare, Tuolumne	32,936	8.31%	925	11.6%	474	11.35	51.2%
Central Coast	Monterey, San Benito, San Luis Obispo, Santa Barbara	9,619	2.43%	700	8.8%	409	9.79	58.4%
Los Angeles	Los Angeles, Orange, Ventura	113,934	28.75%	1,200	15.0%	620	14.84	51.7%
Inland Empire	Riverside, San Bernardino	38,495	9.71%	925	11.6%	465	11.13	50.3%
Border	Imperial, San Diego	32,911	8.31%	900	11.3%	473	11.32	52.6%
Outside California	All states other than California	54,021	13.63%	900	11.3%	366	8.76	40.7%
TOTAL		396,271	100.0%	8,000	100.0%	4,178	100.0%	52.2%

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

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

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

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

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

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

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

Table 1.3. California's active nursing workforce, the survey sample, survey respondents, and the response rate, by age group, 2016

	Actively Licensed RNs		Survey Sample		Survey Respondents		Response rate
Age Group	#	%	#	%	#	%	%
Under 25 years	4,737	1.2%	90	1.1%	15	0.36	16.7%
25-34 years	81,179	20.5%	1580	19.8%	569	13.62	36.0%
35-44 years	92,097	23.2%	1818	22.7%	775	18.55	42.6%
45-54 years	85,321	21.5%	1723	21.5%	886	21.21	51.4%
55-64 years	93,221	23.5%	1957	24.5%	1262	30.21	64.5%
65 years and older	39,716	10.0%	832	10.4%	671	16.06	80.6%
TOTAL	396,271	100.0%	8000	100.0%	4178	100.00	52.2%

Note: Seven RNs are not included in these data due to erroneous age data.

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 396,278 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. At the time of the survey, 86.2 percent of nurses with active licenses and California addresses were working in nursing (Table 2.1). This is a higher employment rate than measured in 2014. 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	2014	2016
Employed in nursing	82.6%	89.3%	84.2%	87.5%	86.7%	86.9%	87.4%	85.1%	83.4%	86.2%
Not employed in nursing	17.4%	10.7%	15.8%	12.5%	13.3%	13.1%	12.6%	14.9%	16.6%	13.8%
Number of respondents	2,724	2,476	2,955	4,280	4,346	4,890	5,551	4,967	5,047	3,789

Note: Data (2006-2016) 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 Border, Los Angeles, Central Valley and Sierra, Inland Empire, Sacramento, and San Francisco Bay Area regions are more likely to work than average, and nurses who reside in the Northern and Central Coast regions are less likely to be employed in nursing. These patterns have changed somewhat over the years; in 2012, for example, Northern counties had a higher-than-average employment rate, but they had the lowest employment rate in 2014 and second-lowest in 2016.

Table 2.2. Employment status of RNs with active California licenses, by region, 2010-2016.

	2010	2012	2014	2016
Northern counties	87.9%	86.2%	79.8%	81.1%
Sacramento	87.2%	85.7%	83.5%	86.5%
San Francisco Bay Area	85.9%	83.9%	82.1%	85.9%
Central Valley & Sierra	90.0%	84.5%	84.9%	86.8%
Central Coast	83.7%	83.0%	82.7%	79.5%
Los Angeles	87.4%	84.3%	83.5%	86.8%
Inland Empire	88.0%	88.8%	85.0%	86.7%
Border Counties	89.2%	86.8%	84.1%	86.9%
Outside California	83.4%	84.6%	83.0%	80.1%

Note: Rows may not add to 100% due to rounding. Data are weighted to represent all RNs with active licenses. Number of cases in 2016=3,789.

The employment status of nurses with active licenses varies by age group, as seen in Figure 2.1 and Table 2.3. Over 90 percent of nurses under age 55 years were working in nursing positions, and 89.3 percent of RNs 55 to 59 years old were employed. Employment rates increased for all age groups between 2014 and 2016, except for RNs 60 years and older. The increases in the shares of nurses under 45 years old is a reversal of a trend toward

lower employment between 2008 and 2014 and suggests that RN demand has recovered from the recession that began in December 2007. The drop in employment rates of nurses 60 years and older between 2010 and 2016 may be the result of the recovery of the stock market, which returned the retirement savings of many Americans to pre-recession levels.

Figure 2.1. Employment status of the statewide population of RNs with active California licenses, by age group, 2008-2016
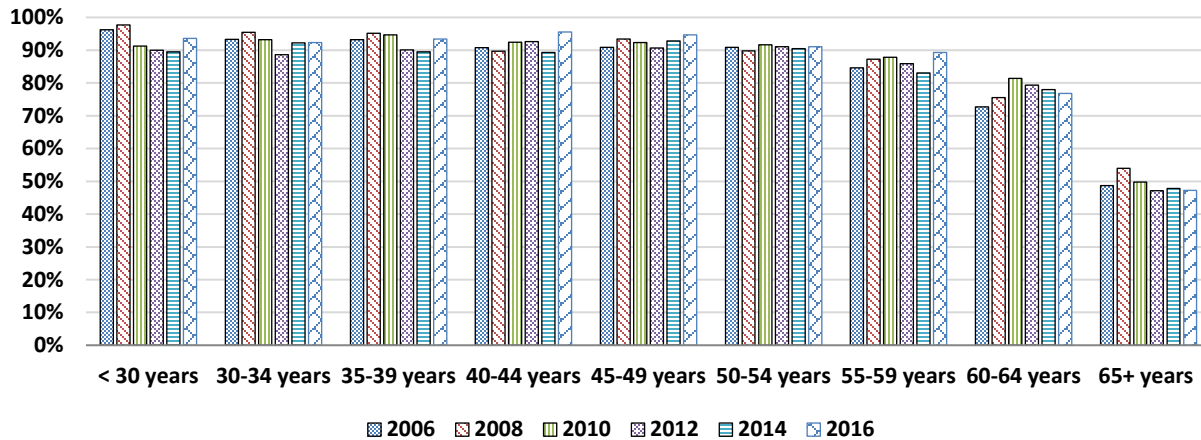
Note: Number of cases=3,789. Data (2006-2016) are weighted to represent all RNs with active licenses.

Table 2.3. Percent of RNs residing in California working in nursing, by age group, 2004-2016

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

Note: Data (2006-2016) are weighted to represent all RNs with active licenses. Number of cases in 2016=3,789.

Age Distribution of California RNs

As seen in Table 2.4, in 2016, 44.1 percent of nurses with active California licenses are 50 years or older. This percentage has declined from its high of 49 percent in 2008. The population of nurses with California addresses has a similar age distribution to that of all nurses with California licenses, with 48 percent being 50 years or older. The percent of nurses with active California licenses under 45 years of age has increased slightly from a low of 39.1 percent in 2008 to a high of 44.5 percent in 2016.

Table 2.4. Age distribution of all RNs with active California licenses, 2006-2016

	All Active RNs						California Residents					
	2006	2008	2010	2012	2014	2016	2006	2008	2010	2012	2014	2016
Under 30 years	6.7%	6.1%	9.1%	10.0%	7.4%	8.7%	7.5%	6.1%	9.3%	9.3%	7.4%	8.4%
30-34 years	10.9%	10.0%	10.0%	10.3%	11.4%	12.9%	10.3%	9.3%	9.4%	10.6%	11.1%	12.6%
35-39 years	10.4%	11.9%	11.5%	11.9%	10.4%	10.8%	10.6%	11.5%	11.2%	12.0%	10.3%	11.2%
40-44 years	12.3%	11.1%	11.9%	11.8%	13.0%	12.5%	12.3%	11.2%	12.1%	11.6%	13.1%	12.3%
45-49 years	14.3%	12.0%	11.2%	10.5%	10.1%	11.1%	13.9%	12.3%	11.2%	10.2%	10.1%	11.1%
50-54 years	18.4%	17.1%	15.7%	13.4%	11.7%	10.5%	19.1%	17.0%	15.6%	13.5%	11.8%	10.5%
55-59 years	12.9%	13.8%	13.1%	13.2%	13.4%	11.3%	12.6%	14.1%	13.2%	13.3%	13.5%	11.5%
60-64 years	7.4%	9.8%	10.0%	10.9%	11.7%	12.3%	7.7%	9.8%	10.2%	11.2%	11.6%	12.1%
65 years and older	6.6%	8.3%	7.5%	7.9%	10.8%	10.0%	6.1%	8.8%	7.9%	8.3%	11.1%	10.4%
Number of cases	*	5,440	6,224	5,529	5,573	3,793	*	4,890	5,551	4,967	5,047	3,112

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 was stable from 2006 through 2014 before dropping between 2014 and 2016. In 1990, the largest share of nurses was 35 to 39 years, and the largest age group became steadily older until 2004, when it reached 50 to 54 years. This age group remained the largest through 2012, but in 2014 it was surpassed by the 40 to 44 age group. Since 2004 there has been growth in the shares of nurses in all age groups under 45 years old. Growth in the share of younger nurses is probably the result of expansions in the number of new RN graduates in California since 2000 and bodes well for stable RN supply in the future.

Figure 2.2. Age distribution of currently working nurses residing in California, by survey year
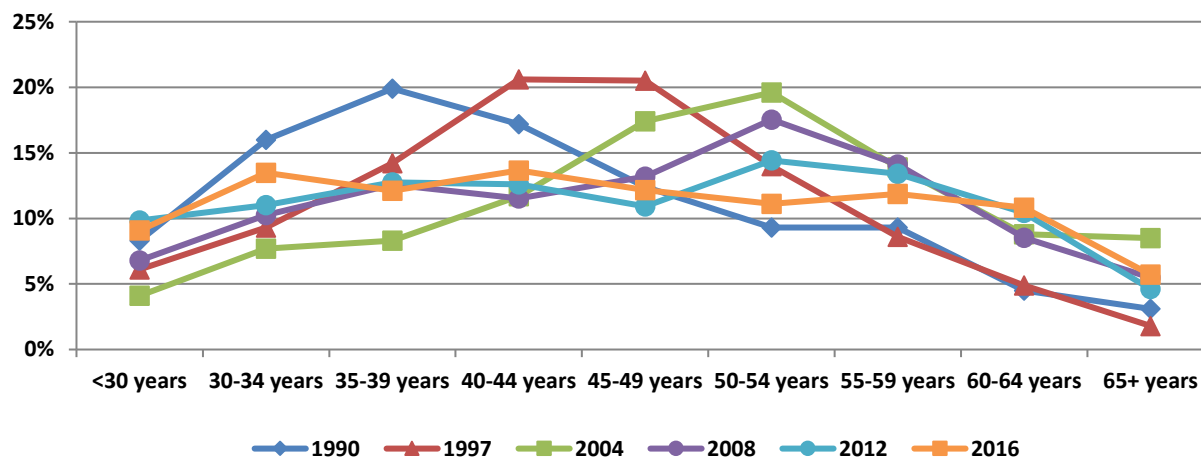
Note: 2016 number of cases=3,112. Data (2006-2016) are weighted to represent all RNs with active licenses.

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

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

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

Table 2.6. Age distribution of all RNs with active California licenses, by region, 2016

	Out of state	Northern Counties	Sacramento	Bay Area	Central Valley/Sierra	Central Coast	Los Angeles	Inland Empire	Border Counties
Under 30 years	11.0%	6.1%	5.1%	7.7%	7.7%	4.8%	10.3%	9.0%	7.6%
30-34 years	14.9%	11.3%	14.6%	12.1%	13.5%	11.3%	11.8%	11.0%	16.5%
35-39 years	8.2%	9.1%	14.1%	11.0%	9.3%	10.8%	11.7%	9.5%	12.0%
40-44 years	13.5%	9.3%	12.2%	12.4%	15.6%	7.7%	11.5%	15.2%	10.9%
45-49 years	11.3%	9.4%	10.8%	10.2%	11.1%	9.6%	12.1%	11.3%	10.3%
50-54 years	10.1%	10.2%	10.7%	11.5%	10.9%	11.2%	9.7%	11.3%	9.5%
55-59 years	10.3%	13.6%	11.3%	11.9%	11.6%	12.8%	10.7%	11.0%	12.4%
60-64 years	13.1%	17.1%	11.6%	12.2%	11.5%	17.2%	11.8%	12.5%	10.9%
65 and over	7.7%	13.9%	9.6%	11.0%	8.8%	14.6%	10.5%	9.2%	10.0%
Mean age of RNs with active licenses	46.4	50.3	47.3	47.9	47.1	50.6	47.1	47.5	46.9

Note: Number of cases=3,793. 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. Between 2004 and 2008, there was notable growth in the share of employed RNs that was male, from 7.4 percent to 14.4 percent. The share has declined slightly since then; in 2016, 11.9 percent of working RNs were male. Table 2.7 presents the gender mix by age of all actively licensed RNs residing in California, both working and not working in nursing. Nurses 35 to 44 years old have the greatest share of men, with 13.5 percent of nurses in this age group being male. In 2014, RNs under 35 years old had the greatest share of men (16%), but in 2016 men were only 10.7 percent of this age group.

Figure 2.3. Gender of currently working registered nurses residing in California, by survey year
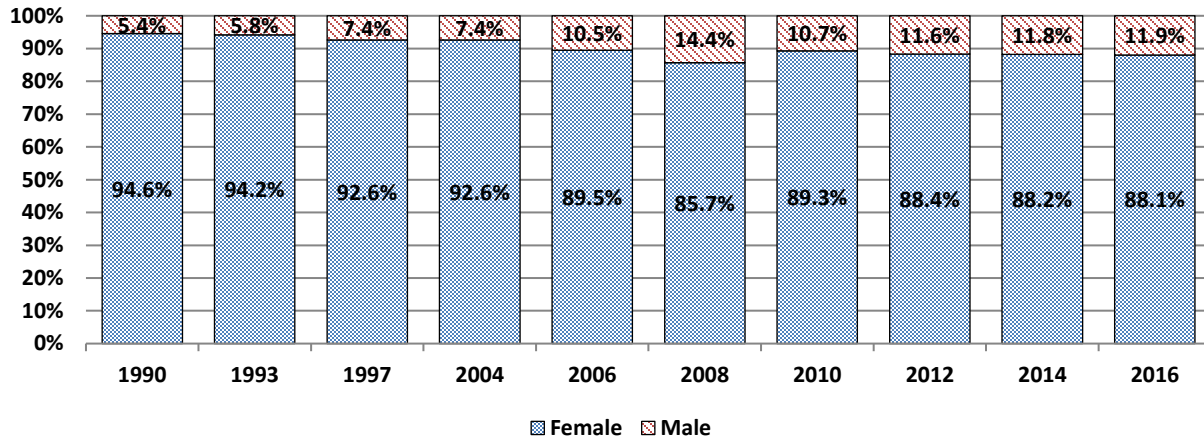
Note: 2016 number of cases=3,024. Data (2006-2016) are weighted to represent all RNs with active licenses. RNs with missing data are excluded from the calculation.

Table 2.7. Gender of active RNs who reside in California, by age group, 2016

	Female	Male	No response
All RNs	86.4%	10.7%	2.9%
Under 35 years	86.5%	11.8%	1.7%
35-44 years	83.1%	13.5%	3.4%
45-54 years	86.2%	11.0%	2.8%
55-64 years	87.9%	8.6%	3.5%
65 years and older	90.1%	6.6%	3.3%

Note: Number of cases=3,793. Data are weighted to represent all RNs with active licenses.

Figure 2.4 presents the racial and ethnic composition of RNs with active licenses who reside in California. Less than half are non-Hispanic White (49.8%), and Filipinos represent 17.6 percent of the RN workforce. Hispanic and Latino nurses account for 7.9 percent of the nursing workforce, and Asians who are not Filipino comprise 8.8 percent. Black/African-American nurses represent 4.3 percent of California's active nurses.

Figure 2.4. Ethnic and racial composition of RNs with active California licenses residing in California, 2016
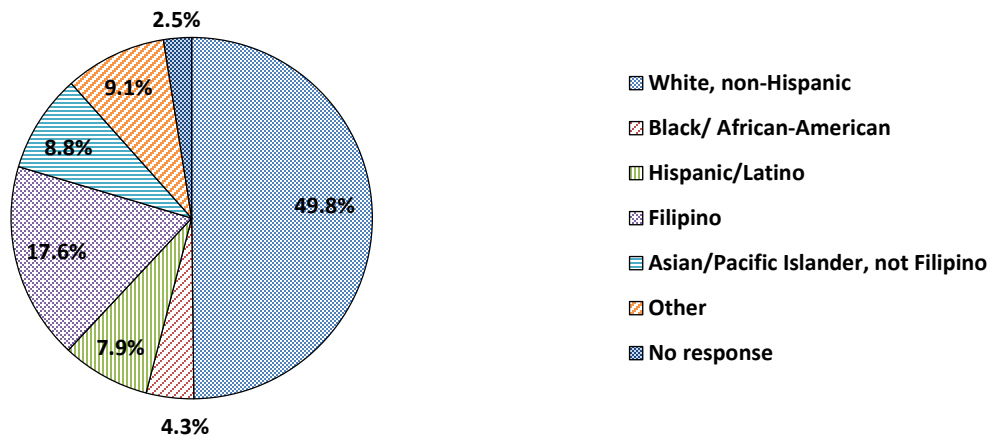
Note: Number of cases=3,793. Data are weighted to represent all RNs with active licenses.

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 2016, only 49 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 19.3 percent in 2016. 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 9.1 percent in 2016. The share of nurses of Hispanic descent was 8.5 percent in 2016, which has increased from 3.7 percent in 1990. The shares of Black/African-American, Native American, and Pacific Islander nurses have remained comparatively stable from 1990 through 2016.

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

	1990	1993	1997	2004	2006	2008	2010	2012	2014	2016
White, not Hispanic	77.2%	72.6%	64.5%	61.5%	62.0%	58.6%	53.8%	53.4%	51.6%	49.0%
Hispanic	3.7%	4.5%	4.9%		5.7%	7.5%	8.5%	6.9%	7.2 %	8.5%
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%	5.0%	4.1%
Asian, Southeast Asian/Pacific Islander	12.7%	*	*	*	*	*	*	*	*	*
Filipino	*	13.4%	15.9%	18.2%	17.7%	18.0%	20.8%	21.3%	20.3%	19.3%
Asian Indian	*	0.4%	1.2%	1.0%	0.8%	1.4%	1.6%	1.5%	1.2%	1.5%
Other Asian	*	4.4%	5.5%	5.9%	5.8%	7.1%	7.7%	8.1%	7.3%	7.6%
Pacific Islander	*	0.3%	0.2%	0.2%	0.2%	0.1%	0.1%	0.4%	0.3%	0.4%
Native American Indian/Eskimo	0.6%	0.5%	0.5%	0.3%	0.8%	0.4%	0.3%	0.2%	0.4%	2.0%
Mixed	*	*	*	1.6%	2.3%	2.0%	2.6%	3.1%	6.6%	7.7%
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	4,051	3,033

* Racial/ethnic group was not included in the choices in that survey year. In 2012/2014, Mixed and Other race/ethnicity were combined.
Note: Columns might not total 100% due to rounding. Data (2006-2016) 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 54 years of age. Filipino nurses represent nearly a quarter of nurses between ages 35 to 44 years (23.8%) and more than one-fifth of RNs 45 to 54 years old (20.6%). More than 10 percent of RNs under 45 years old are Hispanic/Latino. Non-Filipino Asians and Pacific Islanders account for more than 11 percent of nurses under 45 years old. The share of RNs that is Black/African-American is smaller among RNs under 45 years old (3.5%) than among older RNs. There is little variation across age groups in the share of RNs that is Native American.

Table 2.9. Ethnic and racial composition of RNs with active California licenses residing in California, by age group, 2016

	Under 35 years	35-44 years	45-54 years	55-64 years	65 years and older
White, non-Hispanic	47.1%	39.1%	48.1%	60.6%	71.6%
Black/African American	3.5%	3.5%	4.9%	4.7%	6.0%
Hispanic/Latino	10.0%	11.2%	9.0%	4.8%	3.1%
Filipino	17.6%	23.8%	20.6%	15.0%	7.9%
Asian/Pacific Islander, not Filipino	11.8%	11.4%	9.0%	5.8%	4.9%
Native American	2.1%	1.6%	2.2%	2.1%	1.6%
Mixed/Other	8.0%	9.3%	6.4%	6.9%	5.0%

Note: Number of cases=3,688. Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

There are differences in the gender composition of the RN workforce, as seen in Figure 2.5. Men account for higher shares of Filipino (18.2%) and Native American (17.6%) RNs, and lower shares of White (9.5%, Mixed/Other (8.8%), and Pacific Islander (9.5%) nurses. As seen in Table 2.10, male nurses are more racially and ethnically diverse than female nurses, with the majority of male RNs being non-White. Nearly one-third of male nurses are of Filipino heritage (29.9%).

Figure 2.5. Gender composition of RNs with employed California licenses, by race/ethnicity, 2016
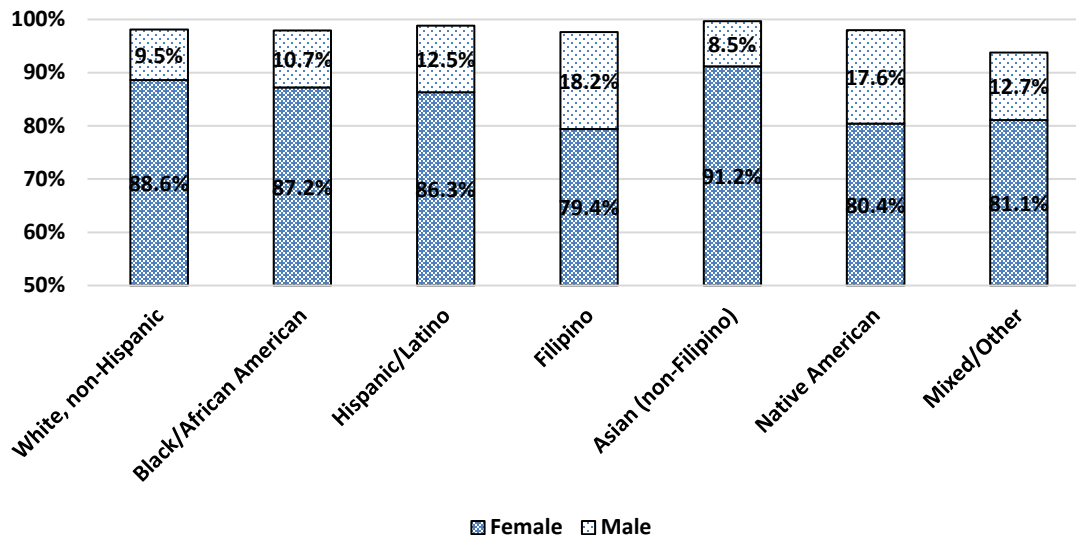
Note: Number of cases=3,032. Data are weighted to represent all RNs with active licenses. Data do not total 100% for each racial/ethnic group due to unreported gender.

Table 2.10. Ethnic and racial composition of employed California RNs, by gender, 2016

	Female	Male
White, non-Hispanic	50.4%	39.8%
Hispanic/Latino	8.6%	7.8%
Black/African American	4.2%	4.5%
Filipino	17.8%	29.9%
Asian American	1.6%	1.2%
Pacific Islander	8.0%	5.4%
Mixed/Other	0.4%	0.3%
Total	100.0%	100.0%

Note: Number of cases=2,963. Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses. Native Americans are included with Mixed and Other groups due to small sample sizes.

There are regional differences in the racial and ethnic composition of actively licensed RNs, as seen in Figure 2.6 and Table 2.11. Nurses in the Northern Counties and Central Coast regions 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 Los Angeles, Border, Inland Empire, and San Francisco Bay Area regions, and non-Filipino Asians are more predominant in the San Francisco, Los Angeles, and Sacramento areas. There is a greater share of Hispanic/Latino RNs in the Central Valley/Sierra, Central Coast, Inland Empire, and Los Angeles regions. African-American/Black RNs represent higher shares of the RN workforce among those who live outside California, and in the Inland Empire region.

Figure 2.6. Ethnic and racial composition of RNs with active California licenses, by region, 2016
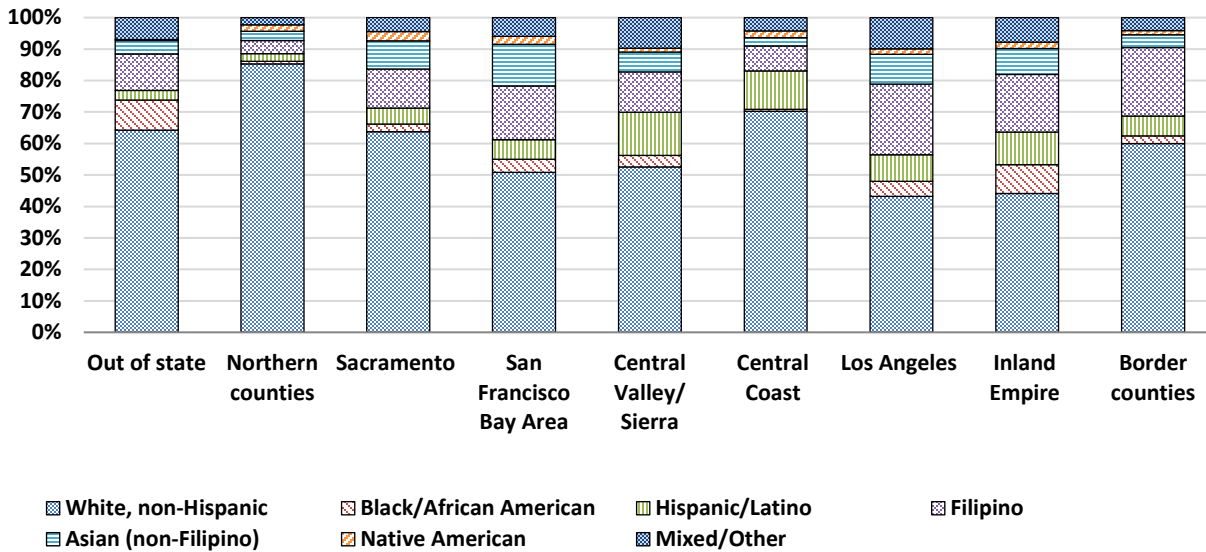
Note: Number of cases=4,061. Data are weighted to represent all RNs with active licenses. Data for Figure 2.6 can be found in Table 2.11

Table 2.11. Ethnic and racial composition of RNs with active California licenses, by region, 2016

	White, non-Hispanic	Black/African American	Hispanic/ Latino	Filipino	Asian (non-Filipino)	Native American	Mixed/ Other
Out of state	64.3%	9.6%	3.0%	11.7%	4.2%	0.3%	7.0%
Northern counties	85.3%	0.8%	2.5%	4.2%	2.9%	2.0%	2.3%
Sacramento	63.8%	2.4%	5.1%	12.4%	9.0%	3.0%	4.4%
San Francisco Bay Area	50.8%	4.2%	6.2%	17.1%	13.3%	2.5%	6.0%
Central Valley/Sierra	52.5%	3.6%	13.7%	12.8%	6.3%	1.3%	9.7%
Central Coast	70.3%	0.6%	12.2%	8.0%	2.6%	2.2%	4.3%
Los Angeles	43.2%	4.7%	8.5%	22.5%	9.5%	1.7%	9.9%
Inland Empire	44.1%	9.1%	10.4%	18.3%	8.2%	2.1%	7.8%
Border counties	60.0%	2.5%	6.2%	21.8%	4.1%	1.3%	4.2%

Note: Number of cases=4,061. Rows might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Ethnic diversity is associated with language diversity among California's registered nurses. Among all nurses, 41.6 percent speak at least one other language. This number rises to 43.8 percent among RNs currently working. As seen in Table 2.12, Tagalog and other Filipino languages are spoken by nearly 18 percent of all RNs living in California, and 19 percent of working RNs. Spanish is spoken by 10.7 percent of working RNs. Mandarin is spoken by 2.2 percent of working RNs, and Cantonese by another 1.8 percent. Hindi and other south Asian languages are spoken by 1.8 percent of employed RNs. Smaller shares of RNs speak Korean, Vietnamese, and African languages. 4.9 percent of working RNs reported that they speak some other language fluently; the most-often cited languages were Russian and German.

Table 2.12. Languages spoken by RNs with active licenses who live in California, by employment group, 2008-2016

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

* Language was not listed in the survey in that year.
Note: The 2016 number of cases for all CA residing RNs = 3,793. The 2016 number of cases for working CA residing RNs = 3,113. Respondents could report fluency in multiple languages. Data are weighted to represent all RNs with active licenses.

Families of California's RNs

About two-thirds of California's working RNs are married or in a domestic partner relationship (67.4%), as seen in Figure 2.7. Over 19 percent have never married and 13.3 percent are widowed, separated or divorced. The share of working RNs that is married has been stable since 1990, as presented in Table 2.13. There has been an increase in the share of RNs that has never married, which is in alignment with the inflow of young RNs to the California workforce.

Figure 2.7. Marital status of working RNs with active California licenses who live in California, 2016
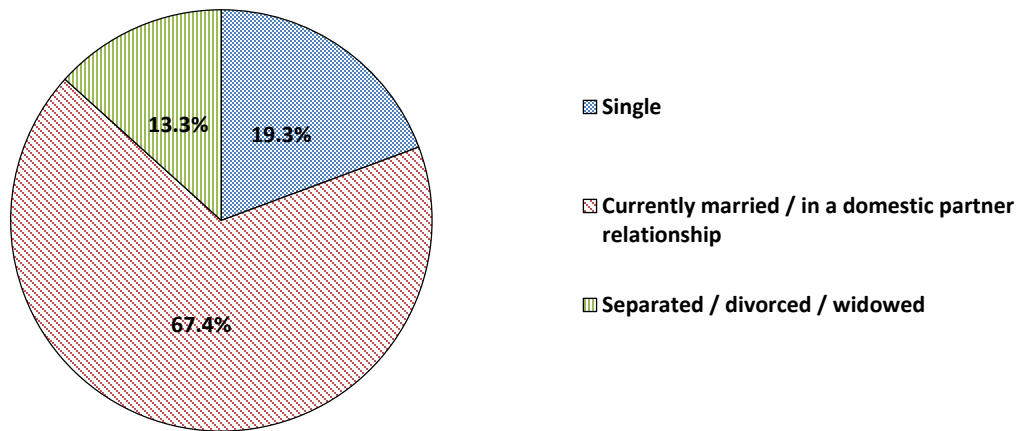
Note: Number of cases=3,010. Data are weighted to represent all RNs with active licenses.

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

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

Note: Columns might not total 100% due to rounding. Data (2006-2016) are weighted to represent all RNs with active licenses. The 2012/2016 survey combined the categories of widowed, separated, and divorced.

Many of California's nurses have children living at home, as seen in Table 2.14. In 2016, more than half of working nurses had at least one child living at home. This represents a return to the share with children at home observed in 2008 and 2010; in 2012, the share had dropped to about 42 percent, which was the lowest share of RNs with children at home since the BRN surveys commenced in 1990. It is possible that the changes from 2010 to 2012, and then from 2012 to 2014, are artifacts of there being fewer respondents to the questions about presence of children in the home in 2012. This also may explain changes in the ages of children living at home (Table 2.15) between 2010 and 2012, and between 2012 and 2014. In 2016, more than one-fifth of working RNs had children 2 years and younger at home (22.9%), and 34.1 percent had adult children living at home.

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

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

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

Table 2.15. Percent of nurses with children in specified age groups living at home, for currently working registered nurses residing in California who have children living at home, 2004-2016

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

Note: 2016 number of cases=1,564. Some nurses have children in more than one age group, so columns will not total 100%. Data (2006-2016) are weighted to represent all RNs with active licenses.

California RNs with children at home were more likely to be employed in nursing than RNs with no children at home, as seen in Figure 2.8. More than 85 percent of RNs with children at home are employed in nursing, compared with 79.2 percent of those without children at home. RNs whose children are all 13 years or older are less likely to work than those for whom at least some children are under 13 years old.

Figure 2.8. Employment rates of RNs who live in California and have children at home, 2016

Legend:
- No children
- Any children
- All children under 13 yrs
- All children 13 yrs or older
- Children both over and under 13 yrs
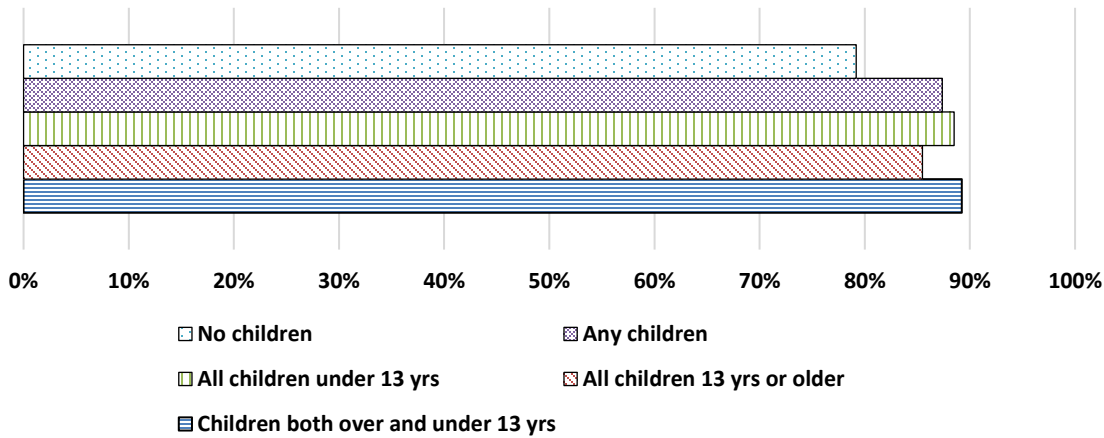
Note: Number of cases=3,698. Data are weighted to represent all RNs with active licenses.

Respondents were asked if they have responsibility for assisting or caring for an adult family member who needs help due to a condition related to aging or disability. Nearly 20 percent of RNs have such responsibility, and the percentage that provides such care rises with age up to 65 years (Table 2.16). Among RNs under 35 years old, only 7.9 percent care for an adult family member, while 27.3 percent of those 55 to 64 years old do so. RNs who are not employed in nursing are more likely to have responsibility for such than are those employed in nursing (22.3% versus 18.9%).

Table 2.16. Share of nurses with responsibility for assisting or caring for an adult family member who needs help because of a condition related to aging or disability, among registered nurses residing in California, 2016

	All RNs	RNs working in nursing	RNs not working in nursing
All RNs	19.4%	18.9%	22.3%
Under 35 years old	7.9%	8.1%	5.8%
35-44 years old	18.1%	17.8%	23.0%
45-54 years old	23.3%	22.8%	30.1%
55-64 years old	27.3%	26.5%	30.9%
65 years and older	19.6%	21.3%	18.2%

Note: Number of observations=850. Data are weighted to represent all RNs with active licenses.

Nearly three-quarters of California RNs who have responsibility for assisting or caring for adult family members care for only one such person (73.3%), as seen in Figure 2.9. Another 23.3 percent care for 2 adults, and 1.6 percent have responsibility for three or more adults.

Figure 2.9. Number of adult family members RNs are responsible for, among RNs who have such responsibility and who live in California, 2016

- 1 adult
- 2 adults
- 3 or more adults

1.6%
23.3%
73.3%
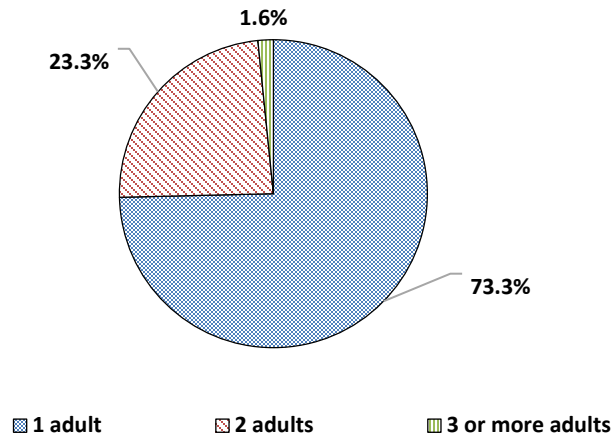
Note: Number of cases=779. Data are weighted to represent all RNs with active licenses.

Education and Licensure of California's Nursing Workforce

Nearly 40 percent of California's nurses with active licenses had a college degree before completing a pre-licensure nursing education program, as seen in Figure 2.10. Before attending nursing school, 18.5 percent of nurses had an associate degree, 18.6 percent had a baccalaureate degree, and 2.3 percent had a graduate degree.

Figure 2.10. Highest education obtained prior to basic nursing education for RNs with active California licenses who reside in California, 2016

Graduate degree 2.3%
No response 0.6%
Baccalaureate degree 18.6%
Associate degree 18.5%
High school diploma or less 60.0%
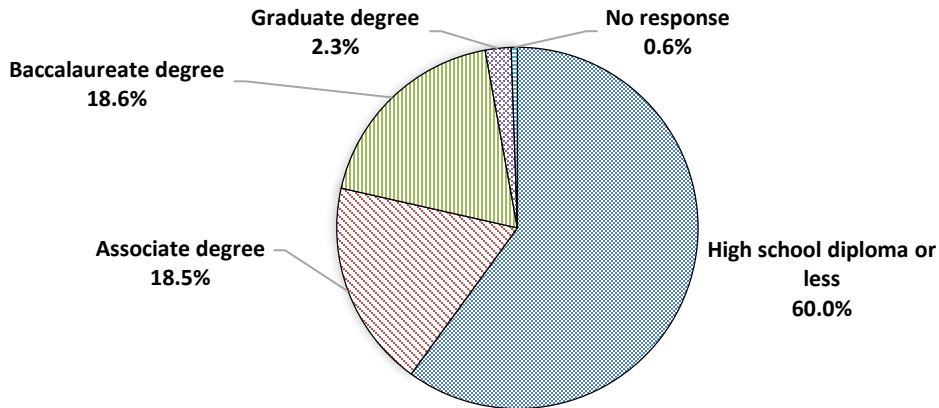
Note: Number of cases=3,793. Data are weighted to represent all RNs with active licenses.

As seen in Table 2.17, the share of working RNs who had completed a college degree prior to enrolling in their basic nursing education increased from 1990 to 2008, and declined from 2008 to 2016. This indicates that a growing share of RNs is now entering the profession directly, rather than as a second focus after completing post-secondary education in another field. 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 was 19.6 percent in 2016.

Table 2.17. 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	2014	2016
Less than a High School Diploma	0.6%	0.5%	0.8%	0.3%	0.4%	0.3%	0.7%	0.6%	0.5%	0.7%
High School Diploma	69.0%	62.9%	57.4%	56.4%	43.2%	40.4%	45.3%	48.9%	61.6%	58.3%
Associate Degree	18.6%	22.7%	22.4%	24.5%	27.0%	29.1%	25.6%	24.3%	18.2%	19.0%
Baccalaureate Degree	11.0%	13.2%	17.6%	16.6%	25.0%	26.5%	24.7%	22.3%	17.6%	19.6%
Master's Degree	0.7%	0.6%	1.6%	2.1%	3.9%	3.0%	2.9%	2.5%	1.1%	1.8%
Doctoral Degree	0.1%	0.0%	0.3%	0.2%	0.5%	0.8%	0.9%	1.0%	0.9%	0.7%
Number of cases	2,237	2,197	2,455	2,939	3,692	4,114	4,691	4,100	4,115	3,095

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

Nearly 40 percent of RNs who live in California worked in a health occupation before attending a nursing program, as seen in Figure 2.11. Nearly 15 percent of RNs worked as a nursing aide prior to completing basic RN education, and 7.1 percent were licensed practical/vocational nurses. Many RNs worked in other health-related fields before beginning RN education; 5.5 percent worked as clerks, 2.9 percent were medical assistants, and 4.9 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 for licensure as an RN in the United States, being an emergency medical technician or paramedic, and working as a dental assistant or hygienist.

Figure 2.11. Employment in health occupations prior to basic nursing education for RNs with active California licenses who live in California, 2016
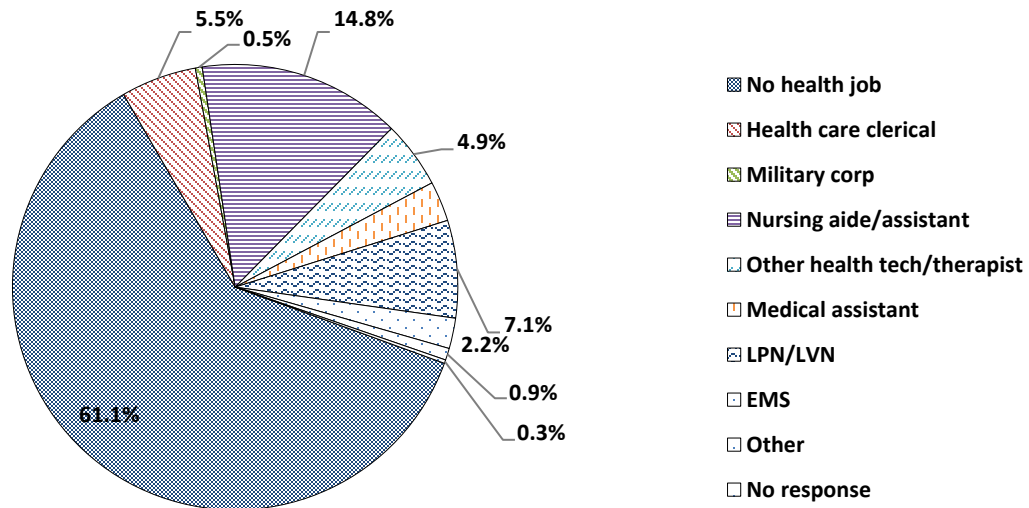
Note: Number of cases=3,793. Data are weighted to represent all RNs with active licenses.

Figure 2.12 presents the shares of nurses who completed each type of pre-licensure RN education program. Most of California's RNs entered the profession with a bachelor's degree (44.5%) or an associate degree (42.7%). Six 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. Only 1.3 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 2.12. Pre-licensure RN education completed by the statewide population of RNs with active California licenses, 2016

Legend:
- Diploma
- Associate degree
- Baccalaureate degree
- Entry-level master's
- Masters
- Doctoral degree
- 30 unit LVN to RN
- Other

Pie chart values: 44.5%, 2.0%, 0.8%, 1.3%, 2.7%, 6.0%, 42.7%
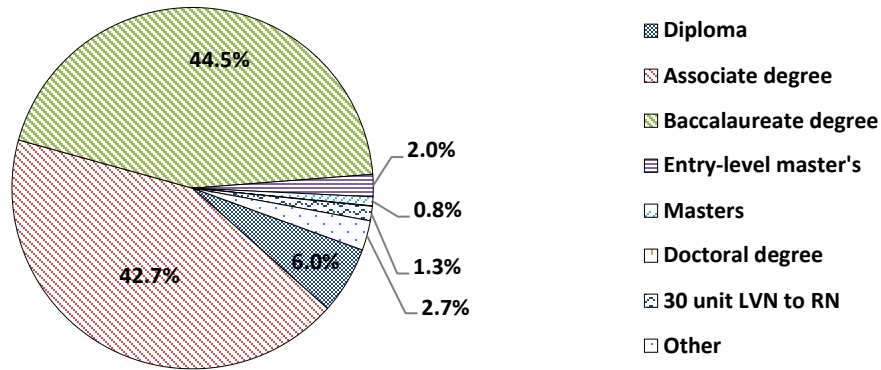
Note: Number of cases=3,784. Data are weighted to represent all RNs with active licenses.

As seen in Figure 2.13, 32.3 percent of working RNs had received their pre-licensure education in a diploma program in 1990; this share decreased to 4.8 percent in 2016. Simultaneously, the shares of RNs whose pre-licensure education was in baccalaureate or graduate degree programs increased, while the associate degree share has declined slightly between 2004 and 2016 to reach a level similar to that reported in 1993.

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

Legend:
- Diploma program
- Associate degree
- Baccalaureate degree
- Master's or Doctorate Degree
- 30 unit program
- Other

Survey year	Diploma program	Associate degree	Baccalaureate degree
1990	32.3%	39.0%	28.6%
1993	28.1%	43.0%	28.6%
1997	23.6%	44.3%	31.7%
2004	18.5%	47.3%	33.4%
2006	15.7%	47.3%	35.5%
2008	14.2%	46.8%	37.5%
2010	11.1%	45.0%	39.1%
2012	10.3%	45.8%	39.0%
2014	8.7%	45.0%	41.0%
2016	4.8%	42.9%	45.4%
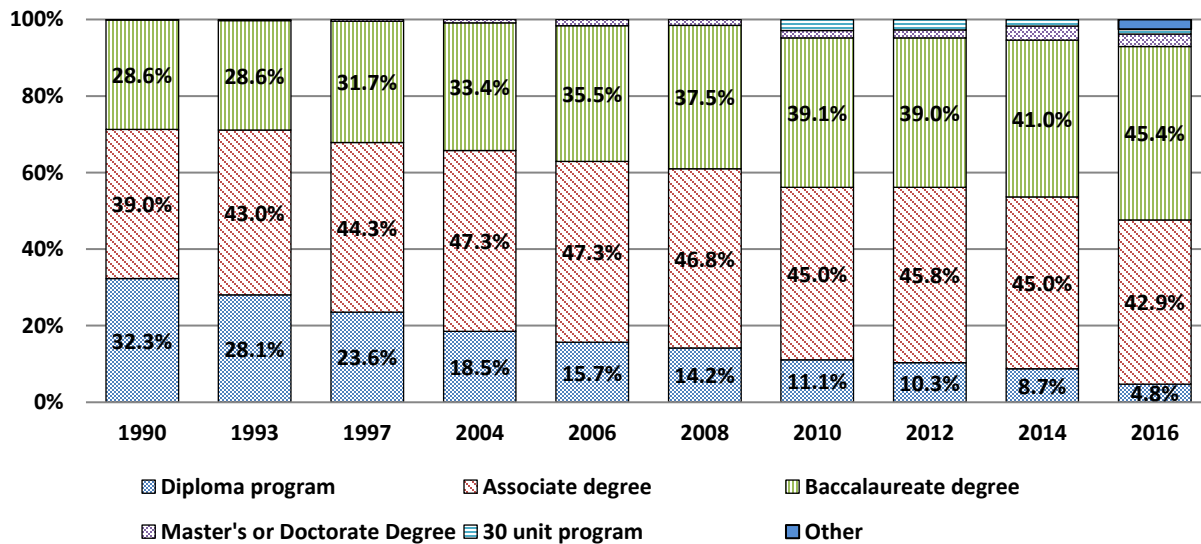
Note: 2016 number of cases=3,105. Data (2006-2016) are weighted to represent all RNs with active licenses.

Figure 2.14 presents pre-licensure nursing education by age group, for all nurses with active licenses residing in California. Unsurprisingly, older nurses are more likely to have received their initial nursing education in a diploma program, while only 0.1 percent of California's nurses under 35 years old received a diploma. More than 60 percent of nurses under 35 years old received a BSN for their pre-licensure education.

Figure 2.14. Basic pre-licensure RN education completed by the statewide population of RNs with active California licenses, by age group, 2016
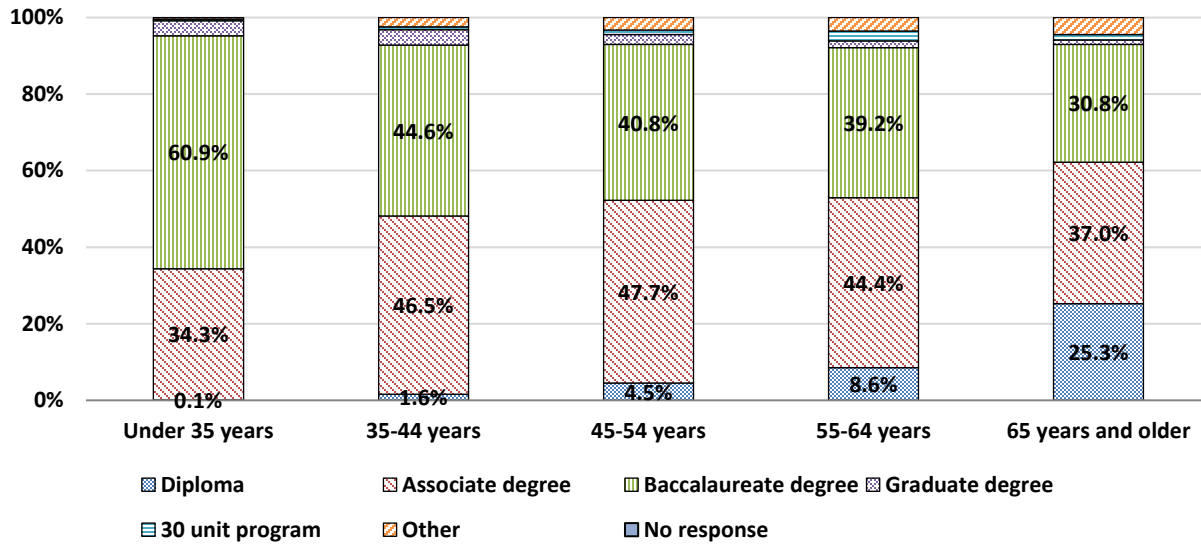
Note: Number of cases=3,793. Data are weighted to represent all RNs with active licenses.

Table 2.18 presents the average age of nurses at the time they graduated from their pre-licensure RN education program from 1990 through 2016. The average age increased from 25.4 years in 1990 to 27.3 years in 2010, and has remained stable since then at 27.6 percent in 2016.

Table 2.18. Average age at the time of graduation from their pre-licensure education of currently working registered nurses residing in California, by survey year

	1990	1993	1997	2004	2006	2008	2010	2012	2014	2016
Mean	25.4	26.0	26.3	26.9	27.1	27.0	27.3	27.2	27.7	27.6
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	4,084	3,078

*A standard deviation computation was not feasible with the weighting scheme used with the 2006-2016 data.
Note: Data (2006-2016) are weighted to represent all RNs with active licenses.

Table 2.19 presents the distribution of age at graduation by the decade during which RNs graduated. RNs who completed their initial RN education in the 1950s, 1960s, and 1970s were mostly in their early 20s. This pattern changed in the 1980s, when only 60.2 percent of RN graduates were under 25 years. By the 2010s, only 27.4 percent of pre-licensure graduates were under 25 years old, and 39.9 percent of pre-licensure graduates were 30 years or older.

Table 2.19. Age distribution at time of graduation from pre-licensure RN education, for RNs with active California licenses who reside in California, 2016

Age at graduation	All nurses	Decade of graduation					
		1960s	1970s	1980s	1990s	2000s	2010s
Under 25	46.3%	89.7%	85.3%	60.2%	49.8%	32.5%	27.4%
25-29 years	24.1%	9.2%	11.9%	25.2%	19.8%	28.3%	32.8%
30-34 years	13.4%	1.1%	2.6%	11.3%	16.0%	15.2%	17.2%
35-39 years	7.4%	0.0%	0.2%	2.8%	8.5%	10.3%	9.3%
40-44 years	4.6%	0.0%	0.0%	0.5%	3.9%	7.1%	6.0%
45 and older	4.2%	0.0%	0.0%	0.0%	2.0%	6.8%	7.4%

Note: Number of 2016 cases=3,745. RNs who did not report a year of graduation were excluded from the calculation. Columns may not add to 100% due to rounding. Data are weighted to represent all RNs with active licenses.

More than 62 percent of California's working RNs received their basic nursing education in California, as seen in Table 2.20. Nearly 18 percent were educated in other states and 20 percent were international graduates. There has been a substantial shift over time in the places where California's RNs completed their initial RN education. Among RNs who graduated prior to the 1980s, at least half were educated internationally or in other states. However, 87 percent of working RNs who graduated in the 2010s were educated in California, and only 1.5 percent were educated internationally.

Table 2.20. 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	62.2%	0.0%	24.3%	35.6%	50.8%	52.5%	68.2%	87.1%
Other States	17.8%	100.0%	47.5%	28.6%	19.8%	13.4%	19.6%	11.4%
International	20.0%	0.0%	28.2%	35.9%	29.4%	34.1%	12.3%	1.5%

Note: Number of cases=3,056. RNs who did not report a year of graduation were excluded from the calculation. Columns may not add to 100% due to rounding. Data are weighted to represent all RNs with active licenses.

More than 60 percent of RNs with active licenses who reside in California were born in the United States (63.5%) (Table 2.21). More than 19 percent of RNs indicated they were born in the Philippines. Between one and two percent were born in each of South Korea, Mexico, Canada, and India.

Of RNs reporting they were born in the United States, 74.9 percent were educated in California, and 24.8 percent were educated in another US location. Of RNs reporting they were born in the Philippines, 24.3 percent were educated in California, 2.5 percent were educated in another state, and 73.2 percent were educated internationally. While most foreign-born RNs were educated outside of California, 90.9 percent of RNs born in Mexico reported graduating from a California pre-licensure program.

Table 2.21. Top five countries of birth and country of education for RNs residing in California, 2016

	Share born in the country	Location of education		
		Educated in California	Educated in other US location	Internationally educated
United States	63.5%	74.9%	24.8%	0.3%
Philippines	19.6%	24.3%	2.5%	73.2%
Mexico	1.5%	90.9%	0.4%	8.7%
Korea	1.0%	44.0%	11.4%	44.6%
Canada	1.0%	19.6%	4.7%	75.8%
India	1.6%	44.3%	5.0%	50.7%

Note: Number of educated country cases=2,951. Rows might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Some California nurses maintain licenses in other states. Table 2.22 presents the share of working nurses who reside in California and have a nursing license in at least one other state. In 2016, 8.6 percent, the lowest reported in all survey years, 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 2.22. Currently working registered nurses residing in California who also hold a nursing license in another state, by survey year

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

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

Many nurses pursue additional education after their pre-licensure education, as seen in Table 2.23. About 42 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); 8.9 percent of RNs received this after obtaining their RN license. About 5.7 percent of nurses completed a master's degree in nursing. Some nurses pursue additional education in non-nursing fields; for example, 2.3 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 2.23. Additional degrees completed after pre-licensure education by RNs with active California licenses who reside in California, 2016

	All	Under 35 years	35-44 years	45-54 years	55-64 years	65 years and older
No additional degrees	57.7%	63.6%	56.6%	56.7%	56.7%	49.3%
AD – Nursing	0.8%	1.6%	0.8%	0.7%	0.8%	2.1%
BSN	8.9%	2.1%	7.4%	9.9%	12.8%	15.3%
MSN	5.7%	0.7%	3.6%	6.1%	9.7%	10.4%
Doctorate in nursing	*	*	*	*	*	*
Practice-based Doctorate in nursing (DNP)	0.1%	0.0%	0.0%	0.0%	0.2%	0.1%
Research-or education-focused Doctorate in Nursing (PhD, DNSc, etc.)	0.2%	0.0%	0.0%	0.0%	0.3%	0.8%
AD – Non-nursing	1.1%	0.6%	0.4%	1.0%	1.9%	2.1%
BS/BA – Non-nursing	2.1%	0.7%	0.6%	1.9%	3.1%	6.5%
MS/MA – Non-nursing	2.3%	0.0%	0.3%	3.2%	3.4%	7.2%
Doctorate – Non-nursing	0.5%	0.0%	0.1%	0.4%	1.1%	0.8%

Note: Number of cases=3,793. 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 2.15 presents the highest level of nursing education received by working nurses, from 1990 through 2016. The share of RNs with a graduate degree in nursing was 8.3 percent in 2016; changes between 2012 and 2016 are not statistically meaningful due to the margin of error in this survey. Less than half of California's nurses reported that their highest nursing education was an associate degree or diploma in 2016 (43.4%).

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

	1990	1993	1997	2004	2006	2008	2010	2012	2014	2016
Master's or Doctorate Degree	5.8%	5.6%	6.8%	8.5%	13.2%	12.2%	11.5%	10.9%	9.5%	8.3%
Baccalaureate degree	33.6%	33.7%	38.0%	38.1%	40.9%	41.6%	41.7%	42.3%	43.8%	48.3%
Associate degree	33.9%	38.7%	36.7%	39.7%	36.3%	36.7%	38.5%	39.8%	39.1%	37.8%
Diploma program	26.6%	22.9%	18.4%	13.7%	9.6%	9.5%	8.4%	7.0%	7.5%	5.6%
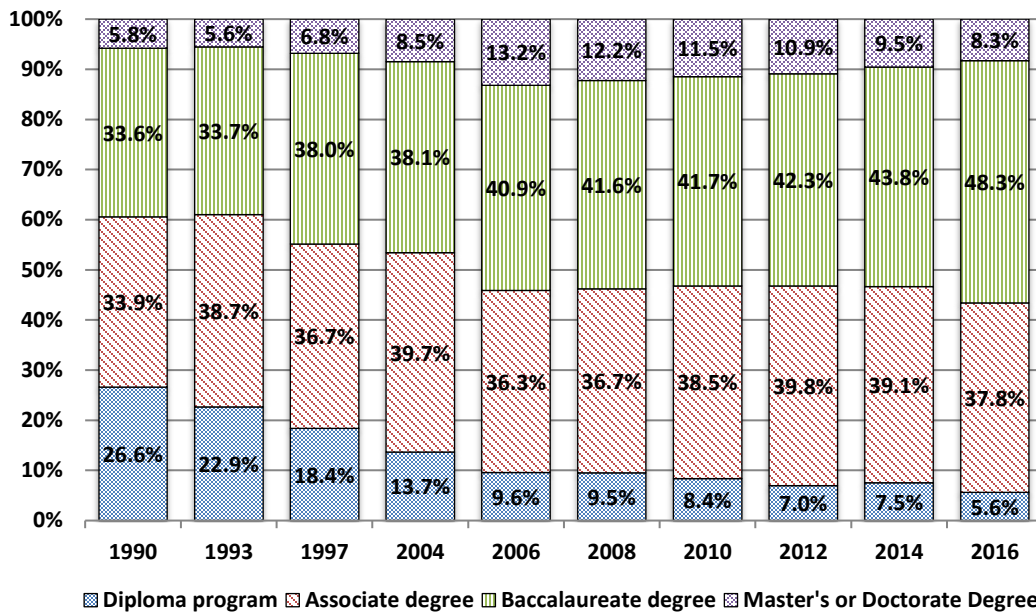
Note: 2016 number of cases=3,106. Data (2006-2016) are weighted to represent all RNs with active licenses.

Table 2.24 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 2016, a higher share of employed diploma graduates had obtained additional nursing education; only 72.4 percent had not. The share of nurses whose initial education was an associate degree in nursing who obtained additional degrees increased from 6.6 percent in 1990 to 11.3 percent in 2016. The share of those with initial baccalaureate education that has continued to a master's or doctoral degree declined between 2004 and 2016; this may be the result of the RN population having a greater share of younger RNs. Many RNs do not complete additional education until later in their careers.

Table 2.24. 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%	16.2%
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%
2014 Survey (Number of cases)	381	1,891	1,620
Diploma program	78.4%	-------	-------
Associate degree	0.8%	83.4%	-------
Baccalaureate degree	11.3%	11.7%	91.1%
Master's or Doctorate Degree	8.9%	4.9%	8.9%
No Response	0.0%	0.0%	0.0%
2016 Survey (Number of cases)	186	1,452	1,265
Diploma program	72.4%	-------	-------
Associate degree	4.8%	84.9%	-------
Baccalaureate degree	14.1%	11.3%	93.6%
Master's or Doctorate Degree	8.7%	3.8%	6.4%
No Response	0.0%	0.0%	0.0%

Note: Data (2006-2016) 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 2.25 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 7.8 years, and those who continued to a master's degree in nursing required a total of 11.6 years after the initial associate degree. Nurses who entered the RN field with a baccalaureate degree and later completed a master's degree took an average of 10.4 years to do so. The average time for those with initial associate degrees to complete bachelor's or master's degrees declined between 2010 and 2016 from 9.5 to 7.8 years for the bachelor's degree and from 16.1 to 11.6 years for the master's degree.

Table 2.25. Average years between initial nursing education and additional nursing education for all RNs, 2016

Initial RN Education	Additional Degrees			
	ADN	BSN	MSN	PhD
Diploma	8.9	12.9	18.9	38
Associate Degree, Nursing	----	7.8	11.6	22.7
Baccalaureate Degree, Nursing	----	----	10.4	*

Note: Data are weighted to represent all RNs with active licenses. Asterisk indicates that there were not enough observations to calculate a mean.

Nurses can specialize in a variety of fields, and obtain certification to demonstrate advanced practice or specialized knowledge. Table 2.26 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 2016, 23.5 percent had some sort of certification. The share of working RNs with a Nurse Practitioner certification has increased, from 3.5 percent in 1993 to 5.6 percent in 2010, and has remained constant with 5.4 in 2016. The share of Nurse practitioners was highest in 2008 at 7.1 percent. There has also been growth in Public Health Nursing, rising from 11.1 percent in 1993 to 17.5 percent in 2016; this is likely due to the growth in the share of RNs with baccalaureate-level education that incorporates the requirements of Public Health Nursing certification.

Table 2.26. Certifications received from the California Board of Registered Nursing by currently working registered nurses residing in California, by survey year

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

* 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 (2006-2016) 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 2.27 provides information about these nurses. Overall, 10 percent of RNs report being enrolled in school. Enrollment rates are highest among nurses under 35 years old, and decline with age. Of those enrolled, most are working toward a baccalaureate degree (42.9%) or master's degree (35.4%). Nine percent are pursuing a doctoral degree; 6.5 percent are enrolled in doctorate of nursing practice (DNP) program, which have been expanding rapidly in the past few years. Note that overall there were few RNs 65 years and older enrolled in education programs; thus, the data for this group should be interpreted with caution.

Table 2.27. Current enrollment in nursing degree or specialty certification program among the statewide population of RNs with active California licenses, by age group, 2016

	All nurses	Under 35 years	35-44 years	45-54 years	55-64 years	65 years and older
Currently enrolled	10.0%	13.4%	13.1%	11.2%	4.4%	1.2%
Of those enrolled, objective is…						
Associate Degree	0.9%	0.0%	0.0%	2.0%	3.4%	0.0%
Baccalaureate Degree	42.9%	53.3%	46.8%	35.2%	24.2%	24.5%
Master's Degree	35.4%	49.5%	37.1%	39.4%	15.4%	6.7%
Doctoral Degree (research-focused)	2.5%	1.2%	0.3%	5.2%	6.3%	0.0%
Doctoral Degree (DNP)	6.5%	4.6%	4.2%	10.5%	10.9%	0.0%
Non-degree specialty certification	6.1%	2.9%	3.8%	7.3%	12.2%	63.8%

Note: Number of enrolled cases = 296. Data are weighted to represent all RNs with active licenses.

Many nurses currently enrolled in education programs to obtain a degree or specialty certification are completing coursework online. As seen in Table 2.28, the average percentage of coursework offering online or through distance learning modalities ranges from 36.1 percent for research-focused doctoral programs to 88.5 percent for bachelor's degree programs.

Table 2.28. Percent of coursework from online or distance learning modalities, for enrolled RNs with active California licenses, by program type

	Bachelor's Degree	Master's Degree	Doctoral Degree (DNP)	Doctoral Degree (research-focused)	Non-degree specialty certification	Number of cases
2016	88.5%	78.2%	76.6%	36.1%	55.0%	120
2014	86.5%	68.4%	52.8%	65.6%	59.9%	432

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

Nursing competency is achieved through both education and experience. Figure 2.16 presents reported years of experience, excluding years during which nurses did not work in nursing. More than 40 percent of California's active nurses have fewer than 10 years of experience (41.2%), while 34.4 percent have at least 20 years of experience.

Figure 2.16. Years of experience in nursing among RNs with active California licenses who reside in California, 2016
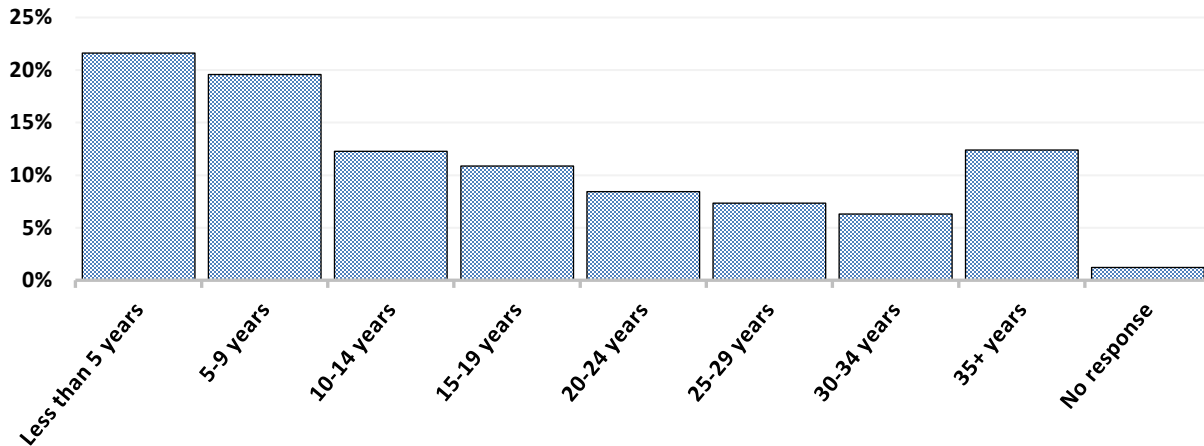
Note: Number of cases=3,793. Data are weighted to represent all RNs with active licenses.

Regional and Inter-State Mobility of California RNs

Some nurses relocated between the date the sample frame was provided by the Board of Registered Nursing (March 8, 2016) and when they returned their survey. Table 2.29 estimates the numbers and percentages of people who changed regions within California and who moved out of California between March and when they responded. In total, an estimated 9,124 RNs changed regions, and 3,985 left the state. Nurses who lived in the Central Coast and Northern counties were most likely to have changed regions. Those residing in Northern counties, Los Angeles, Inland Empire, and the San Francisco Bay Area were more likely to have moved out of California than those in other regions.

Table 2.29. Residence changes between February 2016, and time of response (April-September, 2016)

BRN Region	Estimated number changing regions	% changing regions	Estimated number leaving California	% leaving California
Northern counties	488	4.7%	168	1.6%
Sacramento	622	2.5%	187	0.8%
San Francisco Bay Area	2,398	3.2%	982	1.3%
Central Valley/Sierra	1,150	3.6%	210	0.7%
Central Coast	434	4.6%	69	0.7%
Los Angeles	2,084	1.9%	1,329	1.2%
Inland Empire	1,312	3.5%	562	1.5%
Border counties	636	2.0%	478	1.5%

Note: Number of movers = 147. Data are weighted to represent all RNs with active licenses. The file from which nurses were sampled was dated March 8, 2016. Surveys were mailed on April 25, 2016, and data collection closed on September 30, 2016.

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 employed 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 60 percent of employed nurses work 33 hours per week or more. The average number of hours worked per week has changed very little over time, as seen in Table 3.1. In 1990, the average number of hours worked per week was 36.1; in 2016, it was 36.3.

Figure 3.1. Distribution of hours per week worked by nurses, for California residents, 2016
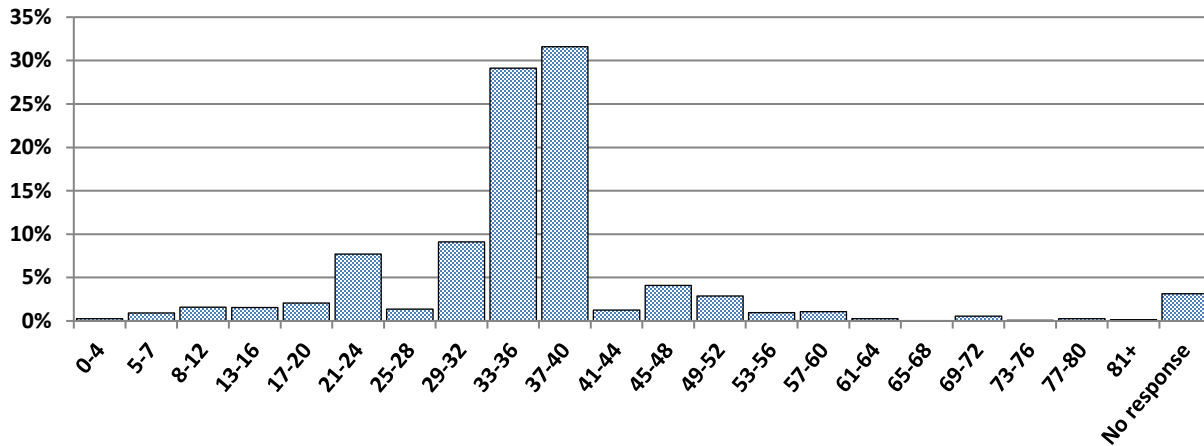
Note: Number of cases=3,133. Data are weighted to represent all RNs with active licenses.

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

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

*A standard deviation computation was not feasible with the weighting scheme used with the 2006-2016 data.
Note: Data (2006-2016) 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 increased slightly between 2004 and 2016, from 58.8 to 62.3 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 2016. Average hours for part-time nurses rose between 2006 and 2010 from 22.4 to 24.7 hours and has been stable since then.

Table 3.2. Number of hours per week usually worked by registered nurses residing in California, 2004-2016

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

* Data not available.
Note: 2016 number of cases=3,113. Data (2006-2016) 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. More than 40 percent of working RNs residing in California normally work 12-hour shifts (44.4%), and 42.2 percent work 8-hour shifts. The share of RNs working 12 hour shifts increased significantly between 1997 and 2008, and has remained relatively stable since then, with a slight increase in 2016. There has been a trend toward fewer RNs working shifts shorter than 8 hours or between 8.5 and 11.5 hours per week.

Table 3.3. Number of hours per day usually worked by registered nurses residing in California, 1997-2016

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

Note: This question was not asked in 1990 or 1993. Columns might not total 100% due to rounding. Data (2006-2016) are weighted to represent all RNs with active licenses.

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

Table 3.4. Number of overtime hours per week worked by registered nurses residing in California, 2006-2016

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

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

Some RNs make themselves available to work on-call. Nurses who are paid on a wage schedule usually are paid a nominal wage for on-call hours that are not worked, and then are paid their regular wage or a premium wage when they are called to work. Nurses who are salaried may consider some of their time on-call but are not paid specifically for on-call time. As seen in Table 3.5, 90.7 percent of RNs were not normally on-call in 2016, the highest ever reported. Among those who did normally have some on-call, the number of hours per week on-call varies widely. Slightly more than 3 percent of RNs are on call up to 10 hours per week, while 2.3 percent are on call 30 or more hours per week.

Table 3.5. Number of unworked on-call hours per week by registered nurses residing in California, 2008-2016

	2008	2010	2012	2014	2016
No on-call hours	86.2%	86.6%	89.3%	87.4%	90.7%
0.5-9 hours	5.7%	6.0%	4.1%	4.7%	3.2%
10-19 hours	4.3%	3.7%	3.9%	4.6%	2.8%
20-29 hours	1.0%	1.4%	1.4%	1.4%	1.0%
30 or more hours	2.9%	2.3%	1.4%	2.0%	2.3%
Number of cases	3,951	4,615	3,960	4,129	3,113

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 between 2010 and 2016 they were asked to report the number of months per year. Nearly 99 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). 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, 2006-2016

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

Note: 2016 number of cases=2,985. 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 95 percent of working RNs residing in California are regular employees in their principal positions. Only 0.9 percent are employed through temporary agencies, one percent are self-employed, and 0.6 percent work as a travel nurse. In contrast, 10.6 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, 2016

	California residents	Non-California residents
Regular employee	95.1%	83.9%
Employed through a temporary service agency	0.9%	2.6%
Self-employed	1.0%	1.2%
Travel nurse or employed through a traveling nurse agency	0.6%	10.6%
No response	2.3%	1.7%

Note: Number of cases for both residents (3,043) and non-residents (285) =3,328. 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, 2014, and 2016. In 2004, nurses were not given the option of reporting that they were a "staff nurse" as in previous years, and instead were asked if they were a "direct patient care provider." Many nurses thus selected "other" and wrote that they were staff nurses. This explains the lower share of nurses identified as staff nurses in 2004, and the correspondingly higher shares of "other" titles. In 2014, a new category was added to the survey "Direct care and Charge nurse" because a growing number of respondents were indicating that they had both roles in their principal position. It is common for a direct patient care RN to take on charge nurse duties once or twice a week while continuing direct patient care duties. This category accounted for 15.6 percent of RNs in 2016, while 51.3 percent indicated they worked only as a staff nurse. The share of RNs in management positions, including full charge nurse positions, was 11.2 percent in 2016. The share of nurses reporting their title as patient care coordinator, case manager, or discharge planner was 5.3 percent in 2016, continuing a trend toward growth in this job title. No other job title accounts for more than 4 percent of the RN population, although Nurse Practitioners come close at 3.9 percent reported in 2016.

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

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

* Question was not asked in the survey year.

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

Hospitals are the dominant employers of RNs, as seen in Table 3.9. In 2016, two-thirds of RNs reported that they worked in some department of a hospital; this share has increased by 4 percent from 2006, after having declined from 1990 to 1997. Hospital-based ambulatory care departments have seen the largest increase of RNs in a hospital setting, going from 4.8 percent in 2006 to 10.1 percent in 2014, and dropping slightly to 8.1 percent in 2016. The next-most common employment setting of RNs is ambulatory care settings, such as clinics and outpatient surgery centers (8.2% in 2016). The percent of RNs who work in extended care, skilled nursing facilities, or rehabilitation facilities was 5.1 percent in 2016. The percentage of RNs working in public/community health has dropped from 3.4 percent in 1990 to 1.4 percent in 2016. Other common workplaces of RNs residing in California include home health agencies (3.4%), case management (2.1%), and mental health/drug and alcohol treatment (1.6%).

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

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

* Question was not asked in the survey year.

Note: Columns might not total 100% due to rounding. Data (2006-2016) are weighted to represent all RNs with active licenses. Some organizations listed in the survey were combined with others to produce this table; in 2008-2016, urgent care was included as part of ambulatory care. Nurses who reported that their setting was an inpatient mental health facility (1.3%) were combined with those who reported outpatient mental health (0.3%). Nurses who reported working in long-term acute care settings were grouped with "other" in 2008, but in 2010, 2012, 2014, and 2016 were grouped with skilled nursing/extended care/rehabilitation.

More than 11 percent of RNs reported that they do not provide direct patient care at their primary place of employment (11.2%). Among those who provide patient care, a variety of clinical areas are represented, as seen in Table 3.10. For the first time in 2016, medical-surgical nursing was not the most common clinical specialty of RNs (8.8%). In 2016, perioperative/post-anesthesia/anesthesia was the most common clinical specialty for RNs (9.7%). Other common areas include emergency/trauma/urgent care (7.9%), critical care/ICU (7.7%), and telemetry (6.0%). There has been a trend since 1990 toward a smaller share of RNs working in medical-surgical, critical care, public health, and geriatrics, while increasing shares are working in emergency/trauma/urgent care, oncology, and perioperative/post-anesthesia/anesthesia.

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

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

* Question was not asked in the survey year.

Note: Columns might not total 100% due to rounding. Data (2006-2016) 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. Starting in 2010, Labor & Delivery was combined with Obstetrics/Gynecology.

The job titles held by nurses vary by type of employer, as seen in Table 3.11. Each row of this table provides the shares of RNs in each job title for the employment setting. Approximately two-thirds of nurses working in hospital acute care departments are staff nurses (65.3%), while 25.6 percent are in some type of management role. In ambulatory departments of hospitals, 59.2 percent of RNs are staff nurses, while 20.8 percent are involved in management. There is a greater share of advanced practice nurses (12.3%) in hospital-based ambulatory departments than in hospital acute-care departments (2%).

In skilled nursing and extended care facilities, 65.2 percent of RNs are in management positions, 9.3 percent are case managers/UR/QI, and 14.8 percent work as staff nurses. Home health agencies have the largest share of nurses working as case managers and related job titles (32.7%), while 26.1 percent report that they are staff nurses and 26.1 percent reports they have management roles. Nearly 40 percent of nurses in non-hospital ambulatory care settings are staff nurses, and 27.3 percent are advanced practice registered nurses.

Table 3.11. Job title that best describes the principal nursing position of working registered nurses residing in California, by work setting, 2016

	Staff nurse	Management (any level)	Advanced practice nurse	Case manager, UR, QI	Other	Number of cases
Hospital, acute care department	65.3%	25.6%	2.0%	3.1%	4.0%	1,725
Hospital-based ambulatory	59.2%	20.8%	12.3%	4.1%	3.6%	285
Skilled nursing/extended care	14.8%	65.2%	1.0%	9.3%	9.7%	87
Public Health	4.1%	24.1%	0.0%	4.7%	67.1%	54
Home health agency	26.1%	26.1%	3.9%	32.7%	11.2%	138
Ambulatory care setting	39.6%	16.1%	27.3%	6.1%	11.0%	284

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

Nurses with different education levels exhibit some differences in their work settings. Table 3.12 presents the work settings of RNs residing in California by the highest nursing education received. Hospital inpatient care departments of hospitals employ the majority of RNs with associate degrees (57%) and baccalaureate degrees (61.6%). Hospital acute-care departments are the most common setting for diploma RNs and those with an MSN, but account for only 39.1 percent of diploma RNs and 35.3 percent of nurses with an MSN. Nearly half of RNs with a doctorate reporting working in hospital inpatient departments (49.6%). The second most common setting for RNs with a nursing diploma was hospital ambulatory care departments (12.7%). Nearly 5 percent of master's-educated RNs work in universities and colleges, most likely as educators, 10.2 percent are in hospital-based ambulatory departments, and 11.9 percent are in private medical practices or private health centers. Many of these are likely nurse practitioners. The work settings of associate degree and baccalaureate degree RNs are similar to each other.

Table 3.12. Types of organizations in which registered nurses residing in California work the most hours each month, by highest level of nursing education, 2016

	Diploma	ADN	BSN	MSN	Doctorate
Hospital, inpatient	39.1%	57.0%	61.6%	35.3%	49.6%
Hospital, ancillary	2.4%	0.8%	1.2%	1.2%	0.7%
Hospital, ambulatory	12.7%	7.8%	7.7%	10.2%	6.7%
Hospital, nursing home	0.0%	0.4%	0.8%	0.4%	0.0%
Hospital, other	3.0%	1.5%	2.0%	5.1%	2.1%
Nursing home	0.8%	3.2%	2.8%	1.0%	7.2%
Rehabilitation facility	4.1%	1.1%	1.2%	0.1%	3.5%
Inpatient mental health/substance	1.0%	3.2%	0.7%	2.0%	1.9%
Correctional facility	2.6%	1.9%	0.9%	1.0%	2.1%
Inpatient mental health/substance	1.5%	0.4%	0.2%	0.0%	0.0%
Other inpatient	1.9%	0.2%	0.3%	0.0%	0.9%
Private medical office	5.9%	4.0%	3.8%	11.9%	3.9%
Public clinic	0.3%	1.7%	1.4%	6.7%	0.7%
School health center	2.1%	0.6%	1.3%	4.7%	0.9%
Outpatient mental health/substance	0.6%	0.3%	0.1%	2.0%	0.0%
Urgent care	0.6%	0.9%	0.4%	0.1%	0.1%
Ambulatory surgery	3.8%	1.5%	1.1%	0.0%	0.0%
Other clinic	1.7%	0.7%	0.6%	0.3%	0.7%
Occupational health	0.0%	0.2%	0.4%	1.5%	0.3%
Public health	0.1%	1.3%	1.7%	0.7%	1.9%
Government agency	0.8%	1.0%	0.4%	0.9%	1.5%
Outpatient dialysis	3.7%	0.5%	1.0%	0.0%	3.7%
University / academic department	2.1%	0.3%	0.5%	4.7%	1.2%
Home health	1.9%	3.5%	3.0%	2.0%	7.7%
Case management	2.1%	2.9%	1.3%	2.9%	1.3%
Call center	0.3%	0.6%	0.5%	1.0%	0.0%
Self-employed	0.0%	0.2%	0.4%	0.7%	0.0%
Other	4.9%	2.4%	2.8%	3.5%	1.4%
Number of cases	165	1,373	1,320	267	184

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

Table 3.13 presents analogous information for nurses with specific certifications. Large shares of respondents with public health certifications reported working in acute-care departments in hospitals (51.2%), hospital-based ambulatory care departments (7.1%), private medical offices (5.6%), home health (4.5%), public and community health agencies (4.4%), public health clinics (4.2%), and school health clinics (4.1%). Nurse practitioners tend to work in private medical offices (29.0%), acute care departments of hospitals (27.0%), public clinics (11.4%), hospital-based ambulatory care departments (10.3%), and universities and colleges (4.2%). Clinical nurse specialists are most often employed in acute care departments of hospitals (50%), hospital-based ambulatory care departments (9.1%), home health (6.3%), university or college academic departments (6.1%), private medical offices (5.9%), school health centers (5.6%), other hospital settings (5.2%), and case management (5.1%).

Table 3.13. Types of organizations in which registered nurses residing in California work the most hours each month, by specialty certification, 2016

	Public health nurse (certified)	Nurse Practitioner	Clinical nurse specialist
Hospital, inpatient unit or emergency	51.2%	27.0%	50.0%
Hospital, ancillary unit	0.0%	2.8%	1.1%
Hospital, ambulatory unit	7.1%	10.3%	9.1%
Hospital, nursing home unit	0.1%	0.0%	0.0%
Hospital, other unit/department	1.3%	0.0%	5.2%
Nursing home/skilled nursing facility	0.8%	1.5%	0.0%
Rehabilitation facility	0.5%	0.3%	0.0%
Inpatient mental health/substance use	1.0%	0.0%	0.4%
Correctional facility/prison/jail	0.4%	1.1%	0.0%
Inpatient hospice (free-standing)	0.0%	0.0%	0.0%
Other inpatient setting	0.3%	0.0%	0.0%
Private medical office	5.6%	29.0%	5.9%
Public clinic, FQHC, rural clinic, etc.	4.2%	11.4%	3.3%
School health center	4.1%	2.6%	5.6%
Outpatient mental health/substance use	0.9%	1.9%	0.0%
Urgent care	0.6%	0.4%	0.4%
Ambulatory surgery (free-standing)	1.0%	0.0%	0.0%
Other clinic/ambulatory	0.8%	0.0%	0.0%
Occupational health/employee health	0.8%	0.9%	0.0%
Public/community health agency	4.4%	0.3%	1.0%
Government agency (not public health)	1.1%	0.7%	0.0%
Outpatient dialysis center	0.1%	0.0%	0.0%
University / academic department	2.1%	4.2%	6.1%
Home health agency	4.5%	1.6%	6.3%
Case management/disease management	2.0%	0.7%	5.1%
Call center/telenursing center	0.7%	0.3%	0.0%
Self-employed	0.9%	1.1%	0.3%
Other	3.5%	1.9%	0.4%
Number of cases	412	541	141

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

Tenure in Primary Nursing Position

Every survey of registered nurses has asked how long the respondent has been employed with their current principal employer (Table 3.14). The largest share of registered nurses who live in California has been with their current employer for fewer than five years (39%). However, this share has dropped since 1990 (49.4%) while there has been an increase in the share of RNs employed for more than 14 years with their current employer, rising from 14.1 percent in 1990 to 22.8 percent in 2016. The mean number of years nurses have worked with their current employer has increased somewhat over time, from 7 years in 1990 to 9.4 years in 2016.

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

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

Note: Columns might not total 100% due to rounding. Data (2006-2016) 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 37.9 percent of RNs in this setting reporting such a long tenure. Public health agencies also have a relatively high share of RNs with a long tenure of 15 or more years (35.1%). Skilled nursing facilities exhibit the lowest employer tenures, with 60.3 percent of RNs who work in this setting having been with their employer for fewer 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, 2016

	Less than 5 years	5-9 years	10-14 years	15 or more years	Number of cases
Hospital, acute care department	36.8%	24.6%	15.7%	23.0%	1,693
Hospital-based ambulatory	23.6%	18.0%	20.5%	37.9%	277
Skilled nursing/extended care	60.3%	26.3%	8.6%	4.9%	85
Public/community health agency	35.2%	11.4%	18.4%	35.1%	54
Home health agency	55.7%	19.9%	7.4%	16.9%	134
Ambulatory care setting	41.6%	25.5%	10.9%	22.2%	279

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 45 percent of staff nurses and 46 percent of RNs with case management-related titles have been with their current employer for fewer than five years, as have 38.1 percent of advanced practice RNs. Nurses in management tend to have the longest tenures with their current employers. However, more than one-quarter of nurses in these positions report being with their current employer for fewer 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, 2016

	Less than 5 years	5-9 years	10-14 years	15 or more years	Number of cases
Staff nurse	44.8%	23.1%	13.2%	19.0%	1,571
Management (any level)	26.5%	26.2%	19.1%	28.2%	891
Advanced practice nurse	38.1%	23.2%	13.3%	25.4%	174
Case manager, UR, QI	46.0%	19.3%	10.0%	24.8%	255
Other	38.8%	20.8%	14.8%	25.6%	377

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

Hours and Weeks Worked in Primary Job

Beginning in 2008, 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. The data reported in 2016 was very similar as that in 2014. Ninety-three percent of California residents work a full-year job, and 3.4 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 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, 2016

	California residents	Non-California residents
46-52 weeks per year	93.1%	89.4%
36-45 weeks per year	2.2%	4.9%
Less than 36 weeks per year	1.2%	1.1%
No Response	3.5%	4.6%

Note: Number of cases for both residents (3,043) and non-residents (285) =3,328. 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. About 71 percent of nurses who live in California work more than 32 hours per week; this is similar to the 2012 survey when slightly more than 71 percent worked 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, 2016
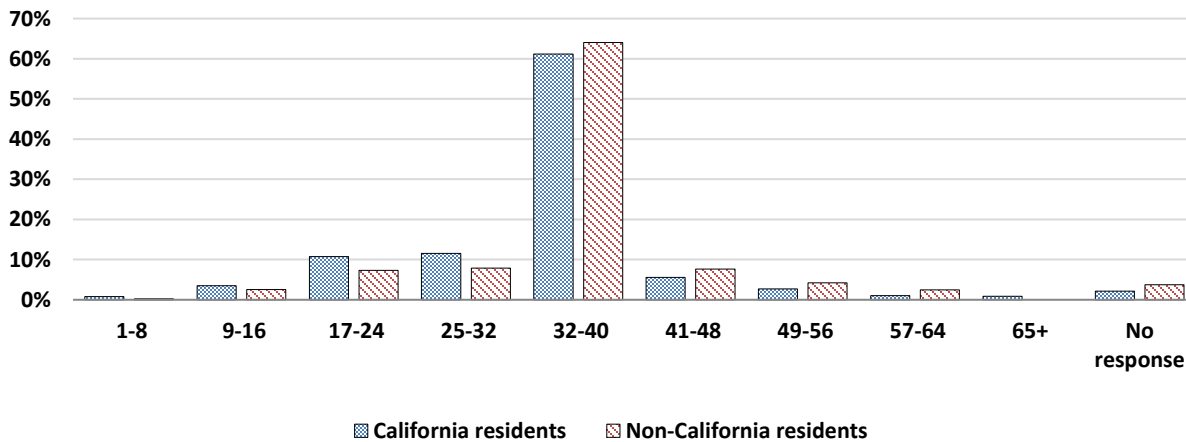
Note: Number of cases for residents=3,052; for non-residents=279. Data are weighted to represent all RNs with active licenses.

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 10.6 hours per day, 35 hours per week, and 2.6 hours of overtime per week. Nurses in management positions work an average of 9.9 hours per day and 38.5 hours per week, with 3 hours of overtime per week. Advanced practice nurses have the shortest workweeks, averaging 36.1 hours, while RNs with case manager-type titles have the shortest work days, averaging 8.1 hours.

Table 3.18. Average hours normally worked per day and per week by registered nurses residing in California, by job title, 2016

	Hours per day	Hours per week	Overtime per week
Staff nurse	10.6	35.0	2.6
Management (any level)	9.9	38.5	3.0
Advanced practice nurse	9.1	36.1	1.6
Case manager, UR, QI	8.1	37.8	1.9
Other	8.7	36.1	1.9
Number of cases	2,402	2,978	2,749

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 11.0 hours per day, which is the longest average workday of all the settings. Many hospitals prefer to schedule 12-hour shifts, so this is not surprising. The other employment settings average close to 8 hours per day. RNs employed in non-hospital ambulatory care settings have the shortest average workweeks, at 34.1 hours, while those in public health agencies have the longest, at 41.3 hours. RNs employed in skilled nursing average the most overtime per week (2.7 hours), while those in public health agencies average the least (0.7 hours).

Table 3.19. Average hours normally worked per day and per week for registered nurses residing in California, by work setting, 2016

	Hours per day	Hours per week	Overtime per week
Hospital, acute care department	11.0	35.9	2.5
Hospital-based ambulatory	8.8	36.7	2.3
Skilled nursing/extended care	8.6	38.3	2.7
Public/community health agency	8.2	41.3	0.7
Home health agency	8.4	35.8	1.9
Ambulatory care setting	8.4	34.1	2.1
Number of cases	1,906	2,327	2,166

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 (28.8%).

Table 3.20. Percentage of time spent on specific job functions during a typical workweek for nurses residing in California, 2016

	0%	1-20%	21-40%	41-60%	61-80%	81-100%
Direct patient care & charting	12.5%	10.1%	9.1%	19.5%	28.8%	13.5%
Patient education	18.7%	60.5%	11.9%	1.9%	0.4%	0.2%
Indirect patient care	38.5%	42.9%	6.3%	2.7%	1.4%	1.6%
Teaching	46.6%	42.7%	2.6%	0.6%	0.5%	0.4%
Supervision	62.6%	18.6%	4.5%	3.8%	2.1%	1.9%
Administration	73.2%	15.0%	2.0%	1.5%	0.7%	1.1%
Non-nursing tasks	80.2%	12.5%	0.4%	0.2%	0.1%	0.1%
Research	60.1%	32.6%	0.6%	0.1%	0.1%	0.1%
Other	89.6%	2.3%	0.6%	0.3%	0.2%	0.6%

Note: Number of cases=3,113. 6.5% of the sample of employed California residing RNs did not respond to these questions. Data are weighted to represent all RNs with active licenses.

<u>Geographic Location of Primary Position</u>

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 consolidated metropolitan area with over one million residents (70.6%), such as the Los Angeles region. Another 20.3 percent worked in large metropolitan counties with over 400,000 residents, such as Monterey or Fresno. The share of RNs working in large metropolitan counties has been rising over time. Just under 9 percent work in smaller metropolitan counties. Only 0.4 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	2014	2016
Consolidated metropolitan area (over 1 million pop)	*	*	*	*	84.1%	84.0%	69.0%	68.5%	69.3%	70.6%
Large metropolitan county (400,000 to 1 million)	*	*	*	*	7.6%	8.1%	18.7%	18.6%	20.9%	20.3%
Small metropolitan county (50,000 to 400,000)	*	*	*	*	4.4%	5.1%	11.6%	12.6%	9.3%	8.7%
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%	0.5%	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	4,129	3,113

* 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 (2006-2016) 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 (CMSAs). In 2010 -2016, the estimated census population was used to perform the analysis.

Over 64 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 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	2014	2016
Less than 5 miles	21.5%	21.6%	16.4%	16.9%	16.5%	17.7%	17.7%	15.7%	16.7%	14.7%
5-9 miles	24.0%	22.2%	20.5%	21.9%	23.0%	21.4%	20.7%	23.0%	21.2%	20.9%
10-19 miles	31.8%	30.1%	31.7%	31.5%	30.7%	30.7%	31.8%	30.3%	30.7%	32.9%
20-39 miles	18.4%	20.2%	24.2%	23.0%	22.7%	23.9%	22.7%	23.6%	24.4%	24.6%
40 or more miles	4.3%	5.9%	7.2%	6.6%	7.2%	6.4%	7.1%	7.4%	7.0%	7.0%
Mean in Miles	13.1	14.4	15.9	15.9	15.8	15.8	15.6	16.0	16.6	16.9

Note: Persons listing commutes greater than 150 miles were not considered to be making daily commutes in these surveys.
Note: 2016 number of cases=3,205. Columns might not total 100% due to rounding. Data (2006-2016) are weighted to represent all RNs with active licenses.

<u>Use of Health Information Technologies</u>

Nurses were asked whether they use an electronic health record (EHR) or electronic medical record (EMR) in their principal nursing position and about their experience with these systems. As seen in Figure 3.3, 95.6 percent of RNs used an electronic health or medical record in their principal nursing position. More than 98 percent of RNs employed in hospital acute care departments used an EHR/EMR; in 2014 the percentage was 92.4 percent. The only setting in which less than 90 percent of RNs use EHRs is skilled nursing/nursing homes (66%).

Figure 3.3. Use of computerized health information systems in a principal nursing position, by setting, 2016
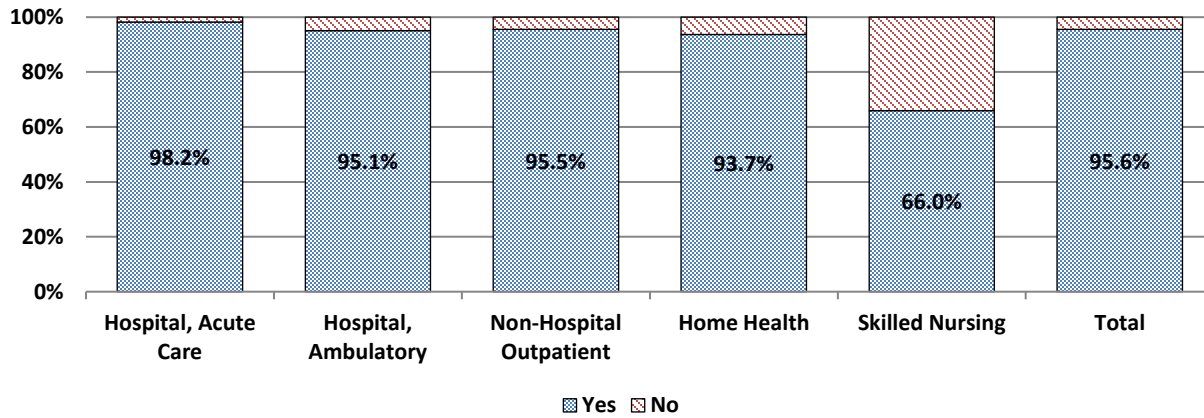
Note: Number of cases=2,081. Data are weighted to represent all RNs with active licenses.

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 2016. The share of RNs that thinks that the systems work well or are generally helpful has been relatively stable between 2010 and 2016, reaching 80 percent in 2016. In 2016, 4.3 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, 2006-2016

	2006	2008	2010	2012	2014	2016
All systems work well	15.7%	12.3%	16.4%	16.3%	18.1%	19.9%
Systems are generally helpful, but have some flaws	57.9%	61.0%	63.5%	60.2%	59.3%	60.1%
Systems have problems that affect my work	19.1%	20.1%	16.4%	18.6%	17.7%	15.6%
Systems interfere with my delivery of care	7.4%	6.5%	3.7%	4.9%	4.8%	4.3%

Note: 2016 number of cases=2,671. Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

The 2014 questionnaire included a new question about perceptions of whether health information systems improve quality of care, for RNs who use EHRs or EMRs in their principal nursing positions. As presented in Figure 3.4, 63.1 percent of RNs think that health information technology almost always improves or usually improves quality of care. This is higher than the 60 percent who thought this in 2014. However, 19.2 percent think that technology occasionally reduces quality. Only 0.2 percent believe it almost always reduces quality of care, which is much lower than the 5.9 percent who believed this in 2014. There are notable differences across age groups. Younger RNs are more likely to think that health information technology improves quality of care, while older nurses are more likely to think it reduces quality of care.

Figure 3.4. Perceived impact of computerized health information systems on patient care, among working nurses who use them, California residents, 2016

Legend:
- ▨ Almost Always Improves
- ▨ Usually Improves
- ▨ No Effect
- ▨ Occasionally Reduces
- ▤ Almost Always Reduces
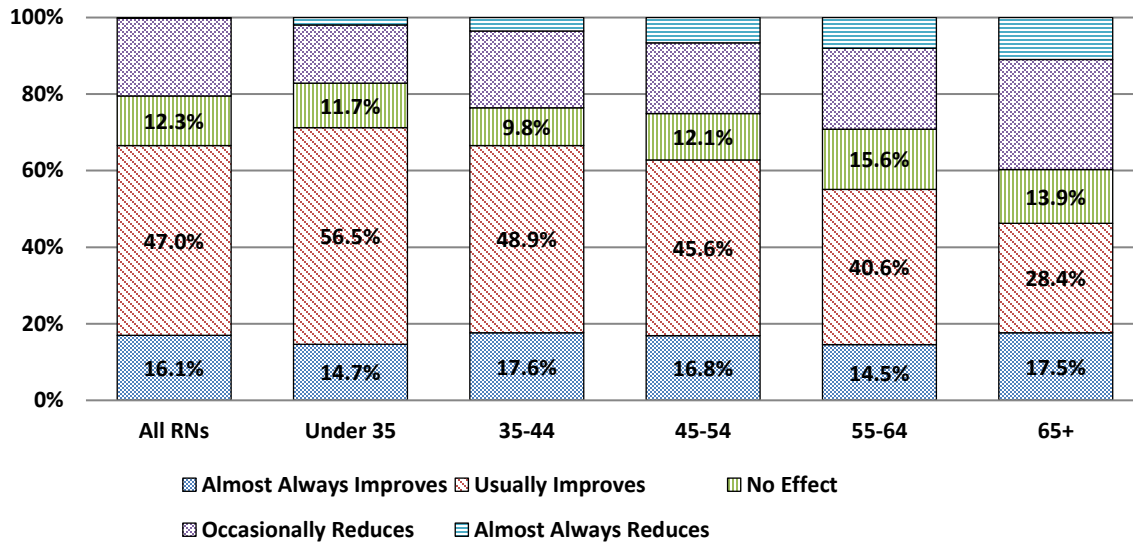
Note: Number of cases=2,653. Data are weighted to represent all RNs with active licenses.

Additional Jobs Held by RNs

In 2016, only 11.7 percent of RNs who worked and resided in California reported they held more than one nursing position (Figure 3.5). This rate of holding multiple positions is the lowest reported since 1990, and there has been a steady decline from 17.9 percent in 2008 through 2016. Among RNs who hold additional positions 29 percent have two or more additional positions; there has been an increase in this share from 19.7 percent in 2008 and 25.1 percent in 2014 (Table 3.24).

Figure 3.5. Percentage of working registered nurses residing in California that holds more than one nursing position, by survey year
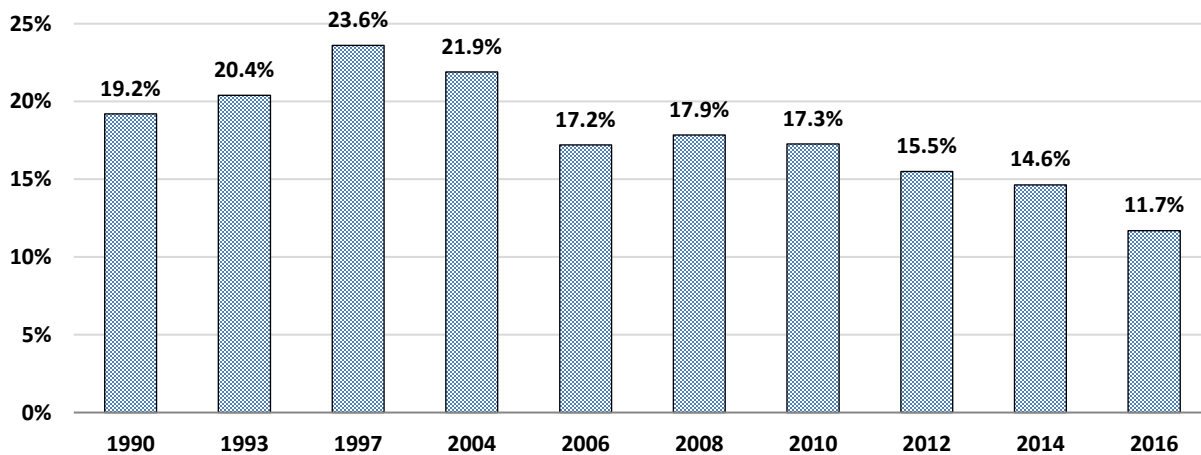
Note: 2016 number of cases=3,113. Data (2006-2016) are weighted to represent all RNs with active licenses.

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	2014	2016
One	83.7%	88.4%	83.4%	84.8%	76.7%	80.3%	75.6%	76.2%	74.9%	71.0%
Two	13.9%	10.3%	14.7%	12.3%	20.9%	18.7%	21.3%	21.3%	22.0%	25.6%
Three or more	2.4%	1.3%	1.9%	2.9%	2.4%	1.0%	2.2%	1.5%	3.2%	3.4%
Number of cases	424	447	518	784	627	652	696	548	529	347

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

Nurses were asked to report the types of employment relationships they have in their additional nursing positions (Table 3.25). Most California residents and non-residents reported that they were regular employees in their additional nursing position(s). Nearly thirteen percent of California residents were employed through a temporary agency for at least one of their additional positions (12.7%), and 15.6 percent were self-employed. The data for RNs residing outside California should be interpreted with caution due to the small number of out-of-state respondents to this question. Among RNs residing outside California, 11.4 percent were employed through a temporary agency, and none reported that they were self-employed. A larger fraction of nurses outside of California reported being travel nurses at 11.6 percent compared to 2.7 percent of California nurses.

Table 3.25. Type of employment relationships for non-primary nursing positions, for California residents and non-residents, 2006-2016

	California residents						Non-California residents					
	2006	2008	2010	2012	2014	2016	2006	2008	2010	2012	2014	2016
Regular employee	72.0%	73.7%	77.1%	74.9%	72.4%	74.4%	55.7%	60.8%	50.3%	60.6%	64.4%	84.8%
Employed through a temporary service agency	17.4%	15.3%	13.3%	10.0%	16.3%	12.7%	41.4%	30.7%	33.8%	24.1%	19.4%	11.4%
Self-employed	17.1%	14.1%	11.4%	14.0%	12.3%	15.6%	11.0%	11.1%	11.9%	10.4%	12.7%	0.0%
Employed through traveling agency	*	*	2.5%	2.2%	1.9%	2.7%	*	*	12.7%	10.6%	5.1%	11.6%

Note: The 2016 number of in-state cases=340. The number of out-of-state cases=39. 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. Nearly 43 percent of California residents and 62.7 percent of non-California residents report that at least one of their secondary nursing positions is in a hospital. More than 10 percent of California's resident nurses are engaged in teaching nursing or students in other health professions in a secondary position (10.4%), while only 4.9 percent of non-residents teach. Nearly thirteen percent of residents work in ambulatory care, and 12.2 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, 2006-2016

	California Residents						Non-California residents					
	2006	**2008**	**2010**	**2012**	**2014**	**2016**	**2006**	**2008**	**2010**	**2012**	**2014**	**2016**
Hospital staff	43.7%	44.0%	40.4%	40.6%	38.5%	42.8%	58.5%	53.5%	53.2%	46.5%	30.8%	62.7%
Public/community health	2.0%	1.1%	1.4%	2.8%	2.1%	1.2%	3.8%	4.3%	0.8%	4.9%	1.4%	0.0%
Mental health/ substance abuse	3.0%	3.1%	3.2%	2.4%	3.9%	2.4%	3.4%	2.9%	4.6%	2.2%	1.4%	2.5%
Nursing home/skilled nursing facility staff	4.6%	8.7%	6.5%	6.0%	6.0%	8.7%	13.8%	9.8%	7.0%	9.9%	13.0%	8.1%
Home health or hospice	8.5%	7.5%	7.6%	8.8%	9.6%	12.2%	3.0%	0.0%	5.7%	6.4%	3.0%	5.3%
Teaching health professions / nursing students	11.3%	9.4%	11.4%	11.4%	12.0%	10.4%	7.8%	3.6%	5.2%	7.2%	4.1%	4.9%
Ambulatory care, school health, occupational health	8.2%	8.9%	15.5%	12.0%	14.0%	12.9%	7.8%	6.3%	9.6%	13.5%	9.3%	9.2%
Long term acute	*	*	2.5%	3.6%	0.8%	1.4%	*	*	1.9%	3.8%	5.1%	12.5%
School health	*	*	1.4%	1.6%	1.4%	0.5%	*	*	0.0%	0.0%	1.4%	0.0%
Telehealth	*	*	2.0%	2.3%	1.7%	0.5%	*	*	4.9%	4.2%	3.3%	0.0%
Self-employed	*	*	3.8%	2.9%	2.6%	5.6%	*	*	4.1%	3.2%	4.8%	0.0%
Other	32.3%	26.8%	17.2%	15.7%	17.7%	11.9%	23.6%	25.9%	15.0%	12.9%	13.8%	5.7%

Note: The 2016 number of in-state cases=340, and the number of out of state cases=39. Columns will not total 100% because respondents could select multiple categories, due to holding more than one additional job. Data are weighted to represent all RNs with active licenses.
*No Data Available

Volunteering in Nursing

A small share of RNs who are employed in nursing positions also volunteer as nurses. As seen in Table 3.27, 7.8 percent of RNs volunteered as RNs in 2016. Nurses with master's degrees were more likely to be volunteering than other RNs; 14.1 percent of RNs with master's degrees volunteer as RNs or advanced practice nurses compared with 7.1 percent of RNs with associate or bachelor's degrees.

Table 3.27. Rate of volunteering by highest educational attainment for all employed RNs, 2016

	Diploma	Associate's Degree	Bachelor's Degree	Master's Degree	Doctoral Degree	Overall
2012	5.7%	7.6%	8.5%	15.3%	24.6%	8.8%
2014	8.7%	7.1%	8.5%	13.2%	19.3%	9.0%
2016	9.9%	7.1%	7.1%	14.1%	0.0%	7.8%

Note: 2014 number of cases = 3,025. Data are weighted to represent all RNs with active licenses.

Employment through Temporary Agencies

Nurses were asked whether they worked with a temporary agency, traveling agency, or registry, and were asked specific questions about their temporary/traveling work. This section of this chapter focuses on nurses who 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 3.28 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 through 2014, respondents could indicate both a temporary and a traveling agency, and thus totals do not add to 100 percent in those years. Only 1.6 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, 10.7 percent of non-California resident RNs with active California licenses work for traveling agencies, and 3.9 percent work for temporary agencies or registries.

Table 3.28. Shares of nurses that work with a temporary agency, traveling agency, or registry for any job, 2006-2016

	California residents						Non-California residents					
	2006	2008	2010	2012	2014	2016	2006	2008	2010	2012	2014	2016
Temporary agency or registry	3.4%	2.9%	3.3%	2.2%	2.5%	1.6%	9.5%	6.6%	7.8%	5.4%	6.5%	3.9%
Traveling agency	1.2%	1.2%	0.6%	0.6%	0.5%	0.8%	19.8%	15.0%	8.7%	10.8%	8.7%	10.7%
Neither temporary nor traveling agency	95.4%	95.9%	96.3%	97.4%	97.0%	97.6%	70.7%	78.5%	84.8%	84.1%	84.8%	85.5%

Note: 2016 Total number of cases for residents=3,112 and non-residents=289. Data are weighted to represent all RNs with active licenses. Since 2010, respondents could select both a temporary and traveling agency so the total will not add to 100%. Columns might not total 100% due to rounding in 2006 and 2008.

Nurses were asked the reasons they work for a temporary agency, traveling agency, or registry; the findings are presented in Table 3.29. For nurses residing in California in 2016, control of their schedule was the dominant reason (46.9%), followed by control of work location (43.1%) and wages (40.5%). Other common reasons for temporary and traveling work were supplemental income (33.1%), to control work conditions (29.9%), and to maintain skills or get experience (27.6%). Nearly 14 percent said they were doing agency/registry work while waiting for a desirable permanent position, and another 10 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 3.29. Reasons why working registered nurses residing in California chose to work for temporary agencies, traveling agencies, or registries, by survey year

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

Note: Columns will not total 100% because respondents could select multiple items. Data (2006-2016) 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. Since 2006, RNs were asked to report annual earnings from their primary position and from each of their additional nursing positions. In the prior surveys, nurses were asked to report their annual income by category. For those years, average earnings were estimated by assuming nurses earned the midpoint of the income category for the surveys. The income categories changed for the 2004 survey to accommodate for income growth.

Table 3.30 presents total annual income received from all nursing positions by currently working RNs residing in California, for each survey year, and Figure 3.6 depicts the 2016 data. As seen in this table, average annual growth in RN earnings was over 10 percent between 1990 and 1993, and between 2004 and 2006. These were periods when severe nursing shortages were reported in California. Wage growth was under 2 percent per year between 1993 and 1997, and between 2008 and 2010, which were periods of perceived RN surplus. Since 2012, average annual growth rates have been between 2.2 and 2.7 percent. More than 41 percent of RNs reported they earned $100,000 or more in 2016 (compared to 35.3 percent in 2014). Just over 45 percent of nurses reported earning between $60,000 and $100,000 in 2016, which is slightly less than the 49.2 percent of nurses that reported this range of earnings in 2014. The number of nurses reporting earning $125,000 or more has more than doubled since 2010 (from 7.5% to 18.7%). Meanwhile, the proportion of nurses reporting earnings of less than $60,000 per year fell from 19.2 in 2012 to 13.7 in 2016.

Table 3.30. 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	2014	2016
$20,000 or less	18.0%	10.2%	10.0%	4.9%	4.6%	2.4%	3.1%	2.6%	2.1%	1.8%
$20,001 to $30,000	27.6%	11.1%	90%	3.5%	2.1%	1.8%	1.8%	2.0%	1.3%	1.7%
$30,001 to $40,000	33.2%	24.3%	20.0%	8.6%	5.5%	3.5%	3.1%	2.6%	2.3%	2.1%
$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%	3.5%	3.0%
$50,001 to $60,000	*	*	*	20.2%	12.5%	10.0%	9.6%	8.1%	6.3%	5.1%
$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%	10.3%	8.4%
$70,001 to $80,000	*	*	*	12.2%	15.6%	17.0%	16.8%	14.2%	13.3%	10.5%
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%	13.1%	11.7%
$90,001 to $100,000	*	*	*	4.5%	8.0%	11.6%	11.1%	13.5%	12.5%	14.6%
$100,001 to $110,000	*	*	*	2.2%	5.6%	6.6%	8.2%	9.8%	9.0%	10.5%
$110,001 to $125,000	*	*	*	1.4%	3.5%	6.6%	6.6%	9.3%	11.6%	12.0%
More than $125,000	*	*	*	1.1%	4.1%	6.6%	7.5%	12.2%	14.7%	18.7%
Mean Annual Income	$31,504	$42,163	$45,073	$59,937	$73,542	$81,428	$82,134	$89,940	$93,911	$99,008
Average Annual Growth	*	10.2%	1.7%	4.2%	10.8%	5.2%	0.4%	4.6%	2.2%	2.7%
Number of cases	2,186	2,141	2,420	2,885	3,447	3,728	3,738	3,692	3,823	2,850

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

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

Figure 3.6. Total annual income received from all nursing positions by currently working registered nurses residing in California, 2016
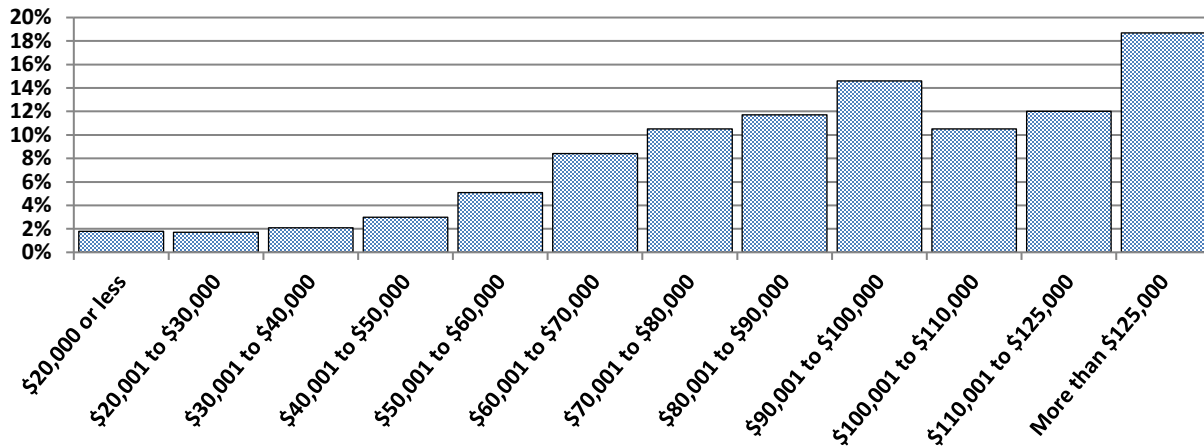
Note: Number of cases=2,850. Data are weighted to represent all RNs with active licenses.

Annual nursing incomes vary by region of California, as seen in Table 3.31. Total nursing incomes are highest in the San Francisco Bay Area ($112,751) and lowest for those residing outside California ($76,611), followed by the Northern Counties ($88,790). Annual earnings increased for nurses in all California regions between 2014 and 2016, with the smallest growth for those in the Central Coast region ($93,928 in 2014 to $94,035 in 2016) and the largest growth in Sacramento ($102,129 in 2014 to $110,340 in 2016) and the Inland Empire ($86,578 in 2014 to $94,393 in 2016). However, the earnings of RNs residing outside California declined between 2014 and 2016.

Table 3.31. Annual income received from nursing by currently working registered nurses, by region, 2006-2016

	Primary nursing position					All nursing positions				
	2006	**2010**	**2012**	**2014**	**2016**	**2006**	**2010**	**2012**	**2014**	**2016**
Northern counties	$60,160	$70,763	$74,387	$82,318	$86,777	$61,868	$70,546	$75,725	$84,461	$88,790
Sacramento	$72,594	$82,498	$92,732	$99,289	$106,961	$75,508	$82,232	$94,863	$102,129	$110,340
San Francisco Bay Area	$78,319	$93,406	$98,075	$102,539	$111,213	$82,514	$93,547	$101,568	$106,180	$112,751
Central Valley & Sierra	$65,689	$81,973	$82,908	$89,111	$96,026	$70,252	$81,553	$85,077	$90,881	$97,532
Central Coast	$65,715	$76,563	$83,096	$90,601	$90,940	$69,208	$76,536	$84,933	$93,928	$94,035
Los Angeles	$67,207	$79,381	$85,577	$86,261	$88,703	$71,822	$79,288	$88,414	$90,022	$92,236
Inland Empire	$66,938	$77,913	$81,805	$84,071	$91,025	$70,602	$77,786	$83,655	$86,578	$94,393
Border Counties	$67,188	$76,008	$79,842	$84,056	$89,121	$70,046	$75,895	$82,399	$86,516	$91,940
Outside California	$59,696	$67,847	$69,597	$86,773	$73,670	$62,467	$68,158	$72,072	$89,787	$76,611

Note: Data are weighted to represent all RNs with active licenses. Number of cases (2016) = 3,118.

Nursing incomes for California residents vary with age, as seen in Table 3.32. Average total incomes are highest for the group of nurses between 55 and 64 years old ($107,348). Annual earnings are lowest for nurses under 35 years ($84,750), which is likely due to a lack of experience in nursing among this age group.

Table 3.32. Total annual income received from all nursing positions by currently working registered nurses residing in California, by age group, 2006-2016

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

Note: Data are weighted to represent all RNs with active licenses. Number of cases (2016) = 3,118.

There is some variation in average annual nursing income by education. As seen in Table 3.33, nurses with bachelor's degrees enjoy higher annual nursing income than RNs with associate degrees, averaging $99,294 versus $92,684. Diploma-educated RNs have higher annual income from their nursing positions than associate degree nurses ($97,137), likely because they typically have more work experience than other nurses. As expected, Master degree nurses have the highest annual income, averaging $113,178. This is associated with the income reported by nurse practitioners ($108,401) and clinical nurse specialists ($103,923).

Table 3.33. 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, 2006-2016

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

Note: Data are weighted to represent all RNs with active licenses. Number of cases (2016) = 2,849.

Job title and work setting are associated with differences in annual nursing income, as seen in Figure 3.7. For nurses residing in California, nurses in senior management have incomes from their principal nursing position averaging $146,705. Direct patient care nurses (also called staff nurses) reported annual earnings of $89,833. RNs employed in acute care departments of hospitals report an average income of $99,060, while nurses in hospital ambulatory settings report earning $104,284. Nurses working as patient care coordinators/case managers and in ambulatory care departments of hospitals experienced the highest increase in salary between 2008 and 2016, 33.4 percent and 36.4 percent, respectively.

Figure 3.7. Income received from principal nursing position by currently working registered nurses residing in California, by job title and work setting, 2008-2016
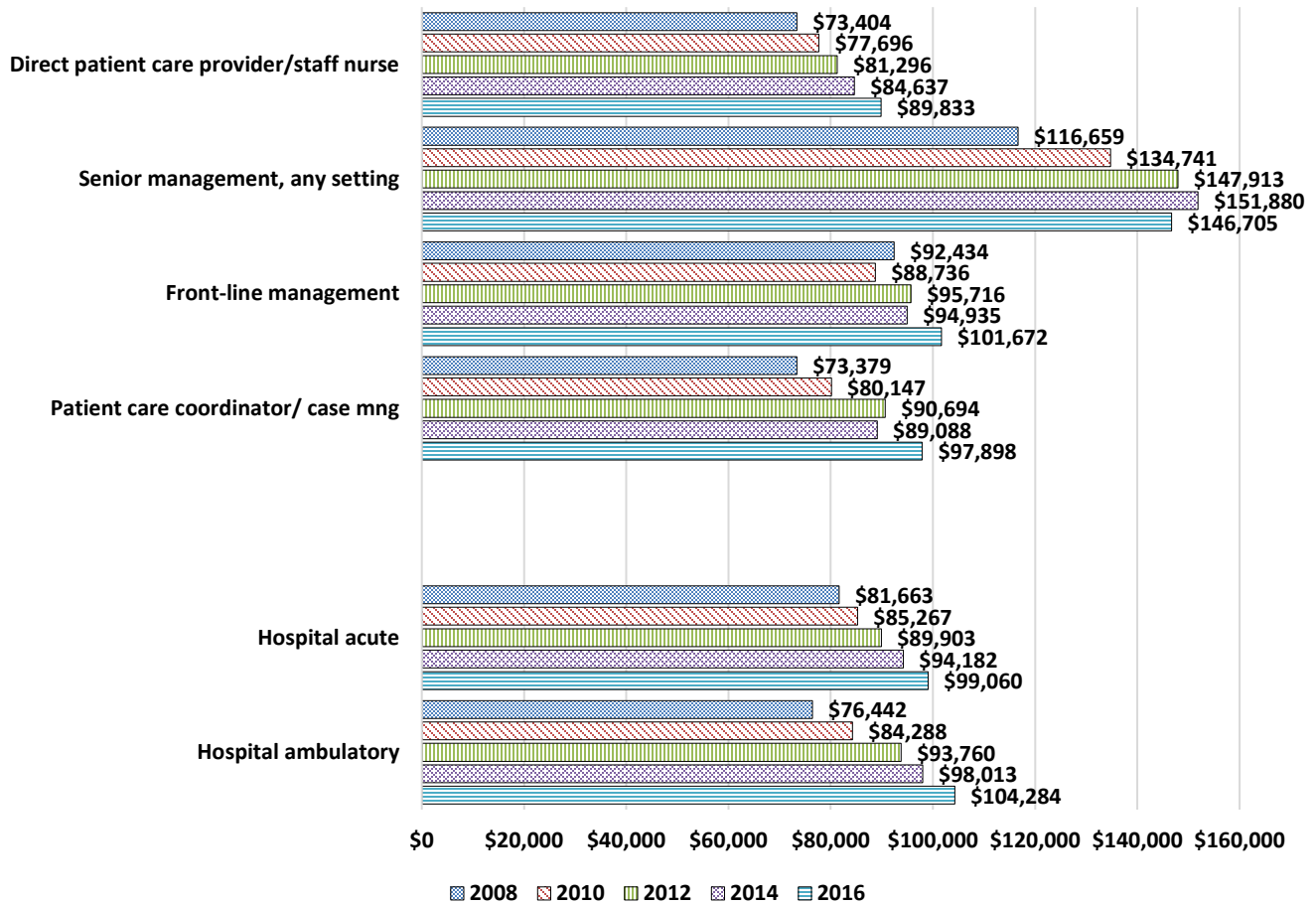
Note: Number of cases (2016) =1,932. Data are weighted to represent all RNs with active licenses.

The total household incomes of currently working RNs residing in California are examined in Table 3.34. The income categories were revised in 2006. The household incomes of nurses have risen since 1990, and by 2016, 40.6 percent of working RNs who lived in California had household incomes over $150,000 and 51.5 percent had household incomes between $75,000 and $150,000.

Table 3.34. Total household incomes of working registered nurses residing in California, by survey year

	1990	1993	1997	2004	2006	2008	2010	2012	2014	2016
Less than $30,000	13.3%	5.1%	5.5%	2.1%	1.0%	0.3%	0.7%	1.4%	0.4%	0.4%
$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%	1.2%	0.7%
$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%	2.1%	2.2%
$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%	6.6%	4.7%
$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%	17.8%	14.4%
$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%	20.9%	22.7%
$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%	15.4%	14.4%
$150,000 to $174,999	*	*	*	*	8.6%	11.5%	11.1%	11.3%	12.0%	13.7%
$175,000 to $199,999	*	*	*	*	4.3%	6.1%	6.9%	7.6%	7.9%	8.5%
$200,000 or more	*	*	*	*	6.0%	10.0%	12.2%	12.5%	15.6%	18.4%
Number of cases	2,182	2,128	2,415	2,864	3,608	3,838	4,323	3,846	3,912	2,910

* Income categories changed in 2004 and 2006.

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

Nurses' earnings are increasingly important to their households (Table 3.35). In 1990, 36.1 percent of RNs reported that their nursing income accounted for more than 75 percent of their household's income. In 2016, 47.5 percent of nurses said their nursing income comprised at least 80 percent of household income. The share of RNs reporting that their nursing income was all of their household income declined between 2012 and 2016, from 36.2 to 32.7 percent.

Table 3.35. 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	2014	2016
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%	3.6%	2.6%
20 to 39 percent	*	*	*	*	9.7%	9.3%	7.7%	6.7%	7.1%	7.7%
40 to 59 percent	*	*	*	*	23.9%	21.5%	20.0%	18.8%	20.3%	21.2%
60 to 79 percent	*	*	*	*	17.7%	19.5%	20.4%	20.1%	20.4%	20.8%
80 to 99 percent	*	*	*	*	14.6%	13.9%	13.8%	14.5%	15.3%	14.8%
100 percent	27.3%	26.9%	27.6%	27.9%	30.1%	32.5%	34.3%	36.2%	33.4%	32.7%
Number of cases	2,209	2,150	2,448	2,915	3,676	3,983	4,568	3,961	4,031	2,991

*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 (2006-2016) are weighted to represent all RNs with active licenses.

Benefits Received by Registered Nurses

As presented in Figure 3.8, more than 79 percent of all RNs working full time received personal health insurance, dental insurance, and/or a retirement plan from their employer in 2016. Over 67 percent received family health insurance from their employer. Nearly 42 percent of RNs receive tuition reimbursement from their employers, and 20.6 percent receive paid time off from work to pursue education. Nurses working part-time are much less likely to receive most benefits than are full-time RNs.

Figure 3.8. Benefits received from all nursing positions by currently working registered nurses residing in California, 2016
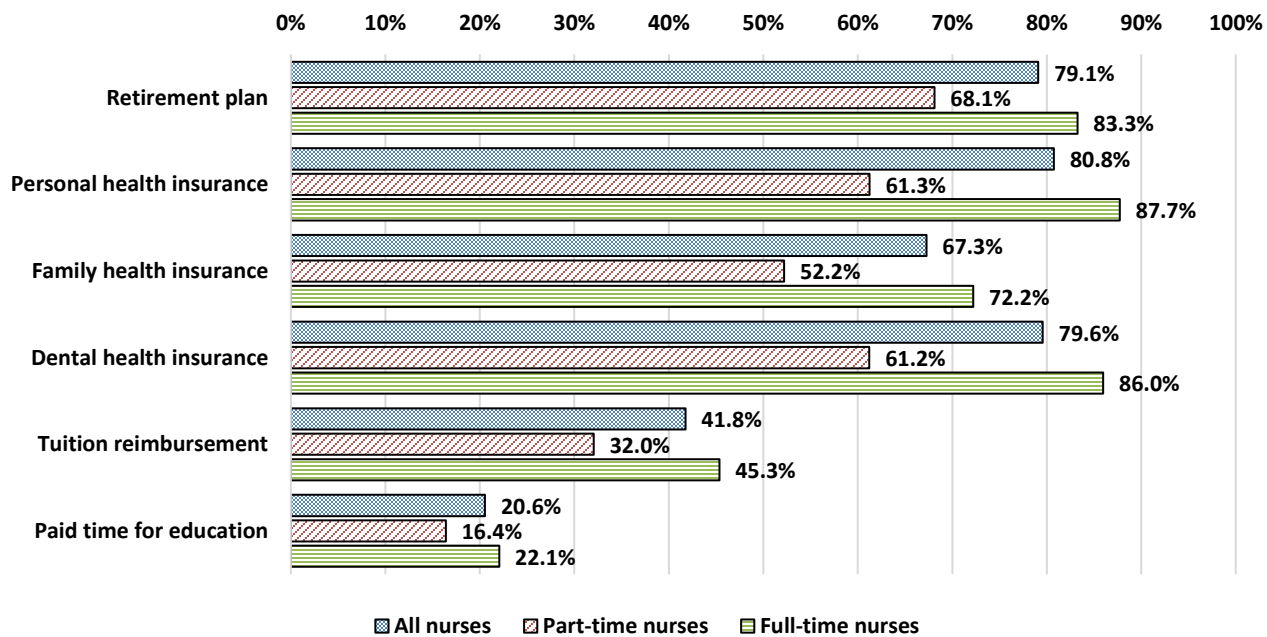
Note: Number of cases=3,296. Data are weighted to represent all RNs with active licenses.

Receipt of fringe benefits from employers varies by work setting, as seen in Figure 3.9. Nurses working in hospital acute care departments are most likely to receive most types of benefits, with 85.3 percent having a retirement plan, 84.4 percent receiving dental insurance, and 85 percent being offered health insurance. Nurses

working in hospital ambulatory care departments also have good benefits, as do those in public/community health agencies. Benefits were least likely to be offered in skilled nursing/extended care and home health settings with only approximately 60 percent nurses reporting that they are offered personal health insurance.

Figure 3.9. Benefits received by currently working registered nurses residing in California, by setting of principal nursing position, 2016
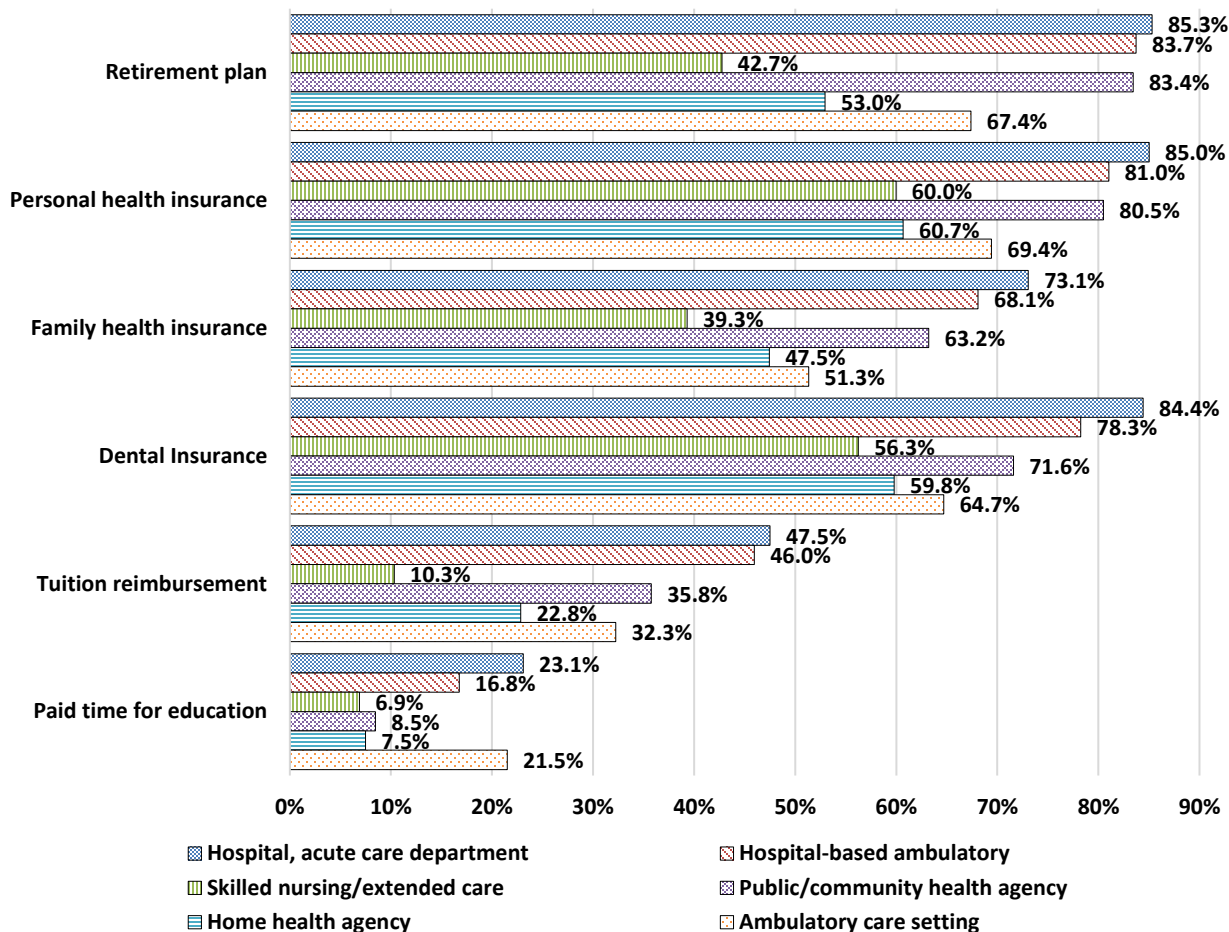
Note: Number of cases=3,113. Data are weighted to represent all RNs with active licenses.

Nurses Who Live Outside California

Nearly 14 percent of RNs with active California licenses live in other states (54,021 RNs in 2016, Table 1.1). Table 3.36 presents information about the employment of nurses with California licenses who lived outside the state from 2006 through 2016. In 2016, most out-of-state nurses (59.8%) did not work in California in the year prior to completing the survey. Nearly 13 percent had worked in California, but subsequently moved out of state. Another 15.3 percent worked in California as a traveling nurse, which is slightly higher than the rate in 2014 (14.4%). Ten percent worked for an out-of-state telenursing employer with California clients; this share has increased from 5.9 percent in 2006. Almost 5 percent of non-California-resident RNs worked in telenursing for a California employer from their out-of-state residence. A small share commutes to California from a neighboring state such as Nevada (2.3%).

Table 3.36. Employment in California during the past twelve months of registered nurses with active California licenses who are currently employed and residing outside of California, 2006-2016

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

Note: 2016 number of cases=257. Columns may total more than 100% because respondents were allowed to select more than one category. Data (2006-2016) 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 3.2 months and 40.2 hours per week, as seen in Table 3.37. The number of months worked in California was lower from 2010 to 2016 than in 2006 or 2008 when RN shortages were reported.

Table 3.37. 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, 2006-2016

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

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

Among nurses who lived outside California and worked in California as a temporary or traveling nurse, 69.3 percent report wages as a reason for working in California on a temporary basis (Table 3.38). Other reasons frequently noted included control of work location (65.3%), travel or seeing other parts of the country (64.8%), and control of work schedule (56%). Nearly 7 percent reported they were a temporary or traveling nurse because they were waiting for a desirable permanent position and 2.6 percent were doing so because their primary job did not offer enough hours. The fraction of RNs reporting they work for registries because they are waiting for a desirable permanent position has reached its lowest level in all survey years, declining from more than 25 percent in 2010 and 2012.

Table 3.38. Reasons why registered nurses who reside outside California and worked in California the previous year chose to work for temporary/traveling agencies or registries, 2006-2016

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

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 3.39. In 2016, 29.3 percent reported that they plan to travel to California to work as an RN intermittently; this percentage has stayed relatively stable between 25-33 percent. 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 9.6 percent in 2016. Nearly 21 percent plan to relocate to California to work; this share has declined from 25.9 percent in 2010. The number that plans to renew their California license but have not planned to work in California has remained fairly stable at about 40 percent, except for 2010 when it dropped to 33.9 percent.

Table 3.39. Plans for the next five years for registered nurses with active California licenses who lived outside the state, 2004-2016

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

Note: Columns will not total 100% because respondents could select multiple items. Data (2006-2016) 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 9.3 percent in 2016, as seen in Figure 3.10.

Figure 3.10. 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
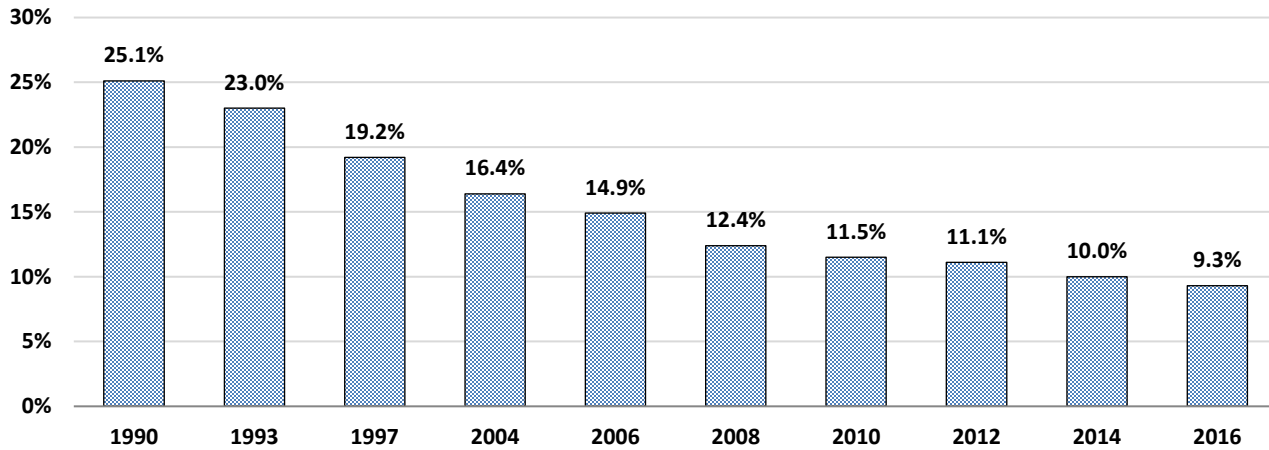
Note: 2016 number of cases=3,062. Data (2006-2016) are weighted to represent all RNs with active licenses.

Figure 3.11 presents the length of time of nurses who live and now work in California were away from nursing. The largest share – 40.2 percent – was out of nursing for two years, and another 21.6 percent stopped working for less than one year. About 17 percent of RNs with active California licenses stopped working for five years or more.

Figure 3.11. Number of years nurses temporarily stopped working in nursing, for currently working California residents, 2016
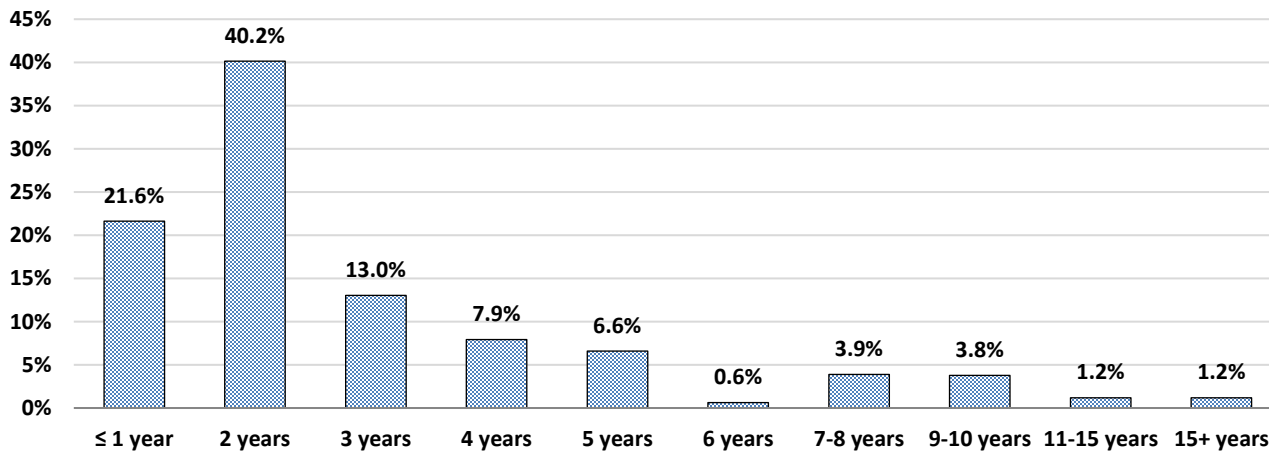
Note: Number of cases=179. Data are weighted to represent all RNs with active licenses.

Nurses were asked about the factors that influenced their decision to leave nursing. Prior to the 2006 survey, RNs were asked to mark all the items that applied to their decision; starting in 2006 nurses were asked to rate the degree of importance of each item. In Table 3.40, the survey responses are presented over time, with the data for 2006 through 2016 representing the percent of nurses who reported the item as being "important" or "very important." Comparisons between data before and after 2004 should be made with caution due to changes in the particular survey questions. It should also be noted that since 2012, a new item was added to the survey after a large number of nurses indicated that being unable to find work as an RN was an important factor for leaving nursing.

In 2016, childcare responsibilities were cited by 48.8 percent as an important or very important reason for leaving nursing for more than one year. This is the smallest share in all survey years; in most years the share ranged between 52 and 72 percent. The second most common reason for stopping work for one year or more was

other family responsibilities (36.6%). Other often-noted reasons include moving to a different area (26.8%), job stress (16.9%), and desire to try another occupation (14.1%).

Table 3.40. Reasons currently working registered nurses residing in California stopped working as registered nurses for a period of more than one year, by survey year

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

* Item was not included in the survey that year.
Note: In 1990, 1993, 1997, and 2004, respondents checked items that had any importance. From 2006 onward, they were asked to rate the degree of importance. The 2006-2016 columns present the share who reported the item was "important" or "very important". Data (2006-2010) 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 3.41 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 3.12 presents the summary scores for all 30 items.

Four of the five aspects of nursing that received the highest average satisfaction ratings in 2016 were the same items receiving the highest ratings in 2014: Interactions with patients, nursing profession overall, feeling that work is meaningful, and job overall. In 2014, the five items with greatest satisfaction also included relations with non-nursing staff (ranked 7th in 2016). The five top-rated aspects of nursing work in 2016 were:

- Interaction with patients (4.24)
- Nursing profession overall (4.21)
- Feeling that work is meaningful (4.16)
- Your job overall (4.15)
- Teamwork (4.14)

Three of the five aspects of nursing receiving the lowest average ratings in 2016 also received the lowest ratings in 2014: amount of paperwork required, involvement in policy and management decisions, and non-

nursing tasks required. In 2014, the lowest-rated items also included employer-supported educational/training programs and quality of preceptor/mentor programs; these were the 7th and 8th lowest-ranked items in 2016. The five aspects of nursing receiving the lowest average ratings in 2016 were:

- Amount of paperwork required (3.18)
- Involvement in policy and management decisions (3.23)
- Non-nursing tasks required (3.35)
- Adequacy of the number of RN staff (3.37)
- Leadership from nursing administration (3.39)

Figure 3.12. Overall satisfaction with principal nursing position, for RNs currently working and residing in California, 2016

Category	Rating
Satisfaction with profession overall	4.21
Involvement in patient care decisions	3.95
Recognition for job well done	3.53
Work is meaningful	4.16
Quality of patient care	3.96
Educational opportunities	3.44
Preceptor/mentor programs	3.45
Opportunities to learn skills	3.80
Opportunities to use skills	4.02
Involvement in policy	3.23
Time for patient education	3.47
Interaction with patients	4.25
Relations with registry RNs	3.77
Relations with other staff	4.10
Relations with physicians	3.96
Leadership from administration	3.39
Teamwork	4.14
Support from RNs	4.08
Opportunities for advancement	3.60
Job security	4.10
Schedule	4.02
Work environment	3.67
Workload	3.40
Paperwork	3.18
Non-nursing tasks	3.35
Clerical support	3.47
Number of RNs	3.37
RN skill level	4.04
Benefits	3.88
Salary	3.87
Job overall	4.15

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

Table 3.41. Satisfaction or dissatisfaction with principal nursing position, for RNs currently working and residing in California, 2016

	Very dissatisfied	Dissatisfied	Neither satisfied or unsatisfied	Satisfied	Very satisfied	No response
Your job overall	0.9%	4.7%	6.6%	52.5%	33.4%	1.9%
Your salary	1.7%	11.1%	12.1%	47.1%	26.4%	1.7%
Employee benefits	2.4%	9.0%	12.3%	43.0%	25.9%	7.5%
Adequacy of RN skill level where you work	0.7%	5.4%	11.0%	51.5%	28.0%	3.5%
Adequacy of the number of RNs where you work	5.2%	22.7%	15.4%	36.4%	15.9%	4.3%
Adequacy of clerical support services	3.9%	17.6%	18.9%	41.2%	14.9%	3.6%
Non-nursing tasks required	2.5%	15.6%	29.4%	36.7%	8.2%	7.7%
Amount of paperwork required	5.5%	23.0%	22.8%	37.2%	7.1%	4.4%
Your workload	4.4%	18.1%	19.4%	45.4%	10.3%	2.3%
Physical work environment	2.5%	11.0%	18.3%	50.0%	15.8%	2.4%
Work schedule	1.2%	6.3%	10.1%	52.5%	28.0%	1.9%
Job security	1.2%	4.1%	11.6%	48.4%	32.6%	2.2%
Opportunities for advancement	3.2%	10.2%	25.6%	38.5%	17.8%	4.7%
Support from other nurses you work with	1.2%	5.6%	10.6%	46.2%	32.7%	3.7%
Teamwork between coworkers and yourself	1.2%	5.3%	9.7%	43.7%	37.7%	2.6%
Leadership from your nursing administration	7.5%	17.7%	18.2%	34.5%	17.8%	4.4%
Involvement in patient care decisions	0.9%	4.8%	14.3%	51.8%	22.2%	6.1%
Relations with physicians	1.1%	4.8%	14.7%	51.2%	23.7%	4.5%
Relations with other non-nursing staff	0.6%	1.8%	11.4%	57.7%	25.9%	2.6%
Relations with agency/registry nurses	0.6%	2.9%	18.3%	37.7%	9.7%	30.8%
Interaction with patients	0.2%	1.5%	7.5%	51.0%	34.3%	5.6%
Time available for patient education	3.2%	17.9%	18.1%	39.3%	14.3%	7.2%
Involvement in policy/management decisions	5.4%	17.6%	28.8%	32.5%	8.5%	7.2%
Opportunities to use your skills	1.2%	4.8%	9.6%	57.4%	24.8%	2.3%
Opportunities to learn new skills	2.1%	8.9%	16.3%	48.6%	20.9%	3.2%
Quality of preceptor and mentor programs	4.1%	13.1%	20.7%	36.0%	12.0%	14.0%
Employer-supported educational opportunities	4.8%	15.1%	22.4%	37.1%	14.4%	6.2%
Quality of patient care where you work	1.3%	5.9%	13.1%	50.6%	24.4%	4.8%
Feeling that work is meaningful	1.2%	3.8%	10.0%	46.2%	36.9%	1.9%
Recognition for a job well done	5.6%	13.4%	21.7%	38.1%	19.2%	2.1%
Satisfaction with the nursing profession overall	3.5%	2.5%	5.1%	43.8%	42.1%	2.6%

Note: Number of cases=3,112. Rows may not add to 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Nearly all the job satisfaction components increased at least slightly between 1990 and 2016, as seen in Table 3.42. Compared with 1990, nurses were more satisfied in 2016 in nearly all areas, including salary, benefits, opportunities to learn new skills, involvement in policy and management decisions, leadership from administration, time available for patient education, opportunities for advancement, and even the amount of paperwork required. However, satisfaction with several factors dropped between 2014 and 2016, including leadership from nursing administration, the adequacy of RN staffing, interactions with patients, time for patient education, quality of patient care, opportunities to use nursing skills, and paperwork. The relatively large changes

in satisfaction with adequacy of staffing, time for patient education, interactions with patients, and quality of patient care are likely intertwined and may be related to increasing reports of RN shortage in some regions of California. There were increases in satisfaction between 2014 and 2016 in most other areas, with the largest improvements in support from other RNs, job security, employer-supported educational opportunities, involvement in policy or management decisions, recognition for a job well done, opportunities to learn new skills, quality of preceptor/mentor programs, clerical support, and teamwork.

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

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

* Question not asked in the survey year. Note: Data (2006-2016) are weighted to represent all RNs with active licenses.

Figure 3.13 presents average satisfaction scores for job characteristics related to salary, benefits, and job security, for currently working RNs residing in California. Satisfaction with job security showed marked improvement from 1997 to 2008, and then declined slightly through 2014 before returning to pre-recession levels in 2016. It is worth noting that in 1997, California was ending a period during which many analysts thought there

was a surplus of nurses, and in the previous five years, some employers had laid off nurses or reduced hiring dramatically. By 2004, a severe nursing shortage was underway in California, with employers offering generous bonuses to new hires and large salary increases. This explains the improvements in satisfaction with salary and benefits between 2006 and 2010. In early 2008, the economy entered a severe recession, and unemployment rates in California increased substantially between 2008 and 2010. The decline between 2008 and 2014 in satisfaction with job security and with salary may reflect the most recent economic recession. The recession also may have affected the work schedules available to RNs, accounting for the decline in satisfaction with this item between 2010 and 2014.

Figure 3.13. Satisfaction with salary, benefits, and job security for RNs currently working and residing in California, by survey year
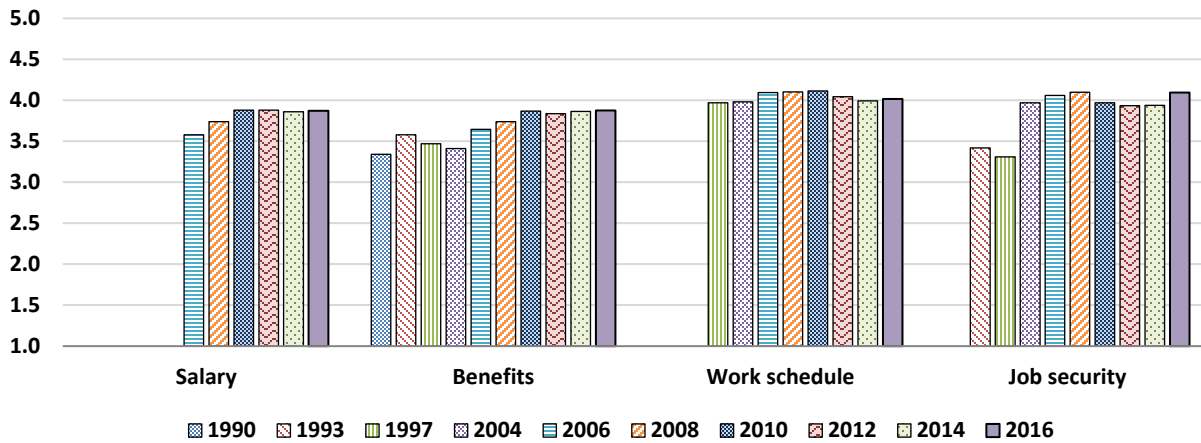
Note: Data (2006-2016) are weighted to represent all RNs with active licenses. Some items were not included in all surveys.

Figure 3.14 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, but dropped to 3.37 by 2016. Satisfaction with the adequacy of clerical support and non-nursing tasks remained relatively stable between 2010 and 2016 while satisfaction of the physical environment has varied from 1993 through 2016. There has been improvement in satisfaction with required non-nursing tasks and amount of paperwork between 2004 and 2016, with the improvement for paperwork being particularly notable between 2004 and 2016. However, these two job aspects still report some of the lowest ratings.

Figure 3.14. Satisfaction with workplace resources and support for RNs currently working and residing in California, by survey year
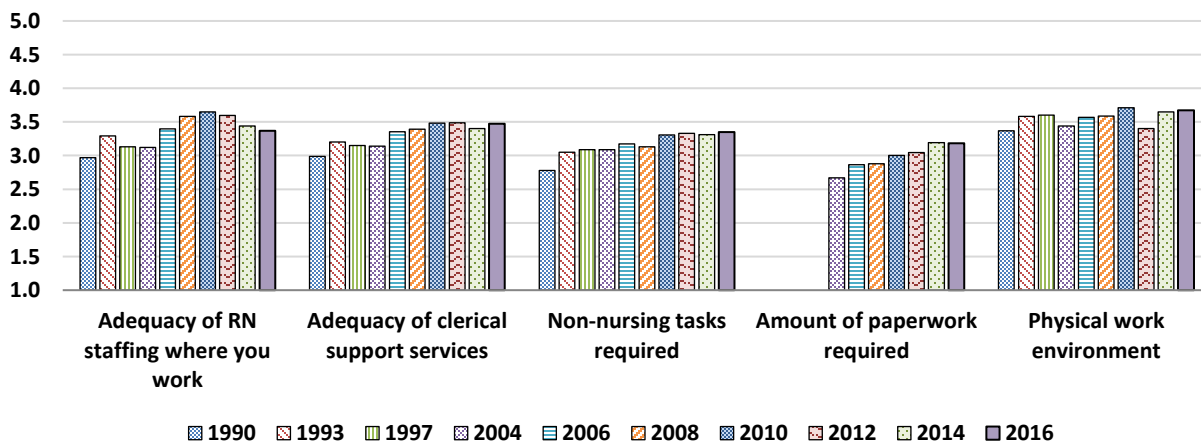
Note: Data (2006-2016) are weighted to represent all RNs with active licenses. Some items were not included in all surveys.

Figure 3.15 presents the average satisfaction of registered nurses with management at their current place of employment. This is an area of greater dissatisfaction among RNs in California, and there has been little change over time in satisfaction with recognition for a job well done or involvement in policy and management decisions. Satisfaction with leadership from nursing administration increased between 2006 and 2014 from 3.18 to 3.48 but then declined in 2016 to 3.39.

Figure 3.15. Satisfaction with management for RNs currently working and residing in California, by survey year
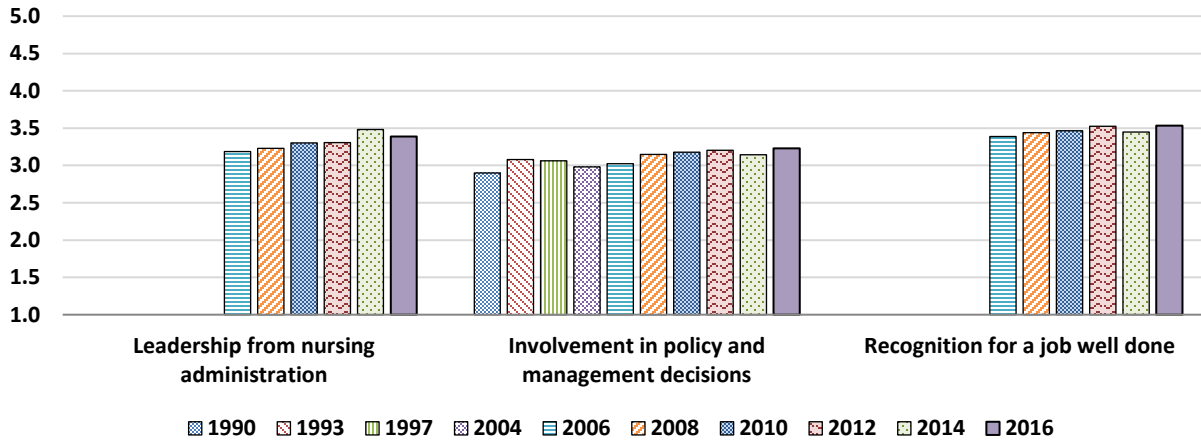
Note: Data (2006-2016) are weighted to represent all RNs with active licenses. Some items were not included in all surveys.

Figure 3.16 presents average satisfaction with collegial interactions in the workplace, by survey year. Nurses tend to be satisfied in this domain, and there has been a slight increase in average satisfaction over time in most specific areas. 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 3.16. Satisfaction with colleagues for RNs currently working and residing in California, by survey year
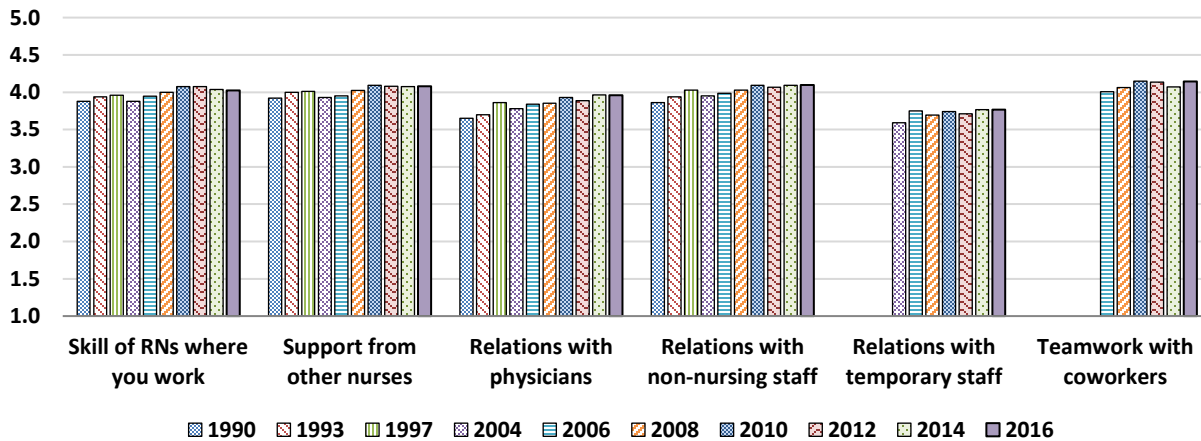
Note: Data (2006-2016) are weighted to represent all RNs with active licenses. Some items were not included in all surveys.

Satisfaction with opportunities for growth and advancement are presented in Figure 3.17. Nurses are generally satisfied with their opportunities to use their skills, and there has been little change in the rating of this job aspect over time. There has also been little change in average satisfaction with opportunities to learn new skills, employer-sponsored education, or preceptor/mentor programs. There was marked improvement between 1990 and 2008 and again between 2012 and 2016 in satisfaction with opportunities for advancement.

Figure 3.17. Satisfaction with opportunities for growth for RNs currently working and residing in California, by survey year
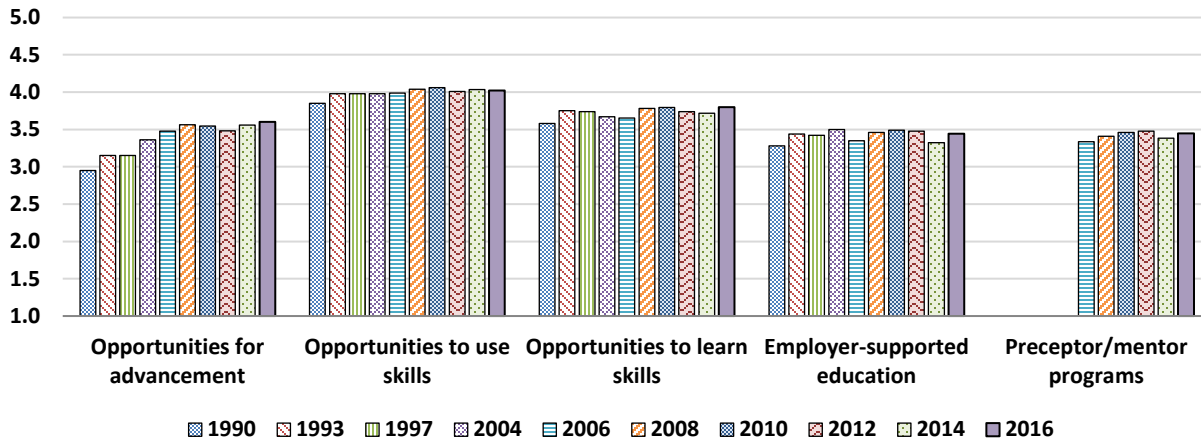
Note: Data (2006-2016) are weighted to represent all RNs with active licenses. Some items were not included in all surveys.

Figure 3.18 presents average satisfaction scores for factors associated with patient interactions and quality of care. Nurses were very satisfied with their interactions with patients and the feeling that their work is meaningful. These were among the highest-rated job factors in 2016. However, satisfaction with interactions with patients has declined since 2008, from 4.34 to 4.25. Nurses are less satisfied with the time they have available for patient education, with a score of 3.47 in 2016.

Figure 3.18. Satisfaction with patient interactions and care for RNs currently working and residing in California, by survey year
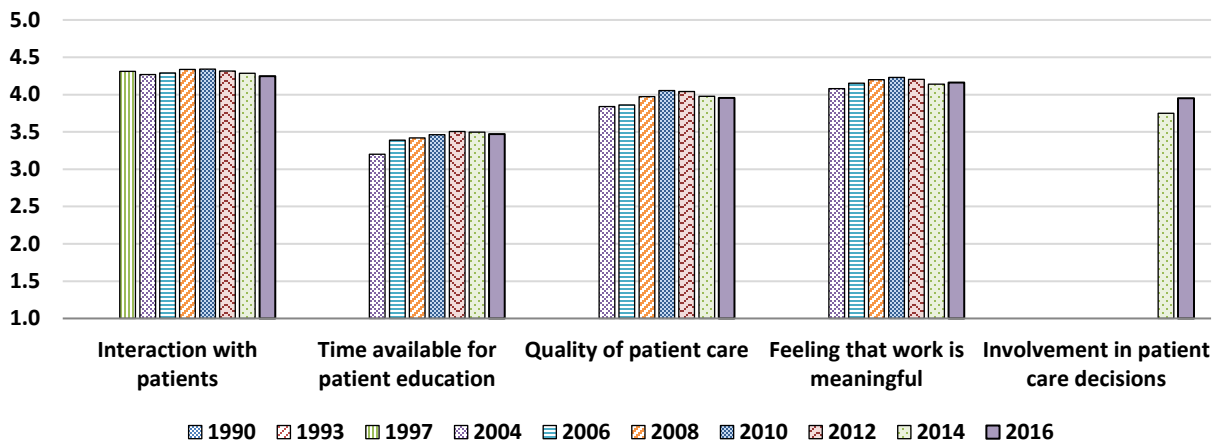
Note: Data (2006-2016) are weighted to represent all RNs with active licenses. Some items were not included in all surveys.

Figure 3.19 presents the overall satisfaction of currently working RNs residing in California. Average overall job satisfaction is quite high (4.15), and this has been one of the highest rated items on the survey since 1993. Satisfaction with the nursing profession averaged 4.21 in 2016, and has increased each year since 2006.

Figure 3.19. Overall satisfaction of RNs currently working and residing in California, by survey year
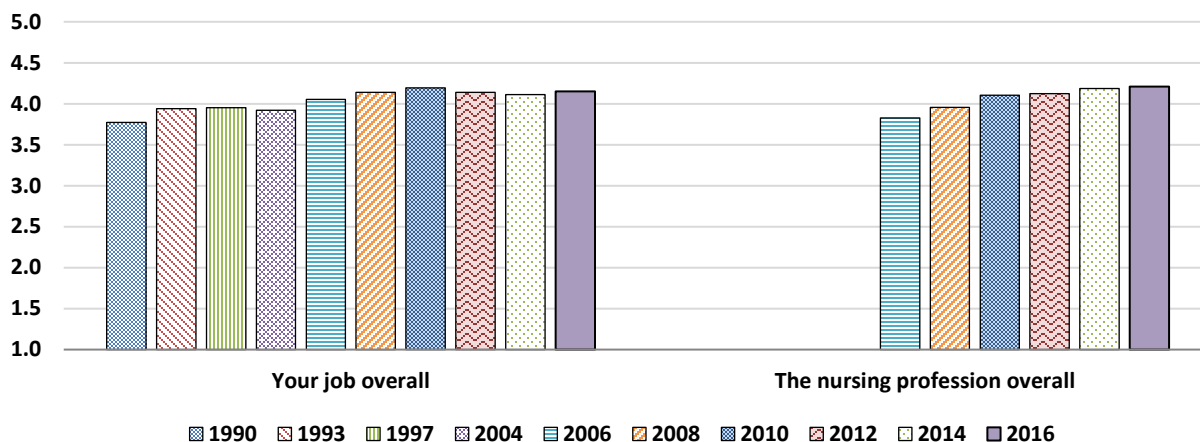
Note: Data (2006-2016) are weighted to represent all RNs with active licenses. Some items were not included in all surveys.

Job Satisfaction by Age

Table 3.43 presents mean job satisfaction scores for selected items by age group in 2016. 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 younger than 35 years, who are generally more satisfied than other RNs for most items. However, they are notably less satisfied than older RNs with their involvement in policy/management decisions, time available for patient education, recognition for a job well done, interaction with patients, feeling that work is meaningful, relations with physicians, and their job overall. Nurses 55 to 64 years old are less satisfied with more items than those in other age groups, particularly with the adequacy of the number of RNs, adequacy of clerical support, non-nursing tasks, physical work environment, support from other RNs, teamwork, and leadership from nursing administration.

Job Satisfaction by Education

Table 3.44 presents average satisfaction with selected job factors by highest nursing education attained, for currently working RNs who live in California. In general, nurses with master's degrees are more satisfied than are nurses whose highest education level is an associate's or bachelor's degree, and those with bachelor's degrees are more satisfied than are associate-degree RNs. Nurses with doctoral degrees are the least satisfied group for many items including the nursing profession overall, but also the most satisfied for some items including their job overall, leadership from nursing administration, relations with other groups, and recognition for a job well done. Nurses with master's degrees are more satisfied than other RNs with their salary, the adequacy of RN skill level, amount of paperwork, opportunities for advancement, time available for patient education, opportunities to use and learn skills, quality of preceptor/mentor programs, feeling that work is meaningful, and recognition for a job well done.

Job Satisfaction by Job Title

Table 3.45 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. With few exceptions, nurses working in senior management have higher satisfaction ratings than other nurses. They are less satisfied with the adequacy of the number of RNs, clerical support, and paperwork. Staff nurses are the least satisfied group for many items, and the most satisfied group only regarding the adequacy of RN staffing. Patient care coordinators are more satisfied than other nurses with adequacy of the number of RNs, adequacy of clerical support, amount of paperwork, work schedule, and time available for patient education. They are less satisfied than other nurses with their job overall, the profession overall, job security, opportunities for advancement, opportunities to use and learn skills, quality of preceptor/mentor programs, and quality of patient care. There are only small differences in the satisfaction of

front-line managers as compared with staff nurses. Staff nurses on average were more satisfied with quality of preceptor and mentor programs than were nurses with other job titles.

Table 3.43. Satisfaction with principal nursing position for RNs currently working and residing in California, by age group, 2016

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	4.10	4.16	4.20	4.12	4.23
Your salary	3.87	3.83	3.86	3.92	3.90
Employee benefits	3.92	3.84	3.89	3.87	3.85
Adequacy of RN skill level where you work	4.05	4.06	4.01	4.05	4.04
Adequacy of the number of RNs where you work	3.34	3.41	3.42	3.30	3.34
Adequacy of clerical support services	3.50	3.50	3.49	3.40	3.49
Non-nursing tasks required	3.47	3.36	3.31	3.26	3.34
Amount of paperwork required	3.28	3.14	3.17	3.15	3.15
Your workload	3.50	3.34	3.39	3.37	3.47
Physical work environment	3.70	3.66	3.68	3.64	3.74
Work schedule	3.89	4.01	4.06	4.09	4.08
Job security	4.20	4.10	4.07	4.04	4.03
Opportunities for advancement	3.72	3.61	3.58	3.52	3.51
Support from other nurses you work with	4.19	4.08	4.03	4.00	4.16
Teamwork between coworkers and yourself	4.24	4.16	4.10	4.05	4.22
Leadership from your nursing administration	3.52	3.40	3.37	3.24	3.46
Involvement in patient care decisions	4.00	3.96	3.91	3.95	3.89
Relations with physicians	3.88	3.95	3.96	4.04	4.03
Relations with other non-nursing staff	4.09	4.06	4.06	4.15	4.23
Relations with agency/registry nurses	3.75	3.79	3.79	3.76	3.69
Interaction with patients	4.17	4.24	4.27	4.29	4.29
Time available for patient education	3.37	3.44	3.53	3.50	3.63
Involvement in policy/management decisions	3.20	3.21	3.29	3.21	3.24
Opportunities to use your skills	4.02	4.03	3.98	4.03	4.14
Opportunities to learn new skills	3.87	3.79	3.75	3.79	3.81
Quality of preceptor and mentor programs	3.61	3.46	3.43	3.29	3.46
Employer-supported educational opportunities	3.48	3.48	3.42	3.38	3.43
Quality of patient care where you work	3.96	3.94	3.96	3.95	4.02
Feeling that work is meaningful	4.11	4.16	4.15	4.21	4.21
Recognition for a job well done	3.51	3.55	3.51	3.53	3.67
Satisfaction with the profession overall	4.22	4.20	4.22	4.20	4.17

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 highest nursing education, 2016

1 through 5 scale; 1=very dissatisfied; 5=very satisfied	Diploma	Associate Degree	Baccalaureate Degree	Master's Degree	Doctoral Degree
Your job overall	4.16	4.13	4.24	4.33	4.61
Your salary	4.18	4.08	4.17	4.24	4.07
Employee benefits	3.81	3.89	3.87	3.88	3.59
Adequacy of RN skill level where you work	3.79	3.83	3.91	3.94	3.74
Adequacy of the number of RNs where you work	4.02	4.03	4.07	4.00	3.98
Adequacy of clerical support services	3.48	3.28	3.39	3.44	3.21
Non-nursing tasks required	3.51	3.45	3.50	3.41	3.26
Amount of paperwork required	3.39	3.32	3.36	3.41	2.87
Your workload	3.34	3.11	3.20	3.19	2.91
Physical work environment	3.49	3.30	3.46	3.41	3.07
Work schedule	3.74	3.64	3.68	3.72	3.58
Job security	4.15	4.03	3.98	4.05	4.05
Opportunities for advancement	3.99	4.05	4.12	4.19	3.96
Support from other nurses you work with	3.69	3.57	3.62	3.57	3.34
Teamwork between coworkers and yourself	4.10	4.05	4.09	4.09	4.01
Leadership from your nursing administration	4.12	4.13	4.15	4.16	4.29
Involvement in patient care decisions	3.48	3.34	3.40	3.42	2.99
Relations with physicians	3.93	3.93	3.93	4.09	4.28
Relations with other non-nursing staff	3.98	3.96	3.92	4.09	4.26
Relations with agency/registry nurses	4.16	4.07	4.08	4.17	4.26
Interaction with patients	3.89	3.75	3.75	3.79	4.23
Time available for patient education	4.25	4.24	4.23	4.33	4.19
Involvement in policy/ management decisions	3.64	3.39	3.49	3.51	2.90
Opportunities to use your skills	3.33	3.13	3.24	3.34	3.20
Opportunities to learn new skills	4.02	3.98	4.04	4.05	3.89
Quality of preceptor and mentor programs	3.83	3.72	3.82	3.87	3.68
Employer-supported educational opportunities	3.56	3.39	3.50	3.34	3.03
Quality of patient care where you work	3.47	3.36	3.49	3.48	2.92
Feeling that work is meaningful	4.04	3.90	3.95	4.07	3.83
Recognition for a job well done	4.16	4.12	4.16	4.27	4.27
Satisfaction with the profession overall	3.66	3.51	3.54	3.51	3.12

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

Table 3.45. Satisfaction with principal nursing position for RNs currently working and residing in California, by job title, 2016

1 through 5 scale; 1=very dissatisfied; 5=very satisfied	Staff nurse	Senior management	Front-line management	Patient care coordinator
Your job overall	4.12	4.46	4.14	4.10
Your salary	3.89	4.34	3.86	3.88
Employee benefits	3.85	4.18	3.86	3.87
Adequacy of RN skill level where you work	4.09	4.01	4.00	4.08
Adequacy of the number of RNs where you work	3.35	3.23	3.31	3.44
Adequacy of clerical support services	3.49	3.37	3.37	3.56
Non-nursing tasks required	3.35	3.44	3.24	3.44
Amount of paperwork required	3.13	2.92	3.21	3.26
Your workload	3.37	3.48	3.40	3.38
Physical work environment	3.59	4.02	3.58	3.87
Work schedule	3.94	4.11	4.06	4.15
Job security	4.06	4.30	4.14	3.97
Opportunities for advancement	3.60	3.95	3.61	3.59
Support from other nurses you work with	4.07	4.18	4.11	4.09
Teamwork between coworkers and yourself	4.13	4.16	4.22	4.14
Leadership from your nursing administration	3.32	4.14	3.38	3.55
Involvement in patient care decisions	3.89	4.29	3.93	4.01
Relations with physicians	3.89	4.05	3.98	4.05
Relations with other non-nursing staff	4.08	4.24	4.07	4.13
Relations with agency/registry nurses	3.77	3.88	3.71	3.78
Interaction with patients	4.22	4.27	4.25	4.23
Time available for patient education	3.38	3.67	3.46	3.76
Involvement in policy/management decisions	3.07	4.31	3.19	3.31
Opportunities to use your skills	4.03	4.36	4.02	3.86
Opportunities to learn new skills	3.81	4.11	3.74	3.71
Quality of preceptor and mentor programs	3.51	3.52	3.42	3.29
Employer-supported educational opportunities	3.48	3.69	3.35	3.38
Quality of patient care where you work	3.97	4.17	3.92	3.87
Feeling that work is meaningful	4.13	4.41	4.13	4.16
Recognition for a job well done	3.46	3.96	3.53	3.72
Satisfaction with the profession overall	4.20	4.55	4.22	4.17

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

Job Satisfaction by Work Setting

Table 3.46 presents nurse satisfaction with 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. Nurses in ambulatory care settings – either hospital-based or freestanding – and home health agencies had the highest satisfaction scores for many items. RNs in freestanding ambulatory settings were less satisfied with their salary and with the profession overall than nurses in other settings. RNs working in skilled nursing facilities have lower average satisfaction levels for 23 of the survey items. RNs in hospital acute settings were more satisfied than those in other settings with teamwork, but less satisfied with clerical support, non-nursing tasks, paperwork, leadership from nursing administration, involvement in patient care decisions, and involvement in policy/management decisions.

Table 3.46. Satisfaction with principal nursing position for RNs currently working and residing in California, by work setting, 2016

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	4.15	4.25	3.81	4.25	4.30
Your salary	3.92	4.08	3.55	3.96	3.42
Employee benefits	3.88	3.96	3.33	3.93	3.55
Adequacy of RN skill level where you work	4.07	4.23	3.81	4.11	3.90
Adequacy of the number of RNs where you work	3.35	3.57	2.98	3.55	3.44
Adequacy of clerical support services	3.40	3.54	3.45	3.66	3.90
Non-nursing tasks required	3.29	3.34	3.39	3.57	3.71
Amount of paperwork required	3.07	3.36	3.23	3.54	3.59
Your workload	3.36	3.57	2.98	3.69	3.49
Physical work environment	3.59	3.76	3.49	4.13	3.96
Work schedule	4.02	4.02	3.76	4.29	4.00
Job security	4.10	4.15	3.81	4.29	4.16
Opportunities for advancement	3.68	3.52	3.32	3.64	3.80
Support from other nurses you work with	4.12	4.00	3.79	4.25	4.22
Teamwork between coworkers and yourself	4.19	4.16	3.78	4.17	4.18
Leadership from your nursing administration	3.33	3.37	3.41	3.53	3.80
Involvement in patient care decisions	3.90	4.05	3.96	4.24	4.23
Relations with physicians	3.90	4.14	3.87	4.35	4.30
Relations with other non-nursing staff	4.08	4.21	3.96	4.34	4.31
Relations with agency/registry nurses	3.77	3.80	3.74	3.98	4.09
Interaction with patients	4.21	4.37	4.19	4.59	4.37
Time available for patient education	3.31	3.75	3.25	3.98	3.70
Involvement in policy/management decisions	3.13	3.25	3.31	3.36	3.61
Opportunities to use your skills	4.06	4.08	3.84	4.09	3.98
Opportunities to learn new skills	3.84	3.94	3.41	3.91	3.98
Quality of preceptor and mentor programs	3.53	3.48	3.14	3.27	3.57
Employer-supported educational opportunities	3.47	3.49	3.37	3.58	3.42
Quality of patient care where you work	3.92	4.20	3.60	4.37	3.82
Feeling that work is meaningful	4.15	4.27	4.01	4.45	4.01
Recognition for a job well done	3.46	3.57	3.43	3.83	3.66
Satisfaction with the profession overall	4.23	4.21	3.92	4.36	3.87

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 3.47 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 increased from 53.1 percent in 2006 to 60.2 percent in 2010, but dropped again to 53.1 percent in 2012 and 53.5 percent in 2016. Nearly 22 percent plan to reduce their hours of nursing work in 2016 and this share had been relatively

stable since 1993, ranging between 32.7 percent in 1990 and 15.2 in 2010. Over ten percent planned to increase their hours of nursing work. Only 1.7 percent plan to leave nursing entirely, but not retire, which is a small decline relative to 2012 and 2014 (2.8% in 2014). In 2016, 12.8 percent of working nurses said they plan to retire within five years, which is higher than 9.5 percent in 2010 but similar to 13.2 percent in 2014.

Table 3.47. Plans for the next five years of RNs who resided in California and were employed in nursing at the times of the surveys, by survey year

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

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

Since 2012 the survey asked RNs about their plans for the next two years; prior surveys did not ask about this time period. As seen in Table 3.48, the intentions for the next two years have been similar in all three surveys. In 2016, 16.7 percent of RNs under 35 years old intend to increase their hours of nursing work in the next two years, while 14.1 percent plans to reduce their hours. Fewer than 1 percent of RNs under 55 years old plans to retire in the next two years, and less than 1 percent of those under 55 years old plans to leave nursing without retiring. In contrast, 34.1 percent of RNs 65 years and older plan to retire in the next two years.

Table 3.48. Plans for next two years of RNs who resided in California and were employed in nursing, overall and by age group, 2012-2016

	All respondents, 2012	All respondents, 2014	All respondents, 2016	2016				
				Under 35 years	35-44 years	45-54 years	55-64 years	65 years and older
Plan to work approximately as much as now	73.3%	71.9%	73.9%	71.8%	77.9%	81.0%	71.7%	42.9%
Plan to reduce hours of nursing work	10.1%	10.5%	10.2%	10.8%	7.8%	7.8%	12.8%	19.6%
Plan to increase hours of nursing work	12.2%	11.6%	10.5%	16.7%	14.1%	10.0%	3.0%	2.1%
Plan to leave nursing entirely, but not retire	0.8%	1.0%	0.6%	0.7%	0.0%	0.3%	1.4%	1.3%
Plan to retire	3.7%	5.0%	4.7%	0.0%	0.3%	0.9%	11.1%	34.1%

Note: Number of observations=2,986. Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Table 3.49 and Figure 3.20 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. 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. About two-thirds of RNs over 65 years old plan to retire within five years, and 35.7 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 by 2012.

Table 3.49. Plans for the next five years for RNs who resided in California and were employed in nursing at the times of the surveys, by age group, 2008-2016

		Plan to increase hours of nursing work	Plan to work approximately as much as now	Plan to reduce hours of nursing work	Plan to leave nursing entirely, but not retire	Plan to retire
Under 35 years	2008	19.3%	54.8%	21.1%	4.7%	0.0%
	2010	25.5%	60.0%	12.6%	1.8%	0.0%
	2012	23.4%	50.0%	24.0%	2.5%	0.0%
	2014	17.8%	57.3%	22.5%	2.3%	0.0%
	2016	18.9%	53.5%	25.2%	2.0%	0.4%
35-44 years	2008	15.6%	62.1%	19.5%	2.3%	0.5%
	2010	16.3%	68.5%	13.5%	1.5%	0.3%
	2012	13.6%	61.2%	21.1%	3.1%	1.0%
	2014	16.3%	61.3%	19.2%	3.1%	0.1%
	2016	13.9%	64.8%	19.5%	1.5%	0.4%
45-54 years	2008	8.0%	65.4%	19.9%	2.8%	3.9%
	2010	10.9%	67.5%	15.5%	2.9%	3.2%
	2012	9.5%	61.7%	20.9%	3.6%	4.2%
	2014	10.8%	64.4%	19.2%	2.6%	3.1%
	2016	9.1%	66.4%	19.6%	1.6%	3.4%
55-64 years	2008	2.3%	41.2%	20.8%	3.3%	32.5%
	2010	3.9%	49.3%	18.6%	1.2%	27.0%
	2012	2.7%	43.4%	18.9%	2.9%	32.1%
	2014	2.8%	39.3%	18.8%	3.4%	35.7%
	2016	1.4%	35.2%	23.8%	1.8%	37.8%
65 years and older	2008	0.6%	14.9%	12.8%	2.1%	69.8%
	2010	1.3%	23.1%	18.0%	2.9%	54.7%
	2012	0.2%	16.9%	16.5%	1.7%	64.8%
	2014	1.1%	10.2%	21.2%	1.6%	66.0%
	2016	1.2%	15.9%	15.0%	1.3%	66.6%

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

Figure 3.20. Future plans of RNs who resided in California and were employed in nursing at the times of the surveys, by age group, 2016

	<30 years	30-34 years	35-39 years	40-44 years	45-49 years	50-54 years	55-59 years	60-64 years	65+ years
Retire	1.1%	0.0%	0.0%	0.7%	1.7%	5.2%	25.1%	53.0%	66.6%
Leave nursing	1.3%	2.4%	1.3%	1.6%	1.9%	1.3%	1.5%	2.3%	1.3%
Reduce hours	28.2%	23.1%	18.8%	19.9%	19.4%	19.7%	26.9%	20.2%	15.0%
Work the same	47.4%	57.7%	66.3%	63.6%	65.3%	67.5%	45.3%	23.1%	15.9%
Increase hours	22.0%	16.7%	13.5%	14.2%	11.7%	6.2%	1.3%	1.5%	1.2%

☒ Increase hours   ☒ Work the same   ▥ Reduce hours   ▤ Leave nursing   ☒ Retire
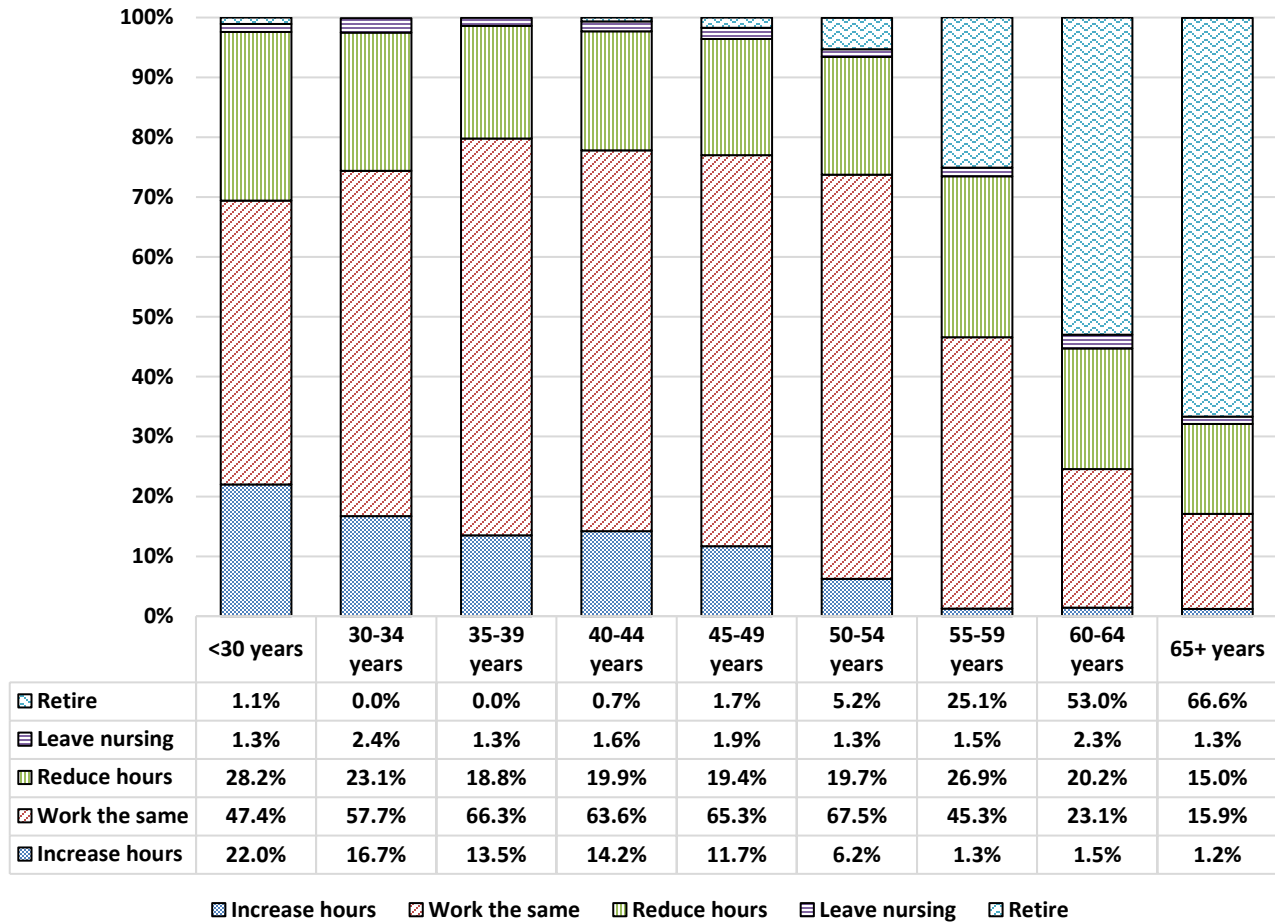
Note: Number of cases=2,829. Data are weighted to represent all RNs with active licenses.

Employment Outside of Nursing

RNs were asked to report if they were employed outside nursing, regardless of whether they were employed in nursing. Nearly 94 percent of working RNs residing in California reported they did not hold a non-nursing job (Figure 3.21). Of the 2.5 percent that did hold a non-nursing job, 55.5 percent reported the additional job required their nursing knowledge (Table 3.50). Most non-nursing jobs were in health services (33.1%) and retail sales (19.8%) (Table 3.51). Nearly 39 percent of working RNs with a non-nursing job indicated that their non-nursing job was in an "other" category.

Figure 3.21. Employment outside of nursing for working RNs residing in California, 2016
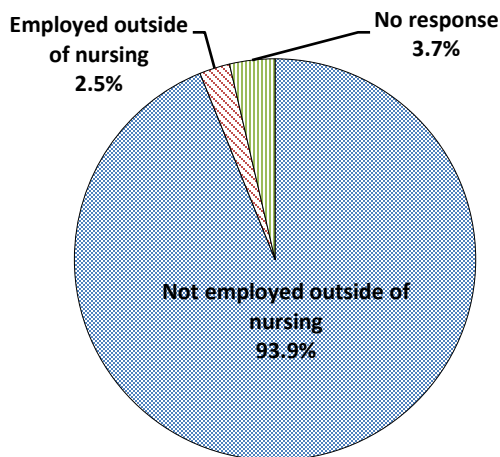
Note: Number of cases=3,112. Data are weighted to represent all RNs with active licenses.

Table 3.50. Employment outside of nursing requires nursing knowledge as reported by working RNs residing in California who have a position outside of nursing, 2012-2016

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

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

Table 3.51. Field outside of nursing as reported by working RNs residing in California who have a position outside of nursing, 2012-2016

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

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

Changes in Employment Status

In 2016, nearly 29 percent of RNs residing in California reported a change over the prior year in their employment status, position, or employer (Figure 3.22). Changes in how much they worked were reported by 28 percent of RNs, such as increasing or decreasing hours per week.

Figure 3.22. Change in employer or position as reported by all RNs and employed RNs residing in California, 2016
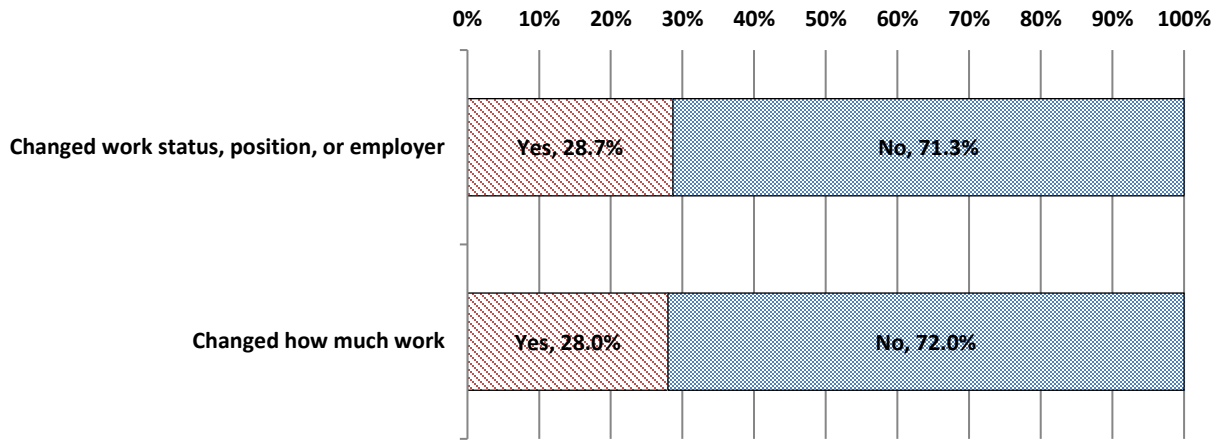
Note: Number of cases=3,104. Data are weighted to represent all RNs with active licenses.

Table 3.52 presents the types of work status, employer, and position changes reported by RNs. A new position with the same employer (26.8%), and a new position with a new employer (19.4%) were the most common changes reported by RNs.

Table 3.52. Type of change for RNs who experienced a change in work status, employer or position, and reside in California, 2012-2016

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

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 3.53). The factors most often rated as very important were desire to use or learn a skill (39.4%), wanting more convenient hours (39.1%), salary (38.7%), stress on the job (38.2%), benefits (34.5%), other family responsibilities (34%), childcare responsibilities (33.5%), promotion and career development (32.5%), change in financial status (30.5%), and dissatisfaction with previous job (30.3%).

Table 3.53. Factors important to changes in employment status as reported by RNs residing in California who experienced a change in work status, employer, or position, 2016

	Not at all Important	Somewhat Important	Important	Very Important
Retired	66.3%	2.6%	9.3%	21.8%
Childcare responsibilities	54.6%	4.1%	7.7%	33.5%
Other family responsibilities	40.5%	6.6%	18.9%	34.0%
Salary	34.7%	6.8%	19.8%	38.7%
Benefits	42.6%	6.2%	16.7%	34.5%
Laid off	81.1%	2.4%	4.6%	11.8%
Employer reduced hours	67.4%	5.0%	9.1%	18.5%
Change spouse/partner work situation	63.3%	3.2%	10.1%	23.4%
Change in financial status	48.8%	5.8%	14.9%	30.5%
Relocation	63.1%	2.3%	10.8%	23.7%
Promotion/career advancement	48.1%	2.7%	16.8%	32.5%
Change in health Status	56.2%	4.0%	11.2%	28.6%
Wanted more convenient hours	41.0%	4.9%	14.9%	39.1%
Dissatisfied with previous job	47.8%	8.5%	13.4%	30.3%
Stress on the job	37.9%	7.4%	16.6%	38.2%
Desire to use current/learn new skills	35.7%	5.3%	19.6%	39.4%
Other	79.2%	0.2%	4.0%	16.7%

Note: 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 3.54). The most common change (32.3%) was an increase in hours worked by choice. At the same time, 28.3 percent reported they decreased their hours by choice. Seven percent reported that their employer imposed a decrease in work hours, which was a decline from 2014 (12.6%). Fourteen percent of respondents said they experienced an increase in work hours imposed by their employer.

Table 3.54. Types of change for RNs who experienced a change in hours worked and reside in California 2012-2016

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

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

RNs were asked what factors may have played a role in the change of their hours worked during the previous year (Table 3.55). Respondents were asked to rank each item on a four-point scale, with one point given for "not at all important" and four points for "very important." The factors most often rated as very important among RNs who changed work hours were wanting more convenient hours (47.2%), wanting to use skills or learn new skills (45.2%), stress on the job (44.6%), and salary (45%).

Table 3.55. Factors important to change in hours worked as reported by RNs residing in California who experienced a change in work status, employer, or position, 2016

	Not at all Important	Somewhat Important	Important	Very Important
Retired	56.6%	3.1%	15.7%	24.6%
Childcare responsibilities	48.6%	2.7%	10.0%	38.8%
Other family responsibilities	33.3%	5.7%	21.6%	39.3%
Salary	26.5%	6.8%	21.8%	45.0%
Benefits	38.2%	5.9%	18.3%	37.6%
Laid off	79.3%	3.6%	5.0%	12.1%
Employer reduced hours	57.7%	9.4%	10.3%	22.6%
Change spouse/partner work situation	55.8%	3.8%	12.0%	28.4%
Change in financial status	37.5%	5.2%	21.4%	36.0%
Relocation	52.4%	2.6%	13.7%	31.3%
Promotion	42.4%	2.5%	22.7%	32.5%
Change in health status	49.4%	4.4%	13.0%	33.2%
Wanted more convenient hours	30.5%	4.1%	18.2%	47.2%
Dissatisfied with previous job	39.6%	7.8%	16.4%	36.2%
Stress on the job	28.9%	9.0%	17.5%	44.6%
Desire to use my skills/learn new skills	26.9%	5.1%	22.7%	45.2%
Other	94.4%	0.0%	1.1%	4.5%

Note: Number of cases=1,184. 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 3.56, by type of change. Salary ranked highest among the group of nurses who increased their hours, and ranked moderately high for nurses who changed RN positions. Other important reasons for increasing hours were other family responsibilities, promotion, wanting more convenient hours, and wanting to use or learn new skills. The top reason for nurses to decrease hours wanting more convenient hours and stress on the job, followed by family and childcare responsibilities. The top reasons for RNs who found new positions were salary, promotion, wanting more convenient hours, and wanting to use or learn new skills. Those who stopped working as an RN rated retirement, wanting to use or learn new skills, and stress on the job as the most important reasons.

Table 3.56. Factors important to changing employment status by type of change as reported by RNs residing in California who experienced a change in employment status, 2016

1 through 4 scale; 1=not at all important; 4=very important	Increased Hours	Decreased hours	New RN position	Stopped Working as RN
Retired	2.13	2.42	2.08	2.33
Childcare responsibilities	2.89	2.89	2.79	1.33
Other family responsibilities	3.04	2.95	2.89	1.65
Salary	3.24	2.79	3.03	1.97
Benefits	2.97	2.66	2.84	1.88
Laid off	1.89	1.69	1.95	1.19
Employer reduced hours	2.31	2.50	2.32	1.30
Change spouse/partner work situation	2.55	2.32	2.39	1.42
Change in financial status	2.95	2.70	2.69	1.62
Relocation	2.48	2.15	2.50	1.24
Promotion	3.01	2.60	3.06	1.54
Change in health status	2.48	2.67	2.43	1.69
Wanted more convenient hours	3.07	3.20	3.05	1.80
Dissatisfied with previous job	2.66	2.72	2.85	1.72
Stress on the job	2.88	3.03	2.93	2.00
Desire to use my skills/learn new skills	3.21	2.78	3.17	2.04
Other	2.21	2.04	2.11	1.32
Number of cases	652	638	633	601

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

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

Nearly 14 percent of nurses with active California licenses who lived in California were not working in nursing jobs in 2016 (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 58.2 whereas the average age of working RNs is 45 years (Chapter 2, Table 2.5). The share of licensed RNs not working in nursing rises with age as shown in Figure 4.1 and Table 4.1. Almost 69 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 (39.7%). The share of nurses under 40 years old not working in nursing positions was lower in 2016 than in 2012. The number of nurses between 40 and 55 years old not working in nursing declined between 2014 and 2016.

Figure 4.1. Age distribution of registered nurses who are not working in nursing positions, for RNs with active California licenses and California addresses, 2008-2016
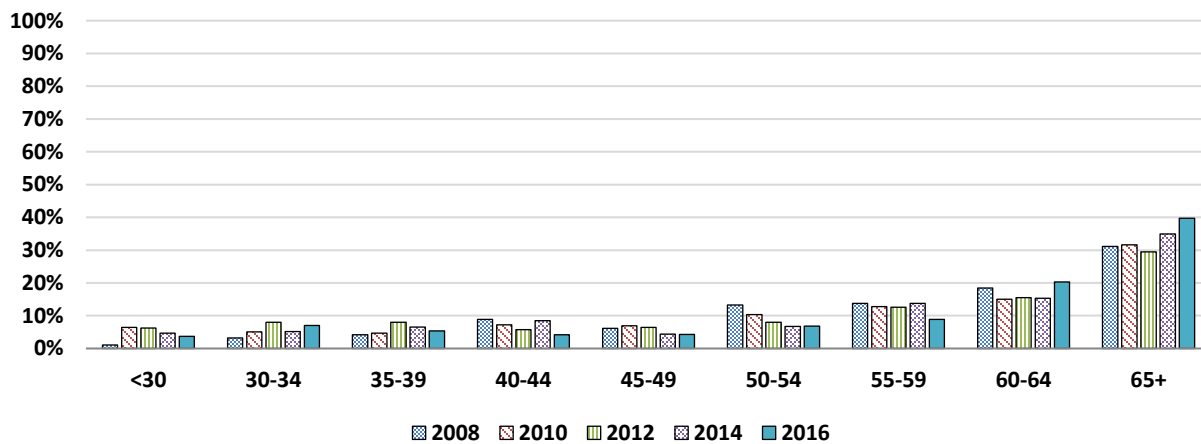
Note: 2016 number of cases=677. Data might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Table 4.1. Age distribution of registered nurses who are not working in nursing positions, for RNs with active California licenses and California addresses, 2008-2016

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

Note: 2016 number of cases=677. Data might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Nearly six percent of RNs not working in nursing in 2016 were male, as seen in Figure 4.2, which is the lowest share since 2008. Statewide, 11.9 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, 2006-2016

Note: 2016 number of cases=677. Data are weighted to represent all RNs with active licenses.

The ethnic and racial distribution of RNs who are not working is similar to that of the RN population as a whole (Table 4.2 and Chapter 2, Figure 2.4). Nearly two-thirds of RNs who are not working in nursing positions are White (64.7%), which is notably higher than the share of the statewide RN population that is White (49.8%). Nearly eighteen percent of California's RNs are Filipino, but only 10.1 percent of non-working RNs are Filipino.

Table 4.2. Racial/ethnic backgrounds of registered nurses who are not working in nursing positions, for RNs with active California licenses and California addresses, 2006-2016

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

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

RNs not working in nursing are less likely to speak other languages than the RN population as a whole (Table 4.3 and Chapter 2, Table 2.12). In 2016, among all nurses, 41.6 percent speak at least one other language. However, only 28.2 percent of non-working RNs speak a language other than English.

Table 4.3. Language fluency of registered nurses who are not working in nursing positions, for RNs with active California licenses and California addresses, 2006-2016

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

* Category was not offered in the survey.
Note: Number of cases in 2016 = 623. 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 61.6 percent (Figure 4.3), which is lower than the share in the overall RN population (67.4%, Chapter 2, Figure 2.7).

Figure 4.3. Marital status of registered nurses who are not working in nursing positions, for RNs with active California licenses and California addresses, 2006-2016

Legend: ☒ Never married   ☒ Married/domestic partner   ☐ Separated/divorced/widowed

Note: 2016 number of cases=648. Data might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses who are not working.

As seen in Table 4.4, nurses who are not working in nursing are less likely than the statewide active RN population to have children living at home (Chapter 2, Table 2.14). Among the statewide working RN population, about 52 percent have some children living at home, but only 30.4 percent of non-working RNs have children at home.

Table 4.4. Number of children living in the homes of registered nurses who are not working in nursing positions, for RNs with active California licenses and California addresses, 2006-2016

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

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 4.5 and Chapter 2, Table 2.15). This is consistent with non-working RNs being older themselves. The percentage of RNs not working in nursing with children living in the home that were over the age of 18 increased from 34 percent in 2010 to 52.6 percent in 2016.

Table 4.5. Percent of registered nurses who are not working in nursing positions with children living at home who have children in specified age groups, for RNs with active California licenses and California addresses, 2006-2016

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

Note: 2016 working RN number of cases=1,564. 2016 non-working RN number of cases=176. 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 over-represented in the population of RNs not working in nursing; 14 percent of RNs not working in nursing are diploma-educated, as compared with 4.8 percent of working RNs (Chapter 2, Figure 2.13). 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, 2006-2016
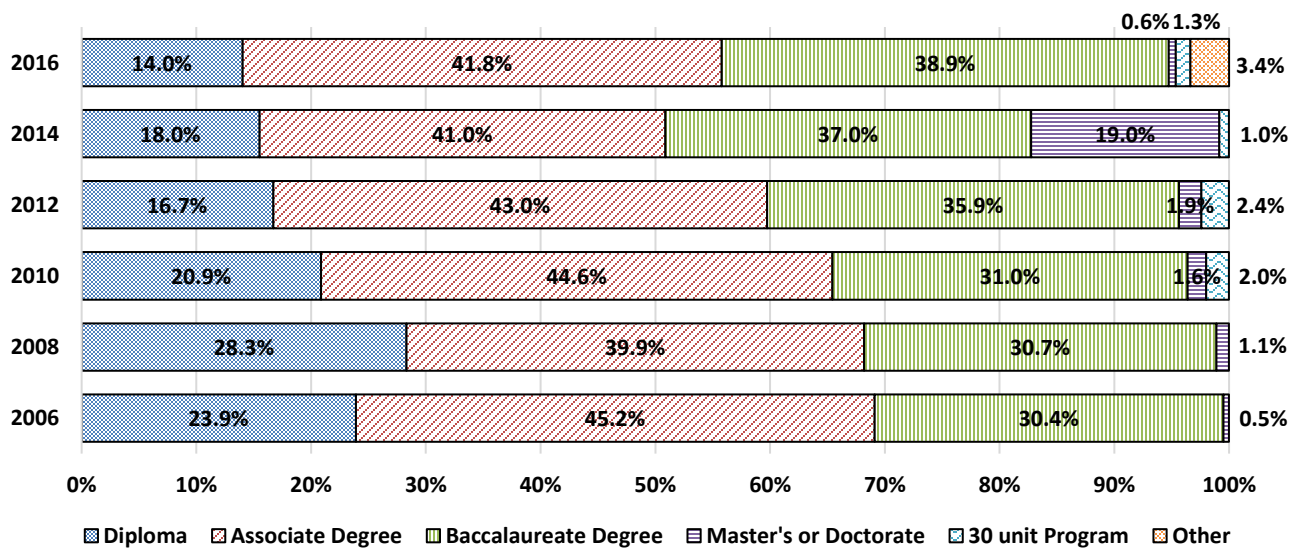
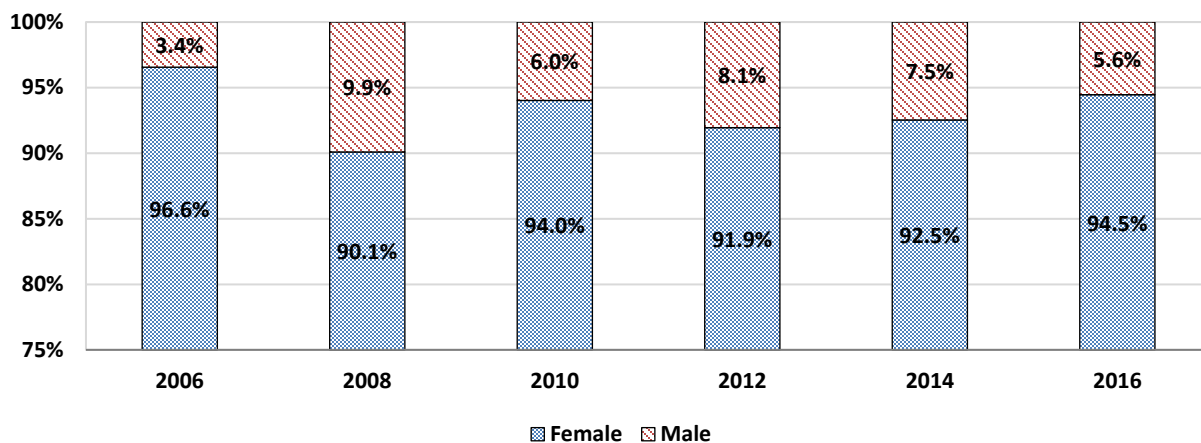Note: 2016 number of cases=677. Data might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses. "Other" category was new in the 2016 analysis.

The majority of RNs not working in nursing positions received their initial nursing education in California (58.7%), as seen in Figure 4.5. About fifteen percent of RNs not working in nursing were educated in another country, while 20 percent of working RNs was educated in other countries (Chapter 2, Table 2.20).

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, 2006-2016
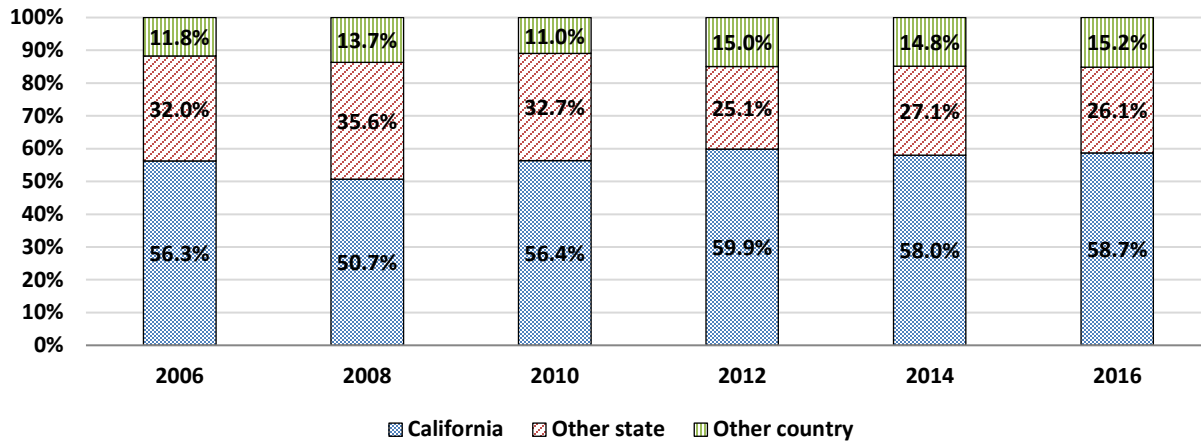
Note: 2016 number of cases= 672. Data might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Figure 4.6 presents the highest nursing education received by RNs who are not working in nursing positions. In 2016, 56.6 percent of working RNs report that their highest education is at least a baccalaureate degree (Chapter 2, Figure 2.15); compared to 60.2 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, 2006-2016
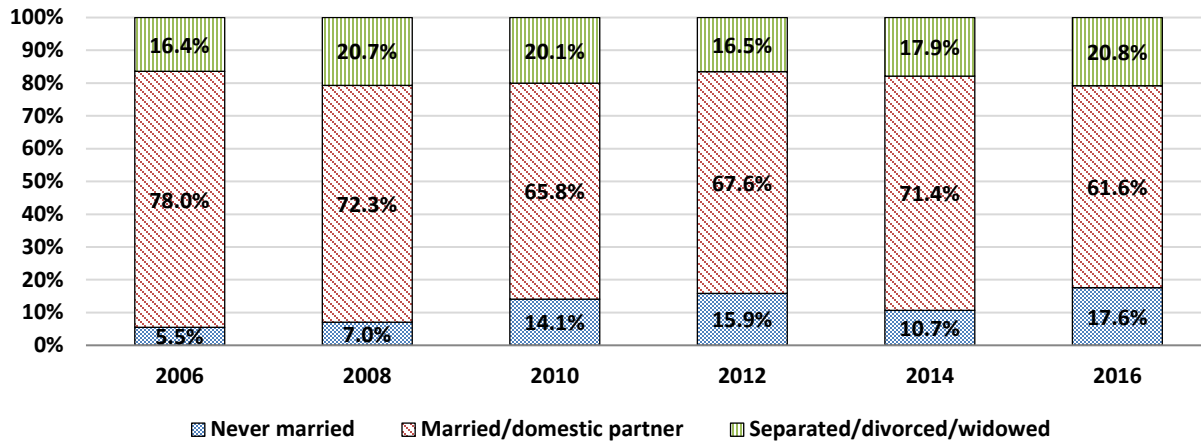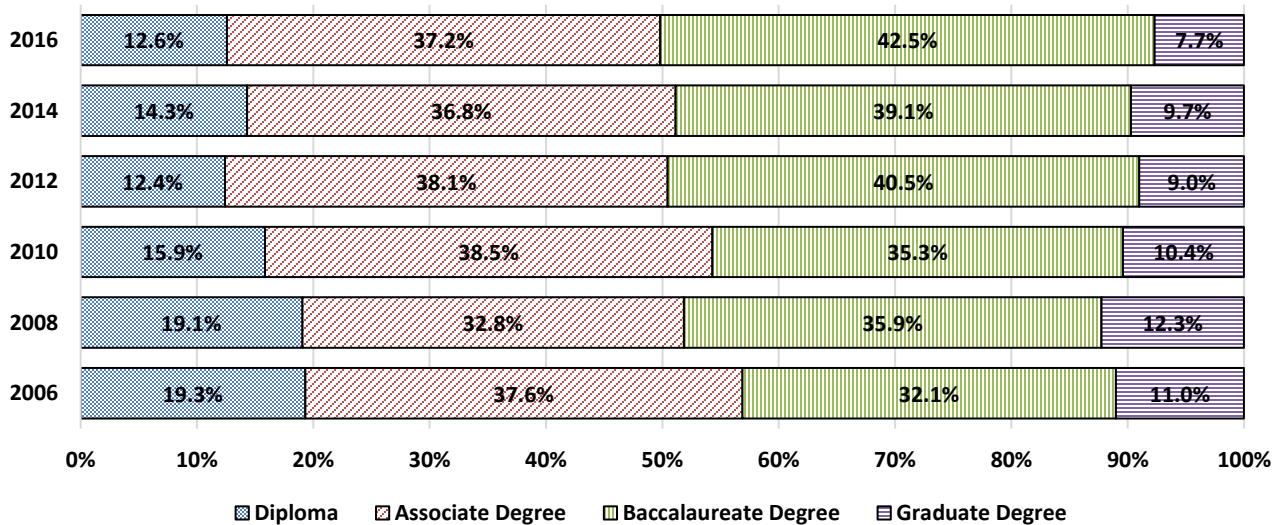

Note: 2016 number of cases=677. Data might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

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 4.6 and Chapter 2, Table 2.26).

Table 4.6. Certifications received from the California Board of Registered Nursing by registered nurses who are not working in nursing positions, for RNs with active California licenses and California addresses, 2006-2016

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

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

Last Job in the Nursing Field

Nurses with active licenses who were not working in nursing positions were asked about the last time they worked in nursing. 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. Nearly all RNs who graduated prior to 1990 or during the 2000s and are not presently employed in registered nursing had worked in the field previously, and all of those who graduated in the 1990s had previously worked as RNs. However, only 67.3 percent of non-working RNs who graduated in the 2010s have worked in nursing previously.

Figure 4.7. Percent of registered nurses who worked as a registered nurse, by decade of graduation from initial RN education program
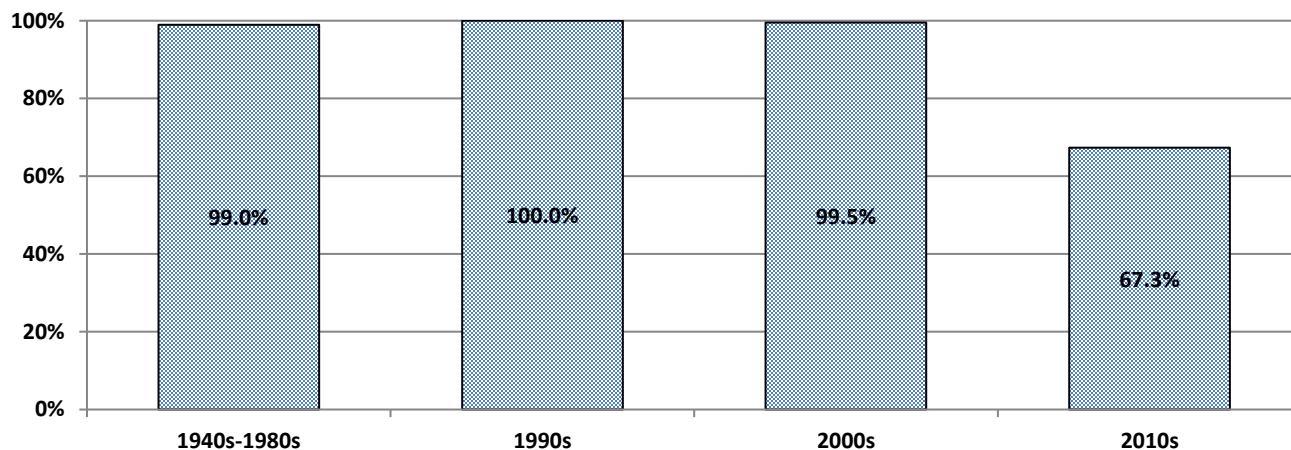
Note: Number of cases=668. Data are weighted to represent all RNs with active licenses.

Among RNs not working in the nursing profession in 2016, but who had previously worked in nursing, more than half last worked in the field when they were under 45 years old (Table 4.7). This is a notable increase compared with responses in 2008 through 2014, when less than 35 percent were under 45 years old when they last worked in nursing. The share that last worked when they were under 45 years old in 2016 was similar to that from 2006 and prior years. In 2016, 16.8 percent of non-working RNs 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 45.2 years, which is lower than the mean of over 50 years reported between 2008 and 2014.

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

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

Note: In the 1990, 1993, 1997, and 2004 surveys, the question requested the year in which the nurse last worked as a RN for at least six months. The 2006, 2008, 2010, 2012, 2014 and 2016 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 (2006-2016) are weighted to represent all RNs with active licenses.

About 59 percent of RNs who have active licenses and live in California but do not work in nursing have been out of nursing for less than five years, as seen in Table 4.8. The mean number of years that nurses had been out of the field in 2016 was 4.9 years.

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

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

Note: Columns might not total 100% due to rounding. Data (2006-2016) 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 4.9. Nearly 64 percent of California residents who are not working in nursing report that they have at least 15 years of nursing experience. Fifteen percent have fewer than 5 years of experience.

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

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

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

Volunteering by RNs Not Working in Nursing

Nurses with active licenses who are not working in nursing positions were asked if they are volunteering in an RN or APRN role. As presented in Table 4.10, 12.1 percent of non-working RNs indicated they are volunteering. In 2014, 15.5% percent reported they were volunteering. Volunteering was most common in 2016 among nurses 35 to 44 years old (17.1%) and 65 years and older (15%). Among RNs not employed in nursing but volunteering in nursing, 3 percent reported they were in an internship or unpaid transition-to-practice program, which is lower than in 2014 when 10 percent were in these types of volunteer positions.

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

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

Note: Number of cases=593. Data are weighted to represent all RNs with active licenses.

Reasons for Not Working in Nursing

Nurses with active licenses who are not working in nursing positions were asked to rate the importance of factors in their decision to not hold a nursing position. As seen in Table 4.11, the factors most frequently identified as "very important" in 2016 were retirement (37.5%), stress on the job (21.8%), other job dissatisfaction (16.4%), difficulty finding a desired nursing position (15.9%), and family responsibilities (15.5%). The most important reasons in 2014 also included family responsibilities (33.5%), stress on the job (16.9%), and retirement (14.4%). But, in 2014 other important reasons were non-job-related illness/injury (20.0%), childcare responsibilities (18.2%), and moving to a different area (15.8%). Between 2014 and 2016, there was a decline in the share who said they are not working because they were laid off (11.9% in 2014 and 3.9% in 2016). The share reporting that it was difficult to find a nursing position was stable between 2014 and 2016 at 8.4%, while there was an increase in the share reporting that it was difficult to find a desired position (6.1% in 2014 and 15.9% in 2016).

Table 4.11. Importance of factors in the decision to not hold a nursing position, for registered nurses who have active California licenses, and reside in California, 2010-2016

	Not at all important/ Does not apply				Somewhat important				Important				Very important			
	2010	2012	2014	2016	2010	2012	2014	2016	2010	2012	2014	2016	2010	2012	2014	2016
Retired	60.9%	62.0%	76.7%	50.5%	4.2%	2.1%	3.9%	3.4%	11.3%	9.6%	5.0%	8.6%	23.6%	26.3%	14.4%	37.5%
Childcare responsibilities	75.4%	78.6%	66.9%	79.4%	2.7%	2.8%	7.0%	3.1%	3.8%	3.2%	7.9%	3.5%	18.1%	15.3%	18.2%	14.0%
Other family responsibilities	64.2%	67.8%	57.9%	70.3%	6.1%	8.4%	2.5%	6.4%	10.0%	6.2%	6.1%	7.8%	19.7%	17.6%	33.5%	15.5%
Moving to a different area	88.2%	86.6%	79.4%	86.9%	1.7%	3.2%	1.5%	1.9%	3.6%	2.2%	3.4%	4.1%	6.5%	8.0%	15.8%	7.1%
Stress on the job	52.1%	59.2%	68.3%	57.2%	12.2%	8.6%	5.8%	6.4%	13.8%	11.1%	9.0%	14.6%	21.9%	21.1%	16.9%	21.8%
Job-related illness/injury	86.6%	82.9%	83.4%	84.3%	2.4%	2.7%	3.6%	3.9%	3.6%	4.4%	4.7%	4.1%	7.4%	10.0%	8.3%	7.8%
Non-job-related illness / injury	81.0%	80.9%	61.2%	80.6%	1.9%	2.7%	8.5%	4.0%	5.3%	4.1%	10.3%	3.3%	11.9%	12.4%	20.0%	12.1%
Salary	71.5%	71.9%	83.1%	70.9%	8.4%	8.0%	2.3%	5.9%	11.3%	8.4%	3.7%	12.7%	8.8%	11.7%	11.0%	10.6%
Dissatisfied with benefits	81.0%	80.6%	83.5%	82.6%	7.4%	5.7%	1.9%	3.5%	5.6%	6.4%	4.4%	9.1%	6.1%	7.3%	10.2%	4.7%
Other job dissatisfaction	62.3%	64.7%	73.0%	65.3%	9.0%	6.8%	8.1%	7.3%	13.1%	12.9%	9.0%	11.0%	15.6%	15.6%	9.9%	16.4%
Dissatisfaction with nursing profession	69.7%	70.6%	81.8%	73.1%	11.9%	9.9%	5.0%	7.9%	11.5%	8.0%	7.9%	10.1%	6.8%	11.5%	5.4%	9.0%
Travel	84.5%	82.4%	70.1%	84.0%	5.8%	3.1%	5.5%	3.6%	5.9%	6.1%	9.9%	6.6%	3.8%	8.4%	14.5%	5.7%
Wanted to try another occupation	79.1%	76.5%	74.3%	83.3%	3.4%	5.1%	9.5%	3.5%	7.1%	8.0%	8.0%	5.4%	10.5%	10.4%	8.3%	7.8%
Inconvenient schedules	71.0%	69.3%	81.8%	78.0%	9.1%	7.1%	5.7%	5.2%	9.3%	8.2%	8.4%	7.8%	10.6%	15.4%	4.2%	9.0%
Difficult to find a nursing position	77.4%	75.6%	81.8%	83.4%	3.3%	3.6%	3.9%	2.9%	5.6%	4.9%	5.9%	5.3%	13.7%	15.9%	8.4%	8.4%
Laid off	90.2%	92.0%	73.4%	93.5%	1.3%	0.2%	7.4%	0.5%	2.8%	1.9%	7.2%	2.1%	5.7%	5.9%	11.9%	3.9%
Difficult to find desired position	*	65.8%	89.2%	70.6%	*	5.8%	1.4%	4.1%	*	7.6%	3.3%	9.4%	*	20.7%	6.1%	15.9%
Returned to school	*	85.8%	93.5%	88.5%	*	1.5%	0.6%	1.8%	*	2.4%	1.3%	2.5%	*	10.3%	4.6%	7.1%
Other	83.4%	83.4%	78.6%	87.1%	0.9%	0.1%	0.0%	0.1%	5.2%	3.8%	7.9%	1.8%	10.5%	12.7%	13.5%	11.1%

Note: 2016 number of cases=614. Rows might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

*Question not asked in this year.

Table 4.12 examines these responses by the number of years since the nurse last worked in nursing, and by age. For each year, the first column presents the share of nurses who rated a factor as important or very important among those who last worked in nursing within the previous five years, and the second column presents the share rating a factor as important or very important for nurses who have been out of nursing work for more than five years. In 2016, the most important reasons among nurses who last held a nursing position within the past five years were retirement (55%), stress on the job (41.1%), and other dissatisfaction with job (30%). 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 (42.3%), stress on the job (33%), other job dissatisfaction (26.3%), and salary (23.5%).

The importance of factors that influence a nurse's decision not to work in a nursing position varies with the age of the nurse, as seen in the last six columns of Table 4.12. In 2016, among nurses younger than 55 years, the most important factors for not working in nursing were difficulty finding a desirable nursing position (48.2%), childcare responsibilities (40.9%), stress on the job (39.9%), other family responsibilities (37%), salary (34.8%), other job dissatisfaction (30.5%), and difficulty finding any nursing position (30.2%). The most important reasons for not working in nursing among nurses 55 years and older were retirement (61.9%), stress on the job (35%), and other job dissatisfaction (26.2%).

Table 4.12. Share of nurses rating factors as "important" or "very important" in the decision to not work in nursing, for registered nurses with active California licenses residing in California, by how long since they last worked as a RN and by age, 2012-2016

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

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

Employment Status of Nurses Not Working in Nursing

Some nurses who are not employed in nursing positions are employed outside nursing. Figure 4.8 presents the non-nursing employment status of RNs residing in California who do not work in nursing. In 2016, 15.7 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 and from 2014 when the share was 26.3 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, 26 percent of non-retired RNs not working in nursing were employed outside of nursing in 2016, which is similar to the rate in 2014. The rates in 2014 and 2016 are lower than those observed in years prior to 2014.

Figure 4.8. Current employment status of registered nurses whose California licenses are active and who live in California, but who are not currently working as RNs, 2004-2016
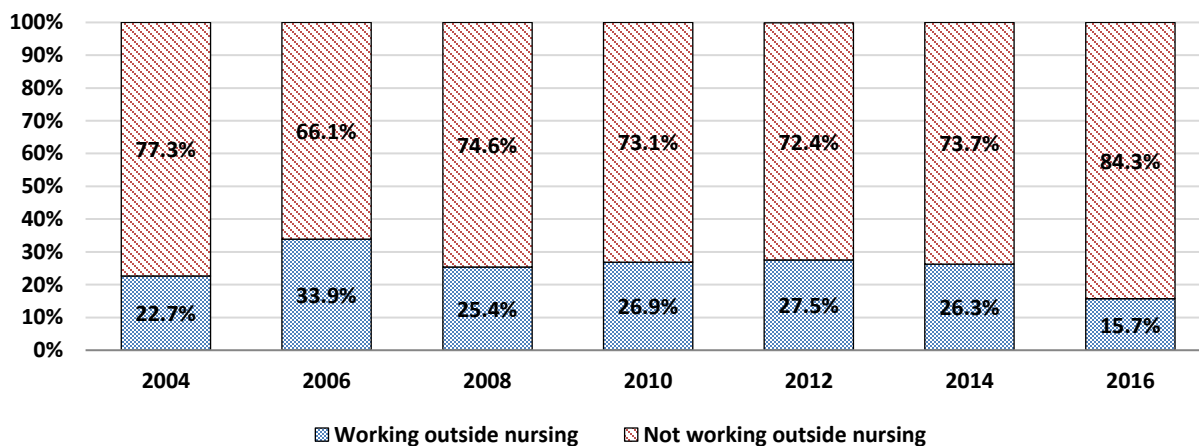
Note: Data (2006-2016) are weighted to represent all RNs with active licenses.

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
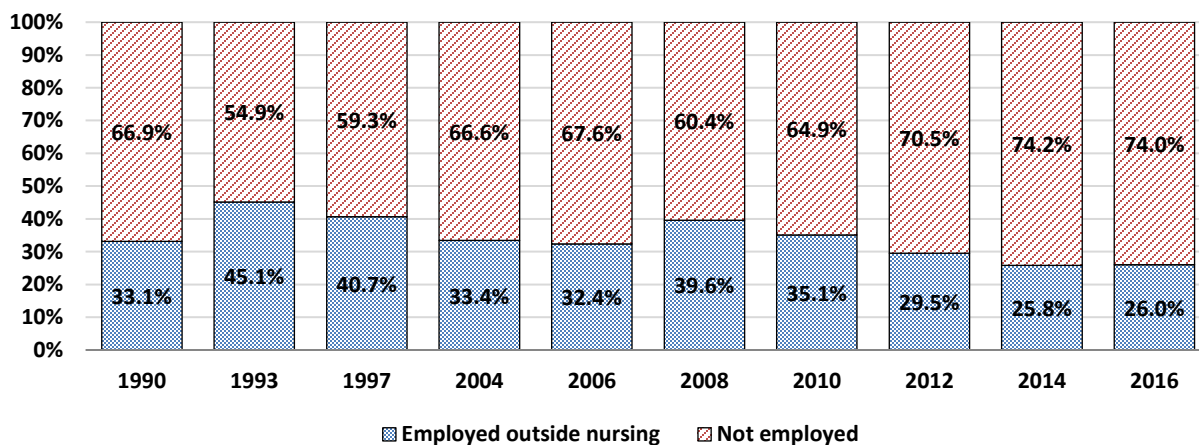
Note: (2006-2016) are weighted to represent all RNs with active licenses.

Table 4.13 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 40.3 in 2016. The most-often reported range in 2016 was more than 48 hours per week. In every prior year of the RN survey, the most common working schedule outside of nursing was 33 to 40 hours per week. The differences over time may be the result of the small sample size; there is a larger margin of error in 2016 and thus the differences may not be statistically meaningful.

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

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

Note: This question was not asked in 1993. Columns might not total 100% due to rounding. Data (2006-2016) are weighted to represent all RNs with active licenses.

Nurses who worked in non-nursing positions were asked if their jobs used their nursing knowledge. As shown in Figure 4.10, 73.4 percent of California residents said their non-nursing job used their nursing knowledge.

Figure 4.10. Utilization of nursing knowledge in non-nursing jobs, for nurses with active California licenses residing in California, by survey year
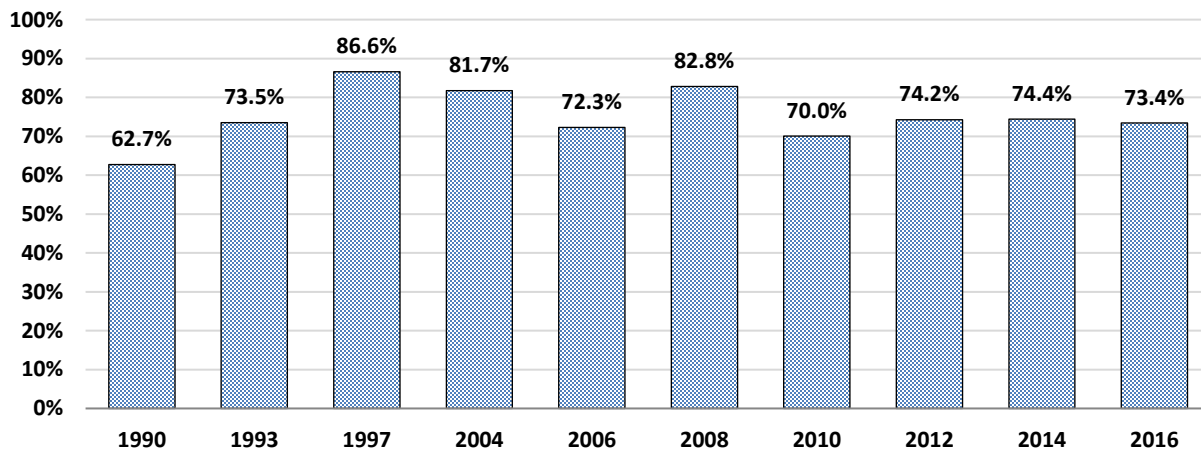
Note: 2016 number of cases=84. Data (2006-2016) are weighted to represent all RNs with active licenses.

As shown in Table 4.14, most non-nursing jobs held by RNs not employed in nursing were in health services (52.4%), as was true among RNs working in nursing. For RNs not working in nursing, other common areas of employment reported included financial services (15.3%), education (9.5%), and "other" (9.4%).

Table 4.14. Field outside of nursing as reported by RNs not working in nursing and residing in California who have a position outside of nursing, 2012-2016

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

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 30 percent said they plan to return to nursing or are currently seeking employment. Forty-five percent were retired, and 5.1 percent say they would definitely not return to nursing. About 20 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 similar in 2016 compared with 2014, and the share that was retired has increased over time. The proportion of RNs not working in the profession that is currently seeking employment in nursing is almost three 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, 2006-2016
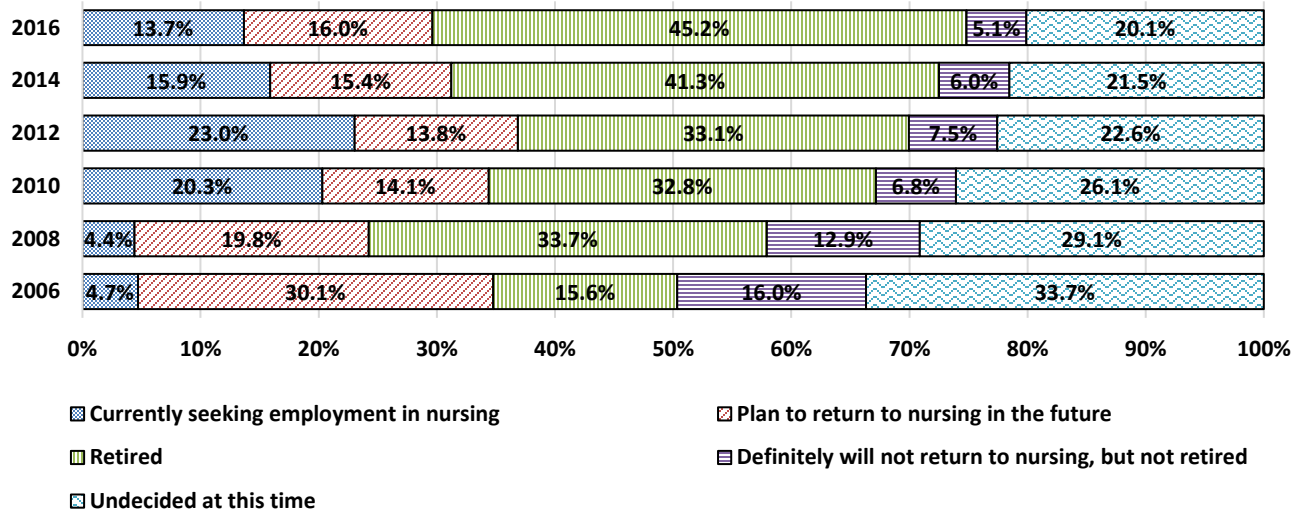
Note: 2016 number of cases=591. Data are weighted to represent all RNs with active licenses.

Table 4.15 examines the plans of nurses who were not working in nursing by survey year and age. In 2016, 49.1 percent of non-working California RNs under 35 years of age were seeking nursing work, and 30 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, and then dropped slightly between 2012 and 2016, reflecting the effects of the recession and economic recovery.

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

Survey year	Intentions regarding returning to nursing	All non-retired RNs not working in nursing	Age at time of survey					
			Under 35	35-44	45-54	55-59	60-64	Over 64
1990	Definitely will not return	36.9%	17.9%	20.5%	34.5%	35.8%	47.6%	69.2%
	May return	53.8%	71.4%	62.2%	56.9%	60.4%	47.6%	28.2%
	Plan to return	9.2%	10.7%	17.3%	8.6%	3.8%	4.8%	2.6%
1993	Definitely will not return	32.3%	36.0%	27.3%	21.8%	32.4%	50.0%	51.9%
	May return	52.6%	40.0%	52.3%	58.2%	61.8%	45.5%	48.1%
	Plan to return	15.1%	24.0%	20.5%	20.0%	5.9%	4.5%	0.0%
1997	Definitely will not return	31.1%	4.2%	28.1%	32.1%	37.1%	60.l%	33.3%
	May return	42.0%	33.3%	47.2%	41.5%	45.7%	30.0%	33.3%
	Plan to return	26.9%	62.5%	24.7%	26.5%	17.1%	10.0%	33.3%
2004	Definitely will not return	35.6%	0.0%	13.6%	28.9%	35.7%	45.3%	59.1%
	May return	38.4%	20.8%	37.5%	42.2%	37.5%	44.0%	35.4%
	Currently seeking work	5.5%	33.3%	3.4%	4.4%	7.1%	6.7%	1.6%
	Plan to return	20.4%	45.8%	45.5%	24.4%	19.6%	4.0%	3.9%
2006	Definitely will not return	19.7%	17.5%	12.8%	21.0%	25.9%	36.8%	8.0%
	May return	41.6%	8.7%	29.0%	52.0%	49.4%	43.5%	70.0%
	Currently seeking work	5.7%	23.3%	<0.1%	3.7%	7.8%	2.1%	7.4%
	Plan to return	33.0%	50.4%	58.2%	23.3%	16.9%	17.6%	14.6%
2008	Definitely will not return	17.5%	6.9%	8.4%	24.2%	26.7%	35.0%	8.8%
	May return	40.2%	31.5%	36.6%	41.1%	46.2%	51.5%	83.4%
	Currently seeking work	7.6%	22.0%	2.4%	4.7%	9.6%	1.8%	6.1%
	Plan to return	34.7%	39.6%	52.6%	30.1%	17.5%	11.7%	1.8%
2010	Definitely will not return	10.2%	0.8%	8.0%	15.7%	14.6%	16.4%	5.0%
	May return	35.7%	12.6%	32.8%	44.0%	41.6%	57.1%	54.2%
	Currently seeking work	32.8%	62.0%	32.4%	23.7%	23.8%	13.7%	16.1%
	Plan to return	21.3%	24.6%	26.9%	16.6%	20.0%	12.8%	24.8%
2012	Definitely will not return	8.8%	0.0%	5.3%	7.5%	13.6%	34.9%	11.6%
	May return	29.6%	9.9%	25.5%	38.5%	59.2%	31.6%	46.9%
	Currently seeking work	38.0%	70.2%	35.5%	31.1%	14.6%	15.5%	25.1%
	Plan to return	23.6%	19.9%	33.7%	22.9%	12.6%	18.0%	16.4%
2014	Definitely will not return	7.7%	0.0%	4.9%	14.1%	9.5%	13.7%	20.2%
	May return	29.9%	13.2%	21.6%	28.2%	61.8%	57.7%	48.0%
	Currently seeking work	33.8%	60.5%	32.3%	30.8%	13.7%	13.6%	4.4%
	Plan to return	28.6%	26.3%	41.2%	26.9%	15.0%	15.1%	27.4%
2016	Definitely will not return	5.1 %	0.0%	2.2%	6.1%	13.0%	9.7%	2.7%
	May return	20.1%	21.0%	19.5%	17.0%	27.6%	28.7%	15.0%
	Currently seeking work	13.7%	49.1%	35.4%	32.5%	12.0%	4.0%	1.9%
	Plan to return	16.0%	30.0%	39.8%	32.5%	28.5%	14.4%	2.7%

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

Table 4.16 presents the time frame in which nurses who say they plan to return to nursing expect to do so. Nearly 48 percent say they expect to return to nursing within the year. Another 41.3 percent plan to return in one to two years. Only 2.2 percent plan to return in five or more years.

Table 4.16. Time frame within which nurses who are not working in nursing positions but plan to return to nursing plan to do so, for California residents, 2006-2016

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

*Data not available
Note: Columns might not total 100% due to rounding. Data 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 4.17 summarizes their responses. The factors most often rated as very important were adequate support staff for non-nursing tasks (65.8%), better support from nursing management (64.6%), flexible work hours (59.4%), and better nurse-to-patient ratios (59%).

Table 4.17. Importance of factors in the decision to return to nursing for RNs who live in California, have active licenses, but are not working in nursing and are undecided about their future plans, 2016

	Not at all important/Does not apply	Somewhat important	Important	Very Important
Affordable childcare at or near work	79.6%	0.9%	11.6%	7.9%
Flexible work hours	26.3%	4.3%	10.0%	59.4%
Modified physical requirements of job	57.1%	7.7%	13.3%	21.9%
Higher nursing salary	37.3%	8.6%	27.7%	26.4%
Better retirement benefits	27.8%	6.5%	27.6%	38.1%
Better health care benefits	24.9%	8.0%	16.7%	50.5%
Better support from nursing management	18.5%	1.2%	15.7%	64.6%
More support from other nurses	19.3%	5.3%	24.1%	51.3%
Better nurse to patient ratios	28.0%	2.0%	11.0%	59.0%
Adequate support staff for non-nursing tasks	16.1%	1.4%	16.8%	65.8%
Availability of re-entry programs/mentoring	21.7%	13.0%	10.7%	54.5%
Improvement in my health status	62.4%	10.9%	6.0%	20.7%

Note: Number of cases=112. Rows might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Figure 4.12 summarizes the factors from 2010 through 2016 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. Between 2010 and 2016, the availability of retirement benefits, support from nursing management, support from other nurses, nurse-to-patient ratios, and adequate support staff have become more important factors in the decision to return to nursing. Over the same period, flexible hours and higher salary have become less important.

Figure 4.12. Importance of factors in encouraging RNs with active licenses who live in California but are not working in nursing to return to nursing, 2010-2016
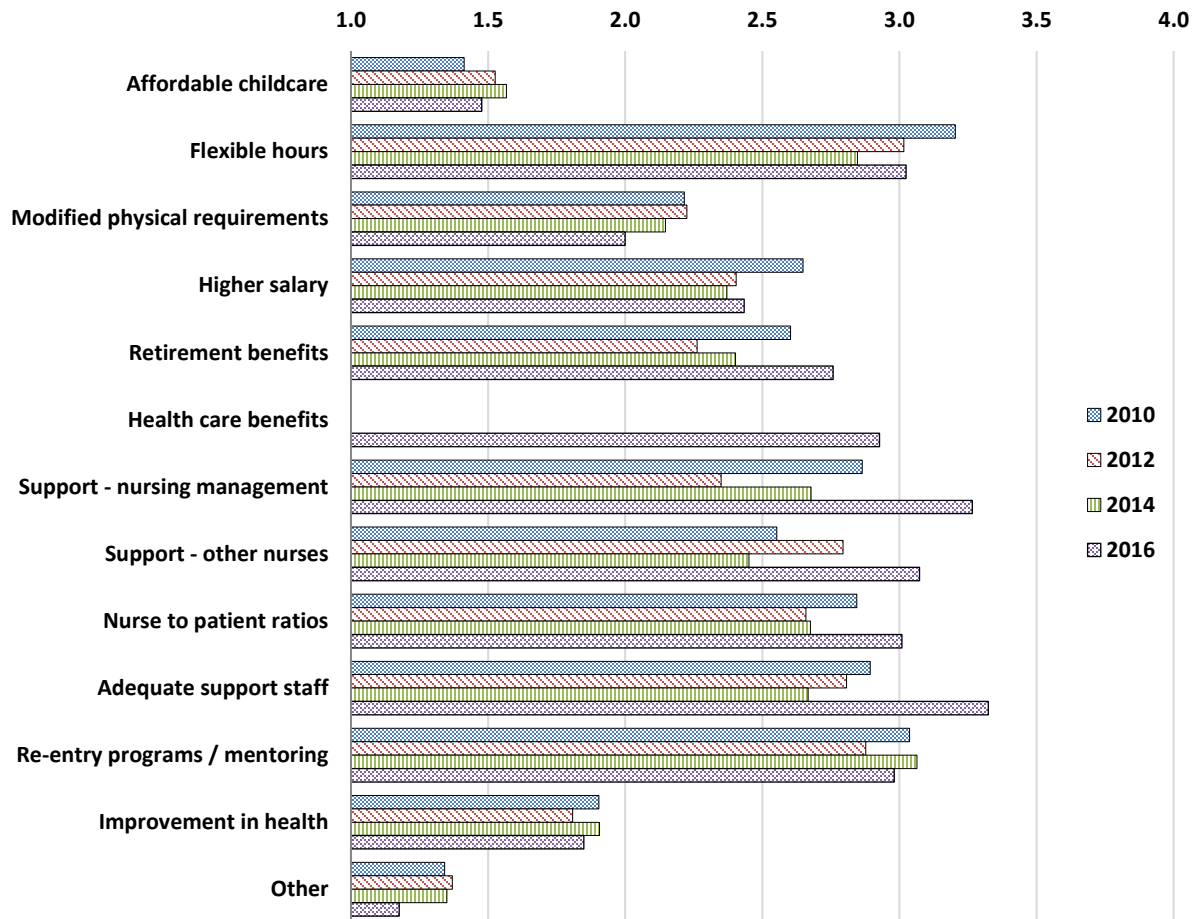
Note: Data are weighted to represent all RNs with active licenses. A value of 1 indicates "not at all important" and a value of 4 indicates "very important."

Table 4.18 uses the same scoring scheme to examine the responses of nurses who 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 work for five years or less rated support from nursing management, adequate support staff for non-nursing tasks, support from other nurses as most important to their decision to return to nursing work. Those who have been out of nursing for more than 5 years indicated that better nurse-to-patient ratios, adequate support staff, availability of re-entry programs, and flexible work hours were most important to their decision.

Table 4.18. Importance of factors in the decision to return to nursing, for RNs who live in California, have active licenses, but are not working in nursing, by years since last worked in nursing, 2016

	Years since last worked in nursing	
	5 years or less	**More than 5 years**
Affordable childcare at or near work	1.5	1.5
Flexible work hours	3.1	3.0
Modified physical requirements of job	1.9	2.3
Higher nursing salary	2.4	2.6
Better retirement benefits	2.9	2.6
Better health care benefits	3.0	2.9
Better support from nursing management	3.6	2.8
More support from other nurses	3.3	2.7
Better nurse to patient ratios	3.0	3.1
Adequate support staff for non-nursing tasks	3.5	3.1
Availability of re-entry programs/mentoring	3.0	3.1
Improvement in my health status	1.9	1.8

Note: Number of cases=104. Data are weighted to represent all RNs with active licenses. A value of 1 indicates "not at all important" and a value of 4 indicates "very important."

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

Table 4.19. Satisfaction with nursing profession of registered nurses residing in California, by employment in the nursing profession, 2012-2016

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

Note: 2016 number of cases=3,705. Data are weighted to represent all RNs with active licenses.

Chapter 5. Thematic Analysis of Nurses' Comments

Introduction

All respondents, to both the online and mailed survey, were invited to offer "additional thoughts or ideas about the nursing profession in California" in the comment area of the survey. Comments were received in this area from 864 respondents, representing 20.7 percent of the total survey responses. A total of 1,561 responses included contact information so that they can be notified when this report is available.

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

Table 5.1 Characteristics of respondents who commented and all survey respondents

	Respondents who Commented	All Survey Respondents
Age (years)	54.9	51.2
Ethnicity (% White)	68.7%	61.0%

Note: All survey respondents number of cases=4,061. Respondents who commented number of cases=864. Data in table is not weighted.

Online respondents were less likely to leave narrative comments than were hard-copy respondents (18.1 percent versus 21.5 percent) (Table 5.2). The online narrative respondent's characteristics more closely mirrored the larger population in terms of age, but not in terms of race/ethnicity.

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

	Hard-Copy Respondents	Online Respondents
Number of respondents	688	176
Age (yrs)	55.9	50.9
Ethnicity (% White)	68.6%	69.0%

Note: Number of total hard copy and online respondent cases=864. Data in table is not weighted.

The comments made by the sample respondents may not necessarily reflect the opinions of the whole sample of surveyed RNs, much less the whole of the California nursing workforce. Nonetheless, the fact that the expressed issues, opinions and concerns are shared by a considerable number of respondents, and that many of the same issues have been mentioned in survey's narrative responses for the last 10 years, suggests that these are very real concerns and issues in the nursing workforce.

Not all respondents' comments were included in this thematic analysis; some respondents merely wanted to express their thanks for having the opportunity to participate while others used the comment space to further clarify responses earlier in the survey, and several offered criticism or suggestions to improve the survey in the future. The majority of the comments concerned the practice of nursing in the hospital setting, although there were comments from nursing faculty, school nurses, a number of nurses in long-term care facilities, and some nurses in primary care settings.

This analysis utilizes five themes consistently identified in past 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 2016 survey comments were very similar to past surveys. In particular, the survey comments highlight many of the same issues addressed in the 2014 survey; this includes the challenges associated with the integration of technological innovation and pressures to maintain a streamlined, cost-efficient organization. Below, the thematic analysis displays nurses' insights and opinions about the current state of their profession as well as where it is headed in the future.

Theme 1: Culture of Nursing

A common theme among the narrative comments of the 2016 Survey of RNs was the changing culture of nursing. Broadly, these comments reflect (1) pride in and appreciation of nursing, and (2) how the changing

health care environment is changing the profession. Pride and appreciation of the profession was the most frequently mentioned theme in 2016, and several components of the changing healthcare landscape were called out as requiring more attention.

<u>Pride and Dissatisfaction in the Nursing Profession</u>

The most prevalent topic among narrative responses was pride and/or appreciation of the nursing profession. Many nurses expressed emphatic gratitude for everything that the profession has given them.

> *Nursing has been a blessing: as a child - as a patient, as an adult - as a profession. It has nurtured my need to nurture. It has provided financial, psychological and social stability for which I am very grateful.*

> *I love my job as an RN. I love working at the hospital I work at. My dream of being a nurse was that and more than I could have imagined.*

Embedded amongst praise for the profession, respondents acknowledged the many challenges that a nursing career brings; frustration with certain aspects of the field, such as lack of compensation, high workloads, and a move away from patient-centered care, were clear.

> *Short staff, inadequate pay, emotional stress, physical stress – but at the end of the day if I can help someone feel better, I feel like all of the hard work is worth it. It is a challenging career to be in. Every day going to work I expect different challenges waiting for me to tackle. But if I were to pick again on what I want to do, I will still pick nursing because I am making changes in patients' lives every day.*

> *Overall, I think Nursing is a great profession. Caring for patients is the reason. Relationships with co-workers is the second best reason. The main faults with nursing are the long hours, non-paid breaks, holiday and weekend requirements for entire career, and, scheduling, pay, benefits, retirement could always improve. I believe nurses should have a pension, so retirement can be at 65. The work is simply too hard (bedside care) for over 65.*

Although many observed the value of nursing despite some of its perceived drawbacks, several nurses discouraged the next generation from entering the nursing profession.

> *My daughter recently graduated and became licensed as an RN, and I was surprised at my response to her wanting to do what I do. I found myself telling her that this is a very difficult career and that she should do something else! I realized that the patient contact was great, but the nursing "politics" is often negative and very discouraging. Why are nurses so hard on each other? Why can't we be more supportive???*

> *Though I have no regrets about becoming a nurse, over the last few years I no longer recommend doing this profession (at least as a bed-side nurse). Workload has increased; we are either short-staffed or "floating" on a regular basis. Higher-level management is business-oriented and money-saving minded, often having never worked at the bedside (or for very long). Their mindset and decisions makes nursing more stressful and less safe each day.*

> *The nursing profession in California has changed in the last couple of years. I used to encourage young students to seek a profession in nursing but now I'm hesitant to encourage such career due to nursing shortage and hospitals working RN's short staffed all the time and not giving us nurses aid to help decrease the workload. As the days go by the population gets sicker and have more co-morbidities. If I was able to I would go back to school and change my profession all together.*

<u>State of Nursing Today</u>

In addition to expressing pride for the profession, many nurses also displayed concern for how nursing is practiced today and how it may be practiced in the future. A majority of the negative comments surround electronic documentation. Furthermore, there was apprehension around an increasing workload, fewer resources, and cost-cutting practices that turn nursing more into a "business" rather than preserving it a profession, all of

which were perceived by those who commented as detracting from nurses' ability to provide high quality, patient-centered care.

> *My biggest problem with nursing is the amount of charting/care documentation that- with the EHR systems- has become an obstacle to real care. We are producing data pictures that look better to our regulators and accreditors at a cost to the real care that is actually happening- the nurses just don't have the time to do both the care and the mountains of data entry and are choosing the data entry as priority because employers demand it. All about the $$.*

> *Nursing has moved away from patient care to way too much paper work. There is very little time for the patient. The patient has become an object instead of the reason for nursing.*

> *Patient care and long term outcomes are being affected by business profits and drive for good pt satisfaction scores. Hospitals are chasing the money, government is imposing ridiculous standards and Pts want 5-stara hotel treatment. Nurses are being squeezed by all sides. It all comes down on the nurse. Education is no longer appreciated, pts do not want reality, and business want good satisfaction scores. It feels like a game and leaves me dissatisfied with my job.*

> *I would like to see nursing grow more towards patient care rather than becoming big business. I feel that I am now a "brand"- related to the hospital group that I am employed with at this time. I work harder now than ever before- yet I have less patient interaction.*

New Graduates in the Nursing Profession

In conjunction with the general health care landscape, survey respondents also commented on new graduates' role in shaping the nursing profession. Negative comments focused on the following concerns: (1) lacking adequate preparation for clinical work, (2) lacking work ethic, and (3) attitudes that do not reflect they entered nursing for the "right reasons."

> *I love the nursing profession and what we stand for. There are so much role diversity in what nursing can do and contribute in healthcare. However, I do see a decreased in new nurses with critical thought process. They seem to be very task-oriented, lack of knowledge about quality metrics, their roles in quality improvement. We need to better prepare our nurses with data knowledge and leadership in quality of care academically. Quality improvement involvement should be a part of preceptorship.*

> *Nursing have indeed changed in the last 10-15 years, it seems to me that the younger nurses are not willing to make sacrifices and have different work ethics. They want the benefits but not willing to pay their dues. Most of the people that I know, myself included, chose nursing as a profession because we believed and wanted to make a difference in the world. What I have seen in the younger nurses is they want the pay because it is a job/career- not a vocation!*

> *Over past 10 years dedication to new nurses have declined. Last generation of nurses want it "all" now and don't seem to want to put in the time to gain the experience and knowledge to be good at their craft. New nurses I've precepted don't see nursing as a calling but as a means of support. I'm grateful that nursing was my calling that took care of my needs and I took care of it.*

However, some commented that without welcoming these new nurses into the workforce, the nursing profession might be in danger. Several respondents recommended more clinical experience and mentorship opportunities during nursing school in an effort to alleviate some of the aforementioned issues. Many comments also reflected a need for more nursing programs.

> *New nurses DO NOT get enough practical experience in school. Theory is often behind practical esp in specialty areas. "They need more hospital time".*

> *Nurses need to focus on mentoring each other, and the new generations of nurses. I see so many nurses now in self-preservation mode, picking on the perceived weaknesses of clinicians instead of helping them be their best. There are still so many wonderful nurses, but the industry seems*

quieter related to our importance in the future of healthcare. Help nurses pay for their education, open more programs, to ensure coverage in the future.

I would like to see more nursing schools available. The schools now are impacted and it's difficult to get in. The concern is for the future when all the "baby boomers" will be retiring. The nursing profession will experience a shortage of experienced nurses. I would like to see more funding towards opening more nursing schools.

Many newer graduates brought up issues with finding jobs in general as well as finding jobs in their desired specialty. Not taking a job in a preferred or relevant area means that experience gained might not accrue as experience required for future jobs, equating to a further setback. Often, these issues were attributed to the previously mentioned problems surrounding lack of clinical experience during nursing school and shortages of preceptor and mentorships; these disadvantages often force newer graduates into lesser paying jobs. Older nurses would like to see more opportunities to use their nursing knowledge.

I was born and raised in California. I received my Bachelors in Nursing in California and passed NCLEX two months after graduation. After 8 long months I had to accept an out-of-state acute care position in my designated specialty. I feel this is unacceptable. I am now having difficulty returning to California as an RN with experience while I see out-of-state new graduates easily grab RN positions.

I am a MSN prepared RN who is finding it very difficult to get a job. I have been doing quality/risk and other non-bedside nursing and live in a rural area. I am getting frantic as I cannot find a job. I am willing to do a refresher or just about anything to secure a position.

I honestly wish it was easier to obtain a new grad position. Hospitals do not want to hire nurses without experience yet we are not given the opportunity to get experience if we are overlooked. Also, I am not a money hungry person, but the variations/changes in pay rate around me are so disappointing. With all the effort and education we go through to become a nurse, should reflect in the pay all employers offer, not only in a few places.

No nursing jobs available for older nurses. Even those with excellent experience.

<u>Nurses' Value of Quality of Patient Care</u>

Nurses' concerns with providing quality care was the third biggest concern among narrative survey respondents. Frequently, nurses felt that they were forced to provide substandard care due to pressure from external forces, such as documentation requirements and a business focused, rather than patient centric, environment.

Electronic charting has made it very difficult to provide excellent patient care. The nurse spends many hours taking care of the computer instead of the patient. Very cumbersome to document. I estimate that nurses spend quadruple the time charting now compared to paper charting.

The nursing profession receives constant pressure from non-clinicians to provide better care for less money without any concern for the nurses' ethical responsibilities and duties.

Patient satisfaction, low reimbursement, and increasingly sicker patient populations are creating unsafe patient care and work conditions for nurses. Administration is trying to run hospitals like retail business and patient care is suffering. Good nurses are walking away from bedside care in favor of other less demanding careers and they are being replaced with inexperienced nurses who are not being trained adequately before being assigned heavy patient loads.

Theme 2: Work Relationships

Many nurses reported that they do not feel fully appreciated and respected for all of the work with which they are tasked. In continuation of a trend observed in the 2014 survey, these negative experiences were most often associated with management and employer relationships. In past surveys, relationships with physicians were

more frequently cited as strained, and some commented on this in 2016. Strong patient relationships remains as a common motivator and inspiration for nurses; these relationships continue to represent what they often specify as the reason they originally chose, and continue to stay in, the nursing profession.

Relationships with Patients

Relationships with patients are one of the most highly-valued and most satisfying components of nurses' work. But, a number of factors create challenges in nurses' relationships with patients. As in the 2014 survey, respondents reported on a changing patient population that requires higher acuity care as well as demonstrates less respect for the nursing professionals. Notable in the 2016 survey were comments that specifically addressed concerns about mental/behavioral health and substance abuse. Questions about patient and nurse safety, quality of care, and patient satisfaction were raised.

I left the ICU due to the high stress work environment. The incidence of psych + drug (including prescription pain med) addiction is causing the ICU demographic to be much more difficult to handle. I have seen a dramatic increase just in the 10 years since I have been an RN.

I feel that the pt's are much sicker, unfortunately there is a rise in drug use especially meth. I find these pt's to be demanding and have no manners at all. They think they are @ a hotel and expect us to run for their "service"... Hospitals need to look at acuity with pt's and have an RN to pt ratio adjusted to fit the needs with the floor. Cannot wait to retire, counting the years, much more stress related to job these days than years ago!

The profession is a dream come true, and I feel absolutely blessed to be able to support my family as a single mother of two, however the social and physical dangers that we risk are very high, Any of our patients can find out where we live because both our first and last names are accessible by law. Our mental health community had has increased so dramatically in the ED has horrible access to mental health care and thus are very unstable and volatile increasing the risk of physical assault to nursing staff.

Nursing quality should not be primarily based on patient satisfaction. We are verbally abused and physically assaulted regularly; we need training and legal protection to help prevent this. Good nurses are also leaving because acuity is increasing, along with charting demands, and ratios are not improving. It is becoming unsafe for the patients and nurses.

Relationships with Physicians

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

Nurses need to work toward more autonomy – Nurses can help affordable care by being given access to simple diagnosis and treatment – i.e. ear infections/minor wound care.

NP-BC are not permitted to practice to the full extent of their ability. Although physician availability for complex issues is important, a "supervisory" relationship is NOT acceptable. Wording needs to reflect a collaborative relationship.

I enjoy the relationship I have been able to establish with my Doctors, PA's and FNP's.

Relationships with Management and Employers

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

RNs are no longer the leaders in nursing, now the managers and administrators have given the power over to CNA's and MA's who have spent 3-6 months in school; managers and admin should reevaluate their decision- making processes.

Nursing profession should be respected and valued as a dignified profession. Sometimes, the management makes us feel unworthy especially what they are saying to the media. We are saving lives and I feel that we who give care deserve care as well. With more workload in the hospital, we should be well compensated. One example is the CT/ MRI tech pay is more than the registered nurses where I work. (way too high compared to nurses).

Decisions made by management is for profit or money not for patient care. This theme was repeated over my entire nursing career. Input from staff RN's most times is not listened or valued by management. Cohesiveness between management, medical staff and nursing staff could be improved.

I felt driven out of nursing by increasingly obtuse administrators who only thought about costs but not patient care. The older I got the more I earned and the more they wanted to get rid of me. I had a lot to offer the organization and had contributed a lot over the years. The last few years were spent fighting to keep my job until I could retire. What a waste!

Shortly before I retired staffing had become a major problem. Dissatisfaction among the staff RNs was a common complaint. Lack of respect and caring from administration was often socialized. I worked as a nursing supervisor for 24 years and heard from the unit nurses on a daily basis. Also found that many of the new grads were great at computer documentation, lacking in basic bedside skills and, in many cases, just plain common sense. However, in all the years I worked, I loved nursing and was proud of my profession.

Relationships among Nurses

Although a majority of comments on relationships with other nurses were critical, some were appreciative of their nursing counterparts; these positive comments often cited their relationships with nursing co-workers as the second reason they say they are in the profession, just behind relationships with patients. However, these positive comments were mostly overshadowed by critiques of nurses' attitudes and support.

I find nurses to be jealous, petty, so insecure about their own skills, that they are consistently angry, mean, and ready to sabotage any and all personnel working with them. I am keeping my license just in case I decide to try this profession again someday. Of course, I will need to get my BSN or MSN but I'm not convinced I want to put myself through that again.

Many commenters identified specific attitudes and displays of behavior of new nursing graduates that they view as damaging to the profession.

As a personal opinion, it appears that the standard for personal conduct, appearance, and basic knowledge of new entry level RN's is steadily being lowered. Increasingly, deviant appearance standards such as tattoos and piercings and unprofessional hair color/cut are being accepted. This lowers our perceived professionalism in so many ways. The lack of basic skills is also of concern. I cannot change EMR systems but it is a hindrance to quality care and efficiency.

Several nurses also expressed their frustration with perceived discrimination in nursing based on race/ethnicity, immigrant status, gender, and age.

I personally think hospitals "look away" on nurse on nurse bullying and more to keep the turnover going in order to keep the flow of cheap new grads. Too many Filipino nurses working together causes favoritism.

There also is a palpable discrimination among foreign and US graduates.

I frequently, at least annually experience overt sexism by nurses, administrators, contractors, patients and family members felt that men didn't belong in nursing. The last job I left had five cases of sex discrimination pending.

For a period of less than a year when I was still trying to rejoin the nursing "outpatient" workforce (after turning 61). I experienced age discrimination. I was often interviewed and encouraged to apply for positions, but felt like I was there so they could show they'd reached a "quota" for "interviews outside" their companies' current employees.

Additionally, nursing viewed bullying as a common issue; many describe the issue as pervasive and without action being taken to mitigate these situations.

Bullying has become a huge problem in nursing. Managers and human resources departments are not addressing the issue adequately. There is little to no interaction between management and staff above the department manager level. What interaction does exist is not very meaningful, often limited to token rewards such as water bottles for nurses' week. As nurses climb the clinical ladder, they become less involved in direct patient care resulting in unfair workload being pushed onto other nurses.

I personally think hospitals "look away" on nurse on nurse bullying and more to keep the turnover going in order to keep the flow of cheap new grads.

Your survey fails to address all of the most important issues in nursing, and that is the horizontal violence from other nurses- nurse bulling of new nurses (primarily) by established nurses. Second, your survey should address where this bullying originates- and that is in nursing school by primarily old battle axes who need to move on/retire. More new nurses would have an interest in teaching nursing if it weren't for the horrible experience of nursing school.

Theme 3: Job-related concerns

Alongside descriptions of nursing culture, on-the-job concerns were topics of heavy importance to respondents. Similar to surveys dating back to 2010, the main issues described were (1) lack of adequate job opportunities, (2) increased documentation requirements, (3) staffing or workload, (4) scheduling, and (5) quality of care. The first four were generally cited as negatively affecting the last – the ability to properly care for patients.

<ins>Lack of Adequate Job Opportunities</ins>

As previously mentioned, both new graduates and returning nurses expressed dissatisfaction in finding desired jobs. Employer and position requirements were described as barriers toward finding jobs.

Ever since receiving my RN license in 2010 in CA, I have found it very difficult to find a hospital staff position. There have not been many entry-level positions; most hospitals want 2 years of acute care experience. So most of the last 5 years that I have worked as an RN have been in a non-traditional RN administrative positon where the pay is much less. I am hoping that more positions will become available. I am also hoping that there will be an increase in nursing refresher programs.

My big concern in the nursing profession in California is the decision by hospitals NOT to hire new graduates. We are losing our young nurses to other states who hire them right away. The Board of Nursing should insist nursing education of RNs required internships which will guarantee employment when they have completed school and have licenses.

I would like the ability to work in a more part-time status in my job as I get older. However, I realize in a hospital setting those types of positions for RNs are not available. So I will need to retire due to workload sooner.

Paperwork and Documentation

A common theme among nurses' comments included the demands of charting, especially with the advent of electronic medical and health records. The lack of time that nurses have to provide quality patient care is often attributed to the time-consuming nature of proper charting.

I bemoan that nurses have become data collectors and that so much of our time is spent completing tasks for metrics rather than assisting patients through a very complex system of care.

With the advent of computers- from my last 4 years in nursing as an RN and time being apt in a hospital and visiting friends in the hospital- the computer rules. Although some aspects of the computer are very good.- pt care is in severe jeopardy. The majority of the time for nurses is dedicated to the computer- pt care is secondary! Wish they could come up with a way of having computer people to document and nurses to do nursing care like the good old days.

Nursing has changed over the years more focus has been placed on documentation. My concern is that bedside nursing has taken a back seat to everything else. When did bedside nursing and the personal factor become less important? Nursing has become task oriented instead of patient care. I believe Florence would be very disappointed has I have become over the years. I have encouraged my daughter to not become a nurse because of this.

Staffing and Workload

Staffing and workload issues were the most commonly reported complaint, appearing in 18.5 percent of comments. Nurses share that they are burdened with too much work and go without enough support staff, which can result in long days and preventable errors.

I have been a nurse all my life. I have worked 30 years acute care, 3 years assisted living facilities, and 4 years home health. They all have one thing in common- nurses work very hard long hours for their money. And consistently, nurses are getting way more work than they can accomplish in 24 hours. And they are begged to work even longer hours, and take on even more responsibility.

Nurses are faced with too much workload. To ensure patient safety and attract more nurses to keep their job or position, every hospital should hire more staff and open new positions. Hiring for instance admission nurses, break nurses and discharge nurses will make a tremendous difference in the quality of the care administered to patient. Nurses will have more time to address patient needs. It will decrease many nursing mistakes that could lead to many unnecessary complications. It will finally increase patient safety which is one of our most important goals in nursing.

Every day the work load is getting heavier. Management does not look at the stress level each RN is going through. NO CNA's, NO HELP. How can one RN turn 300-400lb patient without help? The management does not care.

Nurses generally reported that they were grateful for patient to staff ratios, often comparing their experiences to settings outside of the hospital and other states.

I have worked with many travel nurses from other states and to hear about their workload- up to 10 to 12 patients plus all of the charting, especially realtime, that we are required to do I am so thankful California has ratios. I am able to care for and educate my patients and their families because I only have up to 5 patients at a time. I wish other states would follow.

Having worked as an RN in California and New York, I can say that RNs in California are blessed to have the "nurse-to-patient" ratio.

However, some nurses stated that mangers and employers use mandatory staffing ratios as an excuse not to hire additional support staff, which nurses see as inhibiting their ability to perform nursing-specific duties.

Not enough nursing aides to answer lights and assist patients to ambulate and/or go to the bathroom and bathing. If the floor was adequately staffed with nursing aides, the RN could spend the necessary time providing patient care and education and attention. Most of the time nursing aides are patient sitting instead of answering call ,lights and assisting the RNs. – Because too many patients are mentally altered and trying to climb out of bed or pulling their IV lines NG takes FCs out! Hospitals need to have lots of nursing aides to help create a positive, healthy patient experience. The RNs need help!

The hospital where I work has decreased the number of nurses aides. Most shifts I am so busy doing nursing aide work (basic care) I have little time to do RN work. I have been injured at work twice in one year. My patients deserve the best care possible.

Scheduling

Nurses reported on the pros and cons of shift scheduling. Overall, there were many complaints about the length of 12-hours shifts, several of which argue that they are dangerous to patients as well as employees.

12 hours nursing is inefficient. High risk for injuries for employee. Last 4 hours of work is nonproductive work- nurses are tiered and lazier. Patients care sometimes gets delay or missed.

Twelve hour shifts are extremely dangerous. Nurses are exhausted after an 8 hour shift because 12 hour shifts are mandatory, they are forced to work an extra 4 hours. Nurses are expected to make decisions for their patients care and to be alert to any changes or situations that may harm their patients. When a nurse has worked past 8 hours, their observational and decision making skills are lacking. Would you like a very tired, exhausted, worn out, hungry, nurse making decisions about your baby, child, mom, dad, or yourself? It is time the 12 hour shift is discontinued. It is dangerous, irresponsible and harmful/stressful. What else do we humans do for 12 full hours?

Despite these complaints, some were grateful for longer shifts and more days off, explaining that this flexibility allowed them to adjust their lifestyle to meet familial needs.

Nursing has been a wonderful career for me, allowing me to have the variety I needed with the ability to do different types of nursing every 3-10 years AND allowing me to adjust my income as needed for family needs OR work different shifts or days of week for family needs. It also taught me how to take care of my family.

I have always loved my profession and felt it provided me with a way to not only support my family and have time to spend raising children (work 12 hour nights/ many years) but also to contribute to society and make a difference in people's lives.

A topic new in 2014 that remained present 2016, some nurses took issue with the amount of times they are called off their shifts due to a low census; this can be to the detriment of a nurse's ability to receive benefits.

I had trouble choosing which job is primary because my income from each is equal. I reported satisfaction factors on secondary job because I have more complaints at Kaiser. My only complaints about my primary job are that, because of a decline in census, I can't get a benefitted position and I get called off so much that I took a second job where there are not enough nurses or aides.

Quality of Care

Concerns about quality of care was the second most raised issue within the survey comments and was found in 15 percent of responses. The demands of electronic charting, cost-cutting practices, overworked staff, nursing attitudes, and resources were all cited as contributors to suffering patient care and safety.

My extreme dissatisfaction with nursing care in a hospital is the loss of autonomy as an RN and the focus on customer service rather than patient care! Profits, the bottom line drives the health

industry. The quality of care has decreased because of the profit motive. The hospital industry focuses on less involvement with patients and faster discharges to increase profits.

Ratio: reason for retiring, more patients were being added. I felt that good quality care was not given. I went to administration often going thru the chain of command. Told, yes will improve patient nurse ratios, never happened.

Many of my colleagues rush as fast as possible through the "tasks" and then find a place to be on their phones. How do we keep our focus "on the patients" with such distractions? The majority of our time in patient's rooms is now spent- on the computer- It seems more important now to "check all the boxes" to prevent lawsuits- than to actually give the care or interact personally with each patient.

There is a drastic difference between small and large hospitals in terms of resources available to nurses, which directly affects patient care. My experience at a small hospital vs. a large hospital, both within the same healthcare system, was so drastic that I don't believe they should be allowed to carry the same name. I could not give adequate care to my critically ill patients at the small hospital, so I transferred to the larger hospital, where I can help deliver the best care. It is not fair that patients admitted to smaller hospitals get subpar resources.

Theme 4: Nursing Education

While less frequently mentioned than other topics, nursing education was still a common theme described in terms of the following areas: (1) inadequate preparatory education, (2) lack of available nursing re-entry programs, (3) workplace training or orientation, and (4) the high cost of school. These themes were similar to those observed in 2014; however, comments on the burden of school tuition were rare in the 2014 survey.

<u>Preparatory Education</u>

Many responded that available preparatory education was inadequate. Most criticism centered around the lack of hands-on experience that students get while in school, which then translates to poor work performance or the inability to perform certain tasks. Others took issue with nursing degree options, covering topics such as which degrees should be required, which are sought after by employers, and degrees that can be completed online.

I feel the 2 years and even the BSN programs, the way they are do not meet the needs of the work force. Do you know how hard it is for a new graduate even CA BSN to get a job? There needs to be more hands on nursing before graduation- the program should provide the SKILLS as well as the education- most employers will NOT hire without some kind of experience- book learning is NOT enough!

I have noticed new grads and some of new bedside nurses are not familiar to doing patients' personal hygiene and cleanliness around bedsides. There are RNs are totally dependent to Nursing Assistant which been taken away by healthcare system due to RN ratio. New grads and nurses are good on computer, charting, passing meds and documentation. It is necessary that nursing schools should emphasize bedside cleanliness and patients' personal hygiene and patients' safety.

Now that BSN is the desired degree for nursing by employers, the BSN program needs to be revamped. It currently places too much emphasis on managing and not enough hands on bedside care. Nurses coming straight from a BSN program – have less hands on patient care than ADN and diploma RN – a majority of them don't spend enough time on bedside care of their patients. Management positions usually require a master's now so BSN as managers is going by the wayside.

Wished that employers paid for time spent with education/school. Wished I knew that the state/nursing career needed a baccalaureate program in the future. Going back to school to get

BSN is extremely tough on my time/family time. I would have went to a school that was a BSN program in the first place.

BS in nursing should be the minimal level of nursing education/requirement.

I think the emphasis on BSN training is ridiculous. Some of the most incompetent RNs that I worked with at VMC were BSNs and "above".

Re-entry Programs

Several nurses reported that they would like to re-enter the field after taking some time off from the profession; however, program requirements and general lack of availability were cited as barriers to enrolling in re-entry programs. Issues associated with re-entering even after taking a refresher course were noted.

I would love to return to nursing now but have not been successful. The local re-entry program is only for nurses out less than 5 years. I have been out for 17 years now.

There are very few re-entry programs for nurses, especially for Psych/mental health.

After completing a nurse refresher course still unable to find employment. Most want "recent" experience even after my course. Very disheartening and frustrating!

Transition/Orientation Programs

Programs that transition nursing students from the school setting to the workplace setting were seen as crucial, yet lacking, pieces of the profession. The role of mentors and teachers already in the workforce were viewed as especially important for new nurses.

When I graduated from nursing school (AA degree) I was totally unprepared to be a nurse. As soon as I could, I attended a wonderful BSN program. I graduated with honors. Still, the transition to nursing was very difficult. It was sort of a sink or swim situation. Little support. Short- staffing required other nurses on the floor to focus on their own work. I would try to figure things out on my own. I was always fearful that a patient situation would come up that I didn't know how to handle. I was always relieved when my shift was over. I always told my daughter, "Don't ever become a nurse."

As a new graduate, I feel that more job opportunities need to be created for this group of RNs, along with an increase in residency programs to help transition into practice. I was fortunate enough to find a position within a new grad residency program but it took 100+ applications and relocating almost 200 miles for this job opportunity. With the shortages of RNs throughout the state, something needs to be implemented to provide jobs for new graduates as well as to fill the gaps related to lack of RN's.

There is a shortage of nurses in this country but a huge lack of preceptorship programs to hire and train these new students.

There is also a need for mentoring programs in hospitals to train and guide new nursing graduates. Many new graduates are not hired because they don't have enough clinical experience. I would like to be cared for by a qualified compassionate RN.

Cost of School

New in 2016, many respondents commented on the high cost of a nursing education, indicating that money is often a constraint to obtaining an initial nursing degree as well as completing higher education.

Community College should accept more RN student because fast tract nursing school charges $50,000/ year to finish RN program. Lot of individual wanted to go to nursing RN but can't afford the tuition and long waiting list of applicant in community colleges.

I love my job but the income does not meet the expectation upon graduation. I am 115k in student loan debt from nursing school. I have no idea how to start paying it unless I go to a hospital. No hospital will hire me without acute care experience. I'm expected to go back to school and get my school nurse credential within 5 years to keep my job. $400 per year is my job's tuition reimbursement. Credential cost $12,000. I feel lost.

I would like to see more opportunity for BSN to MSN accelerated programs. So advanced degrees could be earned without going deep in debt.

I wish it would be more financially affordable to be able to obtain a BSN or MSN in nursing. I would hope that employers would get some type of tax benefit or funds granted if their employee would further advance their degree. Example: 20/20 program- work 20 hours and go to school 20 hours and would be considered full time.

Theme 5: Compensation for Work

Many RNs commented about their compensation. While a majority of comments focused on dissatisfaction with salary and benefits, some nurses who have had experiences working in multiple states commented on the benefits that Californian nurses might be taking for granted.

Salary

Nurses who have worked in California as well as other states comment that California wages and benefits are better than what is offered elsewhere in the country, while some still say that California nurses are not adequately compensated given the cost of living.

I live in Florida now, but when in CA I enjoyed the higher wages and many opportunities in CA.

With regards to salary, I made more as a new grad in California than I am making now in New York with 9 years of nursing experience. I will be moving back home to California within the next two years.

I love the nursing profession. There are so many options to choose from. California nurses are very fortunate to have the union – our ratios are good and benefits are great.

California is too expensive to live in. Cannot make a living as a nurse and still enjoy the benefits of California – like going to the beach. Have to work more than one job to survive there!!! I took a $10 per hour cut in pay – but brought home the same amount after taxes. My cost of living is significantly less in Texas. Cost of living drove me out of California like so many others!!!

The RN salaries across CA can no longer match cost of living either. Many RN's, including myself, are forced to work > full time to afford to stay in CA. It's dangerous for patients!

Most of nurses' comments expressed their dissatisfaction with their pay, especially when put in context of all that they are responsible for while on the job. Regional differences in pay scale were also acknowledged.

Nursing has become very discriminating and the pay is poor for all the education needed, weekends, holidays and odd hours worked. Nurses get very little recognition for all the physical work of lifting, transferring, and dealing with vomit, feces, blood and violent people. I can't afford to live in California on a nurse's salary.

Although my ICN RN profession is rewarding, I do not feel adequately financially compensated when the day is done.

There is a great difference in wages with respect to different regions of California. When I began nursing in Northern California I made approximately $30,000 more per year than I do now as an experienced RN. I now live in Southern California which is far more expensive and I make substantially less.

<u>Benefits</u>

Although mentioned about half as frequently as salary, nurses still showed concern with the lack of benefits that they receive from their job. Most notable were calls for better pensions to allow nurses to retire comfortably and on time given the physical demands of the job. Several others also asked for improved sick-time and healthcare coverage, pointing out the irony of not being well-covered even though working in a medical setting. Nurses suggested that better benefits could improve job satisfaction and help prevent burnout.

> *Employers do not pay any benefits. Not even medical insurance! This is weird because we are working with sick people and can easily become sick as well.*

> *Nurses employed for a minimum of 10 years of nursing practice should qualify for lifelong health insurance benefits through the state- similar to firefighters. Time and time again I see and work with nurses who are ready to retire yet continue to work as they need the health care coverage. Lifelong health care benefits should help reduce nursing burnout and increase job satisfaction as well as improve patient outcomes.*

> *More consideration for employees who get sick. Currently, 3 days sick call in 6 months is allowed. How can we get written up if we go over that 3? Bear in mind, we are exposed to sick patients. When we get sick, there is nothing much we can do except to call in sick. If we come to work sick, guess who suffers? The patients.*

> *There need to be better retirement package for nurses. We take care of people most of our lives, but nothing is there for us at retirement. Where is the medical and dental coverage? We should get medical and dental coverage at a discount rate.*

<u>Geographic Variance</u>

Most nurses that worked in other states in addition to California reported that both salary and additional benefits were better in California. Additionally, comments were made about other workplace benefits, such as improved staffing ratios.

> *As a nurse who has worked in two states- Pennsylvania, where there is no cap on nurse/patient ratios, and California where there is a 5/1 cap- I am tremendously grateful to be working here in California! In PA, I was frequently responsible for 6 patients, and once I had 7 patients. It is not humanly possible to provide safe and compassionate care to that many patients at one time and my colleagues were new burning out left and right. Even 5 patients is a stretch at times, but thanks to the excellent CNAs, charge nurses, and other RN's that I work with, we make it work.*

> *Compared to TX, CA is light years ahead re: nursing practice, physician relations and salaries! Also patient safety and staffing numbers.*

> *Coming from Iowa 5 years ago, I feel that California nursing is protected because of the CNA. The ratio of patient care is good and safe. The pay is almost commensurate with cost of living in some hospitals or organizations. Because of the CNA, the outlook and culture of nursing seems to be different in California compared to other states.*

Respondents' Suggestions for Improving Nursing

Almost 18% of survey comments contained suggestions for improving the field of nursing, occurring just as frequently as complaints on staffing and workload issues. Some suggestions include improving upon educational institutions, regulating nursing ratios in all care settings, more nursing autonomy, decreased workload, more support staff, alternative documentation strategies, more education post-degree, more support, and better salary.

> *I have a comment about nursing schools. Have better counselors who are actually willing to help students have a better future, (specifically Cal State University, LA) including professors in the program.*

I worked acute care and long term skilled/ subacute; I like to propose the idea of nurse/patient ratio in the long term; including short stay. The past few years, I noticed that the population admitted to long term care is very sick and they are transferred from the hospital or acute care too soon. It is nearly impossible for the attending nurse who has 15 patients in a good day (bad day = 25+) to do all scheduled tasks in timely manner and to observe, assess, and monitor for changes; never mind teaching or promoting rehabilitation. Thank you.

Nurse Practitioners should have the ability to practice without a supervising physician due to the research data from peer reviewed sources showing care is equal to or often better when a patient is treated by an NP in comparison to an MD or a DO. Thank you for your time.

Often RN's are used inappropriately as clerical and medical secretaries, because management and administration don't fully understand the value or roles nurses play in the medical model. More education is needed to those that oversee registered nurses about the level of education RN have and how to best use their skills in a clinical setting

I love being a nurse. I would recommend increase salary for our nurse instructors to attract good teachers for our future new nurses.

While many nurses' suggestions were universally echoed, division within some issues remains. Also present in the 2014 survey comments, the most notable different points of view come from the BSN vs. ADN debate.

RNs should be required to have a BSN. Pay is stagnant for RNs.

I was in an ADN program and I believe it would be beneficial for ADN programs to offer BSN courses to allow students to finish their education to facilitate job requirements of hospitals of magnet status.

I have been discouraged by the importance of a BSN required by most hospitals. I have experienced an incredible nursing career with my ADN but feel I am frowned upon for not wanting to continue my education. I have been surrounded by exceptional physicians and nurses throughout my career and have always looked for new opportunities to expand my nursing knowledge.

The quality of nursing has slipped compared to when I graduated. Many more mistakes occur. I routinely hear from friends and family that everyone going to the hospital needs a family member present to help prevent errors. This is a shame. I believe since diploma programs stopped, less time is spent with patients while attending degree nursing programs. I was a Director of Nursing as my last job. Many nurses need extra training during orientation.

Additionally, a handful of nurses had suggestions for the Board of Registered Nursing itself; these suggestions centered on improving communication channels, quickening the licensure process, and becoming more involved in advocacy efforts.

BRN is a mess they aren't able to answer phone calls- they get between 2,000-4,000 calls per day and can only answer 300 calls per day. The dues should be used to employ more people. Instead of this survey use the money for more BRN staff.

BRN process takes too long. It delays new hires. This is detrimental to new graduates who then are not functioning in RN position which decreases their skills.

Summary of Thematic Findings

The comments provided here are self-selected, yet offer a glimpse into the experiences, thoughts, and concerns of nurses with active California licenses. Many similar themes have prevailed from surveys dating to 2004 until this 2016 survey, indicating that the issues discussed are pervasive within the field of nursing.

A substantial number of comments conveyed nurses' disappointment in the changing healthcare environment, often pointing out circumstances that are beyond their control. With managerial decisions frequently

made in an effort to contain costs, many respondents point to the undesirable results of increased responsibilities and an increased workload with fewer support staff to assist them. Furthermore, respondents felt that that there is too much of a focus on (electronic) documentation and inadequate support from management, both of which interfere with providing quality patient care. There was also a focus on improving education that is provided to nurses. There were suggestions of offering more clinical experience to new nurses and providing more re-entry programs to those looking to re-enter the workforce after time off.

Commenters displayed pride for their profession, often stating that they chose to pursue nursing because they enjoy taking care of and developing relationships with patients. With these intentions, respondents have provided many suggestions on how to improve the profession so that they can better succeed in their mission of keeping patients safe and healthy. Many of the comments here demonstrate nurses' dedication to the field and expose their frustration with current circumstances.

The comments here provide insight into the issues that respondents feel are currently important in the nursing profession. The comments remind us that the field of nursing is experiencing many stressors in the wake of an ever-changing marketplace. Given the result of an overall more demanding workplace, many nurses are re-evaluating, and even re-considering, their place in the nursing profession, often citing that they would not recommend the profession to young people. However, nurses' passion to do what they love – provide compassionate and quality care to patients – stands out as a clear motivator to overcome current professional barriers.

Chapter 6. Conclusions

Registered nurses in California continue to have high employment rates and high satisfaction with their jobs and the profession. Although a growing number of RNs are approaching retirement age, there are also growing numbers of younger nurses in the workforce. And, nurses between 55 and 64 years old were more likely to be employed in nursing in 2016 than in 2006. After several years of declining employment rates among younger RNs, there were increases between 2014 and 2016 in the employment of RNs under 50 years old. These statistics bode well for long-term RN supply and indicate that the labor market has recovered from the economic recession that began in 2007.

California's RN workforce is becoming more racially and ethnically diverse. In 2016, the majority of RNs were no longer of white non-Hispanic heritage – only 49 percent identified with this group. The share of RNs that is Filipino remains high, at 19.3 percent, and there is a growing share of Hispanic RNs, rising from 5.7 percent in 2006 to 8.5 percent in 2016. More than 10 percent of RNs under 45 years old are Hispanic. The gender diversity of RNs has been relatively stable between 2008 and 2016, with the share that is male ranging between 10.7 and 11.9 percent. Male nurses are more likely to be non-white; nearly 30 percent are Filipino compared with 17.8 percent of women.

The employment settings and job titles of RNs have been relatively stable over the past decade, with most nurses working in staff nurse positions, and most working in acute-care hospitals. Between 2014 and 2016, there also was an increase in the share of RNs working in ambulatory care settings (5.4% to 8.2%). For the first time in 2016, medical-surgical nursing was not the most common clinical specialty of RNs (8.8%), with perioperative/post-anesthesia/anesthesia care becoming the most common clinical specialty for RNs (9.7%). Across all employment settings, nurses work in a wide range of positions, including management, patient care coordination, education, and other roles. The share of RNs holding more than one nursing position reached the lowest level ever reported, at 11.7 percent. Earnings from nursing are very important to the households of nurses, with nearly half of nurses reporting their nursing income comprised at least eighty percent of household income.

Rising shares of California RNs are completing additional education after nursing licensure, with about 42 percent of nurses with active California licenses in 2016 indicating they completed additional education after licensure. Between 2012 and 2016, the share reporting they had a baccalaureate or higher degree in nursing rose from 53.2 percent to 56.6 percent. 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 2016, RNs who entered the profession with an associate degree took an average of 8.9 years before completing a baccalaureate degree, and those whose initial education was a baccalaureate degree took an average of 10.4 years to complete a master's degree.

In 2016, 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 2016 were interaction with patients, the nursing profession overall, feeling that work is meaningful, job overall, and teamwork. The five lowest rated aspects of nursing in 2014 were amount of paperwork required, involvement in policy and management decisions, non-nursing tasks required, adequacy of the number of RN staff, and leadership from nursing administration. Satisfaction with several factors dropped between 2014 and 2016, including leadership from nursing administration, the adequacy of RN staffing, interactions with patients, time for patient education, quality of patient care, opportunities to use nursing skills, and paperwork. These changes require attention by employers to ensure that nurses are able to provide the high-quality patient care that is the hallmark of the profession.

About 13 percent of currently employed RNs plan to retire in the next five years (12.8%), which is a similar share as in 2014 (13.2%). In 2016, 4.7 percent of RNs indicated they plan to retire within 2 years. Among nurses under 35 years, about 19 percent plan to increase their hours of nursing work in the next 5 years, but 25.2 percent intends to reduce their hours of nursing work. Nearly 20 percent of RNs aged 35 to 44 years plans to reduce their hours of nursing work, while 13.9 percent plan to increase their hours. In 2016, among nurses younger than 55 years, the most important reasons for not working in nursing were difficulty finding a desirable

nursing position (48.2%), childcare responsibilities (40.9%), stress on the job (39.9%), and other family responsibilities (37%).

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 and employment rates are rising among both younger and older RNs. The nursing workforce in California is becoming increasingly diverse and thus is even better positioned to meet the health care needs of Californians. RNs remain dedicated to improving their skills, and their ongoing commitment to education is one of the strengths of the nursing workforce. However, RNs indicated increasing dissatisfaction between 2014 and 2016 in the adequacy of staffing and the time they have available for patients. Many nurses expressed frustration at increasing documentation requirements and electronic health records that are cumbersome, which draw attention to bureaucratic aspects of their work and away from the direct patient care they value. Some nurses also noted that the complexity of patient needs is rising and that greater support in addressing behavioral health and addiction problems among their patients. Employers and health care leaders need to be attentive to these factors in order to support nurses' ability to provide high-quality care now and in the future. There is an ongoing need to improve the factors that frustrate nurses and promote the aspects of nursing that attract and retain RNs in the profession.

Appendices

Appendix A. Tabulations of Responses, 2006-2016

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

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

* Question was not asked in this survey year.
Note: Data are weighted to represent all RNs with active licenses.

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

	2006	2008	2010	2012	2014	2016
California	60.1%	54.6%	56.2%	59.7%	60.6%	61.5%
Other US state	22.0%	23.2%	22.3%	20.4%	18.5%	19.0%
Australia	0.1%	0.0%	0.2%	0.1%	0.1%	0.1%
Canada	1.4%	1.2%	1.0%	0.8%	0.9%	1.0%
China	0.2%	0.2%	0.4%	0.4%	0.2%	0.2%
England	0.8%	0.9%	0.8%	0.3%	0.7%	0.5%
India	0.5%	0.7%	0.6%	0.6%	0.6%	0.7%
Ireland	0.1%	0.1%	0.0%	0.0%	0.0%	0.1%
Korea	0.9%	1.0%	1.3%	1.0%	1.0%	0.6%
Philippines	11.1%	13.7%	14.0%	13.7%	13.6%	14.0%
Other Country	3.0%	4.4%	3.3%	2.7%	3.8%	2.4%
Number of cases	4,351	4,775	5,480	4,905	5,047	3,756

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

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

	2006	2008	2010	2012	2014	2016
1940s	0.2%	0.2%	0.2%	0.0%	0.0%	*
1950s	2.7%	2.3%	1.3%	1.0%	0.7%	0.4%
1960s	8.3%	8.3%	6.1%	4.3%	4.3%	3.2%
1970s	23.3%	21.7%	17.4%	16.1%	15.3%	12.7%
1980s	25.1%	22.7%	20.4%	19.1%	18.0%	15.1%
1990s	25.8%	25.2%	24.1%	23.5%	21.1%	17.5%
2000s	14.6%	19.8%	30.3%	28.7%	27.2%	26.0%
2010s	*	*	0.1%	7.0%	13.3%	25.2%
Number of cases	4,375	4,688	5,463	4,900	4,993	3,747

* Question was not asked in this survey year.
Note: Data are weighted to represent all RNs with active licenses.

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

	2006	2008	2010	2012	2014	2016
Less than High School Diploma	0.4%	0.2%	0.6%	0.7%	0.5%	0.7%
High School Diploma	45.1%	41.9%	45.7%	49.0%	62.3%	59.7%
Associates Degree	27.6%	28.3%	25.8%	24.4%	18.0%	18.6%
Baccalaureate Degree	23.4%	25.8%	24.0%	22.4%	17.1%	18.7%
Master's Degree	2.9%	3.0%	3.1%	2.7%	1.2%	1.7%
Doctoral Degree	0.5%	0.7%	0.8%	1.0%	0.8%	0.7%
Number of cases	4,456	4,822	5,503	4,942	5,028	3,768

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

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

	2006	2008	2010	2012	2014	2016
No	57.0%	58.1%	57.9%	57.3%	58.7%	61.2%
Clerical or Administrative	*	5.0%	5.1%	5.4%	5.1%	5.5%
Military Medical Corps	*	0.7%	0.6%	0.9%	0.9%	0.5%
Nursing Aide	19.3%	17.3%	15.7%	14.5%	13.6%	14.8%
Other Health Technician	*	3.7%	5.5%	4.4%	3.8%	4.9%
Medical Assistant	*	2.8%	2.7%	3.0%	2.9%	2.9%
LPN/LVN	10.2%	8.1%	9.2%	9.7%	8.8%	7.1%
Other	13.5%	4.4%	3.2%	4.8%	6.1%	2.2%
EMT	*	*	*	*	*	0.9%
Number of cases	4,461	4,807	5,495	4,942	5,038	3,784

* Question was not asked in this survey year.
Note: Data are weighted to represent all RNs with active licenses.

6. **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	0.80%	0.0%	0.4%	11.5%	31.7%	11.6%	39.0%	5.8%	41
BSN	8.97%	0.8%	1.7%	5.6%	19.9%	25%	38.2%	8.7%	424
MSN	5.70%	0.2%	1.1%	4.29%	13.9%	31.8%	41.6%	7.2%	281
Doctorate, Nursing (DNP)	0.70%	0.0%	0.0%	0.0%	0.0%	84.2%	15.8%	0.0%	3
Doctorate, Nursing (PhD)	0.20%	0.0%	0.0%	0.0%	0.0%	95.3%	4.7%	0.0%	7
Associate's, non-nursing	1.10%	0.0%	0.3%	16.6%	24.8%	40.2%	17.9%	0.0%	53
Bachelor's, non-nursing	2.10%	0.0%	1.3%	8.3%	24.5%	17.6%	48.1%	0.2%	130
Master's, non-nursing	2.30%	0.0%	0.4%	2.3%	32.1%	29.5%	30.4%	5.3%	127
Doctorate, non-Nursing	0.45%	0.0%	0.0%	5.1%	28.7%	34.5%	20.4%	11.3%	23

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.

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

	2006	2008	2010	2012	2014	2016
No	93.5%	93.0%	91.8%	88.1%	90.0%	90.5%
Yes	6.5%	7.0%	8.3%	11.9%	10.0%	9.5%
Number of cases	4,440	4,814	5,444	4,854	5,047	3,694

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

8. **What is your degree objective?**

	2006	2008	2010	2012	2014	2016
Associates Degree	0.3%	1.0%	0.3%	5.2%	5.0%	0.9%
Baccalaureate Degree	33.7%	34.4%	31.2%	33.0%	42.3%	37.6%
Master's Degree	44.1%	38.5%	44.1%	29.3%	34.8%	30.5%
Non-degree specialty certification	17.4%	21.2%	17.6%	27.1%	11.3%	11.5%
Doctoral Degree	4.4%	4.9%	6.8%	5.4%	*	*
Doctoral Degree (DNP)	*	*	*	*	5.8%	6.4%
Doctoral Degree (Research)	*	*	*	*	4.1%	2.9%
Non-nursing Associate	*	*	*	*	*	0.5%
Non-nursing Baccalaureate	*	*	*	*	*	1.3%
Non-nursing Master	*	*	*	*	*	6.7%
Non-nursing Doctoral	*	*	*	*	*	1.8%
Non-nursing Certification	*	*	*	*	*	3.2%
Number of cases	242	285	360	472	444	296

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

9. **What percent of coursework is through online or distance learning?**

	2016
0%	17.8%
1-25%	6.1%
26-50%	8.9%
51%-75%	2.6%
75%-100%	64.5%
Number of cases	350

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

	2006	2008	2010	2012	2014	2016
California	63.9%	60.1%	61.7%	64.1%	65.3%	68.3%
Other US	20.1%	21.5%	20.5%	18.7%	18.0%	18.0%
Australia	0.1%	0.0%	0.2%	0.1%	0.1%	0.1%
Canada	1.6%	1.1%	1.0%	0.8%	0.8%	1.0%
China	0.1%	0.3%	0.3%	0.3%	0.0%	0.1%
England	0.7%	1.0%	0.6%	0.4%	0.6%	0.5%
India	0.4%	0.6%	0.5%	0.5%	0.4%	0.5%
Ireland	0.1%	0.1%	0.0%	0.0%	0.0%	0.1%
Korea	0.8%	0.8%	1.1%	0.9%	0.6%	0.5%
Philippines	9.6%	10.9%	11.7%	11.7%	9.4%	9.2%
Other Country	2.7%	3.7%	2.6%	2.4%	4.8%	2.0%
Number of cases	4,447	4,790	5,480	4,914	5,047	3,662

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

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

	2006	2008	2010	2012	2014	2016
1940s	0.1%	0.2%	0.2%	0.0%	0.0%	*
1950s	2.5%	2.1%	1.1%	0.9%	0.6%	0.4%
1960s	7.9%	7.8%	5.8%	4.0%	3.5%	3.2%
1970s	21.3%	19.8%	16.4%	14.6%	12.4%	12.7%
1980s	25.1%	22.8%	20.2%	18.2%	17.1%	15.1%
1990s	26.5%	24.8%	23.4%	24.1%	18.0%	17.5%
2000s	16.5%	22.3%	31.8%	29.3%	32.0%	26.0%
2010s	*	*	1.1%	8.8%	16.3%	25.2%
Number of cases	4,448	4,767	5,551	4,967	5,047	3,747

* Question was not asked in this survey year.
Note: Data are weighted to represent all RNs with active licenses.

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

	2006	2008	2010	2012	2014	2016
1940s	0.1%	0.1%	0.0%	0.0%	0.0%	*
1950s	1.2%	1.0%	0.6%	0.5%	0.3%	0.2%
1960s	5.2%	5.3%	3.9%	2.5%	2.9%	2.0%
1970s	16.9%	14.6%	11.9%	11.1%	10.4%	7.7%
1980s	26.5%	23.6%	20.3%	17.7%	16.9%	14.0%
1990s	26.2%	22.2%	20.1%	19.1%	16.9%	17.3%
2000s	23.9%	33.2%	42.0%	37.8%	33.7%	31.7%
2010s	*	*	1.2%	11.3%	18.9%	27.1%
Number of cases	4,459	4,765	5,490	4,967	5,047	3,793

* Question was not asked in this survey year.
Note: Data are weighted to represent all RNs with active licenses.

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

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

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

	2006	2008	2010	2012	2014	2016
0	88.2%	88.0%	90.0%	89.5%	91.6%	91.7%
1	8.5%	8.4%	7.0%	7.9%	6.3%	7.0%
2	2.3%	2.5%	2.2%	1.9%	1.4%	0.8%
3	0.7%	0.5%	0.4%	0.6%	0.5%	0.1%
4	0.2%	0.3%	0.2%	0.1%	0.0%	0.1%
5 or more	0.1%	0.3%	0.2%	0.1%	0.0%	0.2%
Number of cases	4,456	4,746	5,551	4,967	5,047	3,793

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

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

	2006	2008	2010	2012	2014	2016
Nurse Anesthetist	0.8%	0.4%	0.4%	0.6%	1.1%	0.4%
Public Health Nurse	16.1%	17.5%	15.2%	16.6%	17.5%	17.6%
Nurse Midwife	1.3%	0.6%	0.4%	0.5%	0.6%	0.5%
Psychiatric/Mental Health Nurse	3.2%	1.1%	1.3%	1.5%	1.1%	0.6%
Nurse Practitioner	5.6%	7.4%	5.7%	5.4%	5.4%	5.3%
Clinical Nurse Specialist	3.2%	3.0%	2.8%	2.8%	2.2%	1.9%
None	77.2%	76.7%	76.8%	75.7%	75.1%	76.4%
Number of cases	*	*	5,142	4,657	5,047	3,793

* 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.

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

	2006	2008	2010	2012	2014	2016
Less than 5 years	14.1%	15.7%	19.2%	19.9%	20.8%	21.9%
5 to 9 years	15.5%	14.7%	16.4%	17.2%	16.9%	19.9%
10 to 14 years	14.5%	13.8%	13.5%	12.8%	13.3%	12.4%
15-19 years	12.3%	11.8%	12.0%	11.9%	10.8%	11.0%
20-24 years	13.5%	12.2%	9.7%	10.0%	9.2%	8.6%
25-29 years	12.2%	11.7%	9.7%	9.3%	7.2%	7.4%
30-34 years	9.3%	9.4%	8.9%	8.4%	8.8%	6.3%
35+ years	8.7%	10.8%	10.6%	10.4%	13.1%	12.4%
Number of cases	4,345	4,754	5,242	4,691	4,971	3,757

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

17. **How satisfied are you with the nursing profession overall?**

	2006	2008	2010	2012	2014	2016
Very Dissatisfied	2.4%	1.6%	2.3%	3.0%	3.6%	3.8%
Dissatisfied	10.6%	8.4%	6.0%	6.1%	4.6%	3.5%
Neither satisfied nor dissatisfied	12.4%	12.8%	9.3%	8.9%	7.5%	5.9%
Satisfied	54.2%	52.7%	50.6%	45.4%	43.6%	45.4%
Very satisfied	20.4%	24.5%	31.8%	36.6%	40.7%	41.3%
Number of cases	*	*	5,404	4,764	4,998	3,705

* 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

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

	2006	2008	2010	2012	2014	2016
Employed in nursing	86.7%	86.9%	12.6%	14.9%	16.6%	13.8%
Not employed in nursing	13.3%	13.1%	87.4%	85.1%	83.4%	86.2%
Number of cases	4,346	4,890	5,551	4,967	5,047	3,789

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

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

A. Hours per day	2006	2008	2010	2012	2014	2016
Under 5 hours	1.7%	0.7%	1.1%	0.7%	0.8%	0.8%
5-7.5 hours	4.0%	3.9%	3.8%	2.8%	3.5%	2.4%
8 hours	42.8%	39.5%	41.7%	45.3%	44.7%	43.3%
8.5-11.5 hours	15.3%	13.5%	11.6%	11.4%	12.0%	9.8%
12 hours	34.7%	40.8%	40.1%	38.5%	37.5%	42.3%
More than 12 hours	1.6%	1.5%	1.8%	1.2%	1.6%	1.4%
Number of cases	3,109	3,559	3,986	3,313	3,334	2,441

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

B. Hours per week	2006	2008	2010	2012	2014	2016
Less than 1 Hour	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%
1 to 20 Hours	8.9%	7.2%	6.8%	7.8%	7.0%	5.9%
21 to 30 Hours	14.0%	13.3%	13.4%	12.4%	12.2%	11.3%
31 to 40 hours	62.7%	63.9%	65.7%	68.0%	66.5%	39.5%
41 to 60 hours	13.2%	13.6%	12.6%	10.8%	12.2%	40.9%
60+ hours	1.2%	2.0%	1.5%	1.1%	2.0%	2.4%
Number of cases	3,649	3,984	4,603	3,953	4,034	3,402

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

	Any Overtime					
C. Overtime hours per week	2006	2008	2010	2012	2014	2016
None or less than one hour	50.9%	57.0%	65.5%	69.3%	65.2%	61.7%
1-2 hours	14.6%	14.3%	11.8%	10.5%	12.3%	11.1%
3-4 hours	10.6%	7.6%	6.6%	5.9%	6.6%	8.7%
5-6 hours	6.4%	4.3%	3.4%	3.7%	2.8%	4.5%
7-8 hours	4.1%	4.6%	4.0%	3.4%	4.2%	3.8%
8+ hours	13.4%	12.2%	8.7%	7.2%	8.9%	10.2%
Number of cases	3,313	3,952	4,605	3,953	3,728	2,788

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

D. On Call hours per week	2006	2008	2010	2012	2014	2016
No on-call hours	*	86.2%	86.6%	89.5%	89.5%	92.0%
0.5-9 hours	*	5.7%	6.0%	3.9%	3.9%	2.8%
10-19 hours	*	4.3%	3.7%	3.8%	3.8%	2.4%
20-29 hours	*	1.0%	1.4%	1.3%	1.2%	0.9%
30 or more hours	*	2.9%	2.3%	1.4%	1.6%	2.0%
Number of cases	*	3,951	4,615	3,960	5,047	3,793

* Question was not asked in this survey year.
Note: Columns might not total 100% due to rounding. Dare weighted to represent all RNs with active licenses.

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

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

	2012	2014	2016
Less than 8 months	1.3%	1.1%	0.8%
8-10 months	0.8%	0.8%	0.5%
11-12 months	98.0%	98.1%	98.8%
Number of cases	3,983	4,020	2,984

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

21. **What are your intentions regarding your nursing employment in the next:**

   a. **two years:**

	2012	2014	2016
Plan to increase hours of nursing work	11.6%	11.0%	9.9%
Plan to work approximately as much as now	72.0%	70.6%	72.3%
Plan to reduce hours of nursing work	10.5%	10.7%	10.7%
Plan to leave nursing entirely, but not retire	0.9%	1.0%	0.7%
Plan to retire	5.1%	6.7%	6.4%
Number of cases	3,180	4,005	2,985

Note: This question was asked for the first time in 2012.
Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

   b. **five years:**

	2006	2008	2010	2012	2014	2016
Plan to increase hours of nursing work	9.5%	10.1%	13.1%	10.8%	10.4%	9.7%
Plan to work approximately as much as now	53.1%	54.6%	60.2%	50.9%	50.2%	50.9%
Plan to reduce hours of nursing work	21.6%	19.8%	15.2%	20.8%	20.0%	21.2%
Plan to leave nursing entirely, but not retire	3.0%	3.1%	2.0%	3.0%	2.7%	1.7%
Plan to retire	12.8%	12.4%	9.5%	14.5%	16.7%	16.6%
Number of cases	3,694	4,037	4,660	3,142	3,906	2,892

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

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

	2006	2008	2010	2012	2014	2016
Regular Employee	96.0%	95.8%	96.2%	96.2%	96.6%	97.1%
Temp or Agency	2.4%	2.6%	1.3%	1.2%	1.1%	1.0%
Self-Employed	1.7%	1.6%	2.0%	2.2%	1.7%	1.2%
Traveling RN	*	*	0.5%	0.5%	0.7%	0.6%
Number of cases	3,800	4,032	4,652	4,015	4,096	3,042

* 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.

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

	2006	2008	2010	2012	2014	2016
Less than 5 years	46.3%	46.1%	42.8%	42.0%	48.5%	37.4%
5-9 years	21.4%	19.4%	24.0%	23.8%	20.8%	22.8%
10-14 years	8.7%	8.2%	12.5%	11.8%	13.1%	14.7%
More than 14 years	23.6%	26.3%	20.8%	22.3%	17.7%	25.2%
Number of cases	3,598	4,020	4,617	4,034	5,046	3,032

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

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

	2006	2008	2010	2012	2014	2016
0 to 20 Hours	10.5%	10.0%	7.6%	8.0%	9.4%	7.4%
21 to 30 Hours	15.1%	13.5%	14.4%	12.6%	12.2%	12.0%
31 to 40 hours	61.6%	63.4%	66.4%	69.2%	68.8%	40.5%
41 to 60 hours	11.1%	10.2%	10.3%	9.3%	8.3%	38.5%
60+ hours	1.7%	3.0%	1.3%	0.9%	1.2%	1.6%
Number of cases	3,778	4,031	4,644	4,000	4,079	3,052

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

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

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

	2012	2014	2016
Less than 8 months	1.1%	1.3%	1.5%
8-10 months	2.6%	3.1%	2.5%
11-12 months	96.3%	95.6%	96.0%
Number of cases	3,946	4,038	3,019

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

26. **Where is your principal nursing position located?**

This question was excluded for confidentiality.

27. **How many miles is it from your home to your principal nursing position? If you work for an agency or registry, write the average one-way distance to your employment.**

	2006	2008	2010	2012	2014	2016
Less than 5 miles	16.5%	17.7%	17.7%	15.9%	16.8%	14.6%
5-9 miles	23.0%	21.4%	20.6%	23.2%	21.5%	20.9%
10-19 miles	30.7%	30.7%	31.8%	30.3%	30.8%	33.1%
20-39 miles	22.7%	23.9%	22.7%	23.3%	23.8%	24.4%
40 or more miles	7.2%	6.4%	7.1%	7.4%	7.1%	7.1%
Number of cases	3,750	3,961	4,210	3,950	4,008	2,952

Note: 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	2014	2016
Direct patient care provider/staff nurse	61.2%	58.5%	59.8%	54.8%	50.0%	50.1%
Senior management, any setting	1.0%	1.9%	1.5%	2.1%	1.6%	1.8%
Middle management, any setting	7.7%	5.8%	6.0%	6.1%	5.1%	5.6%
Front-line management	5.9%	3.0%	2.9%	3.1%	2.1%	2.1%
Charge Nurse/Team Leader	*	7.6%	8.4%	10.9%	1.7%	1.8%
Direct care and Charge Nurse (both)	*	0.8%	*	*	16.1%	15.3%
Clinical Nurse Specialist	1.6%	1.1%	0.8%	0.9%	0.5%	0.6%
Certified Registered Nurse Anesthetist	0.4%	0.4%	0.4%	0.7%	0.3%	0.5%
Certified Nurse Midwife	0.2%	0.3%	0.2%	0.2%	0.4%	0.2%
Nurse Practitioner	4.7%	4.1%	3.4%	3.6%	3.7%	4.0%
School Nurse	1.8%	1.8%	1.5%	1.2%	1.6%	1.4%
Public Health Nurse	1.9%	1.3%	1.5%	1.2%	1.5%	1.6%
Educator, academic setting	2.5%	1.5%	1.4%	1.6%	1.5%	1.0%
Educator, service setting/clinical nurse educator	1.7%	1.6%	1.3%	1.1%	1.1%	1.1%
Patient care coordinator/case manager/discharge planner	3.9%	4.2%	4.0%	4.0%	5.3%	5.5%
Infection Control Nurse	0.3%	0.3%	0.2%	0.2%	0.3%	0.3%
Quality Improvement Nurse/Utilization Review	1.7%	1.9%	1.3%	2.1%	2.3%	2.0%
Occupational Health Nurse	0.3%	0.2%	0.2%	0.2%	0.1%	0.3%
Telenursing	0.7%	1.3%	1.1%	1.0%	0.9%	1.2%
Nurse Coordinator	*	0.2%	1.0%	1.0%	*	0.2%
Consultant	*	0.3%	*	*	0.5%	*
Researcher	*	0.2%	0.2%	0.3%	0.4%	0.5%
Patient Educator	*	*	0.5%	0.4%	0.8%	0.6%
Clinical Nurse Leader	*	*	*	0.3%	0.2%	0.3%
Other	2.6%	1.7%	2.5%	3.0%	2.3%	1.7%
Number of cases	3,675	4,108	4,689	4,046	4,097	3,065

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

	2006	2008	2010	2012	2014	2016
Not involved in direct patient care	10.4%	12.0%	11.9%	12.3%	13.6%	12.0%
Ambulatory/outpatient	*	10.2%	8.2%	8.6%	*	*
Ambulatory/outpatient (primary care)	*	*	*	*	3.9%	3.7%
Ambulatory/outpatient (specialty care)	*	*	*	*	3.7%	3.8%
Cardiology	*	2.0%	2.3%	2.6%	2.0%	1.3%
Community/public health	1.6%	1.3%	1.2%	1.4%	1.3%	0.9%
Corrections	1.3%	0.8%	1.4%	0.9%	1.0%	1.0%
Dialysis	1.4%	1.3%	1.7%	1.6%	1.4%	1.8%
Emergency Trauma	6.3%	5.8%	5.9%	6.2%	6.3%	6.9%
Geriatrics	2.3%	2.2%	2.4%	3.1%	3.6%	2.6%
Home health care	2.6%	2.4%	2.6%	2.6%	2.5%	2.2%
Hospice	1.6%	1.4%	1.3%	1.7%	1.5%	1.5%
Intensive Care	10.8%	9.8%	9.4%	7.2%	7.5%	7.8%
Labor & delivery	*	3.6%	3.5%	4.1%	2.9%	2.9%
Medical/surgical	15.3%	11.5%	10.3%	9.7%	9.9%	8.3%
Mother-baby or normal newborn nursery	*	2.5%	2.5%	2.9%	2.6%	2.8%
Neonatal Care	3.8%	3.4%	2.9%	3.1%	2.8%	3.2%
Obstetrics	6.3%	0.2%	1.3%	1.2%	1.7%	1.3%
Oncology	*	2.1%	1.9%	2.3%	1.8%	3.1%
Pediatrics	3.9%	2.9%	2.9%	2.6%	3.9%	0.7%
Peri-operative/Surgery/PACU/Anesthesia	6.6%	6.0%	6.9%	7.0%	8.1%	7.5%
Pysch/Mental Health	2.8%	2.8%	3.1%	3.1%	3.0%	3.4%
Rehabilitation	2.1%	1.4%	1.4%	1.8%	1.3%	1.8%
School (K-12)	2.2%	2.0%	1.5%	1.2%	1.3%	1.2%
Step down unit	2.7%	1.7%	1.4%	1.6%	1.5%	1.4%
Telemetry	*	4.5%	4.2%	3.0%	3.5%	4.4%
Multiple area	1.4%	2.0%	2.0%	1.3%	0.8%	1.6%
Endoscopic	*	0.1%	*	*	0.2%	*
Radiology	*	0.2%	*	*	0.6%	0.2%
Orthopedics	*	0.2%	*	*	1.0%	0.7%
Other	14.5%	2.9%	5.8%	7.0%	5.0%	7.1%
Number of cases	3,812	4,100	4,633	4,005	4,040	3,056

* Question was not asked in this survey year.

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

30. **Which of the following <u>best </u>describes the type of setting of your principal nursing position? If you work for a temporary employment agency, in which setting do you most often work?**

	2006	2008	2010	2012	2014	2016
Hospital, acute care or emergency department	55.6%	56.3%	53.4%	52.2%	48.9%	54.6%
Hospital, nursing home unit	0.5%	0.5%	0.4%	0.7%	1.0%	0.5%
Hospital-based ambulatory care department	4.8%	5.5%	7.8%	8.0%	10.3%	8.3%
Hospital-based ancillary department	1.8%	1.4%	2.3%	1.4%	0.8%	1.1%
Hospital, other department	*	0.7%	*	*	4.6%	2.2%
Skilled nursing/extended care/nursing home	2.3%	3.0%	2.8%	4.0%	4.0%	2.9%
University or college	3.3%	*	1.6%	1.4%	1.8%	1.0%
Academic nursing program	*	1.4%	*	*	*	*
Public health dept/community health agency	2.5%	2.6%	1.7%	1.8%	3.6%	2.0%
Home health nursing agency or service	3.0%	2.5%	3.3%	2.6%	3.9%	3.6%
Hospice	1.7%	1.4%	1.4%	1.7%	0.2%	0.3%
Ambulatory care setting (office, surgery center)	6.3%	9.3%	7.3%	7.2%	5.3%	1.2%
Other clinic/ambulatory	*	*	*	*	*	0.7%
Public Health (not clinic)	*	*	*	*	*	1.5%
Dialysis	1.5%	1.2%	1.6%	1.3%	0.9%	1.0%
Telenursing organization/call center	*	1.1%	0.7%	0.8%	0.7%	0.6%
Occupational health/employee health	0.5%	0.3%	0.3%	0.6%	0.1%	0.5%
School health (K-12 or college)	1.8%	2.1%	1.7%	1.5%	1.7%	1.5%
Mental health/drug and alcohol treatment	3.8%	0.8%	1.9%	*	*	*
Outpatient mental health/substance abuse	*	*	*	0.9%	0.4%	0.4%
Inpatient mental health/substance abuse	*	*	*	1.5%	1.7%	1.8%
Insurance organization	*	0.6%	*	*	0.6%	
Forensic setting (correctional facility, prison, jail)	2.0%	1.2%	1.9%	1.6%	1.5%	1.5%
Other inpatient setting	*	*	*	*	*	0.3%
Private medical practice clinic, physician office	*	*	*	*	*	4.7%
Government agency (local, state, federal)	1.4%	1.0%	1.7%	1.2%	1.5%	0.8%
Case management/disease management	*	2.3%	2.2%	2.6%	2.2%	2.2%
Self employed	0.5%	0.7%	0.7%	0.6%	0.4%	0.3%
Long term care	*	*	0.4%	*	*	*
Rehabilitation	*	*	1.2%	2.2%	*	1.3%
Urgent Care	*	*	0.8%	0.4%	0.3%	0.5%
Other	6.9%	4.1%	3.0%	3.8%	3.8%	2.7%
Number of cases	3,661	4,080	4,671	4,049	4,092	3,033

* Question was not asked in this survey year.
Note: Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

31. **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	2014	2016
0 to 25 percent of time	*	*	26.3%	28.3%	27.7%	27.4%
26 to 50 percent of time	*	*	19.6%	17.4%	18.9%	18.8%
51 to 75 percent of time	*	*	26.7%	27.4%	26.8%	27.6%
76 to 100 percent of time	*	*	27.5%	27.0%	26.6%	26.2%
Number of cases	*	*	4,484	3,880	3,943	2,899

* 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	2014	2016
0 to 25 percent of time	93.3%	93.4%	90.6%	89.7%	88.9%	90.5%
26 to 50 percent of time	5.5%	5.2%	8.4%	9.4%	10.0%	8.5%
51 to 75 percent of time	0.7%	0.6%	0.6%	0.7%	0.7%	0.4%
76 to 100 percent of time	0.6%	0.8%	0.4%	0.3%	0.4%	0.7%
Number of cases	3,320	4,018	4,484	3,880	3,943	2,899

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

Indirect patient/client care (consultation, planning, evaluating care)	2006	2008	2010	2012	2014	2016
0 to 25 percent of time	86.3%	93.1%	91.2%	91.3%	90.6%	89.4%
26 to 50 percent of time	8.2%	4.0%	5.3%	4.5%	5.6%	6.3%
51 to 75 percent of time	2.0%	1.4%	1.6%	1.6%	1.7%	1.8%
76 to 100 percent of time	3.5%	1.4%	2.0%	2.5%	2.1%	2.4%
Number of cases	3,320	4,018	4,484	3,880	3,943	2,899

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	2014	2016
0 to 25 percent of time	97.7%	97.3%	95.9%	96.7%	96.7%	97.0%
26 to 50 percent of time	0.9%	1.1%	1.9%	1.9%	1.7%	1.7%
51 to 75 percent of time	0.4%	0.6%	0.5%	0.4%	0.6%	0.5%
76 to 100 percent of time	0.9%	1.0%	1.7%	1.0%	1.0%	0.9%
Number of cases	3,320	4,018	4,484	3,880	3,943	2,899

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

Supervision	2006	2008	2010	2012	2014	2016
0 to 25 percent of time	91.5%	91.7%	89.6%	88.1%	88.5%	87.9%
26 to 50 percent of time	5.4%	5.0%	5.1%	6.3%	5.7%	6.1%
51 to 75 percent of time	1.5%	1.3%	2.6%	2.6%	2.8%	2.8%
76 to 100 percent of time	1.6%	1.9%	2.7%	3.1%	2.9%	3.2%
Number of cases	3,320	4,018	4,484	3,880	3,943	2,899

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

Administration	2006	2008	2010	2012	2014	2016
0 to 25 percent of time	93.8%	92.7%	96.5%	94.7%	95.4%	94.8%
26 to 50 percent of time	2.4%	3.8%	2.1%	3.1%	2.4%	2.7%
51 to 75 percent of time	0.9%	1.3%	0.5%	0.7%	0.9%	0.9%
76 to 100 percent of time	2.9%	2.1%	1.0%	1.6%	1.3%	1.6%
Number of cases	3,320	4,018	4,484	3,880	3,943	2,899

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

Research	2006	2008	2010	2012	2014	2016
0 to 25 percent of time	*	*	99.5%	99.3%	99.2%	99.5%
26 to 50 percent of time	*	*	0.3%	0.3%	0.4%	0.3%
51 to 75 percent of time	*	*	0.1%	0.0%	0.2%	0.2%
76 to 100 percent of time	*	*	0.1%	0.3%	0.2%	0.1%
Number of cases	*	*	4,484	3,880	3,943	2,899

* 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	2014	2016
0 to 25 percent of time	*	99.0%	99.2%	99.4%	99.7%	99.5%
26 to 50 percent of time	*	0.8%	0.6%	0.5%	0.3%	0.4%
51 to 75 percent of time	*	0.1%	0.1%	0.1%	0.0%	0.1%
75 to 100 percent of time	*	0.1%	0.0%	0.0%	0.0%	0.1%
Number of cases	*	4,018	4,484	3,880	3,943	2,899

* Question was not asked in this survey year.
Note: Data are weighted to represent all RNs with active licenses.

Other	2006	2008	2010	2012	2014	2016
0 to 25 percent of time	*	96.7%	96.2%	96.2%	96.3%	98.5%
26 to 50 percent of time	*	1.1%	1.5%	1.2%	1.1%	0.6%
51 to 75 percent of time	*	0.6%	0.4%	0.5%	0.4%	0.2%
75 to 100 percent of time	*	1.6%	1.9%	2.2%	2.2%	0.7%
Number of cases	*	4,018	4,484	3,880	3,943	2,899

* Question was not asked in this survey year.
Note: Data are weighted to represent all RNs with active licenses.

32. **Do you use an electronic health record or electronic medical record in your principal nursing positions?**

	2016
Yes	90.4%
No	9.6%
Number of cases	3,053

33. **What is your experience with the information systems in your principal nursing position?**

	2006	2008	2010	2012	2014	2016
All systems work well	13.3%	11.4%	15.1%	15.3%	18.0%	20.2%
Systems are generally helpful, but have some flaws	51.4%	56.4%	57.2%	55.0%	59.0%	59.1%
Systems have problems that affect my work	16.8%	18.6%	15.4%	17.4%	18.0%	16.0%
Systems interfere with my delivery of care	6.4%	6.0%	3.4%	4.7%	4.9%	4.6%
No system	12.1%	7.6%	8.9%	7.6%	0.1%	0.1%
Number of cases	3,751	3,972	4,600	3,971	3,294	2,670

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

34. **How does your electronic health/medical record affect the quality of care you provide to patients?**

	2016
The system nearly always improves quality of care	16.1%
The system usually improves the quality of care	45.7%
The system has no effect on quality of care	12.5%
The system occasionally reduces the quality of care	19.9%
The system almost always reduces the quality of care	5.7%
Number of cases	2,652

35. **Please specify the annual earnings for your principal position only, before deductions for taxes, social security, etc. If you do not have a set annual salary, please estimate your annual earnings for last year.**

	2006	2008	2010	2012	2014	2016
Less than 25,000	3.7%	2.9%	3.1%	3.5%	3.3%	2.8%
25,000 to 49,999	12.9%	9.3%	7.4%	6.9%	6.2%	5.3%
50,000 to 74,999	41.0%	32.3%	29.1%	23.4%	21.1%	17.4%
75,000 to 99,999	30.9%	34.7%	33.4%	31.5%	31.8%	29.8%
100,000 to 124,999	9.4%	15.4%	19.0%	23.8%	24.2%	26.7%
over 125,000	2.1%	5.4%	8.0%	10.9%	13.4%	18.0%
Number of cases	3,567	3,711	3,707	3,692	3,824	2,849

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

36. **Does your compensation from your principal position include:**

	2008	2010	2012	2014	2016
Retirement Plan	84.8%	84.2%	85.1%	87.3%	78.4%
Personal Health insurance	83.6%	84.5%	87.6%	88.1%	79.9%
Dental Insurance	88.5%	88.6%	88.5%	87.3%	78.7%
Family Health Insurance	70.0%	68.7%	70.7%	71.0%	66.2%
Tuition Reimbursement	*	*	43.2%	44.7%	41.4%
Paid Time Off for Education	*	*	20.2%	20.7%	20.4%
None	*	*	*	*	11.5%

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

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

This question was asked about current position, only for those working as nurses, in 2010 through 2016.

	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 represented 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 represented 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 2010-2016 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 2010-2016 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

	2014					
	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied	Number of cases
Your job overall	1.2%	5.1%	8.7%	51.1%	33.9%	4,069
Your salary	2.4%	11.3%	11.6%	47.0%	27.7%	4,068
Employee benefits	3.3%	9.2%	14.0%	44.3%	29.1%	3,751
Adequacy of RN skill level where you work	0.8%	5.3%	11.1%	54.1%	28.7%	3,956
Adequacy of the number of RNs where you work	4.8%	21.0%	15.9%	40.7%	17.6%	3,915
Adequacy of clerical support services	5.1%	18.1%	20.1%	43.5%	13.2%	3,943
Non-nursing tasks required	3.7%	16.8%	31.9%	39.6%	8.0%	3,727
Amount of paperwork required	6.3%	22.6%	23.1%	41.1%	6.9%	3,895
Your workload	4.7%	18.7%	19.8%	45.5%	11.3%	4,047
Physical work environment	3.1%	12.1%	18.1%	49.8%	16.9%	4,048
Work schedule	1.2%	6.4%	11.3%	54.0%	27.2%	4,020
Job security	2.1%	7.4%	13.6%	48.3%	28.6%	4,059
Opportunities for advancement	4.2%	13.2%	24.2%	40.0%	18.5%	3,912
Support from other nurses you work with	2.6%	7.1%	15.8%	47.8%	26.8%	3,962
Teamwork between coworkers and yourself	1.6%	5.0%	11.1%	48.2%	34.2%	4,035
Leadership from your nursing administration	7.8%	16.2%	17.0%	38.1%	20.9%	3,965
Involvement in patient care decisions	3.9%	8.2%	16.4%	50.9%	20.5%	3,868
Relations with physicians	1.1%	5.1%	14.9%	53.1%	25.8%	3,932
Relations with other non-nursing staff	0.6%	2.4%	10.5%	59.9%	26.7%	4,014
Relations with agency/registry nurses	0.7%	3.5%	27.2%	55.7%	12.8%	2,519
Interaction with patients	0.3%	1.4%	6.3%	53.3%	38.8%	3,852
Time available for patient education	3.0%	18.2%	19.4%	43.7%	15.7%	3,753
Involvement in policy/management decisions	8.0%	20.1%	30.8%	31.7%	9.5%	3,780
Opportunities to use your skills	1.0%	5.3%	11.0%	53.9%	28.8%	4,034
Opportunities to learn new skills	2.3%	11.3%	18.8%	46.4%	21.2%	3,992
Quality of preceptor and mentor programs	5.3%	15.9%	27.6%	37.4%	13.7%	3,399
Employer-supported educational opportunities	6.1%	19.1%	23.9%	37.2%	13.7%	3,840
Quality of patient care where you work	1.2%	6.2%	12.5%	53.0%	27.0%	3,889
Feeling that work is meaningful	1.2%	5.2%	9.3%	45.4%	38.8%	4,062
Recognition for a job well done	7.0%	15.9%	19.9%	38.1%	19.0%	4,049

	2016					
	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied	Number of cases
Your job overall	0.9%	4.8%	6.6%	53.2%	34.4%	3,045
Your salary	1.7%	11.2%	12.1%	48.0%	27.0%	3,053
Employee benefits	2.6%	9.9%	13.2%	45.8%	28.4%	2,832
Adequacy of RN skill level where you work	0.7%	5.8%	11.4%	52.7%	29.4%	2,988
Adequacy of the number of RNs where you work	5.5%	23.8%	16.3%	37.8%	16.6%	2,952
Adequacy of clerical support services	4.1%	18.5%	19.3%	42.4%	15.8%	2,979
Non-nursing tasks required	2.7%	16.9%	32.3%	39.1%	9.0%	2,839
Amount of paperwork required	5.9%	24.0%	23.9%	38.6%	7.6%	2,954
Your workload	4.5%	18.6%	19.9%	46.2%	10.8%	3,030
Physical work environment	2.6%	11.4%	18.6%	51.0%	16.5%	3,023
Work schedule	1.2%	6.5%	10.2%	53.0%	29.1%	3,048
Job security	1.3%	4.3%	12.1%	48.7%	33.6%	3,036
Opportunities for advancement	3.4%	10.9%	27.2%	40.0%	18.6%	2,925
Support from other nurses you work with	1.3%	5.7%	11.0%	47.6%	34.4%	2,981
Teamwork between coworkers and yourself	1.2%	5.5%	9.9%	44.5%	38.9%	3,028
Leadership from your nursing administration	8.1%	18.3%	19.2%	35.6%	18.8%	2,951
Involvement in patient care decisions	1.1%	5.1%	15.6%	54.3%	23.9%	2,899
Relations with physicians	1.2%	5.0%	15.2%	53.2%	25.4%	2,958
Relations with other non-nursing staff	0.6%	1.8%	11.5%	58.9%	27.3%	3,016
Relations with agency/registry nurses	0.9%	4.1%	27.0%	54.0%	14.0%	2,051
Interaction with patients	0.2%	1.7%	7.9%	53.3%	37.0%	2,914
Time available for patient education	3.5%	19.2%	19.0%	42.3%	16.0%	2,853
Involvement in policy/management decisions	6.0%	19.0%	30.7%	35.2%	9.2%	2,871
Opportunities to use your skills	1.3%	5.0%	9.6%	58.1%	26.1%	3,034
Opportunities to learn new skills	2.1%	9.1%	17.2%	49.9%	21.7%	3,000
Quality of preceptor and mentor programs	4.6%	15.7%	24.3%	41.5%	13.9%	2,615
Employer-supported educational opportunities	5.1%	16.1%	24.1%	39.5%	15.3%	2,886
Quality of patient care where you work	1.4%	6.2%	13.7%	52.6%	26.1%	2,934
Feeling that work is meaningful	1.3%	3.9%	10.1%	46.7%	38.0%	3,045
Recognition for a job well done	5.8%	13.6%	21.8%	38.7%	20.1%	3,044

Note: Rows might not total 100% due to rounding. In 2010-2016 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

38. **Do you currently hold more than one nursing job?**

	2006	2008	2010	2012	2014	2016
No	82.0%	82.2%	82.7%	84.9%	85.6%	88.2%
Yes	18.0%	17.8%	17.3%	15.1%	14.4%	11.8%
Number of cases	3,826	4,047	4,628	4,031	4,086	3,066

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

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

	2006	2008	2010	2012	2014	2016
One	76.7%	80.3%	75.6%	76.7%	75.6%	72.2%
Two	20.9%	18.7%	21.3%	19.8%	20.9%	24.4%
Three or more	2.4%	1.0%	*	*	*	*
Three	*	*	2.2%	1.8%	3.0%	2.5%
Four or more	*	*	0.8%	1.7%	0.3%	1.0%
Number of cases	627	652	696	548	529	347

* 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.

40. **In your other nursing positions, are you…**

	2006	2008	2010	2012	2014	2016
Regular employee	72.0%	73.7%	77.1%	73.7%	72.5%	77%
Employed through a temporary service agency	17.4%	15.3%	13.3%	8.7%	14.7%	11.5%
Self-employed	17.1%	14.1%	11.4%	16.5%	14.1%	13.9%
Travel nurse or employed through a travel agency	*	*	2.5%	2.1%	1.9%	1.9%
Number of cases	*	*	668	537	515	340

* 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.

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

	2006	2008	2010	2012	2014	2016
Hospital staff	45.2%	44.0%	40.4%	37.5%	37.9%	40.4%
Public health/community health	2.1%	1.1%	1.4%	2.5%	1.9%	1.1%
Long Term Acute Care	*	2.0%	2.5%	3.2%	0.6%	1.3%
School Health	*	*	1.4%	1.8%	1.3%	0.5%
Nursing home/skilled nursing facility staff	5.7%	6.7%	6.5%	5.6%	5.8%	8.5%
Mental health/substance abuse	3.4%	3.1%	3.2%	2.5%	4.5%	2.8%
Home health or hospice	9.4%	7.4%	7.6%	11.1%	8.9%	11.8%
Telehealth/telenursing	*	*	2.0%	2.1%	1.4%	0.6%
Teaching health professions/nursing students	11.0%	9.4%	11.4%	10.7%	12.4%	10.6%
Ambulatory care, school health, occupational health	9.2%	8.9%	15.5%	13.1%	14.4%	14.3%
Self-Employed	5.9%	3.7%	3.8%	3.9%	3.1%	4.7%
Other	31.1%	23.1%	17.2%	16.1%	18.4%	13.5%
Number of cases	*	*	690	539	528	348

* 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.
2006-2016 data are weighted to represent all RNs with active licenses. No cases – check all that apply.

42. **Please indicate the following for your other nursing positions.**

	2010		2012		2014		2016	
Hours worked per week	**Additional Job 1**	**Additional Job 2**	**Additional Job 1**	**Additional Job 2**	**Additional Job 1**	**Additional Job 2**	**Additional Job 1**	**Additional Job 2**
8 or less	35.8%	51.2%	23.3%	42.3%	37.8%	70.0%	30.8%	66.0%
9-16	41.8%	44.0%	57.1%	32.0%	38.7%	11.9%	46.0%	26.6%
17-24	15.7%	4.5%	13.4%	20.4%	15.8%	14.3%	16.8%	6.5%
25-32	3.5%	0.3%	3.3%	4.7%	2.4%	3.2%	1.7%	0.0%
33-40	3.0%	0.0%	2.3%	0.7%	5.1%	0.5%	1.2%	0.9%
More than 40	0.2%	0.0%	0.7%	0.0%	0.3%	0.0%	3.6%	0.0%
Number of cases	629	80	458	45	472	60	314	39

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		2014		2016	
	Additional Job 1	Additional Job 2	Additional Job 1	Additional Job 2	Additional Job 1	Additional Job 2	Additional Job 1	Additional Job 2
Less than 4	5.9%	16.2%	8.8%	6.3%	6.3%	19.7%	8.7%	17.8%
4-6	6.5%	4.6%	8.0%	2.7%	9.4%	8.2%	11.1%	19.7%
7-9	7.8%	4.9%	5.0%	18.4%	6.3%	10.4%	7.1%	15.9%
10-12	79.8%	74.3%	78.2%	72.6%	78.0%	61.7%	73.1%	46.5%
Number of cases	573	77	436	40	420	54	287	36

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

Estimated pre-tax annual income

Job 1	2006	2008	2010	2012	2014	2016
Less than 25,000	72.5%	68.3%	97.5%	70.3%	63.8%	56.6%
25,000 to 49,999	18.5%	23.0%	1.7%	20.4%	22.6%	27.4%
50,000 to 74,999	6.9%	7.0%	0.9%	6.4%	7.6%	9.2%
75,000 to 99,999	1.6%	1.0%	0.0%	2.3%	3.4%	5.8%
100,000 to 124,999	0.5%	0.6%	0.0%	0.6%	2.3%	0.9%
Over 125,0000	0.1%	0.1%	0.0%	0.0%	0.3%	0.2%
Number of cases	582	549	521	386	405	282

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

Job 2	2006	2008	2010	2012	2014	2016
Less than 25,000	87.0%	100%	98.6%	83.1%	73.4%	91.9%
25,000 to 49,999	6.4%	0.0%	1.4%	11.6%	10.8%	8.1%
50,000 to 74,999	3.6%	0.0%	0.0%	5.3%	14.7%	0%
75,000 to 99,999	1.3%	0.0%	0.0%	0.0%	0.0%	0%
100,000 to 124,999	0.0%	0.0%	0.0%	0.0%	1.0%	0%
Over 125,0000	1.7%	0.0%	0.0%	0.0%	0.0%	0%
Number of cases	110	3	65	42	49	36

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

43. **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	2014	2016
Yes, volunteering	9.0%	9.0%	7.9%
Number of cases	3,316	4,014	3029
If volunteering, in internship/residency	7.8%	4.6%	6.1%
Number of cases	375	512	341

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

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

	2006	2008	2010	2012	2014	2016
Temporary agency or registry	3.4%	2.9%	3.3%	2.2%	2.1%	1.4%
Traveling agency	1.2%	1.2%	0.6%	0.6%	0.4%	0.6%
Neither temporary nor traveling agency	95.4%	95.9%	96.3%	97.4%	97.5%	97.9%
Number of cases	3,820	4,032	4,500	3,907	5,047	3,793

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

45. **Please indicate which of the following reasons describe why you work for a temporary agency, traveling agency, or registry.**

	2006	2008	2010	2012	2014	2016
Wages	59.5%	58.6%	28.0%	33.3%	26.8%	37.4%
Control of work location	54.1%	39.8%	31.1%	24.3%	18.5%	40.5%
Maintain skills/get experience	27.3%	22.5%	25.9%	36.0%	27.3%	27.2%
Unable to find a permanent RN job	*	*	13.8%	30.7%	17.9%	4.7%
Unable to find enough hours at my primary job	*	*	*	*	4.0%	1.8%
Benefits	5.7%	7.9%	1.1%	0.0%	0.2%	0.5%
Control of work conditions	26.1%	24.2%	9.3%	16.4%	7.8%	25.8%
Waiting for a desirable permanent position	12.8%	16.1%	16.5%	24.9%	11.9%	15.2%
Control of schedule	57.2%	56.9%	52.6%	39.8%	38.5%	46.0%
Supplemental income	36.6%	42.6%	46.2%	45.1%	35.7%	28.9%
Travel/see other parts of the country	15.4%	15.8%	6.7%	6.8%	10.0%	5.2%
Other	16.1%	12.9%	5.3%	2.9%	15.9%	15.7%
Number of cases	114	125	121	78	104	68

* 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

46. **Have you ever stopped working as a registered nurse for a period of more than one year?**

	2006	2008	2010	2012	2014	2016
No	85.1%	87.6%	88.5%	88.1%	88.9%	89.7%
Yes	14.9%	12.4%	11.5%	11.9%	11.1%	10.3%
Number of cases	3,855	4,117	4,561	3,937	4,082	3062

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

47. **How long did you stop working as a registered nurse?**

	2006	2008	2010	2012	2014	2016
Less than 5 years	62.3%	62.9%	59.4%	72.4%	81.4%	86.6%
5 to 9 years	19.8%	20.5%	21.0%	16.6%	13.5%	8.0%
10 to 14 years	10.3%	11.9%	10.6%	7.0%	4.5%	4.3%
15 or more years	7.7%	4.7%	8.9%	4.1%	0.7%	1.1%
Number of cases	556	567	612	511	242	183

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

48. **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	Somewhat important	Important	Very important
Child care responsibilities	5.9%	76.9%	41.5%	1.2%	4.7%	52.6%
Other family responsibilities	16.3%	55.0%	49.1%	7.7%	11.3%	31.9%
Moving to a different area	10.9%	49.2%	68.8%	3.9%	7.7%	19.6%
Stress on the job	25.4%	36.0%	67.8%	7.7%	6.6%	17.9%
Job-related injury or illness	7.7%	36.4%	84.8%	1.8%	4.5%	8.8%
Non-job-related injury or illness	7.7%	26.4%	84.3%	1.4%	5.1%	9.3%
Salary	19.1%	19.3%	78.1%	3.0%	7.1%	11.8%
Dissatisfied with benefits	11.2%	16.0%	84.7%	3.3%	6.8%	5.2%
Laid off	7.9%	7.3%	91.3%	0.5%	2.3%	5.9%
Return to school	10.1%	38.9%	78.9%	3.3%	5.0%	12.7%
Travel	13.4%	21.7%	86.1%	4.0%	4.0%	5.9%
To try another occupation	16.4%	40.9%	75.3%	4.7%	7.8%	12.3%
Other dissatisfactions with your job	24.9%	29.8%	81.0%	4.8%	7.0%	7.1%
Dissatisfaction with the nursing profession	18.6%	34.5%	75.7%	6.5%	7.6%	10.2%
Other	18.3%	45.2%	92.0%	0.6%	2.7%	4.7%

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

	2010					
	Not at all Important	Somewhat Important	Important	Very important	Does not Apply	Number of cases
Child care responsibilities	8.2%	2.0%	4.7%	61.1%	24.0%	548
Other family responsibilities	10.6%	4.1%	11.9%	42.7%	30.8%	493
Moving to a different area	13.5%	4.9%	9.5%	25.4%	46.8%	484
Stress on the job	15.0%	8.0%	12.1%	21.8%	43.1%	479
Job-related injury or illness	16.8%	1.5%	5.3%	9.3%	67.2%	475
Non-job-related injury or illness	16.5%	2.3%	5.5%	10.2%	65.5%	476
Salary	22.2%	4.9%	11.3%	7.3%	54.3%	465
Dissatisfied with benefits	23.8%	4.0%	6.4%	3.8%	61.9%	467
Laid off	15.7%	1.0%	2.5%	4.4%	76.3%	464
Return to school	15.9%	1.1%	7.7%	11.4%	64.0%	475
Travel	18.0%	2.6%	7.0%	7.5%	65.0%	465
To try another occupation	13.7%	5.8%	10.2%	13.4%	57.0%	483
Other dissatisfactions with your job	15.1%	7.5%	10.6%	11.6%	55.2%	471
Dissatisfaction with the nursing profession	18.4%	8.9%	9.2%	7.6%	55.9%	470
Other	7.6%	0.4%	8.0%	14.0%	70.1%	185

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

	2012					
	Not at all Important	Somewhat Important	Important	Very important	Does not Apply	Number of cases
Could not find work as an RN	19.0%	7.4%	6.5%	13.0%	54.2%	444
Child care responsibilities	5.4%	2.5%	6.4%	57.4%	28.3%	476
Other family responsibilities	8.1%	4.7%	11.4%	43.4%	32.5%	448
Moving to a different area	11.5%	2.8%	12.2%	28.2%	45.3%	459
Stress on the job	15.1%	6.4%	7.6%	22.7%	48.1%	445
Job-related injury or illness	17.8%	0.7%	1.3%	13.5%	66.8%	446
Non-job-related injury or illness	17.9%	2.6%	3.8%	8.0%	67.7%	443
Salary	20.0%	4.6%	4.7%	13.3%	57.4%	445
Dissatisfied with benefits	20.8%	2.9%	2.3%	9.7%	64.3%	441
Laid off	14.0%	1.7%	5.3%	8.3%	70.7%	486
Return to school	13.1%	1.0%	3.4%	13.8%	68.7%	443
Travel	14.8%	4.3%	7.7%	8.4%	64.9%	440
To try another occupation	14.7%	3.1%	7.3%	15.8%	59.1%	444
Other dissatisfactions with your job	15.9%	2.8%	6.1%	17.7%	57.6%	442
Dissatisfaction with the nursing profession	14.0%	5.2%	5.9%	11.3%	63.7%	445
Other	8.3%	0.0%	2.9%	18.6%	70.1%	195

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

	2014				
	Not at all Important	Somewhat Important	Important	Very important	Number of cases
Could not find work as an RN	80.6%	3.7%	3.5%	12.3%	402
Child care responsibilities	33.5%	0.6%	3.0%	63.1%	432
Other family responsibilities	42.6%	1.3%	12.0%	44.1%	409
Moving to a different area	59.3%	2.4%	9.0%	29.3%	416
Stress on the job	67.9%	10.8%	8.4%	13.0%	403
Job-related injury or illness	85.2%	3.1%	2.0%	9.7%	401
Non-job-related injury or illness	84.3%	4.3%	3.8%	7.7%	406
Salary	80.7%	2.9%	9.0%	7.4%	399
Dissatisfied with benefits	89.1%	2.1%	6.3%	2.5%	395
Laid off	89.0%	2.5%	2.7%	5.8%	403
Return to school	85.5%	1.5%	2.5%	10.5%	406
Travel	86.0%	3.5%	4.9%	5.6%	403
To try another occupation	76.0%	5.5%	7.9%	10.6%	402
Other dissatisfactions with your job	74.0%	7.0%	7.0%	11.9%	398
Dissatisfaction with the nursing profession	75.6%	8.0%	6.5%	10.0%	400
Other	71.5%	0.0%	11.1%	17.4%	267

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

	2016				
	Not at all Important	Somewhat Important	Important	Very important	Number of cases
Could not find work as an RN	75.0%	3.4%	3.5%	18.0%	286
Child care responsibilities	40.2%	2.1%	4.5%	53.2%	304
Other family responsibilities	45.8%	2.9%	13.8%	37.5%	292
Moving to a different area	63.4%	3.0%	9.2%	24.4%	297
Stress on the job	69.5%	6.7%	6.9%	16.9%	290
Job-related injury or illness	86.6%	1.5%	3.2%	8.7%	294
Non-job-related injury or illness	82.4%	2.3%	4.0%	11.3%	289
Salary	74.7%	5.5%	13.0%	6.8%	285
Dissatisfied with benefits	84.9%	3.0%	8.8%	3.4%	286
Laid off	94.2%	0.1%	1.5%	4.1%	287
Return to school	84.0%	1.1%	2.6%	12.4%	291
Travel	84.7%	4.2%	3.6%	7.5%	283
To try another occupation	79.0%	3.6%	6.0%	11.4%	287
Other dissatisfactions with your job	80.1%	3.6%	8.7%	7.5%	286
Dissatisfaction with the nursing profession	81.2%	7.7%	6.0%	5.2%	286
Other	92.6%	0.3%	1.0%	6.1%	174
Retired and returned to work	94.5%	1.2%	2.1%	2.2%	90

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

49. **How important were each of the following reasons for why you returned to working as a registered nurse after stopping for more than one year?**

	2016				
	Not at all Important	Somewhat Important	Important	Very important	Number of cases
Job opportunities improved	43.2%	4.5%	16.8%	35.5%	304
Change in family/childcare responsibilities	34.5%	3.7%	12.5%	49.3%	312
Completed school	82.1%	0.4%	6.1%	11.3%	294
Change in household income	57.7%	3.5%	10.5%	28.3%	302
Personal health change	82.2%	2.1%	3.4%	12.4%	300
Satisfaction with nursing work	55.3%	4.1%	11.8%	28.8%	296
Relocation	65.6%	1.3%	8.2%	24.9%	301
Change in household access to employment benefits	76.6%	2.4%	4.4%	16.7%	295
Other	93.2%	0.0%	1.9%	4.9%	167
Financial need	90.9%	0.0%	0.0%	9.1%	71

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

	2006	2008	2010	2012	2014	2016
One year ago or less	32.3%	22.1%	29.8%	42.0%	34.7%	33.1%
2-4 years ago	27.8%	27.2%	24.3%	18.6%	22.5%	33.7%
5-9 years ago	18.6%	21.4%	26.0%	17.3%	17.2%	16.2%
10-14 years	11.5%	13.4%	10.1%	9.6%	9.8%	6.5%
15-24 years	8.2%	12.5%	7.0%	8.9%	11.9%	7.2%
25 or more years	1.7%	3.5%	2.8%	3.7%	3.9%	3.4%
Number of cases	568	617	714	743	774	578

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

51. **How important were each of the following factors in your decision to leave nursing?**

	2006			
	Not at all important/Does not apply	**Somewhat important**	**Important**	**Very important**
Retired	30.3%	9.3%	20.0%	40.4%
Childcare responsibilities	37.1%	6.5%	9.2%	47.2%
Other family responsibilities	24.9%	13.4%	19.5%	42.2%
Moving to a different area	50.3%	6.4%	13.3%	30.0%
Stress on the job	11.7%	16.0%	23.6%	48.7%
Job-related illness/injury	48.6%	12.2%	12.6%	26.5%
Non-job-related illness/injury	47.3%	13.0%	17.4%	22.3%
Salary	32.7%	20.1%	22.7%	24.6%
Dissatisfied with benefits	47.1%	15.9%	15.8%	21.1%
Other dissatisfaction with your job	19.7%	15.2%	22.4%	42.6%
Dissatisfaction with the nursing profession	33.0%	15.8%	24.7%	26.6%
Travel	49.0%	12.3%	22.2%	16.4%
Wanted to try another occupation	42.5%	15.6%	14.9%	26.9%
Inconvenient schedules in nursing jobs	34.2%	16.6%	20.8%	28.4%
Difficult to find a nursing position/laid off	72.2%	4.4%	7.7%	15.8%
Other	16.1%	1.9%	24.9%	57.0%

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

	2008				2010					
	Not at all important/Does not	Somewhat important	Important	Very important	Not at all Important	Somewhat Important	Important	Very Important	Does not Apply	Number of cases
Retired	62.1%	5.5%	9.9%	22.5%	9.5%	4.6%	12.5%	26.0%	47.4%	739
Childcare responsibilities	71.4%	2.9%	3.8%	22.0%	11.6%	3.0%	4.4%	20.7%	60.3%	690
Other family responsibilities	60.7%	5.6%	11.3%	22.5%	11.4%	7.0%	11.3%	22.6%	47.7%	703
Moving to a different area	86.5%	0.4%	4.0%	9.1%	14.6%	2.0%	4.1%	7.6%	71.6%	693
Stress on the job	41.5%	11.0%	17.2%	30.3%	11.6%	13.9%	15.8%	24.8%	34.0%	702
Job-related illness/injury	80.4%	2.3%	5.0%	12.4%	13.6%	2.8%	4.1%	8.5%	71.0%	697
Non-job-related illness/injury	78.3%	2.8%	5.3%	13.6%	12.6%	2.2%	6.2%	13.8%	65.2%	691
Salary	63.7%	8.5%	14.3%	13.5%	23.8%	9.7%	13.1%	10.2%	43.3%	690
Dissatisfied with benefits	77.9%	7.1%	9.7%	5.3%	26.1%	8.6%	6.5%	7.1%	51.7%	683
Other dissatisfaction with your job	51.2%	11.5%	17.3%	19.9%	16.6%	10.6%	15.3%	18.1%	39.5%	687
Dissatisfaction with the nursing profession	64.3%	12.7%	12.8%	10.2%	21.6%	13.8%	13.4%	7.8%	43.5%	694
Travel	78.9%	7.2%	8.7%	5.2%	21.3%	6.8%	7.0%	4.4%	60.6%	687
Wanted to try another occupation	74.6%	4.7%	7.6%	13.1%	18.0%	3.9%	8.0%	11.9%	58.2%	695
Inconvenient schedules in nursing jobs	67.0%	6.1%	11.4%	15.5%	18.9%	10.3%	10.6%	12.0%	48.1%	695
Difficult to find a nursing position/laid off	90.3%	1.6%	3.5%	4.6%	19.1%	3.7%	6.3%	15.4%	55.5%	699
Laid off	*	*	*	*	14.4%	1.5%	3.2%	6.7%	74.2%	684
Other	84.9%	0.1%	6.6%	8.4%	7.3%	1.6%	10.6%	21.1%	59.4%	369

* Question was not asked in this survey year.
Note: Rows might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses

	2012					
	Not at all Important	Somewhat Important	Important	Very Important	Does not Apply	Number of cases
Cannot find any work as an RN	18.6%	4.0%	6.0%	22.5%	48.9%	632
Difficult to find desired nursing position	17.5%	8.3%	9.1%	26.9%	38.1%	644
Retired	8.7%	1.8%	6.6%	14.5%	68.4%	675
Childcare responsibilities	9.9%	4.4%	4.1%	24.3%	57.2%	648
Other family responsibilities	7.5%	11.4%	5.9%	26.1%	49.1%	644
Moving to a different area	15.1%	4.3%	3.1%	13.1%	64.5%	643
Stress on the job	12.5%	10.2%	11.5%	26.5%	39.3%	644
Job-related illness/injury	14.1%	3.2%	4.5%	12.3%	66.0%	645
Non-job-related illness/injury	14.1%	2.7%	4.8%	15.8%	62.6%	648
Salary	18.4%	9.3%	10.8%	15.2%	46.4%	642
Dissatisfied with benefits	17.2%	6.8%	8.3%	8.6%	59.0%	633
Other dissatisfaction with your job	13.3%	9.1%	14.2%	17.9%	45.5%	644
Dissatisfaction with the nursing profession	15.9%	12.0%	7.7%	15.2%	49.2%	636
Travel	19.9%	2.6%	6.6%	11.3%	59.6%	643
Wanted to try another occupation	13.5%	6.5%	9.5%	13.9%	56.6%	639
Inconvenient schedules in nursing jobs	16.7%	8.7%	9.8%	20.1%	44.7%	644
Returned to school	10.4%	3.6%	3.3%	15.4%	67.3%	635
Laid off	12.3%	0.3%	1.8%	6.8%	78.8%	644
Other	2.0%	0.3%	9.6%	40.5%	47.6%	295

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

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

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

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

52. **(For those not working) Are you doing volunteer work as an RN or APRN (working in an unpaid capacity as an RN or APRN)?**

Are you in an internship/transition residency program?

Questions first asked in 2012.

	2012	2014	2016
Yes, volunteering	15.2%	15.5%	10.6%
Number of cases	771	794	593
If volunteering, in internship/residency	7.2%	12.3%	7.4%
Number of cases	225	135	204

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

53. **Which of the following best describes your current intentions regarding work in nursing?**

	2006	2008	2010	2012	2014	2016
Currently seeking employment in nursing	4.7%	4.4%	20.3%	31.8%	24.6%	24.0%
Plan to return to nursing in the future	30.1%	19.8%	14.1%	19.8%	21.8%	27.0%
Retired	15.6	33.7	32.8%	16.3%	22.1%	22.2%
Definitely will not return to nursing but not retired	16.0%	12.9%	6.8%	7.4%	6.7%	5.4%
Undecided at this time	33.7%	29.1%	26.1%	24.8%	24.8%	21.3%
Number of cases	173	682	782	762	808	591

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

 a. (**For *those* who plan to return to nursing) How soon?**

	2012	2014	2016
Less than one year	50.3%	45.3%	44.6%
1-2 years	38.7%	36.6%	40.9%
3-4 years	2.6%	10.6%	11.5%
5 or more years	8.4%	7.5%	3.0%
Number of cases	86	125	82

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

54. **Would any of the following factors affect your decision to return to nursing?**

	2006			
	Not at all important/Does not	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	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					
	Not at all important	Somewhat important	Important	Very important	Does not apply	Number of cases
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.

	2014			
	Not at all important	Somewhat important	Important	Very important
Affordable childcare at or near work	79.9%	8.9%	3.1%	8.0%
Flexible work hours	26.0%	10.6%	14.2%	49.2%
Modified physical requirements of job	51.2%	6.9%	15.2%	26.7%
Higher nursing salary	38.9%	14.5%	19.7%	26.8%
Better retirement benefits	44.6%	8.8%	16.1%	30.5%
Better health benefits	41.7%	8.6%	19.2%	30.4%
Better support from nursing management	33.6%	4.9%	23.7%	37.8%
More support from other nurses	37.2%	8.3%	26.3%	28.2%
Better nurse to patient ratios	34.9%	5.8%	18.1%	41.2%
Adequate support staff for non-nursing tasks	30.7%	5.7%	26.5%	37.1%
Availability of re-entry programs/mentoring	20.6%	9.7%	14.9%	54.9%
Improvement in my health status	64.3%	4.4%	8.1%	23.2%
Other	85.1%	0.0%	5.0%	9.8%
Number of cases	169			

	2016			
	Not at all important	Somewhat important	Important	Very important
Affordable childcare at or near work	83.9%	0.4%	10.3%	5.4%
Flexible work hours	26.6%	2.1%	15.4%	55.9%
Modified physical requirements of job	51.9%	8.2%	15.8%	24.1%
Higher nursing salary	38.2%	10.3%	26.9%	24.6%
Better retirement benefits	36.7%	6.6%	29.1%	27.5%
Better health benefits	33.5%	8.0%	19.0%	39.5%
Better support from nursing management	22.7%	1.5%	18.0%	57.8%
More support from other nurses	24.2%	7.0%	24.1%	44.7%
Better nurse to patient ratios	30.6%	3.2%	14.0%	52.3%
Adequate support staff for non-nursing tasks	20.0%	2.6%	19.8%	57.6%
Availability of re-entry programs/mentoring	25.6%	11.2%	11.3%	51.9%
Improvement in my health status	64.5%	7.7%	5.9%	21.9%
Other	83.9%	0.4%	10.3%	5.4%
Number of cases	112			

Note: In 2010-2016, 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.

55. **Are you currently employed outside nursing?**

	2006	2008	2010	2012	2014	2016
No	66.1%	74.6%	73.1%	93.4%	94.1%	95.6%
Yes	33.9%	25.4%	26.9%	6.6%	6.0%	4.4%
Number of cases	641	682	802	4,761	4,887	3,642

Note: Starting in 2012, this question was asked of all RNs. In prior years, it was asked only of RNs who were not employed in nursing. Data are weighted to represent all RNs with active licenses.

56. **Does your position utilize any of your nursing knowledge?**

	2006	2008	2010	2012	2014	2016
No	27.7%	17.2%	30.4%	24.8%	30.1%	34.0%
Yes	72.3%	82.8%	69.6%	75.2%	69.9%	65.9%
Number of cases	182	161	206	303	277	155

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

57. **Please indicate the field(s) of your work position(s) outside nursing. (Check all that apply.)**

	2010	2012	2014	2016
Health-related services	45.3%	55.4%	47.6%	47.0%
Pharmaceutical or biotech services	*	*	5.8%	6.9%
Retail sales & services	11.5%	9.9%	15.2%	12.9%
Education	12.2%	11.8%	15.7%	12.9%
Financial, accounting, & insurance services	8.6%	7.3%	7.4%	5.8%
Consulting	5.7%	4.5%	7.0%	10.1%
Other	39.4%	29.0%	22.8%	27.5%
Number of cases	203	296	299	158

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

58. **Please indicate the following for work positions outside of nursing.**

	2010		2012		2014		2016	
Hours worked per week	Position #1	Position #2	Position #1	Position #2	Position #1	Position #2	Position #1	Position #2
8 or fewer	0.0%	0.0%	18.2%	36.7%	23.8%	42.1%	24.7%	36.9%
9-16	15.2%	19.0%	18.3%	19.1%	17.4%	5.1%	26.4%	30.5%
17-24	13.3%	21.1%	18.1%	12.7%	12.6%	15.7%	17.6%	25.7%
25-32	10.7%	7.0%	6.4%	2.1%	10.1%	0.9%	9.9%	6.9%
33-40	40.0%	32.5%	28.2%	23.0%	25.3%	30.2%	11.9%	0.0%
41-48	5.9%	7.4%	1.3%	0.0%	2.5%	0.0%	9.5%	0.0%
Over 48	14.8%	13.0%	9.5%	6.3%	8.3%	6.1%	0.0%	0.0%
Number of cases	161	21	254	57	245	31	124	60

Note: Not enough observations for the 3rd position to report data. Data are weighted to represent all RNs with active licenses.

	2010		2012		2014		2016	
Estimated annual pre-tax income	Position #1	Position #2	Position #1	Position #2	Position #1	Position #2	Position #1	Position #2
Less than 25,000	38.1%	47.3%	72.7%	87.6%	47.7%	57.6%	50.1%	81.1%
25,000 to 49,999	16.9%	15.8%	8.2%	12.4%	14.5%	2.0%	18.4%	18.9%
50,000 to 74,999	16.0%	1.6%	10.3%	0.0%	6.9%	10.0%	7.5%	0.0%
75,000 to 99,999	6.0%	27.7%	2.5%	0.0%	9.2%	8.4%	8.1%	0.0%
100,000 to 124,999	10.2%	2.7%	0.7%	0.0%	10.2%	9.3%	8.3%	0.0%
Over 125,000	13.0%	4.9%	5.6%	0.0%	11.5%	12.7%	7.6%	0.0%
Number of cases	130	26	128	27	214	29	110	47

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

59. **Have you changed work status, positions or employers in the past year? (Check all that apply.)**

Note: Similar content was in one question in 2010

	2010	2012	2014	2016
No change in job, position, or work status	71.5%	73.4%	77.0%	70.1%
Added second nursing job	*	13.8%	5.3%	4.6%
Added second non-nursing job	*	1.4%	0.7%	0.4%
Stopped working second nursing job	*	*	2.6%	2.5%
Stopped working second non-nursing job	*	*	0.5%	0.6%
Retired	*	*	*	5.6%
Not working now, but was working earlier this year	9.1%	6.8%	2.1%	1.4%
Now in an RN job, was not last year	7.8%	6.1%	1.1%	1.3%
New position with same employer	20.4%	29.5%	6.9%	8.5%
Same position with different employer	9.5%	14.2%	2.8%	4.4%
New position with different employer	16.6%	20.2%	6.4%	5.8%
Other change in job or position	*	18.5%	1.6%	3.9%
Other change (2010)	18.8%	*	*	*
Number of cases	1,521	1,230	4,924	3,683

* Question was not asked that year.
Note: Data are weighted to represent all RNs with active licenses.

60. **Has there been a change in how much you work as an RN in the past year? (Check all that apply.)**

Note: Similar content was in one question in 2010

	2010	2012	2014	2016
No change in hours	*	60.8%	62.7%	64.6%
Did not work as RN last year	*	19.0%	7.7%	6.5%
Increased hours (general)	20.1%	*	*	
Increased hours – employer imposed	*	11.1%	5.2%	5.1%
Increased hours – my choice	*	29.1%	10.8%	10.8%
Decreased hours (general)	26.3%	*	*	
Decreased hours – employer imposed	*	14.6%	4.9%	2.4%
Decreased hours – my choice	*	21.5%	11.0%	10.8%
Other change in hours	*	11.0%	7.5%	3.6%
Number of cases	1,521	1,870	4,909	3,560

* Question was not asked that year.
Note: Data are weighted to represent all RNs with active licenses.

61. **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					
	Not at all important	Somewhat important	Important	Very Important	Does not apply	Number of cases
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					
	Not at all important	Somewhat important	Important	Very Important	Does not apply	Number of cases
Retired	8.8%	2.4%	6.3%	12.2%	70.2%	1,415
Childcare Responsibilities	9.4%	2.7%	6.2%	21.1%	60.6%	1,382
Other Family Responsibilities	7.1%	5.8%	12.5%	34.2%	40.4%	1,379
Salary	6.6%	6.7%	18.8%	40.6%	27.3%	1,390
Laid off	6.9%	0.8%	3.7%	7.6%	81.0%	1,342
Employer reduced hours	6.2%	1.7%	6.7%	16.9%	68.5%	1,354
Change in spouse/partner work situation	6.2%	2.0%	5.5%	15.6%	70.7%	1,348
Change in financial status	5.6%	3.2%	11.2%	31.3%	48.8%	1,369
Relocation/moved to a different area	7.0%	1.1%	4.6%	14.0%	73.3%	1,338
Promotion/career advancement	6.0%	2.9%	8.9%	21.9%	60.3%	1,353
Change in my health status	7.3%	1.7%	7.4%	16.0%	67.6%	1,374
Wanted more convenient hours	6.4%	3.9%	11.3%	25.6%	52.8%	1,370
Dissatisfaction with previous position	7.1%	5.6%	9.2%	18.5%	59.8%	1,351
Other	4.4%	0.6%	7.2%	27.6%	60.3%	625

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

	2014				
	Not at all important	Somewhat important	Important	Very Important	Number of cases
Retired	36.7%	8.5%	16.5%	38.4%	620
Childcare Responsibilities	34.9%	5.4%	12.2%	47.5%	690
Other Family Responsibilities	17.5%	8.3%	22.7%	51.6%	1,002
Salary	14.3%	10.0%	24.5%	51.1%	1,223
Benefits	19.1%	9.2%	22.4%	49.3%	1,032
Laid off	48.5%	3.0%	17.2%	31.3%	331
Employer reduced hours	30.1%	8.3%	20.1%	41.5%	502
Change in spouse/partner work situation	29.4%	5.8%	21.9%	42.8%	523
Change in financial status	17.1%	9.3%	25.7%	48.0%	779
Relocation/moved to a different area	36.7%	5.0%	19.0%	39.3%	460
Promotion/career advancement	25.6%	5.5%	22.9%	46.0%	663
Change in my health status	27.1%	8.6%	20.9%	43.4%	561
Wanted more convenient hours	20.1%	6.0%	22.0%	52.0%	877
Dissatisfaction with previous position	21.2%	11.7%	25.8%	41.3%	753
Stress on the job	12.4%	9.9%	25.6%	52.0%	1,067
Desire to use my skills more/learn new skills	14.9%	6.1%	25.5%	53.5%	1,059
Other	5.6%	2.9%	34.2%	57.3%	306

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

	2016				
	Not at all important	Somewhat important	Important	Very Important	Number of cases
Retired	70.8%	2.3%	8.2%	18.7%	962
Childcare Responsibilities	58.5%	3.6%	7.0%	31.0%	1047
Other Family Responsibilities	45.4%	6.0%	17.5%	31.1%	1282
Salary	38.0%	6.3%	18.9%	36.8%	1455
Benefits	47.1%	5.6%	15.5%	31.8%	1344
Laid off	84.4%	2.2%	4.1%	9.4%	786
Employer reduced hours	72.2%	4.2%	7.9%	15.7%	869
Change in spouse/partner work situation	68.0%	2.8%	8.7%	20.5%	934
Change in financial status	54.3%	5.4%	13.6%	26.8%	1087
Relocation/moved to a different area	67.5%	1.9%	10.0%	20.6%	912
Promotion/career advancement	53.3%	2.4%	15.0%	29.3%	1080
Change in my health status	61.5%	3.4%	9.7%	25.3%	973
Wanted more convenient hours	45.7%	4.5%	13.6%	36.2%	1230
Dissatisfaction with previous position	52.3%	7.9%	12.5%	27.3%	1147
Stress on the job	42.1%	6.8%	15.7%	35.3%	1341
Desire to use my skills more/learn new skills	39.4%	5.0%	18.5%	37.1%	1350
Other	94.1%	0.1%	1.0%	4.8%	1511

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

62. **Do you reside outside California?**

This question was excluded as it did not pertain to California Residents

63. **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

64. **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

65. **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

66. **Gender**

	2006	2008	2010	2012	2014	2016
Male	9.4%	13.8%	10.1%	11.1%	11.1%	11.1%
Female	90.6%	86.2%	89.9%	88.9%	89.0%	88.9%
Number of cases	4,477	4,890	5,480	4,894	5,000	3,676

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

67. **Year of Birth (converted to age groups)**

	2006	2008	2010	2012	2014	2016
Under 30 years	7.5%	6.1%	9.3%	9.3%	7.4%	8.4%
30-34 years	10.3%	9.3%	9.4%	10.6%	11.1%	12.6%
35-39 years	10.6%	11.5%	11.2%	12.0%	10.3%	11.2%
40-44 years	12.3%	11.2%	12.1%	11.6%	13.1%	12.3%
45-49 years	13.9%	12.3%	11.2%	10.2%	10.1%	11.1%
50-54 years	19.1%	17.0%	15.6%	13.5%	11.8%	10.5%
55-59 years	12.6%	14.1%	13.2%	13.3%	13.5%	11.5%
60-64 years	7.7%	9.8%	10.2%	11.2%	11.6%	12.1%
65 years and older	6.1%	8.8%	7.9%	8.3%	11.1%	10.4%
Number of cases	4,442	4,890	5,551	4,967	5,047	3,793

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

68. **Country of birth**

First asked in 2012.

	2012	2014	2016
Canada	1.1%	1.2%	1.2%
China	0.7%	0.6%	0.7%
Germany	0.5%	0.3%	0.3%
India	1.1%	1.0%	1.4%
Japan	0.5%	0.5%	0.6%
Korea	1.6%	1.5%	1.2%
Mexico	1.9%	1.4%	1.3%
Philippines	17.8%	17.8%	18.2%
United Kingdom	*	*	0.8%
United States	66.3%	65.8%	65.2%
Vietnam	0.6%	0.9%	0.6%
Taiwan	*	*	0.5%
Number of cases	4,840	4,946	3,615

Note: Only countries with greater than 0.5% reported here. Data are weighted to represent all RNs with active licenses.

69. **Marital status**

	2006	2008	2010	2012	2014	2016
Never Married	11.9%	13.0%	15.2%	17.8%	17.7%	19.1%
Married/Domestic Partnership	69.8%	68.2%	67.7%	67.4%	67.3%	66.6%
Separated/Divorced	14.9%	15.1%	14.8%	*	*	*
Widowed	3.4%	3.6%	2.3%	*	*	*
Separated/Divorced/Widowed	*	*	*	14.8%	15.0%	14.4%
Number of cases	4,494	4,748	5,441	4,876	4,983	3,688

* 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.

70. What is your ethnic/racial background (select the one with which you most strongly identify)?

Note: Questions was significantly changed in 2012.

	2006	2008	2010	2012	2014	2016
African-American	4.2%	4.1%	4.3%	5.1%	4.9%	4.7%
White	63.1%	58.6%	55.8%	54.9%	54.1%	57.3%
Native American/Alaskan Native	0.2%	0.4%	0.3%	0.3%	0.5%	2.0%
Other or Mixed	*	*	*	3.0%	6.2%	7.4%
Asian Indian	1.0%	1.3%	1.4%	*	*	*
Asian, not Filipino or Indian	6.2%	7.1%	7.7%	*	*	*
Cambodian				0.0%	0.0%	0.1%
Chinese				2.9%	3.1%	4.0%
Indian				1.5%	1.2%	1.7%
Indonesian				0.4%	0.2%	0.3%
Japanese				1.3%	1.0%	1.4%
Korean				2.0%	1.6%	1.6%
Laotian/Hmong				0.0%	0.2%	0.4%
Pakistani				0.0%	0.0%	0.1%
Thai				0.3%	0.4%	0.3%
Vietnamese				0.8%	1.0%	1.0%
Latino	6.1%	7.5%	8.0%	*	*	*
Central American				0.7%	0.9%	0.7%
South American				0.6%	0.4%	1.3%
Cuban				0.1%	0.2%	0.1%
Mexican				4.6%	4.6%	7.2%
Other Hispanic				0.7%	0.8%	1.7%
Fijian				0.0%	0.0%	0.0%
Filipino	16.3%	18.0%	19.2%	20.1%	18.6%	21.6%
Guamanian				0.0%	0.0%	0.1%
Native Hawaiian	0.2%	0.1%	0.2%	0.1%	0.0%	0.2%
Samoan				0.1%	0.0%	0.0%
Tongan				0.0%	0.0%	0.0%
Other Pacific Islander				0.2%	0.1%	0.3%
Mixed race	2.3%	2.0%	2.6%	*	*	*
Other	0.4%	0.8%	0.5%	*	*	*
Number of cases	4,480	4,726	5,417	4,797	4,961	3,688

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

71. **Other than English, what languages do you speak fluently?**

	2006	2008	2010	2012	2014	2016
No other language	*	*	*	59.7%	57.8%	58.4%
Spanish	10.3%	11.4%	30.3%	11.6%	11.9%	11.1%
Korean	1.1%	1.1%	3.7%	1.9%	1.6%	1.3%
Vietnamese	0.5%	0.6%	2.0%	0.9%	1.0%	0.9%
Tagalog	13.6%	*	*	*	*	*
Tagalog or other Filipino language	*	16.6%	44.0%	18.0%	18.5%	18.9%
French	*	*	4.1%	1.0%	1.6%	1.3%
Hindi	0.8%	*	*	*	*	*
Hindi or other South Asian language	*	1.3%	3.6%	1.5%	1.5%	1.9%
Mandarin	1.2%	2.2%	4.3%	1.5%	1.5%	2.1%
Cantonese	0.8%	1.5%	2.6%	1.4%	1.0%	1.8%
Other Chinese dialect	*	*	*	0.7%	0.5%	1.0%
Other	8.0%	8.0%	15.3%	6.4%	6.9%	5.0%
Sub-Saharan African Language	*	*	*	*	*	0.8%
Number of cases	*	*	1,777	4,711	4,777	3,535

* 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.

72. **Do you have children living at home with you?**

	2006	2008	2010	2012	2014	2016
No	48.0%	50.6%	48.9%	49.9%	49.7%	49.7%
Yes	52.0%	49.4%	51.1%	50.1%	50.3%	50.3%
Number of cases	4,500	4,765	5,449	4,884	4,985	3,698

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

a. - e. If Yes, how many are:

	2006					2008				
	0 to 2 years	3 to 5 years	6 to 12 years	13-18 years	19+ years	0 to 2 years	3 to 5 years	6 to 12 years	13-18 years	19+ years
0 children	81.7%	82.3%	66.1%	61.7%	57.6%	83.9%	85.5%	70.4%	64.0%	58.6%
1 child	17.4%	16.7%	29.6%	32.6%	39.6%	14.2%	12.9%	21.4%	27.0%	32.3%
2 children	0.9%	1.0%	4.1%	5.1%	2.2%	1.6%	1.6%	7.2%	7.9%	7.6%
3 or more children	0.0%	0.0%	0.2%	0.7%	0.6%	0.3%	0.1%	0.9%	1.1%	1.5%
Number of cases	1,481					2,189				

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

	2010					2012				
	0 to 2 years	3 to 5 years	6 to 12 years	13-18 years	19+ years	0 to 2 years	3 to 5 years	6 to 12 years	13-18 years	19+ years
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					1,378				

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

	2014					2016				
	0 to 2 years	3 to 5 years	6 to 12 years	13-18 years	19+ years	0 to 2 years	3 to 5 years	6 to 12 years	13-18 years	19+ years
0 children	81.8%	82.4%	68.1%	70.7%	58.4%	82.5%	84.3%	73.9%	76.1%	75.9%
1 child	16.1%	15.0%	21.4%	21.2%	30.0%	6.9%	2.8%	4.7%	5.5%	10.4%
2 children	2.1%	2.5%	8.9%	6.6%	9.5%	7.2%	8.0%	12.0%	9.9%	7.7%
3 or more children	0.0%	0.0%	1.6%	1.4%	2.0%	3.5%	4.9%	9.5%	8.6%	6.0%
Number of cases	2,230					2,559				

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

73. **Do you have responsibility for assisting or caring for an adult family member who needs help because of a condition related to aging or a disability? Do not include paid positions.**

	2016
Yes	19.4%
No	80.6%

    a. **If Yes, how many adults do you assist or care for?**

	2016
1 adult	74.7%
2 adults	23.7%
3 or more	1.6%

74. **Home Zip Code:**

This question was excluded for confidentiality

75. **Which category best describes how much income your total household received last year? This is the before-tax income of all persons living in your household:**

	2006	2008	2010	2012	2014	2016
Less than $30,000	2.0%	1.4%	2.0%	3.3%	1.9%	1.7%
$30K-$44,999	3.0%	2.5%	2.4%	2.8%	2.1%	1.6%
$45K-$59,999	5.5%	3.8%	4.0%	3.4%	3.1%	3.1%
$60K-$74,999	12.4%	10.0%	9.4%	8.8%	6.9%	5.6%
$75K-$99,999	21.8%	19.4%	17.8%	16.5%	17.6%	14.6%
$100K-124,999	21.5%	22.3%	21.5%	20.3%	20.4%	21.2%
$125K-$149,999	13.4%	13.0%	13.6%	14.6%	14.3%	13.7%
$150K-$174,999	8.5%	10.8%	10.4%	10.5%	11.3%	12.9%
$175K-$199,999	4.8%	5.8%	6.6%	7.3%	7.4%	8.1%
$200K or more	7.2%	11.0%	12.2%	12.8%	15.1%	17.5%
Number of cases	4,302	4,468	5,028	4,605	4,754	3,499

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

76. **Approximately what percentage of your total household income comes from your nursing job(s)?**

	2006	2008	2010	2012	2014	2016
None	*	*	8.4%	9.7%	10.2%	7.9%
Less than 20 percent	4.1%	3.4%	3.5%	3.4%	3.4%	2.9%
20 to 39 percent	9.7%	9.3%	7.5%	6.4%	6.9%	7.2%
40 to 59 percent	23.9%	21.5%	18.5%	17.3%	18.1%	19.6%
60 to 79 percent	17.7%	19.5%	18.5%	18.2%	18.6%	19.0%
80 to 99 percent	14.6%	13.9%	12.6%	12.9%	13.5%	13.5%
100 percent	30.1%	32.5%	31.1%	32.1%	29.3%	29.9%
Number of cases	3,676	3,983	5,324	4,775	4,905	3,615

* 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

Hello!

We recently mailed you a survey about your experiences as a registered nurse. This research is sponsored by the **California Board of Registered Nursing**. We want to hear from people with active licenses, nurses currently working in nursing, those working in other fields, and those who have retired from nursing altogether. I understand that we have not yet received your completed questionnaire. Your response is valuable to this report and I hope that you will take 20 minutes to complete your questionnaire and mail it back in the postage-paid envelope. If you've misplaced your questionnaire, please call 1-877-276-8277 or Lela.Chu@ucsf.edu and I'll see that you receive another copy. (If you have recently mailed your completed questionnaire, please disregard this notice.) Thank you for your assistance.

Sincerely,

Lela Chu, Project Director
UC San Francisco

Follow-up Postcard

CHECKING IN.

The **California Board of Registered Nursing**, working with the University of California, mailed you a copy of the 2016 RN Survey a month ago and again two weeks ago. We have not heard from you and wanted to make sure you received a copy of the survey. It was sent to people with active licenses, to nurses currently working in nursing, those working in other fields, as well as those who have retired from nursing altogether.

We need your input to better gauge the health of the nursing profession in California.

You also have the option of completing the survey online. If you need another copy of the questionnaire or want to know how to do it on-line, **please call me toll-free at 1-877-276-8277** or email me at Lela.Chu@ucsf.edu. (If you have already mailed your completed questionnaire, or submitted it online, please disregard this notice.) Thank you.

Lela Chu, Project Manager
UC San Francisco

LAST CHANCE!

The **California Board of Registered Nursing**, working with the University of California, mailed you a copy of the 2016 RN Survey a month ago. We have not heard from you and wanted to make sure you received a copy of the survey. It was sent to people with active licenses, to nurses currently working in nursing, those working in other fields, and those who have retired from nursing altogether.

We need your input to better gauge the health of the nursing profession in California.

You also have the option of completing the survey online. If you need another copy of the questionnaire or want to know how to do it on-line, **please call me toll-free at 1-877-276-8277** or email me at Lela.Chu@ucsf.edu. (If you have already mailed your completed questionnaire, or submitted it online, please disregard this notice). Thank you.

Lela Chu, Project Manager
UC San Francisco

Letter for Active RNs

XXXXXX XXXXXX
XXXXXXXX
XXXXXXXX
XXXXX, CA 94555

Dear XXXXXXXXX;

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 400,000 RNs/APRNs are being surveyed, giving you a unique opportunity to contribute to an important study of the nursing profession and future workforce planning. With the pivotal role of the nursing profession in workforce planning and policy in California, it is vital for the Board to be able to accurately present your opinions about working conditions, salaries and other issues pertinent to nursing practice. Survey results will be used by the Board to guide public policy and plan for California's future nursing workforce needs. Summary results of the survey will be published on the Board's website in early 2017.

Your individual survey responses are absolutely confidential and individual responses will not be identified or reported. Your participation in the survey is voluntary and you may skip any questions you choose not to answer, but we hope to have a great response to the survey to ensure that the Board has a representative picture of California nurses.

The University of California, San Francisco is conducting the survey for the Board. The attached survey has been sent to RNs/APRNs with active California licenses residing in and outside of California. Completion of the survey should take no more than 20 minutes. The survey may be completed in the attached paper/pencil format or ONLINE. If completing the attached survey by paper and pencil, please return in the postage-paid return envelope. You may complete the enclosed survey online at **http://rnworkforce.ucsf.edu/brn2016**

Your online USERNAME is: XXXXXX
Your online PASSWORD is XXX

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 Lela Chu 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 K. Bailey M.Ed, RN
Louise Bailey, M.Ed, RN
Executive Officer
California Board of Registered Nursing

California Board of Registered Nursing

Survey of Registered Nurses 2016

Conducted for the Board of Registered Nursing
by the
University of California, San Francisco

Here's how to fill out the Survey:

- Use pen or pencil to complete the survey.
- Please try to answer each question.
- Most questions can be answered by checking a box, or writing a number or a few words on a line.
- Never check more than one box, except when it says **Check all that apply.**
- Sometimes we ask you to skip one or more questions. An arrow will tell you what question to answer next, like this:

  ☐₁ YES
  ☐₂ NO ⟶ **SKIP TO Question 23**

- If none of the boxes is just right for you, please check the one that fits you the best. Feel free to add a note of explanation. If you are uncomfortable answering a particular question, feel free to skip it and continue with the survey.
- If you need help with the survey, 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
2016 RN SURVEY

SECTION A: EDUCATION AND LICENSURE INFORMATION

1. From what kind of program did you receive your initial, pre-licensure **RN education** that qualified you for RN licensure in the **United States**? **(Check only one.)**

   $\square_1$ Diploma program $\square_4$ Baccalaureate program $\square_6$ Master's program

   $\square_2$ Associate degree program $\square_5$ Entry-level Master's $\square_7$ Doctoral program

   $\square_3$ 30-unit option program (LVN to RN) $\square_8$ Other (**Please specify:** _____)

2. 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: _____

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

4. **Before** you started your initial RN education, what was the highest level of education you completed?

   $\square_1$ Less than a high school diploma $\square_3$ Associate degree $\square_5$ Master's degree

   $\square_2$ High school diploma $\square_4$ Baccalaureate degree $\square_6$ Doctoral degree

5. **Immediately prior** to starting your initial RN education, were you employed in a health occupation? (**Check only one**.)

   $\square_0$ No $\square_3$ Yes, nursing aide/ assistant $\square_5$ Yes, medical assistant

   $\square_1$ Yes, clerical or administrative in healthcare $\square_4$ Yes, other health technician/therapist $\square_6$ Yes, licensed practical/ vocational nurse

   $\square_2$ Yes, military medical corps $\square_7$ Yes, other (**Please specify**:_____)

6. **After** graduating from the initial RN 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
$\square_a$ No additional degrees earned			
$\square_b$ Associate degree in Nursing (ADN)		$\square_g$ Other Associate degree (non-nursing)	
$\square_c$ Baccalaureate of Science in Nursing (BSN)		$\square_h$ Other Baccalaureate degree (non-nursing)	
$\square_d$ Master's degree in Nursing (MSN)		$\square_i$ Other Master's degree (non-nursing)	
$\square_e$ Practice-based Doctorate in Nursing (DNP)		$\square_j$ Other Doctoral degree (non-nursing)	
$\square_f$ Research-or education-focused Doctorate in Nursing (PhD, DNSc, etc.)			

7. Are you currently enrolled in a degree program or certification program?

       ☐₁ Yes   ☐₂ No ⟶ **Skip to Question #10 below.**

8. What is your objective? (**Check all that apply**.)

    ☐ₐ Associate degree in Nursing (ADN)   ☐g Non-nursing Associate degree

    ☐b Baccalaureate of Science in Nursing (BSN)   ☐h Non-nursing Baccalaureate degree

    ☐c Master's degree in Nursing (MSN)   ☐i Non-nursing Master's degree

    ☐d Practice-based Doctorate in Nursing (DNP)   ☐j Non-nursing Doctoral degree

    ☐e Research-or education-focused Doctorate in Nursing (PhD, DNSc, etc.)   ☐k Non-nursing certificate

    ☐f Non-degree nursing certificate

9. What percent of coursework is through online or distance learning? _____%

10. In what state or country were you **first licensed** as an RN? ⟵

      2-letter state code: _____ **OR** Other country: _____

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

12. In what year were you first licensed as an RN **in California**? __ __ __ __

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

       ☐₁ Yes   ☐₂ No

14. **Not including California**, do you hold an *active* RN license in **other states**?

      ☐₀ No other states   ☐₁ Yes, I hold a license in other states
                                  (which states? _____)

15. Which of the following **California Board of Registered Nursing certifications or listings**, if any, do you have? (**Check all that apply.**)

    ☐ₐ None

    ☐b Nurse Anesthetist   ☐d Nurse-Midwife   ☐f Nurse Practitioner
    ☐c Public Health Nurse   ☐e Psychiatric/Mental Health Nurse   ☐g Clinical Nurse Specialist

16. **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

17. **How satisfied are you with the nursing profession overall**?

Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
☐₁	☐₂	☐₃	☐₄	☐₅

18. 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-time, part-time or per diem   ☐2 **No → Skip to Section C, page 11.**

    Continue to Section B, below.

        ↓

SECTION B: FOR NURSES CURRENTLY EMPLOYED IN NURSING

Please complete this section if you are working in a position that requires 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.

19. How many **hours** do you **normally** work in <u>all positions</u> that require a registered nursing license? **(Please complete all items.)**

    a. _____ # hours per **day** in all nursing positions

    b. _____ # hours per **week** in all nursing positions (do not include unworked on-call hours)

    c. _____ # overtime hours per **week** in all nursing positions

    d. _____ # hours **on call** <u>not worked</u> per week in all nursing positions

20. How many **months** per year do you work as an RN? _____ # months per **year**

21. What are your intentions regarding your nursing employment in the next:

TWO YEARS? (Check only one.)	FIVE YEARS? (Check only one.)
☐1 Plan to increase hours of nursing work	☐1 Plan to increase hours of nursing work
☐2 Plan to work approximately as much as now	☐2 Plan to work approximately as much as now
☐3 Plan to reduce hours of nursing work	☐3 Plan to reduce hours of nursing work
☐4 Plan to leave nursing entirely but not retire	☐4 Plan to leave nursing entirely but not retire
☐5 Plan to retire	☐5 Plan to retire

Questions 22 through 37 refer to your <u>principal</u> nursing position, which is the <u>current</u> RN or APRN position in which you spend most of your working time.

22. In your **principal** nursing position, are you…? (**Check only one.**)

    ☐1 A regular employee   ☐3 Self-employed

    ☐2 Employed through a temporary employment service agency   ☐4 Travel nurse or employed through a traveling nurse agency

23. How long have you been employed as an RN with your **principal** employer?

    _____ years and _____ months

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

_____ # hours per week

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

_____ # months per year

26. Where is your **principal** nursing position located? **(Please complete all items.)**

a. Zip Code _____   c. City _____

b. County _____   d. State _____ (2-letter)

27. 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

28. Which one of the following best describes the **job title** of your **principal** nursing position? **(Check only one.)**

☐1 Staff nurse/direct care nurse	☐13 Educator, academic setting (professor, instructor in a school of nursing)
☐2 Charge Nurse **and** direct care nurse	☐14 Staff educator, service setting (in-service educator, clinical nurse educator)
☐3 Charge Nurse or Team Leader (not direct care)	☐15 Patient educator
☐4 Senior management (Vice President, Nursing Executive, Dean)	☐16 Patient care coordinator/case manager/ discharge planner/patient navigator
☐5 Middle management (Asst. Director, Dept. Head, House Supervisor, Nurse Manager, Associate Dean)	☐17 Quality improvement nurse, utilization review, risk management
☐6 Front-line management (Head Nurse, Supervisor)	☐18 Informatics/Clinical documentation specialist
☐7 Clinical Nurse Specialist (CNS)	☐19 Infection control nurse
☐8 Certified Registered Nurse Anesthetist (CRNA)	☐20 Occupational health nurse
☐9 Certified Nurse-Midwife (CNM)	☐21 Wound and/or ostomy nurse
☐10 Nurse Practitioner (NP)	☐22 Telenursing
☐11 School Nurse	☐23 Researcher
☐12 Public Health/Community Health Nurse	☐24 Clinical Nurse Leader (CNL)
☐25 Other (**Please describe**: _____)	

29. Mark the clinical area in which you **most frequently** provide direct patient care in your **principal** nursing position.   (**Check only one.**)

☐1 Not involved in direct patient care	☐11 Geriatrics	☐20 Pediatrics
☐2 General medical-surgical (inpatient)	☐12 Home health care	☐21 Psychiatry/mental health
☐3 Critical care/ Intensive care	☐13 Hospice	☐22 Rehabilitation
☐4 Ambulatory care – primary care	☐14 Labor and delivery	☐23 School health (K-12 or post-secondary)
☐5 Ambulatory care - specialty	☐15 Mother-baby unit or normal newborn nursery	☐24 Step-down or transitional bed unit
☐6 Cardiology	☐16 Neonatal care	☐25 Surgery/pre-op/post-op/ PACU/anesthesia
☐7 Community/public health	☐17 Obstetrics/gynecology	☐26 Telemetry
☐8 Corrections	☐18 Oncology	☐27 Work in multiple areas and do not specialize
☐9 Dialysis	☐19 Orthopedics	
☐10 Emergency/trauma	☐28 Other (**Please describe**:_____)	

30. Which of the following **best** describes the type of setting of your **principal** nursing position? If you work for a temporary employment or traveling nurse agency, in which setting do you most often work?   (**Check only one.**)

Hospital (not mental health)

☐1 Hospital, **inpatient** care or **emergency** department	☐3 Hospital, **ambulatory care** department (outpatient, surgery, clinic, etc.)	☐5 Hospital, **other** type of department (administration, home health, etc.)
☐2 Hospital, **ancillary** unit (GI lab, radiology, therapy, etc.)	☐4 Hospital, **nursing home** unit	

Other inpatient setting

☐6 **Nursing home**/extended care/skilled nursing facility/group home	☐8 Inpatient **mental health**/substance abuse	☐10 **Inpatient hospice** (not hospital-based)
☐7 **Rehabilitation** facility/ long-term acute care	☐9 **Correctional** facility/ prison/jail	☐11 **Other inpatient setting**

Clinic/ambulatory

☐12 **Private** medical practice, clinic, physician office, etc.	☐14 **School health** service (K-12 or college)	☐16 **Urgent care**, not hospital-based
☐13 **Public** clinic, rural health center, FQHC, etc.	☐15 Outpatient **mental health**/substance abuse	☐17 **Ambulatory surgery** center (free-standing)

☐18 **Other clinic/ambulatory** (**Please describe:** _____)

Other types of employment settings

☐19 **Occupational health** or employee health service	☐22 Outpatient **Dialysis** Center	☐25 **Case management**/disease management
☐20 **Public health** or community health agency (not a clinic)	☐23 University or college (**academic** department)	☐26 **Call center**/telenursing center
☐21 **Government agency** other than public/ community health or corrections	☐24 **Home health** agency/ home health service (including hospice)	☐27 Self-employed

☐28 **Other** (**Please describe**:_____)

31. 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

32. Do you use an electronic health record or electronic medical record in your **principal** nursing position?
☐1 Yes   ☐2 No ⟶ **Skip to question #35 below**

33. What is your experience with the electronic health/medical records in your **principal** nursing position? **(Check only one.)**

☐1	☐2	☐3	☐4	☐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

34. How does your electronic health/medical record affect the quality of care you provide to patients? **(Check only one.)**

☐1	☐2	☐3	☐4	☐5	☐6
The system nearly always improves the quality of patient care	The system usually improves the quality of patient care	The system has no effect on the quality of care	The system occasionally reduces the quality of patient care	The system almost always reduces the quality of patient care	No systems in my workplace

35. 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

36. Does your compensation from your **principal** nursing position include:
(Check all that apply.)

☐a Retirement plan ☐d Dental insurance
☐b Personal health insurance ☐e Family/dependent health insurance
☐c Tuition reimbursement ☐f Paid time to pursue an educational degree
☐g None of the above

37. 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	☐1	☐2	☐3	☐4	☐5	☐6
B. Your salary	☐1	☐2	☐3	☐4	☐5	☐6
C. Employee benefits	☐1	☐2	☐3	☐4	☐5	☐6
D. Adequacy of RN skill level where you work	☐1	☐2	☐3	☐4	☐5	☐6
E. Adequacy of the number of RN staff where you work	☐1	☐2	☐3	☐4	☐5	☐6
F. Adequacy of clerical support services	☐1	☐2	☐3	☐4	☐5	☐6
G. Non-nursing tasks required	☐1	☐2	☐3	☐4	☐5	☐6
H. Amount of charting required	☐1	☐2	☐3	☐4	☐5	☐6
I. Your workload	☐1	☐2	☐3	☐4	☐5	☐6
J. Physical work environment	☐1	☐2	☐3	☐4	☐5	☐6
K. Work schedule	☐1	☐2	☐3	☐4	☐5	☐6
L. Job security	☐1	☐2	☐3	☐4	☐5	☐6
M. Opportunities for advancement	☐1	☐2	☐3	☐4	☐5	☐6
N. Support from other nurses you work with	☐1	☐2	☐3	☐4	☐5	☐6
O. Teamwork between coworkers and yourself	☐1	☐2	☐3	☐4	☐5	☐6
P. Leadership from your nursing administration	☐1	☐2	☐3	☐4	☐5	☐6
Q. Involvement in patient care decisions	☐1	☐2	☐3	☐4	☐5	☐6
R. Relations with physicians	☐1	☐2	☐3	☐4	☐5	☐6
S. Relations with other non-nursing staff	☐1	☐2	☐3	☐4	☐5	☐6
T. Relations with agency or registry nurses	☐1	☐2	☐3	☐4	☐5	☐6
U. Interaction with patients	☐1	☐2	☐3	☐4	☐5	☐6
V. Time available for patient education	☐1	☐2	☐3	☐4	☐5	☐6

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied	Does not apply
W. Involvement in policy or management decisions	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_6$
X. Opportunities to use my skills	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_6$
Y. Opportunities to learn new skills	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_6$
Z. Quality of preceptor and mentor programs	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_6$
AA. Employer-supported educational opportunities	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_6$
BB. Quality of patient care where you work	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_6$
CC. Feeling that work is meaningful	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_6$
DD. Recognition for a job well done	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$	$\square_6$

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

$\square_1$ Yes $\square_2$ No ⟶ **Skip to Question #43 on the next page.**

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

$\square_1$ One $\square_2$ Two $\square_3$ Three $\square_4$ Four or more

40. In your **other** nursing positions, are you…? (**Check all that apply.**)

$\square_a$ A regular employee $\square_c$ Self-employed

$\square_b$ Employed through a temporary employment service agency, not traveling $\square_d$ Travel nurse or employed through a traveling nurse agency

41. What type of work do you do in your **other nursing positions**? (**Check all that apply.**)

$\square_a$ Hospital staff

$\square_b$ Public health or community health

$\square_c$ Long-term acute care

$\square_d$ School health

$\square_e$ Nursing home, extended care, or skilled nursing facility staff

$\square_f$ Mental health or substance abuse treatment

$\square_g$ Home health or hospice

$\square_h$ Telehealth/telenursing

$\square_i$ Teaching health professions or nursing students

$\square_j$ Ambulatory care, occupational health

$\square_k$ Self-employed

$\square_l$ Other (**Please describe**:_____)

42. Please report 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	(a1) _____Hrs/week	(a2) _____Months/year	(a3) _____$/year
Additional job 2	(b1) _____Hrs/week	(b2) _____Months/year	(b3) _____$/year
Additional job 3	(c1) _____Hrs/week	(c2) _____Months/year	(c3) _____$/year
All other additional nursing positions	(d1) _____Hrs/week	(d2) _____Months/year	(d3) _____$/year

43. Are you doing **volunteer work** as an RN or APRN (working in an unpaid capacity)?

☐2 No   ☐1 Yes ➞ Are you in an internship/transition residency program? ☐1 Yes   ☐2 No

44. 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 #46 below.**

45. 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   ☐e Benefits   ☐i Control of schedule

☐b Control of work location   ☐f Control of work conditions   ☐j Supplemental income

☐c Unable to find any permanent RN job   ☐g Maintain skills/get experience   ☐k Travel/see other parts of the country

☐d Waiting for a desirable permanent position   ☐h Unable to work enough hours at my primary job

☐l Other (**Please describe**:_____)

46. Have you ever stopped working as a registered nurse **for a period of more than one year**?

☐1 Yes   ☐2 No ➞ **Skip to Section D on page 13.**

47. How long did you stop working as a registered nurse? _____ years and _____ months

48. How important were each of the following reasons for why you stopped working as a registered nurse for **a period of more than one year?**

If you have not stopped working for more than one year, skip to Section D on page 13.

	Not at all important	Somewhat important	Important	Very important	Does not apply
A. Could not find work as an RN	☐1	☐2	☐3	☐4	☐5
B. Childcare responsibilities	☐1	☐2	☐3	☐4	☐5
C. Other family responsibilities	☐1	☐2	☐3	☐4	☐5
D. Moving to a different area	☐1	☐2	☐3	☐4	☐5
E. Stress on the job	☐1	☐2	☐3	☐4	☐5
F. Job-related illness or injury	☐1	☐2	☐3	☐4	☐5
G. Non-job-related illness or injury	☐1	☐2	☐3	☐4	☐5
H. Salary	☐1	☐2	☐3	☐4	☐5
I. Dissatisfied with benefits	☐1	☐2	☐3	☐4	☐5
J. Laid off	☐1	☐2	☐3	☐4	☐5
K. Went back to school	☐1	☐2	☐3	☐4	☐5
L. Travel	☐1	☐2	☐3	☐4	☐5
M. Try another occupation	☐1	☐2	☐3	☐4	☐5
N. Other dissatisfaction with job	☐1	☐2	☐3	☐4	☐5
O. Dissatisfaction with the nursing profession	☐1	☐2	☐3	☐4	☐5
P. Other	☐1	☐2	☐3	☐4	☐5

(**Please describe**: _____)

49. How important were each of the following reasons for **why you returned** to working as a registered nurse after stopping for more than one year**?**

If you have not stopped working for more than one year, skip to Section D on page 13.

	Not at all important	Somewhat important	Important	Very important	Does not apply
A. Job opportunities improved	☐1	☐2	☐3	☐4	☐5
B. Change in family / childcare responsibilities	☐1	☐2	☐3	☐4	☐5
C. Completed school	☐1	☐2	☐3	☐4	☐5
D. Change in household income	☐1	☐2	☐3	☐4	☐5
E. Personal health change	☐1	☐2	☐3	☐4	☐5
F. Satisfaction with nursing work	☐1	☐2	☐3	☐4	☐5
G. Relocation	☐1	☐2	☐3	☐4	☐5
H. Change in household access to employment benefits	☐1	☐2	☐3	☐4	☐5
I. Other	☐1	☐2	☐3	☐4	☐5

(**Please describe**: _____)

PLEASE SKIP TO SECTION D, PAGE 13

SECTION C: FOR PERSONS NOT EMPLOYED IN REGISTERED NURSING

The purpose of this section is to learn why people are not employed in nursing or have left nursing practice. The term "registered nurse" applies to both RNs and APRNs.

If you are currently employed as an RN or APRN, please skip to Section D on page 13.

50. What was the last year you worked for pay as a registered nurse or APRN? __ __ __ __

      ☐$_1$ I have never worked for pay as an RN or APRN

51. 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	☐$_1$	☐$_2$	☐$_3$	☐$_4$	☐$_5$
B. Difficult to find **desired** nursing position	☐$_1$	☐$_2$	☐$_3$	☐$_4$	☐$_5$
C. Retired	☐$_1$	☐$_2$	☐$_3$	☐$_4$	☐$_5$
D. Childcare responsibilities	☐$_1$	☐$_2$	☐$_3$	☐$_4$	☐$_5$
E. Other family responsibilities	☐$_1$	☐$_2$	☐$_3$	☐$_4$	☐$_5$
F. Moving to a different area	☐$_1$	☐$_2$	☐$_3$	☐$_4$	☐$_5$
G. Stress on the job	☐$_1$	☐$_2$	☐$_3$	☐$_4$	☐$_5$
H. Job-related illness/injury	☐$_1$	☐$_2$	☐$_3$	☐$_4$	☐$_5$
I. Non-job-related illness/injury	☐$_1$	☐$_2$	☐$_3$	☐$_4$	☐$_5$
J. Salary	☐$_1$	☐$_2$	☐$_3$	☐$_4$	☐$_5$
K. Dissatisfied with benefits	☐$_1$	☐$_2$	☐$_3$	☐$_4$	☐$_5$
L. Other dissatisfaction with your job	☐$_1$	☐$_2$	☐$_3$	☐$_4$	☐$_5$
M. Dissatisfaction with the nursing profession	☐$_1$	☐$_2$	☐$_3$	☐$_4$	☐$_5$
N. Travel	☐$_1$	☐$_2$	☐$_3$	☐$_4$	☐$_5$
O. Wanted to try another occupation	☐$_1$	☐$_2$	☐$_3$	☐$_4$	☐$_5$
P. Inconvenient schedules in nursing jobs	☐$_1$	☐$_2$	☐$_3$	☐$_4$	☐$_5$
Q. Returned to school	☐$_1$	☐$_2$	☐$_3$	☐$_4$	☐$_5$
R. Laid off	☐$_1$	☐$_2$	☐$_3$	☐$_4$	☐$_5$
S. Other	☐$_1$	☐$_2$	☐$_3$	☐$_4$	☐$_5$

    (**Please describe**: _____)

52. Are you doing volunteer work as an RN or APRN (working in an unpaid capacity)?

    ☐$_2$ No ☐$_1$ Yes ➤ Are you in an internship/transition residency program? ☐$_1$ Yes ☐$_2$ No

53. Which of the following best describes your current intentions regarding work in nursing?

    $\square_1$ Currently seeking employment in nursing ⟶ **Skip to Section D, page 13.**

    $\square_2$ Plan to return to nursing in the future

        53a. How soon? $\square_1$ Less than one year

                        $\square_2$ 1-2 years

                        $\square_3$ 3-4 years ⟶ **Skip to Section D, page 13.**

                        $\square_4$ 5 or more years

    $\square_3$ Retired

    $\square_4$ Definitely will not return to nursing, but not retired ⟶ **Skip to Section D, page 13.**

    $\square_5$ Undecided at this time (**Continue to Question #54.**)

54. Would any of the following factors affect your decision to return to nursing?

	Not at all important	Somewhat important	Important	Very important	Does not apply
A. Affordable childcare at or near work	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$
B. Flexible work hours	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$
C. Modified physical requirements of job	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$
D. Higher nursing salary	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$
E. Better retirement benefits	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$
F. Better health care benefits	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$
G. Better support from nursing management	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$
H. More support from other nurses	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$
I. Better nurse-to-patient ratios	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$
J. Adequate support staff for non-nursing tasks	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$
K. Availability of re-entry programs/ mentoring	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$
L. Improvement in my health status	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$
M. Other	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$

    (**Please describe:**_____)

SECTION D: EMPLOYMENT OUTSIDE NURSING

55. Are you currently employed in a non-nursing position (that does not require a registered nursing license)?

☐₁ Yes   ☐₂ No ⟶ **Skip to Section E, below.**

56. Does your position utilize any of your nursing knowledge? ☐₁ Yes   ☐₂ No

57. Please indicate the field(s) of your work position(s) outside of nursing. **(Check all that apply.)**

☐ₐ Health-related services outside of nursing
☐♭ Pharmaceuticals, biotechnology, or medical devices
☐c Retail sales and services
☐d Education, elementary and secondary
☐e Financial, accounting, and insurance services
☐f Consulting organization
☐g Other **(Please describe:** _____)

58. Please indicate the following for up to three work positions **outside of nursing.**

Position #1   (a1) _____Hours/week (a2) _____$/year

Position #2   (b1) _____Hours/week (b2) _____$/year

Position #3   (c1) _____Hours/week (c2) _____$/year

SECTION E: CHANGES IN THE PAST YEAR

59. Have you changed **positions or employers** in the past year? **(Check all that apply.)**

☐ₐ No change in positions or employers
☐♭ Added second nursing job
☐c Added second non-nursing job
☐d Stopped working in a secondary nursing job
☐e Stopped working in a secondary non-nursing job
☐f Retired
☐g I am not working as an RN now, but was working earlier this year
☐h I was not working earlier this year, but am working now as an RN
☐i New position with the same employer
☐j Same position with a different employer
☐k New position with a different employer
☐l Other (**Please describe**: _____)

60. Has there been a change in **how much you work** as an RN in the past year?
(Check all that apply.)

☐a No change in hours worked

☐b Did not work as an RN in the past year

☐c Increased hours – employer imposed

☐d Increased hours – my choice

☐e Decreased hours – employer imposed

☐f Decreased hours – my choice

☐g Other (**Please describe**:_____)

If you answered "No change" in <u>both</u> Question 59 <u>and</u> 60, please skip to Section F on the next page.

61. How important were each of the following factors in your **change** in employment or hours worked during the past year?

	Not at all important	Somewhat important	Important	Very important	Does not apply
A. Retired	☐1	☐2	☐3	☐4	☐5
B. Childcare responsibilities	☐1	☐2	☐3	☐4	☐5
C. Other family responsibilities	☐1	☐2	☐3	☐4	☐5
D. Salary	☐1	☐2	☐3	☐4	☐5
E. Benefits	☐1	☐2	☐3	☐4	☐5
F. Laid off	☐1	☐2	☐3	☐4	☐5
G. Employer reduced hours	☐1	☐2	☐3	☐4	☐5
H. Change in spouse/partner work situation	☐1	☐2	☐3	☐4	☐5
I. Change in financial status	☐1	☐2	☐3	☐4	☐5
J. Relocation/moved to a different area	☐1	☐2	☐3	☐4	☐5
K. Promotion/career advancement	☐1	☐2	☐3	☐4	☐5
L. Change in my health status	☐1	☐2	☐3	☐4	☐5
M. Wanted to work more convenient hours	☐1	☐2	☐3	☐4	☐5
N. Dissatisfaction with previous position	☐1	☐2	☐3	☐4	☐5
O. Stress on the job	☐1	☐2	☐3	☐4	☐5
P. Desire to use my skills more fully or learn new skills	☐1	☐2	☐3	☐4	☐5
Q. Other	☐1	☐2	☐3	☐4	☐5

(**Please describe:**_____)

SECTION F: RESIDENCE OUTSIDE CALIFORNIA

62. Do you reside primarily outside California? □₁ Yes   □₂ No **Skip to Section G, below.**

63. 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

　　　□ᵦ Worked as an RN for California employer in telenursing

　　　□ᵧ Worked as an RN for out-of-state telenursing employer with California clients

　　　□ᵨ Regularly commuted to California for an RN job

　　　□ₑ Worked as an RN in California but have since moved out

　　　□ᵩ Did not work as an RN in California

64. How many months did you work **in California** as an RN in the past 12 months?

　　　_____ months   <u>or</u>   □₀ Did not work as an RN in CA

65. 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
　　　□ᵦ **Yes**, I plan to relocate to California and work as an RN
　　　□ᵧ **Yes**, I plan to perform telenursing for a California employer
　　　□ᵨ **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.
　　　□ᵩ **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

66. Gender   □₁ Female □₂ Male

67. Year of birth   19 ____ ____

68. In what country were you born? _____

69. Marital status   □₁ Single □₂ Currently married/partnered □₃ Separated/divorced/widowed

70. What is your ethnic/racial background (**Check all that apply**)?

☐₁ African American/Black/African   ☐₂ Caucasian/White/European/Middle Eastern   ☐₃ American Indian/Native American/Alaskan Native   ☐₄ Other

Asian		Latino/Hispanic	Native Hawaiian/Pacific Islander	
☐₅ Cambodian	☐₁₀ Korean	☐₁₅ Central American	☐₂₀ Fijian	☐₂₅ Tongan
☐₆ Chinese	☐₁₁ Laotian/Hmong	☐₁₆ South American	☐₂₁ Filipino	☐₂₆ Other
☐₇ Indian	☐₁₂ Pakistan	☐₁₇ Cuban	☐₂₂ Guamanian	
☐₈ Indonesian	☐₁₃ Thai	☐₁₈ Mexican	☐₂₃ Hawaiian	
☐₉ Japanese	☐₁₄ Vietnamese	☐₁₉ Other Hispanic	☐₂₄ Samoan	

71. Other than English, what languages do you speak fluently? **(Check all that apply.)**

☐a None   ☐b Spanish   ☐e Tagalog/other Filipino dialect   ☐h Mandarin

☐c Korean   ☐f French   ☐i Cantonese

☐d Vietnamese   ☐g Hindi/Urdu/Punjabi/other South Asian language   ☐j Other Chinese dialect

☐k Other (**Please describe**: _____)

72. Do you have children living at home with you?   ☐₁ Yes   ☐₂ No ➞ **Continue to Question #73**

   If Yes, **how many** are:

   a) 0-2 years _____ b) 3-5 years_____ c) 6-12 years _____ d) 13-18 years _____ e) 19+ years _____

73. Do you have responsibility for assisting or caring for an adult family member who needs help because of a condition related to aging or a disability? **Do not include paid positions**.

   ☐₁ Yes   ☐₂ No ➞ **Continue to Question #74**

   If Yes, **how many** adults do you assist or care for?

   ☐₁ 1 adult   ☐₂ 2 adults   ☐₃ 3 or more adults

74. Your home Zip code: _____ or other country (**Please specify:** _____)

75. Which category best describes how much income your **total household** received last year? This is the before-tax income of **all** persons living in your household:

   ☐₁ Less than $30,000   ☐₄ $60,000 - 74,999   ☐₇ $125,000 – 149,999
   ☐₂ $30,000 - 44,999   ☐₅ $75,000 - 99,999   ☐₈ $150,000 – 174,999
   ☐₃ $45,000 - 59,999   ☐₆ $100,000 – 124,999   ☐₉ $175,000 – 199,999
   ☐₁₀ $200,000 or more

76. Approximately what percentage of your **total household** income comes from your nursing job(s)?

   ☐₁ None   ☐₃ 20-39%   ☐₅ 60-79%   ☐₇ 100%
   ☐₂ 1-19%   ☐₄ 40-59%   ☐₆ 80-99%

Thank you for completing the survey.
Please return the questionnaire in the postage-paid envelope provided

If you have additional thoughts or ideas about the nursing profession in California, please write them below. You may include your email address if you would like an email notification when the report on this survey is published.

Comments:

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Yes, I would like to be notified when the report is published.

My email address is: _____