

California Board of Registered Nursing
2008 Survey of Registered Nurses



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Survey of Registered Nurses in California, 2008
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Table of Contents

Table of Contents	2
List of Tables	5
List of Figures	11
Executive Summary	15
Demographics.....	15
Nursing education.....	15
Employment	15
Job titles and work settings	16
Nurses’ earnings and benefits.....	16
Job satisfaction of working registered nurses.....	16
Temporary departure from nursing work	16
Future plans of working registered nurses.....	17
Nurses residing outside California	17
Nurses who do not work in nursing.....	17
Summary	18
Chapter 1. Introduction and Methodology	19
Purpose and Objectives	19
Survey Development	19
Process for Data Collection and Coding	20
The Active RN Sample.....	20
Selection of the Active RN Sample	20
Response Rates for the Active RN Survey	21
Representativeness of Active RN Respondents	21
The Inactive/Lapsed RN Sample.....	24
Selection of the Inactive and Lapsed Sample	24
Response Rates for the Inactive/Lapsed RN Survey	24
Representativeness of Inactive/Lapsed RN Respondents	26
Precision of estimates.....	26
Chapter 2. California’s Nursing Workforce	29
Employment Status of RNs with Active Licenses	29
Age Distribution of California RNs	31
Diversity of California’s RN Workforce.....	33
Families of California’s RNs.....	38

Education and Licensure of California’s Nursing Workforce.....	41
Chapter 3. Employment, Wages, and Satisfaction of Registered Nurses	52
How Much Do RNs Work?	52
Nurses’ Principal Nursing Positions.....	55
Tenure in primary nursing position.....	61
Hours and weeks worked in primary job	63
Geographic location of primary position	66
Use of health information technologies	67
Additional Jobs Held by RNs	68
Employment through Temporary Agencies	70
Responsibilities of Nurses	72
Income and Earnings of Registered Nurses.....	73
Benefits Received by Registered Nurses.....	79
Nurses Who Live Outside California	80
Breaks in Nursing Employment	82
Job Satisfaction of Working Registered Nurses	85
Job Satisfaction by Age	94
Job Satisfaction by Education.....	94
Job Satisfaction by Job Title.....	94
Job Satisfaction by Work Setting.....	94
Future Nursing Work Plans	99
Chapter 4. Profile of Registered Nurses with Active Licenses Not Working in Nursing ...	101
Demographic Characteristics.....	101
Educational Preparation	105
Last job in the nursing field.....	107
Reasons for not working in nursing.....	108
Employment status of nurses not working in nursing	112
Future plans of nurses with active licenses not working in the profession	114
Chapter 5. Profile of Registered Nurses with Inactive and Lapsed Licenses	119
Demographic Characteristics.....	119
Educational Preparation	124
Status of Nurses with Inactive or Lapsed Licenses	125
Future Plans of Nurses with Inactive Licenses.....	134
Chapter 6. Thematic Analysis of Nurses’ Comments	140
Introduction	140

Theme 1: Culture of Nursing.....	140
State of nursing today	140
Pride in the nursing profession	141
Respect for nursing	142
Suggestions to strengthen the nursing profession	142
Theme 2: Work Relationships	143
Relationships with patients	143
Relationships with physicians.....	143
Relations with management and employers.....	143
Relations among nurses	144
Suggestions to improve work relationships	144
Theme 3: Job-related concerns.....	144
Staffing.....	144
Language.....	145
Scheduling	145
Paperwork	146
Quality of Care.....	146
Theme 4: Nursing Education.....	147
Preparatory education	147
Re-entry programs	148
Theme 5: Compensation for work.....	148
Salary	148
Benefits	149
Summary of thematic findings	150
Chapter 7. Conclusions.....	151
Appendix A. Survey tabulations.....	154
Appendix B. Letters and mailings	185
Survey cover letters – RNs with active licenses & RNs with inactive/lapsed licenses	185
Survey reminder letters	188
Reminder postcards	191
2008 Questionnaires - RNs with active licenses & RNs with inactive/lapsed licenses.....	193

List of Tables

Table 1.1. California’s nursing workforce, the survey sample, survey respondents, and the response rate, by region, 2008	22
Table 1.2. Survey outcomes and response rates for registered nurses with active California licenses.....	23
Table 1.3. California’s nursing workforce, the survey sample, survey respondents, and the response rate, by age group, 2008.....	23
Table 1.4. Survey outcomes and response rates for registered nurses with inactive or lapsed California licenses, 2004 - 2008.....	25
Table 1.5. Self-reported license status by nurses responding to the Inactive/Lapsed survey, 2006 & 2008	26
Table 1.6. California’s inactive workforce, the survey sample, survey respondents, and the response rate, by region, 2008	27
Table 1.7. California’s lapsed workforce, the survey sample, survey respondents, and the response rate, by region, 2008	28
Table 2.1. Employment status of RNs with active California licenses residing in California, by survey year.....	29
Table 2.2. Employment status of RNs with active California licenses, by region, 2008.....	29
Table 2.3. Percent of RNs residing in California working in nursing, by age group, 2004-2008.....	30
Table 2.4. Age distribution of all RNs with active California licenses, 2006 and 2008	31
Table 2.5. Age distribution of RNs with active California licenses, by region, 2008.....	31
Table 2.6. Age distribution of working registered nurses residing in California, by survey year	32
Table 2.7. Gender of active RNs who reside in California, by age group, 2008	33
Table 2.8. Racial/ethnic backgrounds of currently working registered nurses residing in California, by survey year	35
Table 2.9. Ethnic and racial composition of RNs with active California licenses residing in California, by age group, 2008.....	36
Table 2.10. Ethnic and racial composition of RNs with active California licenses, by region, 2008.....	37
Table 2.11. Languages spoken by RNs with active licenses who live in California, by employment group, 2006 and 2008.....	37
Table 2.12. Current marital status of currently working registered nurses residing in California, by survey year.....	38
Table 2.13. Number of children living in the homes of currently working registered nurses residing in California, by survey year.....	39
Table 2.14. Percent of nurses with children living at home who have children in specified age groups, for currently working registered nurses residing in California, 2004-2008.....	39
Table 2.15. Highest levels of education completed prior to basic nursing education by currently working registered nurses residing in California, by survey year	41
Table 2.16. Average age at the time of graduation from their pre-licensure education of currently working registered nurses residing in California, by survey year	44

Table 2.17. Age distribution at time of graduation from pre-licensure RN education, for RNs with active California licenses who reside in California, 2008	45
Table 2.18. Locations where currently working registered nurses residing in California received basic nursing education, by survey year.....	45
Table 2.19. Percentage of currently working registered nurses residing in California who also hold a nursing license in another state, by survey year.....	46
Table 2.20. Additional degrees completed after pre-licensure education by RNs with active California licenses who reside in California, 2008	46
Table 2.21. Highest level of nursing education obtained since initial licensure by currently working registered nurses residing in California, by basic nursing education, by survey year	48
Table 2.22. Certifications received from the California Board of Registered Nursing by currently working registered nurses residing in California, by survey year	49
Table 2.23. Current enrollment in nursing degree or specialty certification program among the statewide population of RNs with active California licenses, by age group, 2008.....	50
Table 3.1. Number of hours per week usually worked by registered nurses residing in California, by survey year	52
Table 3.2. Number of hours per week usually worked by registered nurses residing in California, 2004-2008.....	53
Table 3.3. Number of hours per day usually worked by registered nurses residing in California, 1997-2008.....	53
Table 3.4. Number of overtime hours per week worked by registered nurses residing in California, 1997-2008.....	54
Table 3.5. Number of on-call hours unworked per week by registered nurses residing in California, 2008	54
Table 3.6. Number of weeks per year registered nurses work as a registered nurse, California residents, 2006 and 2008.....	55
Table 3.7. Employment status in principal nursing positions for currently working RNs, California residents and non-residents, 2008	55
Table 3.8. Job title that best describes the principal nursing position of working registered nurses residing in California, by survey year.....	56
Table 3.9. Types of organizations in which registered nurses residing in California work the most hours each month, by survey year.....	57
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.....	58
Table 3.11. Job title that best describes the principal nursing position of working registered nurses residing in California, by work setting, 2008.....	59
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, 2008	60
Table 3.13. Types of organizations in which registered nurses residing in California work the most hours each month, by specialty certification, 2008.....	61

Table 3.14. Length of time that working registered nurses residing in California have been employed in their principal nursing position, by survey year.....	61
Table 3.15. Length of time that working registered nurses residing in California have been employed in their principal nursing position, by work setting, 2008	62
Table 3.16. Length of time that working registered nurses residing in California have been employed with their principal nursing employer, by job title, 2008.....	62
Table 3.17. Number of weeks per year registered nurses work in their primary nursing position, California residents and non-residents, 2008	63
Table 3.18. Average hours normally worked per day and per week by registered nurses residing in California, by job title, 2008	64
Table 3.19. Average hours normally worked per day and per week for registered nurses residing in California, by work setting, 2008.....	64
Table 3.20. Share of time nurses residing in California spent on specific job functions during a typical work week, 2008	65
Table 3.21. Urban/rural status of locations where RNs residing in California were primarily employed, by survey year	66
Table 3.22. Number of miles that registered nurses residing in California commute one way to their primary nursing jobs, by survey year.....	66
Table 3.23. Perceived usefulness of computerized health information systems, among nurses who use them, California residents, 2006 and 2008.....	67
Table 3.24. Number of additional jobs held by RNs who hold multiple positions and reside in California, by survey year	68
Table 3.25. Type of employment relationships for non-primary nursing positions, for California residents and non-residents, 2006 and 2008.....	69
Table 3.26. Type of work done in non-primary nursing positions, for California residents and non-residents, 2006 and 2008.....	70
Table 3.27. Shares of nurses that work with a temporary agency, traveling agency, or registry for any job, 2006 and 2008.....	70
Table 3.28. Reasons why working registered nurses residing in California chose to work for temporary agencies, traveling agencies, or registries, by survey year.....	71
Table 3.29. Ratings for orientations to new facility assignments of RNs who work for temporary agencies, traveling agencies, or registries, residing both in and outside California, 2004-2008	71
Table 3.30. Total annual income received from all nursing positions by currently working registered nurses residing in California, by survey year.....	73
Table 3.31. Annual income received from nursing by currently working registered nurses, by region, 2006 and 2008.....	74
Table 3.32. Total annual income received from all nursing positions by currently working registered nurses residing in California, by age group, 2006 and 2008.....	75
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 and 2008.....	75

Table 3.34. Total household incomes of currently working registered nurses residing in California, by survey year	77
Table 3.35. Percentage of total household income that was derived from nursing for currently working registered nurses residing in California, by survey year	78
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, 2004-2008	80
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 and 2008	81
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 and 2008	81
Table 3.39. Plans for the next five years for registered nurses with active California licenses who lived outside the state, 2004-2008.....	82
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.....	84
Table 3.41. Length of time required to demonstrate competency in RN duties for currently working registered nurses residing in California who stopped working for more than a year, 2004-2008	85
Table 3.42. Satisfaction or dissatisfaction with most recent nursing position, for RNs currently working and residing in California, 2008.....	86
Table 3.43. Satisfaction with most recent 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).....	89
Table 3.44. Satisfaction with most recent nursing position for RNs currently working and residing in California, by age group, 2008.....	95
Table 3.45. Satisfaction with most recent nursing position for RNs currently working and residing in California, by highest nursing education, 2008	96
Table 3.46. Satisfaction with most recent nursing position for RNs currently working and residing in California, by job title, 2008	97
Table 3.47. Satisfaction with most recent nursing position for RNs currently working and residing in California, by work setting, 2008.....	98
Table 3.48. Future plans of RNs who resided in California and were employed in nursing at the times of the surveys, by survey year	99
Table 3.49. Future plans of RNs who resided in California and were employed in nursing at the times of the surveys, by age group, 2008.....	99
Table 4.1. Racial/ethnic backgrounds of registered nurses who are not working in nursing positions, for RNs with active California licenses and California addresses, 2006 and 2008	102
Table 4.2. Language fluency of registered nurses who are not working in nursing positions, for RNs with active California licenses and California addresses, 2006 and 2008	103
Table 4.3. Number of children living in the homes of registered nurses who are not working in nursing positions, for RNs with active California licenses and California addresses, 2006 and 2008	104
Table 4.4. Percent of registered nurses who are not working in nursing positions with children living at home who have children in specified age groups, for RNs with active California licenses and California addresses, 2006 and 2008	104

Table 4.5. Other people dependent on RNs who are not working in nursing positions, for RNs with active California licenses and California addresses, 2006 and 2008.....	105
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 and 2008.....	107
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.....	107
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	108
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	108
Table 4.10. Importance of factors in the decision to not hold a nursing position, for registered nurses who have active California licenses, and reside in California, 2008	109
Table 4.11. Share of nurses rating factors as “important” or “very important” in the decision to not work in nursing, for registered nurses with active California licenses residing in California, by how long since they last worked as a RN and by age, 2008	110
Table 4.12. Satisfaction with most recent nursing position for RNs with active licenses residing in California but are not working in nursing, compared with those who are working, 2008.....	111
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	113
Table 4.14. Future plans of all California nurses with active licenses not working in the profession and not retired, for California residents, by survey year and age	115
Table 4.15. Time frame within which nurses who are not working in nursing positions but plan to return to nursing plan to do so, for California residents, 2004-2008.....	116
Table 4.16. Importance of factors in the decision to return to nursing for RNs who live in California, have active licenses, but are not working in nursing, 2008	116
Table 4.17. Importance of factors in the decision to return to nursing, for RNs who live in California, have active licenses, but are not working in nursing, by years since last worked in nursing and retirement status, 2008	118
Table 5.1. Ages of registered nurses with inactive and lapsed California licenses, 2004-2008	120
Table 5.2. Racial/ethnic backgrounds of registered nurses with inactive and lapsed California licenses, 2004-2008	121
Table 5.3. Shares of registered nurses with inactive and lapsed California licenses who can speak languages other than English, 2006 & 2008	122
Table 5.4. Marital status of registered nurses with inactive and lapsed California licenses, 2006 & 2008	122
Table 5.5. Number of children living in the homes of currently working registered nurses with inactive and lapsed California licenses, 2006 & 2008.....	123
Table 5.6. Percent of nurses with children living at home who have children in specified age groups, for currently inactive or lapsed nurses residing in California, 2008.....	123

Table 5.7. Other people (spouse, parents, grandchildren, friends) dependent on RNs with inactive and lapsed California licenses, 2006 & 2008	124
Table 5.8. Pre-licensure education of registered nurses with inactive and lapsed California licenses, 2004-2008.....	124
Table 5.9. Locations where registered nurses with inactive and lapsed California licenses received initial nursing education, 2006 & 2008	125
Table 5.10. Highest level of nursing education held by nurses with inactive and lapsed California licenses, 2006.....	125
Table 5.11. Reasons registered nurses have an inactive license, 2006 & 2008	126
Table 5.12. Reasons registered nurses have a lapsed license, 2006 & 2008.....	126
Table 5.13. Number of years since registered nurses with inactive and lapsed California licenses worked as registered nurses for at least six months, or worked in California, 2004 & 2006.....	127
Table 5.14. Number of years that registered nurses with inactive and lapsed California licenses practiced before leaving the profession, 2004 -2008.....	128
Table 5.15. Importance of reasons that registered nurses with inactive California licenses residing in California decided to leave nursing in California, 2008	129
Table 5.16. Importance of reasons that registered nurses with lapsed California licenses decided to leave nursing in California, 2008	131
Table 5.17. Share of nurses rating factors as important or very important reasons for leaving nursing, for nurses with inactive and lapsed licenses residing in California, by age, 2006 & 2008	133
Table 5.18. Plans of nurses with inactive and lapsed California licenses for the next five years, 2008 ...	134
Table 5.19. Intentions regarding future work in nursing of nurses with inactive and lapsed California licenses, 2004 & 2006.....	135
Table 5.20. Intentions regarding future work in nursing of nurses with inactive licenses, by age group, 2006 & 2008	135
Table 5.21. Intentions regarding future work in nursing of nurses with lapsed licenses, by age group, 2006 & 2008	136
Table 5.22. Time frame within which non-retired nurses with inactive licenses plan to return to nursing, 2004, 2006, & 2008	136
Table 5.23. Importance of factors that might affect the decision to return to nursing work, for RNs with inactive California licenses who say they are retired, will not return, or are undecided, 2008	137
Table 5.24. Importance of factors that might affect the decision to return to nursing work, for RNs with lapsed California licenses who say they are retired, will not return, or are undecided, 2008.....	138
Table 5.25 Share of nurses rating factors as important or very important in the decision to return to nursing, for nurses with inactive and lapsed licenses, by age group, 2006 & 2008.....	139
Table 6.1. Characteristics of narrative comment respondents, compared with non-respondents	140

List of Figures

Figure 2.1. Employment status of the statewide population of RNs with active California licenses, by age group, 2004-2008	30
Figure 2.2. Age distribution of currently working nurses residing in California, by survey year	32
Figure 2.3. Gender of currently working registered nurses residing in California, by survey year	33
Figure 2.4. Ethnic and racial composition of RNs with active California licenses residing in California, 2008.....	34
Figure 2.5. Ethnic and racial composition of RNs with active California licenses, by region, 2008	36
Figure 2.6. Marital status of RNs with active California licenses who live in California, 2008	38
Figure 2.7. Employment rates of RNs who live in California and have children at home, 2008	40
Figure 2.8. Number of other people (spouse, parents, grandchildren, friends) dependent on currently working registered nurses residing in California for care, 2004-2008.....	40
Figure 2.9. Highest education obtained prior to basic nursing education for RNs with active California licenses who reside in California, 2008	41
Figure 2.10. Employment in health occupations prior to basic nursing education for RNs with active California licenses who live in California, 2008.....	42
Figure 2.11. Pre-licensure RN education completed by the statewide population of RNs with active California licenses, 2008.....	43
Figure 2.12. Basic pre-licensure education of currently working RNs residing in California, by survey year.....	43
Figure 2.13. Basic pre-licensure RN education completed by the statewide population of RNs with active California licenses, by age group, 2008.....	44
Figure 2.14. Highest nursing degree earned by currently working registered nurses residing in California, by survey year	47
Figure 2.15. Years of experience in nursing among RNs with active California licenses who reside in California, 2008	51
Figure 3.1. Distribution of hours per week worked by nurses, for California residents, 2008	52
Figure 3.2. Distribution of hours per week in principal nursing position, for California residents and non-residents, 2008	63
Figure 3.3. Use of computerized health information systems in a principal nursing position, for California residents, 2008	67
Figure 3.4. Perceived quality of training for mostly recently installed computerized health information module, among nurses who use them and reside in California, 2008	68
Figure 3.5. Percentage of working registered nurses residing in California that holds more than one nursing position, by survey year	69
Figure 3.6. Supervision of unlicensed assistive personnel by working registered nurses residing in California, 1997-2008	72
Figure 3.7. Practice of telehealth nursing across state lines by working registered nurses residing in California, 1997-2008	72

Figure 3.8 Total annual income received from all nursing positions by currently working registered nurses residing in California, 2008	74
Figure 3.9. Income received from principal nursing position by currently working registered nurses residing in California, by job title and work setting, 2008.....	76
Figure 3.10. Benefits received from all nursing positions by currently working registered nurses residing in California, 2008	79
Figure 3.11. Benefits received by currently working registered nurses residing in California, by setting of principal nursing position, 2008.....	80
Figure 3.12. 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	82
Figure 3.13. Number of years nurses temporarily stopped working in nursing, for currently working California residents, 2008	83
Figure 3.14. Overall satisfaction with most recent nursing position, for RNs currently working and residing in California, 2008	87
Figure 3.15. Satisfaction with salary, benefits, and job security for RNs currently working and residing in California, by survey year	88
Figure 3.16. Satisfaction with workplace resources and support for RNs currently working and residing in California, by survey year	90
Figure 3.17. Satisfaction with management for RNs currently working and residing in California, by survey year	91
Figure 3.18. Satisfaction with colleagues for RNs currently working and residing in California, by survey year.....	91
Figure 3.19. Satisfaction with opportunities for growth for RNs currently working and residing in California, by survey year	92
Figure 3.20. Satisfaction with patient interactions and care for RNs currently working and residing in California, by survey year	93
Figure 3.21. Overall satisfaction of RNs currently working and residing in California, by survey year....	93
Figure 3.22. Future plans of RNs who resided in California and were employed in nursing at the times of the surveys, by age group, 2008.....	100
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	101
Figure 4.2. Gender of registered nurses who are not working in nursing positions, for RNs with active California licenses and California addresses, 2006 and 2008.....	102
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 and 2008	103
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 and 2008	105
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 and 2008	106
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 and 2008	106

Figure 4.7. Current employment status of registered nurses whose California licenses are active and who live in California, but who are not currently working as RNs, 2004-2008	112
Figure 4.8. Current employment status of non-retired registered nurses with active California licenses who live in California and are not currently employed in nursing, by survey year	112
Figure 4.9. Utilization of nursing knowledge in non-nursing jobs, for nurses with active California licenses residing in California, by survey year	113
Figure 4.10. Future plans of California nurses with active licenses not working in the profession, for California residents, 2006 and 2008	114
Figure 4.11. Importance of factors in encouraging RNs with active licenses who live in California but are not working in nursing to return to nursing, 2006 and 2008.....	117
Figure 5.1. Gender of registered nurses with inactive and lapsed California licenses, 2004-2008	120
Figure 5.2. Length of time since nurses' California licenses became inactive, 2008	127
Figure 5.3. Importance of reasons that registered nurses with inactive California licenses decided to leave nursing in California, 2008	130
Figure 5.4. Importance of reasons that registered nurses with lapsed California licenses decided to leave nursing in California, 2008	132
Figure 5.5. Importance of factors in decisions of RNs with inactive licenses to return to nursing, 2008	137
Figure 5.6. Importance of factors in decisions of RNs with lapsed licenses to return to nursing, 2008...	138

Survey of Registered Nurses in California, 2008

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Executive Summary

The 2008 Survey of California Registered Nurses is the sixth in a series of surveys designed to describe licensed nurses in California and to examine changes over time. Other studies were completed in 1990, 1993, 1997, 2004, and 2006. Like the 2004 & 2006 surveys, the 2008 survey targeted two populations: (1) RNs with active California licenses who reside both in California and outside California, and (2) RNs whose California licenses had been renewed with inactive status in the previous two years or lapsed within the 13 months prior to the survey, but who still lived in California. The 1990, 1993, and 1997 surveys were sent only to RNs with active licenses and California addresses; these previous surveys did not include out-of-state RNs, RNs with inactive licenses, or RNs with lapsed licenses.

The response rate for the 2008 survey of nurses with active licenses was 54.4%, yielding information about 4,890 nurses with California addresses, and 550 nurses who live outside California. The response rate for the 2008 survey of nurses with inactive and lapsed licenses was 57%, providing data about 303 nurses with inactive licenses (64.2% response rate) and 169 nurses with lapsed licenses (49.9% response rate).

Demographics

California has a large, diverse workforce of RNs. Between 1991 and 2008, the average age of working RNs residing in California rose from 42.9 to 47.1 years. Nursing continues to be a predominantly female profession, but the percent of men entering the profession is increasing: in 2008, 14.4% of working RNs were male. The ethnic diversity of California's working nurses has changed since 1990; the share that is white declined from 77.2% in 1990 to 58.6% in 2008. Whites do not comprise the majority of the nursing population under 45 years old; 56% of these younger nurses are non-white. The most highly represented non-White ethnic groups across all age groups are Filipinos (18%), Hispanics (7.5%), and non-Filipino Asians (8.5%).

Nursing education

Diploma programs continue to decline as a source of basic nursing education for California registered nurses. In 1990, the share of working RNs whose initial education was in a diploma program was 32.3% and by 2008 it had dropped to 14.2%. The share that entered the profession with a baccalaureate or master's degree rose from 28.7% in 1990 to 39.1% in 2008. Most of California's working RNs were educated in California, at 55.1% in 2008, and 23.5 were educated in other countries. The average age at which working California nurses graduated from their initial RN education program has risen over time. In 1990, the average age at graduation was 25.4 years; in 2008 the average age was 27.0 years. Many nurses increase their education level after licensure; 12.2% of working RNs report that their highest nursing education is a master's or doctoral degree.

Employment

About 87% of nurses with active licenses and California addresses were working in nursing positions at the time of the survey; this share has ranged from 82.6% to 89.3% since 1990. Employment rates vary substantially with age. The share of nurses under 55 years old that works has been stable over time, at over 90%. In 2008, 87.2% of nurses 55 to 59 years old who resided in California were working in nursing positions and the employment rate for nurses 60 to 64 years was 75.5%. The rate for nurses 65 years and older with active licenses and California residences declined in 2006 to 48.7%, and rose in 2008 to 54%, a level similar to that seen in 2004.

The average number of hours worked per week by RNs changed little between 1990 and 2006,

ranging from 35.2 to 36.5 hours over this period. Over half of RNs said they work less than one hour per week of overtime, or no overtime, in their principal nursing position, while 12.2% said they work more than 8 hours of overtime per week.

Job titles and work settings

Most working RNs report a primary job title of “staff nurse” or “direct care provider” (58.5%). The percentage of registered nurses employed in acute hospital settings declined from 67.9% in 1990 to 60.2% in 1997, then increased to 64.4% by 2008. Other common workplaces of RNs include ambulatory care settings, such as clinics and outpatient surgery centers (9.3%), home health agencies (2.5%), and public health agencies (2.6%). Between 1990 and 2008, there were decreases in the share of RNs working in nursing homes, extended care facilities, or skilled nursing facilities (5.6% to 3.0%).

About eighteen percent of RNs who reside in California reported that they held more than one nursing position in 2008 as compared with 21.9% in 2004. Forty-four percent of these RNs work as hospital staff for at least one of their additional positions. Ten percent are engaged in ambulatory care, school health, or public health, and another 10 percent are engaged in teaching health professions or nursing students. Over 15% were employed through a temporary agency for at least one of their additional positions, and 14.1% were self-employed.

Three percent of RNs who reside in California work for a temporary agency or registry for their primary or secondary nursing jobs, and 1.2% work for a traveling agency. For nurses who reside in California, wages are the dominant reason to work for a temporary or traveling agency, or registry (58.6%). Over half of nurses selecting agency/registry work or traveling assignments report that they do so to have control of their schedule, but fewer than half do so to have control over their work location.

Nurses’ earnings and benefits

Nurse incomes have risen dramatically since 1990. In 1990, average annual income from nursing was \$31,504 for California residents working in nursing positions; in 2004 it was \$59,937, and by 2008 it had risen to \$81,428. A fifth of RNs reported they earned more than \$100,000 in 2008. In 2008 RNs were asked about fringe benefits received from employers. Nearly 85% of nurses received personal retirement benefits and health insurance, and over 88% received dental insurance from their employers; 70% also received health insurance for their families.

Job satisfaction of working registered nurses

Nurses were asked to rate their satisfaction with 29 aspects of their primary nursing position, in addition to their satisfaction with the profession overall. The five aspects of nursing that received the highest satisfaction ratings in 2008 were interactions with patients, feeling that work is meaningful, job overall, job security, and work schedule. These factors also were rated as highly satisfactory in 2004 and 2006. The five lowest rated aspects of nursing in 2008 were amount of paperwork required, involvement in policy and management decisions, non-nursing tasks required, leadership from administration, and clerical support. These factors, with the exception of clerical support, also were rated as least satisfactory in 2006.

Temporary departure from nursing work

Nurses were asked whether they had ever stopped working as a registered nurse for a period of more than one year. The proportion of California-resident RNs who stopped working as a registered nurse for more than a year decreased from 25.1% in 1990 to 12.4% in 2008. Among those who had temporarily stopped working, 23% were out of nursing for only one year, and over half (56%) stopped

working for more than two years. In the 2008 survey, child care responsibilities were cited as an important reason to temporarily stop working by over half of the nurses who left nursing for more than one year (56.8%). Other frequently reported reasons for temporary departures from nursing include other family responsibilities (42.8%), job stress (24.4%), moving to a different area (27.1%), and trying another occupation (19.9%). Working nurses who previously left the profession for a year or longer were asked how long it took before they again demonstrated competency in RN duties upon their return to work. Two-thirds reported that they were able to demonstrate competency in one month or less.

Future plans of working registered nurses

Since 1993, over half of respondents have indicated plans to work approximately as much as they do now, although this share dropped from 60% in 1993 to 54.6% in 2008. In 2008, ten percent planned to increase their hours of nursing work. Nearly 20% plan to reduce their hours of nursing work; this share has been relatively stable since 1990. In each survey since 2004, about 3% of nurses plan to leave nursing entirely, but not retire. In 2008, 12.54% of working nurses said they plan to retire within five years, as compared with 10.6% in 2004.

Nurses residing outside California

Over 15% of RNs with active California licenses live in other states, for a total of 51,045 RNs in 2008. In 2008, 37.8% of these nurses reported that they worked in California at some time during the previous year. Of those who worked in California, 19.5% had worked in the state for a temporary or traveling agency. Out of state nurses who worked for a temporary or traveling agency worked in California an average of 5.1 months in the previous year, for 41.0 hours per week. Over 8% worked in telenursing, either for a California employer or with California patients. About 2.9% commute to California from a bordering state. For nurses who were living outside California in 2008, 32.4% reported that they plan to travel to California to work as an RN intermittently over the next five years, and 21.7% plan to relocate to California to work in nursing.

Nurses who do not work in nursing

Of the nurses with active licenses who were not working in the profession at the time of the survey, 32.5% reported that retirement was an important or very important factor in their decision to not work in nursing in 2008 as compared with 30.5% in 2004. Nearly forty-seven percent said they were either retired or would definitely not return to nursing in 2008, which is a dramatic increase from the rate that responded similarly in 2006 (31.6%). Nearly twenty percent of non-working nurses indicated they plan to return to nursing in the future. The share working in non-nursing jobs rose from 22.7% in 2004 to 33.9% in 2006, and then declined in 2008 to 25.4%.

Among nurses with inactive licenses, 54.4% were retired in 2008. Only 16.4% said they plan to work as an RN in the next five years; 84% said they do not plan to practice in California in the next five years. However, 40.5% said they might reactivate their licenses in the future. Nurses who were retired, uncertain of their plans, or said they definitely do not plan to return to nursing were asked to identify factors that might be important in a future decision to return to nursing. The most important factors were re-entry programs/mentoring, support from management, flexible work hours, better nurse to patient ratios, and adequate support staff.

Among nurses with lapsed licenses, 34.2% were retired in 2008. Only 5.9% said they plan to work as an RN in California in the next five years, and 22.8% said they might reactivate their California license in the future. Nurses who were retired, uncertain of their plans, or said they definitely do not plan to return to nursing were asked to identify factors that might be important in a future decision to return to nursing. The most important factors for nurses with lapsed licenses were very similar to those with

inactive licenses: adequate support staff, support from management, flexible work hours, and availability of re-entry programs and mentoring.

Summary

California has a diverse workforce of nurses, and this diversity is increasing with the entry of more men and ethnic minorities into the profession. Nurses are well-educated, and a large share of nurses pursues additional education after entering the profession. The commitment to ongoing professional education is one of the strengths of the nursing workforce. Nurses have a wide range of job opportunities, and can take advantage of even more with appropriate educational advancement. Nurses are generally satisfied with their jobs, the profession, and their interactions with patients.

The employment settings of RNs have been relatively stable over the past decade, with most nurses working in staff nurse positions, and the majority working in acute-care hospitals. Nurses work in a wide range of fields, including long-term care, management, patient care coordination, education, home health, community health, and public health. The dominant reasons nurses do not hold nursing positions are retirement, childcare responsibilities, and family responsibilities; however, many nurses have temporarily or permanently left the field due to job dissatisfaction and stress on the job. Nurses note dissatisfaction with some specific aspects of their work, particularly the amount of paperwork required, lack of involvement in policy and management decisions, non-nursing tasks required, leadership from administration, and clerical support.

The strengths of the profession of nursing, which include broad job opportunities, career mobility, commitment to ongoing education, increasing diversity, and high rates of professional satisfaction, must be sustained to ensure that California's nursing workforce thrives in the future. Employers and health care leaders can work to maintain the positive aspects of nursing, address the factors that may be prompting nurses' decisions to work outside nursing, and actively strive to expand the supply of new graduates into the profession.

Chapter 1. Introduction and Methodology

This study of registered nurses with California licenses is the sixth in a series of surveys designed to describe licensed registered nurses in California and to examine changes over time. Surveys have been conducted in 1990, 1993, 1997, 2004, 2006, and 2008. The Board of Registered Nursing (BRN) has commissioned various organizations to conduct and analyze the surveys; the 2006 and 2008 surveys were conducted by the Center for California Health Workforce Studies at the Center for the Health Professions, and the School of Nursing at 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 of the nursing workforce, education of the workforce, employment patterns of registered nurses (RNs), nurse perceptions of the work environment, reasons for discontinuing work in nursing, and plans for future employment.

The 2008 study consisted of two surveys: (1) a survey sent to RNs with active California licenses, with both California and out-of-state addresses, and (2) a survey specifically for RNs whose California licenses had become inactive or lapsed in the two years prior to the survey. The 2004 and 2006 studies also consisted of two surveys of these same populations. 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 slightly based on findings from the previous survey, and items of interest have been added. Generally, however, consistency of measures has been maintained, which permits the reliable, valid measurement and analysis of trends in California's nursing workforce over time.

The 2008 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 6 of this report.

Survey Development

UCSF worked with the BRN to update the survey questionnaires for 2008. Specifically, the survey update included the following steps:

- A review of past surveys conducted for the BRN, particularly that conducted in 2006;
- A review of the National Sample Surveys of Registered Nurses, conducted by the United States Bureau of the Health Professions, from 2004 and the planned 2008 survey;
- Collaboration with staff at the BRN to identify current issues;
- Input from key stakeholders such as the California Nurses' Association, Association of California Nurse Leaders, and California Institute for Nursing and Health Care;
- Coordination with the BRN to draft questions for the surveys;
- A review of draft questions by the BRN staff and UCSF;
- Revision of the surveys based on feedback from BRN and UCSF staff, and survey respondents;
- Development of formatted survey instruments;
- Beta-testing of the survey instruments by nurses recruited by UCSF and the BRN;
- Development of the web-based surveys;
- Beta-testing of the web-based surveys by staff at the BRN and UCSF;
- Editing the formatted surveys for printing, and editing of the web-based surveys for online use.

Process for Data Collection and Coding

All RNs selected for the surveys were mailed a cover letter from the Board of Registered Nursing, which included information about how to complete the survey online; the survey; and a postage-paid return envelope. The survey was mailed on May 7, 2008. A reminder postcard was sent on May 21, and the questionnaire was remailed on June 13 to non-respondents. A final reminder postcard was sent on July 3, 2008. Data collection ended on October 15, 2008, although most responses were received before the middle of August. All survey printing, mailing, and tracking were conducted by the University of California, San Francisco.

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

Data from the web-based surveys were automatically entered into a database. All paper surveys were entered into a database by Richardson Data Services, except the narrative comments, which were entered at UCSF. The survey data were directly 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 accordingly. After the comparisons were complete, discrepancies corrected, and duplicate records deleted, the data were checked again by another computer program to ensure only valid codes were entered and logical checks on the data were met. Approximately 7.9 percent of the respondents completed the survey online.

The Active RN Sample

Selection of the Active RN Sample

The survey of nurses with active licenses was sent to 10,000 RNs with addresses in California and other states. The Board of Registered Nursing delivered a database to UCSF on February 15, 2008, of all licensed RNs in California. This database included name, mailing address, birth date, year of licensure in California, and license status. The database included 331,553 nurses with active licenses residing in the United States.

In order to obtain a survey dataset that could be used to examine the characteristics of nurses in different regions of California, we stratified the eligible population into 9 regions, and selected the sample to be surveyed based on targets in each region. This type of sampling strategy, called a stratified random sample, is widely used in survey research and well-documented in numerous textbooks. With this type of sampling, surveys returned from each stratum (region, in this case) are weighted to produce statistically valid estimates of the full population.

The original sample for the Active RN survey was planned to be 8,000 nurses. Our goal was to have at least 400 respondents per region. To reach this goal, we assumed that the response rate for each region would be the same as for the 2006 survey, thus requiring at least 664 surveys be mailed to nurses in each region. Some regions had lower response rates in 2006, and thus more surveys were allocated to those regions to obtain the targeted response of at least 400 respondents.

After developing our sampling scheme, we added 2,000 nurses to the sample, as requested and funded by the Gordon and Betty Moore Foundation. 1,000 of these additional nurses resided in a portion of the San Francisco Bay Area (Alameda, Marin, San Francisco, San Mateo, and Santa Clara counties). The other 1,000 resided in portions of the Sacramento, Northern Counties, and Central Valley regions

(Amador, El Dorado, Nevada, Placer, Sacramento, and Yolo counties). The regions required to meet the needs of the Moore Foundation required the addition of four regions to the strata for sampling.

The final sampling scheme had 13 regions, 12 of which were in California and one region for all RNs with mailing addresses outside California. The first four columns of Table 1.1 present our final sampling scheme. In order to extrapolate the data to the full population of nurses residing in and outside California, we weighted all analyses of the Active RN survey to reflect the stratified sampling scheme used. All tables and figures in this report use the nine regions originally designed for the Board of Registered Nursing.

Response Rates for the Active RN Survey

By the end of the data collection period (October 15, 2008), questionnaires were received from 5,455 of the actively-licensed registered nurses to whom the survey packets were mailed. Fifteen of these questionnaires were later determined to be unusable due to incomplete data or a written refusal to participate in the survey. Thus, the total number of usable responses from the 2008 survey was 5,440 of the 9,002 eligible nurses, which represents a 60.4% response rate for the eligible population, and a 54.4% response rate when considering all surveys mailed. Table 1.2 details the survey response outcomes for all six surveys (1990, 1993, 1997, 2004, 2006, and 2008).

Representativeness of Active RN Respondents

Survey responses were matched back to the original sample database so that response bias could be examined. The last three columns of Table 1.1 present the regional distribution of survey respondents and the response rate for each region. There was some difference in response rates by region. Nurses in the northern part of California were more likely to respond to the survey, while the lowest response was from nurses residing outside California. The stratification weights used in the analysis corrects for these differential response rates.

The age distribution of respondents is different than that of the sample, as seen in Table 1.3. Younger nurses were substantially less likely to respond to the survey, with only 44.3 percent of nurses under age 25 responding, and only 47.1 percent of those aged 25 to 34 years completing the survey. In contrast, nearly 62 percent of nurses aged 55 to 64 responded to the survey. Thus, nurses in the younger age groups (ages 45 and under) are somewhat under-represented among respondents to the 2008 survey. To address the differential response rate by age group, post-stratification weights were used to ensure that all analyses reflect the full statewide population of RNs with active California licenses. The post-stratification weights are based on the numbers of nurses in each region and each age group. We used Stata SE 10, 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 on nurses with active licenses, using the post-stratification weights.

Table 1.1. California’s nursing workforce, the survey sample, survey respondents, and the response rate, by region, 2008

Region	Counties	Actively Licensed RNs		Survey Sample		Survey Respondents		Response rate
		#	%	#	%	#	%	%
North of Sacramento, except Nevada County	Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Plumas, Shasta, Siskiyou, Sierra, Tehama, Trinity	8380	2.5%	619	6.2%	363	6.7%	58.6%
Sacramento, except Sutter and Yuba	El Dorado, Placer, Sacramento, Yolo	18,755	5.7%	1,593	15.9%	876	16.1%	55.0%
5-County San Francisco Bay Area	Alameda, Marin, San Francisco, San Mateo, Santa Clara,	41,822	12.6%	1,600	16.0%	882	16.2%	55.1%
Rest of San Francisco Area	Contra Costa, Napa, Santa Cruz, Solano, Sonoma	24,270	7.3%	600	6.0%	327	6.0%	54.5%
Central Valley & Sierra, except Amador	Alpine, Calaveras, Fresno, Inyo, Kern, Kings, Madera, Mariposa, Merced, Mono, San Joaquin, Stanislaus, Tulare, Tuolumne	25,939	7.8%	741	7.4%	425	7.8%	57.4%
Central Coast	Monterey, San Benito, San Luis Obispo, Santa Barbara	8,310	2.5%	720	7.2%	408	7.5%	56.7%
Los Angeles	Los Angeles, Orange, Ventura	94,277	28.4%	1,200	12.0%	659	12.1%	54.9%
Inland Empire	Riverside, San Bernardino	30,162	9.1%	770	7.7%	407	7.5%	52.9%
Border	Imperial, San Diego	26,201	7.9%	760	7.6%	418	7.7%	55.0%
Nevada County	Nevada	1,057	0.3%	136	1.4%	82	1.5%	60.3%
Sutter & Yuba Counties	Sutter, Yuba	1,012	0.3%	36	0.4%	23	0.4%	63.9%
Amador County	Amador	323	0.1%	25	0.3%	20	0.4%	80.0%
Outside California	All states other than California	51,045	15.4%	1,200	12.0%	550	10.1%	45.8%
TOTAL		331,553	100.0%	10,000	100.0%	5,440	100.0%	54.4%

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

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

	1990*	1993	1997	2004	2006	2008
Questionnaires mailed	5,400	3,685	4,000	8,796	9,000	10,000
In California				7,653	7,800	8,800
Outside California				1,143	1,200	1,200
Ineligible cases**	1,075	388	274	864	552	998
Eligible cases	4,680	3,297	3,726	7,932	8,448	9,002
Surveys returned				5,182	5,078	5,455
Refusals and incomplete surveys***				14	12	15
Total respondents	3,112	2,476	2,784	5,168	5,066	5,440
In California				4,575	4,546	4890
Outside California				593	520	550
Response rate of all surveys mailed	57.6%	67.2%	69.6%	58.8%	56.3%	54.4%
Response rate of eligible population	66.5%	75.1%	74.7%	65.2%	60.0%	60.4%

* 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 are omitted from the analytical data. In 2004, 2006 and 2008, 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.

Table 1.3. California’s nursing workforce, the survey sample, survey respondents, and the response rate, by age group, 2008

Age Group	Actively Licensed RNs		Survey Sample		Survey Respondents		Response rate
	#	%	#	%	#	%	%
Under 25 years	2,302	0.7%	61	0.6%	27	0.5%	44.3%
25-34 years	51,317	15.5%	1,386	13.9%	653	12.0%	47.1%
35-44 years	75,935	22.9%	2,194	21.9%	1,015	18.7%	46.3%
45-54 years	96,335	29.1%	2,821	28.2%	1,622	29.8%	57.5%
55-64 years	78,008	23.5%	2,482	24.8%	1,531	28.1%	61.7%
65 years and older	27,629	8.3%	1,056	10.6%	592	10.9%	56.1%
TOTAL*	331,526	100.0%	10,000	100.0%	5,440	100.0%	54.4%

* Implausible ages were reported for 27 people (under 17 years, over 105 years).

The Inactive/Lapsed RN Sample

Selection of the Inactive and Lapsed Sample

The Board of Registered Nursing provided UCSF with a file of nurses with inactive California licenses. Inactive licenses are renewed without supporting continuing education documentation; these licenses can be activated by providing evidence of completing of continuing education. There were 32,352 RNs with inactive licenses in the file, of whom 18,908 had California addresses. We limited our sample to these nurses, with the expectation that the majority of nurses with inactive licenses and out-of-state addresses had moved outside California and would not be likely to return to work in California. We further limited the eligible population of inactive RNs to those who renewed their license between March 1, 2006 and January 26, 2008, to ensure that the population included only RNs who are intentionally maintaining an inactive license. This limitation resulted in an eligible inactive population of 12,496 RNs. From this population, we selected a random sample of 500 RNs to receive the survey for registered nurses with inactive licenses.

The BRN also provided a file of nurses with licenses that had lapsed between January 31, 2006, and February 29, 2008. The number of nurses in this file numbered 24,586, of whom 9,994 had California addresses. From the California-resident nurses, we selected nurses whose licenses expired in 2007, which resulted in 4,950 eligible nurses with lapsed licenses. The 2008 eligibility criteria for nurses with lapsed licenses matched the 2006 sampling approach closely. The 2006 survey was limited to RNs whose licenses had lapsed in the previous 13 months. From the eligible 2008 population, we selected a random sample of 500 RNs to receive the survey for registered nurses with lapsed licenses.

Response Rates for the Inactive/Lapsed RN Survey

A total of 1,000 surveys were mailed to nurses with inactive or lapsed licenses on May 7, 2008. Data collection closed on October 15, 2008, at which time 303 completed questionnaires were received from the inactive sample and 169 were received from the lapsed license sample. The post office returned 26 inactive and 156 lapsed surveys as undeliverable and 7 RNs who were mailed surveys were deceased or disabled. The response rates from the eligible populations were 64.2 percent for inactive RNs, and 49.9 percent of lapsed licenses. The response rate was much higher for nurses with inactive licenses than for those with lapsed licenses, as seen in Table 1.4.

The sample for the inactive survey was based on a database of nurse license data provided by the BRN on February 15, 2008. Some nurses listed in these data as having an inactive or lapsed license status may have reactivated or renewed their license between the date the licensure file was delivered and the date the survey was mailed. Table 1.5 presents the self-reported license status of respondents to the survey of inactive and lapsed RNs. Nearly 87 percent of nurses who were sampled as having an inactive license confirmed this status in the survey, 9.9 percent reported their license was lapsed at the time of the survey, and 3.6 percent reported they had an active license. Eighty-four percent of nurses who were in the lapsed license sample reported their licenses were indeed lapsed at the time of the survey. Eight percent reported they had an inactive license, and 7.7 percent had an active license. In the analyses, nurses were considered inactive or lapsed based on how they were identified in the sampling, rather than their self-report with the exception of those who self-reported that their licenses were active (24 nurses). Thus, there are 30 nurses in the inactive sample who self-reported that their licenses were lapsed, and 14 nurses in the lapsed license sample who self-reported that their licenses were inactive. We excluded from the analyses four nurses (0.8%) who reported that they no longer resided in California. The dataset used for analysis thus contained 292 nurses who had been sampled for the inactive population, and 152 who had been sampled for the lapsed license population, which represents a 58.4% and 30.4% response rate, respectively, when considering all surveys mailed.

Table 1.4. Survey outcomes and response rates for registered nurses with inactive or lapsed California licenses, 2004 - 2008

	2004 – Inactive and lapsed	2006 – Inactive and lapsed	2008 – Inactive	2008 – Lapsed
Questionnaires mailed	4,635	1,000	500	500
In California	2,109	1,000	500	500
Outside California	2,526	0	0	0
Ineligible cases*	1,869	217	28	161
Eligible cases	2,766	783	472	339
Surveys returned	1,044	417	303	169
Refusals and incomplete surveys**	26	1	0	0
Total respondents	1,018	416	303	169
In California	627	416	303	165
Outside California	391	0	0	4
Response rate of all surveys mailed	22.0%	41.6%	60.6%	33.8%
Response rate of eligible population	36.8%	53.1%	64.2%	49.9%
Nurses removed from analysis due to self-reported license status***			11	13
Final analytic sample			292	152
Response rate of analytic sample			58.4%	30.4%

*Ineligible cases include surveys that were undeliverable or surveys returned with an indication that the nurse was deceased or disabled.

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

*** See Table 1.5.

Table 1.5. Self-reported license status by nurses responding to the Inactive/Lapsed survey, 2006 & 2008

Self-Reported Status	2006 – All respondents	2006 – Inactive	2006 - Lapsed	2008 – Inactive	2008 - Lapsed
Active	7.5%	6.0%	11.7%	3.6%	7.7%
Inactive	68.8%	89.6%	12.6%	86.5%	8.3%
Lapsed	23.8%	4.4%	75.7%	9.9%	84.0%
N	416	303	113	303	169

Representativeness of Inactive/Lapsed RN Respondents

Survey responses were examined to determine whether response bias existed. Table 1.6 presents the regional and age distributions of inactive RNs in the eligible population, and the distributions of responses. The regional response distribution is not statistically significantly different from the population distribution (Chi-squared = 2.73, $p < 0.99$). The age group distribution is statistically significantly different for the survey respondents than the general population (Chi-squared = 11.07, $p < 0.05$). Specifically, nurses in the oldest age category are over-represented, while those under the age of 54 are under-represented. We analyzed the data for nurses with inactive licenses using weights to adjust for different response rates among age categories; weights also were used in the analysis of the 2006 survey data for inactive RNs. We did not develop weights for both age and region because the sample size was not sufficient to do so.

Table 1.7 presents the regional and age distributions of RNs with lapsed licenses (who did not renew their licenses before expiration). The regional distribution of respondents is not statistically significantly different from that of the population (Chi-squared = 6.0, $p < 0.65$). The age distribution of respondents (Chi-squared = 31.6, $p < 0.00$), however, is statistically significantly different from the distribution of the population. RNs with expired licenses age 65 or older made up more than half of those responding to the survey. RNs over the age of 55 made up more than 75 percent of respondents. RNs in all other age groups are underrepresented. We analyzed the data for nurses with lapsed licenses using weights to adjust for different response rates among age categories; weights were not used to analyze the 2006 lapsed license population because the sample size was not sufficient for weighting in that year. We did not develop weights for both age and region because the sample size was not sufficient to do so.

Precision of estimates

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

Tables based on the full dataset of 5,440 nurses with active licenses may vary from the true population values by +/-1.3 percentage points from the values presented, with 95 percent confidence. Tables based on the dataset of 292 nurses with inactive licenses may vary from the true population values by +/-1.3 percentage points from the values presented, with 95 percent confidence. Tables based on the dataset of 152 nurses with lapsed licenses may vary from the true population values by +/-1.4 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 2006 and 2008 surveys as compared with previous years. However, because all previous surveys had relatively large sample sizes, they also provided estimates of the true population that are expected to be within a few percentage points of the true values.

Table 1.6. California’s inactive workforce, the survey sample, survey respondents, and the response rate, by region, 2008

Region	Counties	Actively Licensed RNs		Survey Sample		Survey Respondents		Response rate for analysis sample
		#	%	#	%	#	%	%
North of Sacramento	Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Siskiyou, Sierra, Tehama, Trinity	533	4.3%	12	2.4%	9	3.1%	75.0%
Sacramento	El Dorado, Placer, Sacramento, Sutter, Yolo, Yuba	896	7.2%	34	6.8%	23	7.9%	67.7%
San Francisco Bay Area	Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma	3,268	26.2%	124	24.8%	75	25.7%	60.5%
Central Valley & Sierra	Alpine, Amador, Calaveras, Fresno, Inyo, Kern, Kings, Madera, Mariposa, Merced, Mono, San Joaquin, Stanislaus, Tulare, Tuolumne	1,036	8.3%	46	9.2%	24	8.2%	52.2%
Central Coast	Monterey, San Benito, San Luis Obispo, Santa Barbara	477	3.8%	23	4.6%	13	4.5%	56.5%
Los Angeles	Los Angeles, Orange, Ventura	4,041	32.3%	164	32.8%	98	33.6%	59.8%
Inland Empire	Riverside, San Bernardino	1,066	8.5%	47	9.4%	22	7.5%	46.8%
Border	Imperial, San Diego	1,179	9.4%	50	10.0%	28	9.6%	56.0%
TOTAL		12,496	100.0%	500	100.0%	292	100.0%	58.4%
Under 35 years		110	0.9%	5	1.0%	1	.3%	20%
35-44 years		723	5.8%	29	5.8%	10	3.4%	34.5%
45-54 years		2,024	16.2%	81	16.2%	33	11.3%	40.7%
55-64 years		3,507	28.1%	140	28.0%	81	27.7%	57.9%
65 years and older		6,132	49.1%	245	49.0%	167	57.2%	68.2%
		12,496	100.0%	500	100.0%	292	100.0%	58.4%

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

Table 1.7. California’s lapsed workforce, the survey sample, survey respondents, and the response rate, by region, 2008

Region	Counties	Lapsed Licensed RNs		Survey Sample		Survey Respondents		Response rate for analysis sample
		#	%	#	%	#	%	%
North of Sacramento	Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Siskiyou, Sierra, Tehama, Trinity	214	4.3%	22	4.4%	9	5.9%	40.9%
Sacramento	El Dorado, Placer, Sacramento, Sutter, Yolo, Yuba	307	6.2%	31	6.2%	13	8.6%	41.9%
San Francisco Bay Area	Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma	1,141	23.1%	115	23.0%	37	24.3%	32.2%
Central Valley & Sierra	Alpine, Amador, Calaveras, Fresno, Inyo, Kern, Kings, Madera, Mariposa, Merced, Mono, San Joaquin, Stanislaus, Tulare, Tuolumne	450	9.1%	46	9.2%	14	9.2%	30.4%
Central Coast	Monterey, San Benito, San Luis Obispo, Santa Barbara	207	4.2%	20	4.0%	5	3.3%	25.0%
Los Angeles	Los Angeles, Orange, Ventura	1,521	30.7%	154	30.8%	50	32.9%	32.5%
Inland Empire	Riverside, San Bernardino	504	10.2%	51	10.2%	10	6.6%	19.6%
Border	Imperial, San Diego	606	12.2%	61	12.2%	14	9.2%	23.0%
TOTAL		4,950	100.0%	500	100.0%	152	100.0%	30.4%
Under 35 years		721	14.6%	70	14.0%	9	5.9%	14.2%
35-44 years		810	16.4%	82	16.4%	9	5.9%	13.4%
45-54 years		786	15.9%	81	16.2%	13	8.6%	17.3%
55-64 years		1,022	20.7%	103	20.6%	42	27.6%	40.8%
65 years and older		1,611	32.6%	164	32.8%	79	52.0%	48.2%
		4,950	100.0%	500	100.0%	152	100.0%	30.4%

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

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 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 331,553 at the time this survey was conducted, is described in this chapter.

Employment Status of RNs with Active Licenses

A high share of nurses is currently employed in a nursing position, defined as a position that requires an RN license. Nearly 87 percent of nurses with active licenses and California addresses were working at the time of the survey (Table 2.1). 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
Employed in nursing	82.6%	89.3%	84.2%	87.5%	86.7%	86.9%
Not employed in nursing	17.4%	10.7%	15.8%	12.5%	13.3%	13.1%
Number of respondents	2,724	2,476	2,955	4,280	4,346	4,890

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses.

There is some variation in employment rates according to the region, as shown in Table 2.2. Nurses living in the Inland Empire, Sacramento, the Central Valley, and Los Angeles are more likely to work than nurses outside California, Border counties, or the Central Coast.

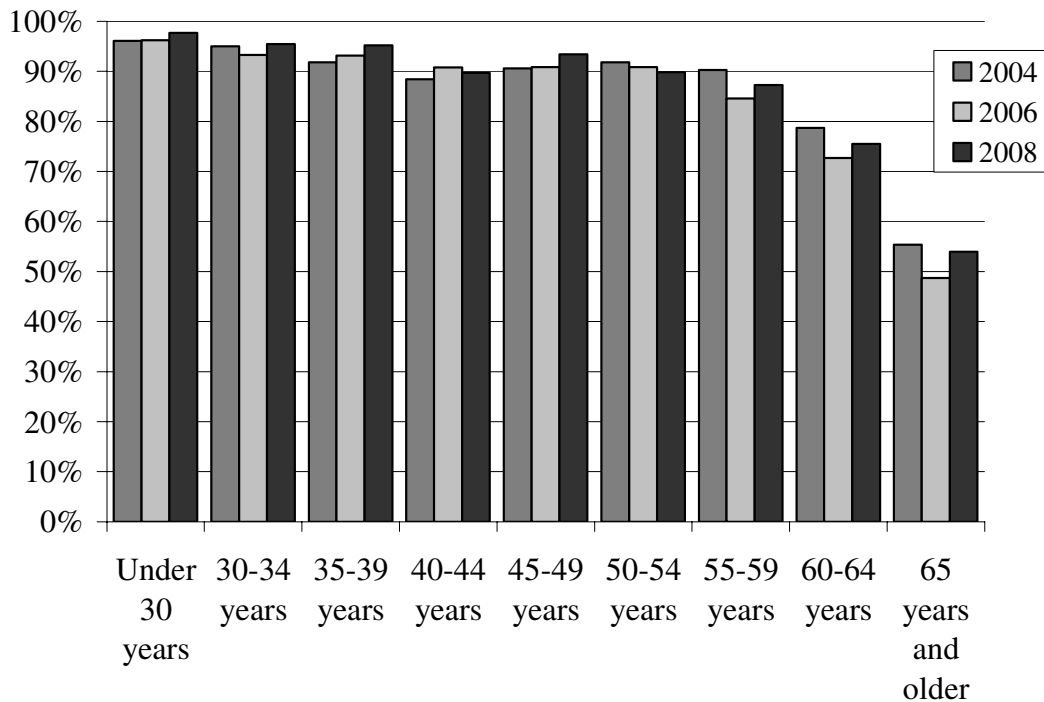
Table 2.2. Employment status of RNs with active California licenses, by region, 2008

	Employed in nursing	Not Employed in Nursing
Northern counties	85.1%	14.9%
Sacramento	87.8%	12.2%
San Francisco Bay Area	86.8%	13.2%
Central Valley & Sierra	87.8%	12.2%
Central Coast	82.6%	17.4%
Los Angeles	87.7%	12.3%
Inland Empire	89.3%	10.7%
Border Counties	82.6%	17.4%
Outside California	84.5%	15.5%

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

Age is closely related to employment among RNs, with older nurses being less likely to work than younger nurses. 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 40 years old are working in nursing positions. The share of nurses 50 years and older working in nursing positions has declined slightly since 2004.

Figure 2.1. Employment status of the statewide population of RNs with active California licenses, by age group, 2004-2008



Note: N=5,074. 2006 and 2008 data are weighted to represent all RNs with active licenses.

Table 2.3. Percent of RNs residing in California working in nursing, by age group, 2004-2008

	Employed in nursing, 2004	Employed in nursing, 2006	Employed in nursing, 2008
Under 30 years	96.1%	96.2%	97.7%
30-34 years	95.0%	93.3%	95.5%
35-39 years	91.8%	93.2%	95.2%
40-44 years	88.4%	90.8%	89.7%
45-49 years	90.6%	90.9%	93.4%
50-54 years	91.8%	90.9%	89.8%
55-59 years	90.3%	84.6%	87.2%
60-64 years	78.7%	72.7%	75.5%
65 years and older	55.4%	48.7%	54.0%

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses.

Age Distribution of California RNs

As seen in Table 2.4, 49 percent of nurses with active California licenses are 50 years or older. The population of nurses with California addresses has a similar age distribution to that of all nurses with California licenses.

Table 2.4. Age distribution of all RNs with active California licenses, 2006 and 2008

	All Active RNs		California Residents	
	2006	2008	2006	2008
Under 30 years	6.7%	6.1%	7.5%	6.1%
30-34 years	10.9%	10.0%	10.3%	9.3%
35-39 years	10.4%	11.9%	10.6%	11.5%
40-44 years	12.3%	11.1%	12.3%	11.2%
45-49 years	14.3%	12.0%	13.9%	12.3%
50-54 years	18.4%	17.1%	19.1%	17.0%
55-59 years	12.9%	13.8%	12.6%	14.1%
60-64 years	7.4%	9.8%	7.7%	9.8%
65 years and older	6.6%	8.3%	6.1%	8.8%

Note: N=5,440. Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

The age distribution of actively-licensed RNs varies by region in California, as seen in Table 2.5. The Northern Counties and Central Coast have a somewhat older population of nurses, on average, while nurses in the Central Valley, Inland Empire, and living outside California tend to be younger.

Table 2.5. Age distribution of RNs with active California licenses, by region, 2008

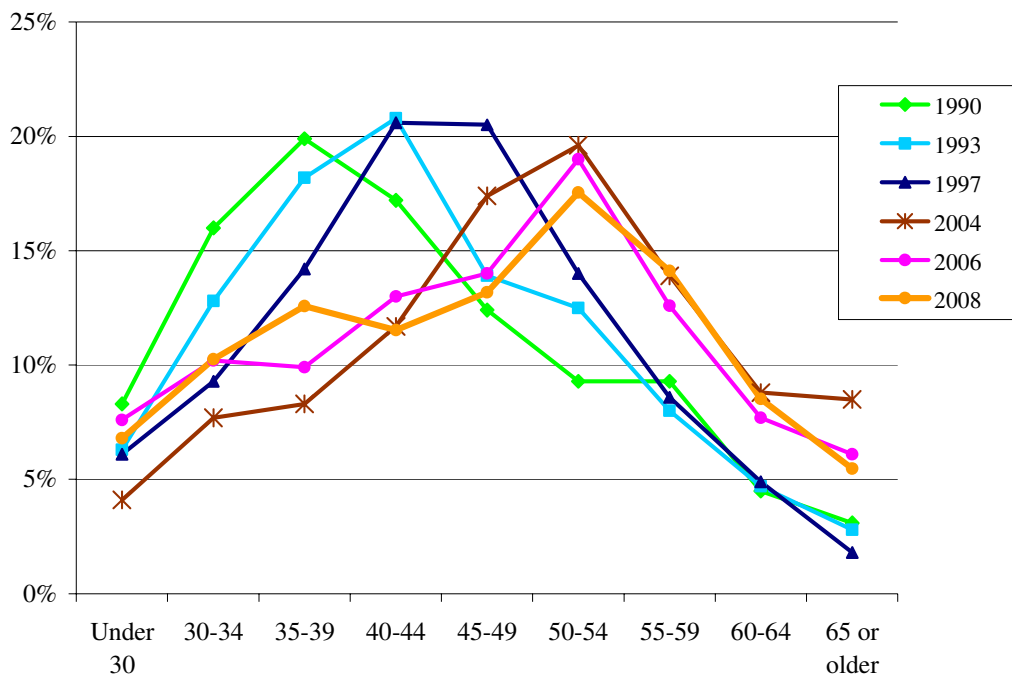
	Out of state	Northern Counties	Sacramento	Bay Area	Central Valley/ Sierra	Central Coast	Los Angeles	Inland Empire	Border Counties
Under 30 years	6.5%	3.8%	5.8%	6.1%	7.0%	4.4%	5.6%	6.3%	7.9%
30-34 years	13.5%	5.8%	8.1%	9.1%	9.0%	7.6%	10.3%	9.2%	9.8%
35-39 years	14.0%	7.9%	12.8%	11.7%	11.5%	8.1%	12.4%	9.8%	10.9%
40-44 years	10.4%	8.8%	10.1%	10.1%	12.2%	9.9%	11.2%	14.8%	10.6%
45-49 years	10.5%	13.2%	13.4%	11.9%	15.5%	9.6%	11.5%	13.3%	11.2%
50-54 years	17.8%	19.0%	16.7%	16.6%	14.8%	21.5%	16.9%	17.4%	17.9%
55-59 years	12.1%	20.1%	14.9%	14.7%	12.3%	17.6%	13.8%	11.8%	14.2%
60-64 years	9.7%	11.4%	9.8%	10.9%	10.1%	11.4%	8.9%	9.3%	9.6%
65 and over	5.7%	10.1%	8.4%	8.9%	7.7%	10.0%	9.4%	8.2%	8.0%

Note: N=5,440. Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

The average age of California's registered nursing workforce has increased in each survey period since 1990, until 2006. Figure 2.2 and Table 2.6 depict the age distribution of nurses who were working and residing in California for each survey year. In 1990, the largest share of nurses was 35 to 39 years; in

1993, the largest share of RNs was 40 to 44 years; in 1997, the peak was at 40 to 49 years; and since 2004, the largest share has been 50 to 54 years. Between 2006 and 2008 there has been growth in the share of nurses 35 to 39 years old, which corresponds to growth between 2004 and 2006 in the share of RNs 30 to 34 years old. Growth in the share of nurses under 40 years old is probably the result of expansions in the number of new RN graduates in California since 2000.

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



Note: 2006 and 2008 data are weighted to represent all RNs with active licenses.

Table 2.6. Age distribution of working registered nurses residing in California, by survey year

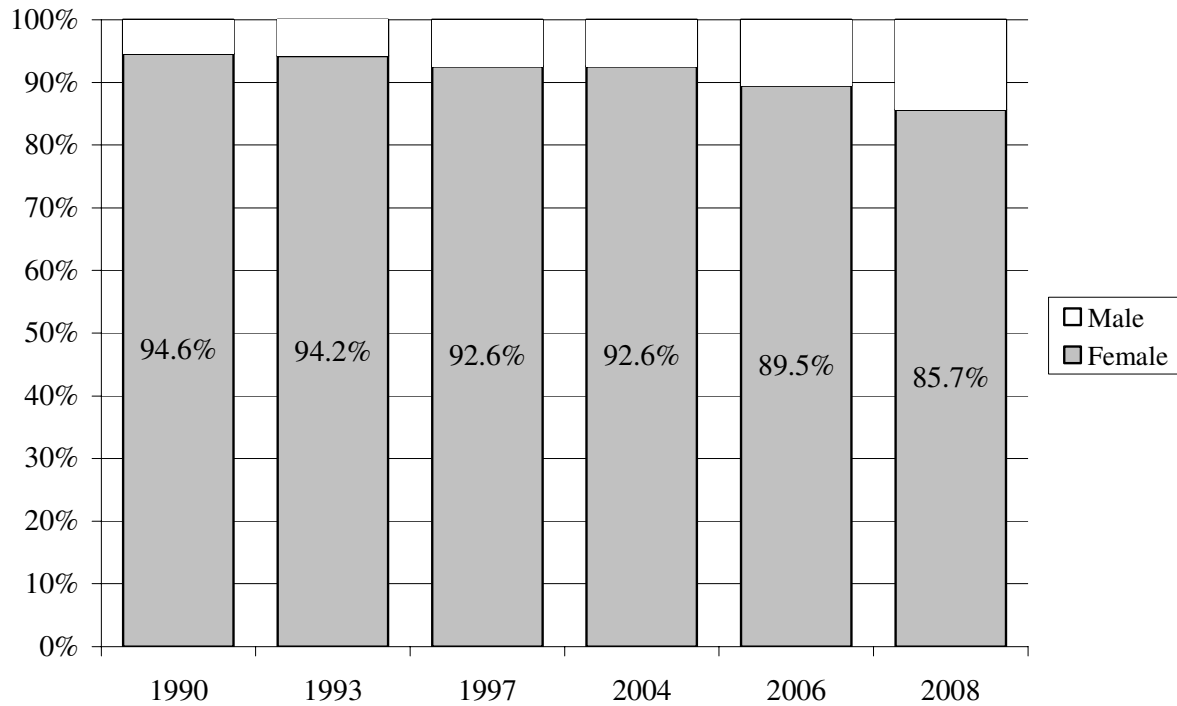
Age Groups	1990	1993	1997	2004	2006	2008
Under 30	8.3%	6.3%	6.1%	4.1%	7.6%	6.8%
30-34	16.0%	12.8%	9.3%	7.7%	10.2%	10.3%
35-39	19.9%	18.2%	14.2%	8.3%	9.9%	12.6%
40-44	17.2%	20.8%	20.6%	11.7%	13.0%	11.5%
45-49	12.4%	13.9%	20.5%	17.4%	14.0%	13.2%
50-54	9.3%	12.5%	14.0%	19.6%	19.0%	17.5%
55-59	9.3%	8.0%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

Note: Columns might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses.

Diversity of California's RN Workforce

Nursing continues to be predominantly female, although an increasing share of men has been entering the profession, as seen in Figure 2.3. In 2008, over 14 percent of working RNs were male, an increase from 10.5 percent in 2006. Table 2.7 presents the gender mix of all actively licensed RNs residing in California, both working and not working in nursing. Nurses under 45 years have the greatest share of men, who represent over 18 percent of nurses in this age group.

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



Note: Columns might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses.

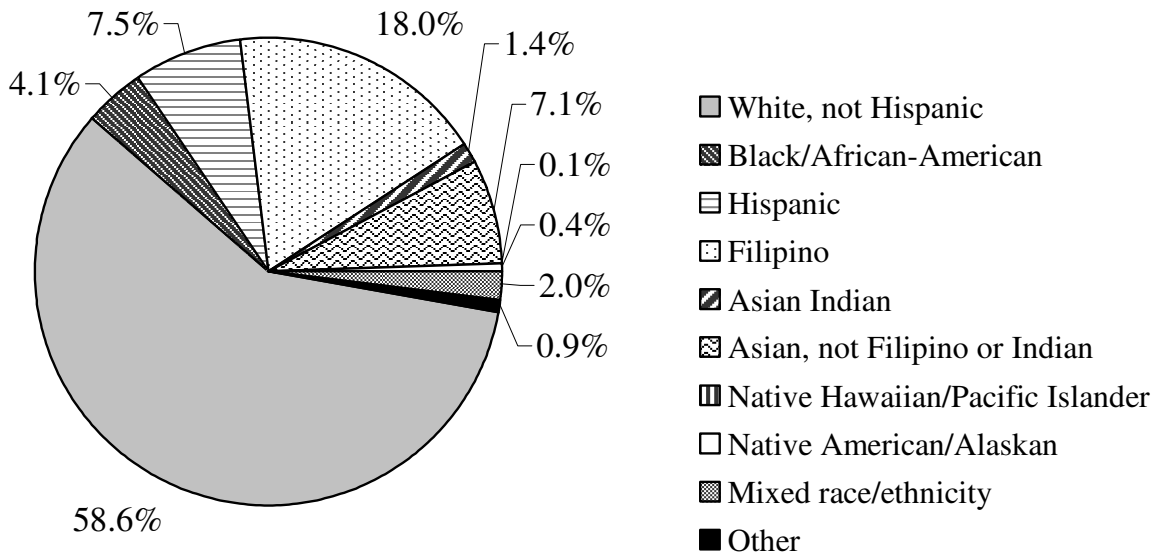
Table 2.7. Gender of active RNs who reside in California, by age group, 2008

	Female	Male
All RNs	86.2%	13.8%
Under 35 years	81.2%	18.8%
35-44 years	82.2%	17.8%
45-54 years	87.0%	13.0%
55-64 years	89.2%	10.8%
65 years and older	94.6%	5.4%

Notes: Data are weighted to represent all RNs with active licenses. N=4,890.

Figure 2.4 presents the racial and ethnic composition of RNs with active licenses who reside in California. Nearly 60 percent of actively-licensed RNs are white, and Filipinos represent 18 percent of the RN workforce. Hispanic and Latino nurses account for 7.5 percent of the nursing workforce, and Asians who are not Filipino comprise 8.5 percent. Black/ African-American nurses represent 4.1 percent of California’s active nurses.

Figure 2.4. Ethnic and racial composition of RNs with active California licenses residing in California, 2008



Note: N=4,726. 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 percent of the workforce, and in 2008 only 58.6 percent of employed nurses are white. Filipinos make up the next largest ethnic group of nurses, accounting for 13 percent of working RNs in 1993 and 18 percent in 2008. There has been growth in the share of working RNs who are of Asian Indian or Other Asian descent as well from 4.8 in 1993 to 8.5 percent in 2009. The share of nurses who are of Hispanic descent more than doubled between 1990 and 2008, reaching 7.5 percent. The shares of Black/African-American, Native American, and Pacific Islander nurses have remained stable from 1990 through 2008.

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

Racial/Ethnic backgrounds	1990	1993	1997	2004	2006	2008
White, not Hispanic	77.2%	72.6%	64.5%	61.5%	62.0%	58.6%
Hispanic	3.7%	4.5%	4.9%		5.7%	7.5%
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%
Asian, Southeast Asian or Pacific Islander	12.7%	*	*			
Filipino	*	13.4%	15.9%	18.2%	17.7%	18.0%
Asian Indian	*	0.4%	1.2%	1.0%	0.8%	1.4%
Other Asian	*	4.4%	5.5%	5.9%	5.8%	7.1%
Pacific Islander	*	0.3%	0.2%	0.2%	0.2%	0.1%
Native American Indian/American Eskimo	0.6%	0.5%	0.5%	0.3%	0.8%	0.4%
Mixed	*	*	*	1.6%	2.3%	2.0%
Other	1.2%	0.5%	2.4%	1.3%	0.3%	0.8%
Number of Cases	2,251	2,179	2,458	2,948	3,712	4,756

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

Note: Columns might not total 100% due to rounding. 2006 and 2008 data 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 fewer than 44 percent of RNs under age 45 years. Among this group, Filipino nurses represent nearly a quarter of this younger population, and non-Filipino Asians another 9 percent. Twelve percent of nurses in this age group are Hispanic or Latino.

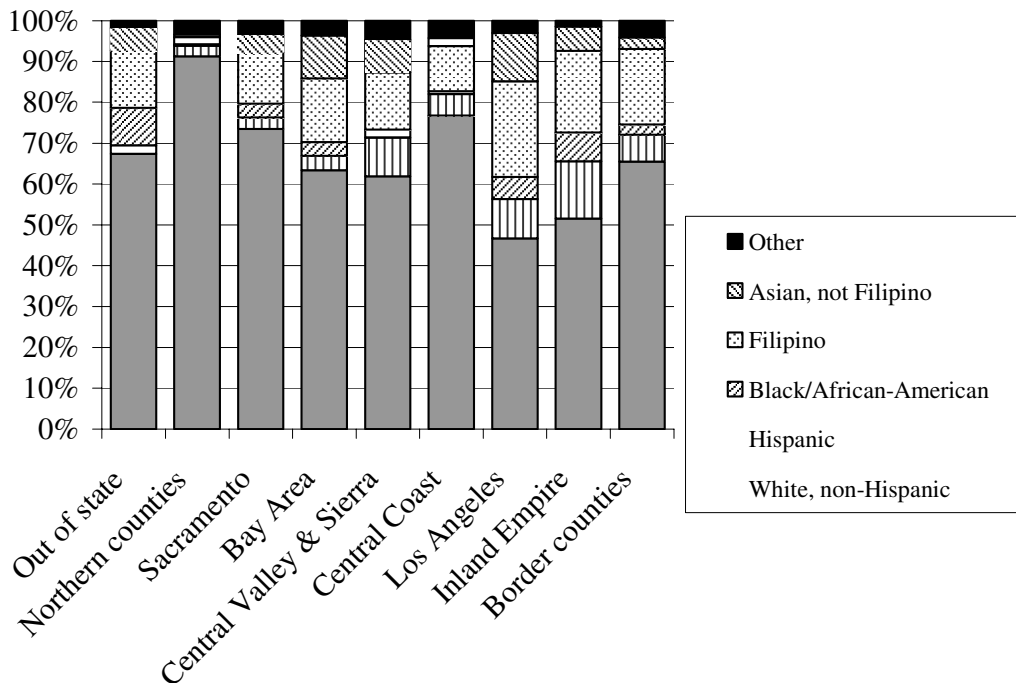
Table 2.9. Ethnic and racial composition of RNs with active California licenses residing in California, by age group, 2008

	Under 35 years	35-44 years	45-54 years	55-64 years	65 years and older
White, not Hispanic	44.0%	43.5%	63.0%	69.8%	77.8%
Black/African-American	2.0%	4.6%	4.9%	3.0%	6.8%
Hispanic/Latino	11.6%	12.5%	5.5%	3.9%	4.1%
Filipino	24.7%	25.6%	16.3%	12.9%	6.3%
Asian Indian	2.9%	2.0%	0.7%	1.0%	0.2%
Asian, not Filipino or Indian	9.8%	8.5%	6.7%	5.9%	3.6%
Native Hawaiian/Pacific Islander	0.1%	0.3%	0.1%	0.2%	0.1%
Native American/Alaskan	0.2%	0.1%	0.5%	0.6%	0.3%
Mixed race/ethnicity	2.9%	2.0%	2.1%	2.0%	0.4%
Other	1.8%	1.0%	0.3%	1.0%	0.3%

Notes: N=4,726. Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

There are regional differences in the racial and ethnic composition of actively licensed RNs, as seen in Figure 2.5 and Table 2.10. Nurses in the Northern Counties and Central Coast are less diverse than those in the Los Angeles region and Inland Empire. Asian and Filipino nurses comprise a greater share of the RN workforce in the San Francisco Bay Area, Los Angeles and Inland Empire, while Hispanic/Latino nurses are better-represented in the Inland Empire, Los Angeles, and the Central Valley.

Figure 2.5. Ethnic and racial composition of RNs with active California licenses, by region, 2008



Notes: Data are weighted to represent all RNs with active licenses. Data for Figure 2.5 can be found in Table 2.10.

Table 2.10. Ethnic and racial composition of RNs with active California licenses, by region, 2008

	White, non-Hispanic	Hispanic	Black/African-American	Filipino	Asian, not Filipino	Other
Out of state	67.3%	2.2%	9.1%	14.0%	5.5%	1.8%
Northern counties	91.3%	2.6%	0.3%	1.8%	0.6%	3.4%
Sacramento	73.6%	2.8%	3.4%	12.5%	4.2%	3.6%
San Francisco Bay Area	63.4%	3.5%	3.4%	15.5%	10.5%	3.7%
Central Valley/ Sierra	61.8%	9.6%	1.9%	14.1%	7.9%	4.7%
Central Coast	76.8%	5.2%	0.7%	11.0%	2.0%	4.2%
Los Angeles	46.7%	9.6%	5.4%	23.4%	11.8%	3.0%
Inland Empire	51.5%	14.1%	7.1%	20.0%	5.9%	1.5%
Border counties	65.5%	6.6%	2.5%	18.5%	2.8%	4.1%

Note: N=5,244. Rows might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Ethnic diversity is associated with language diversity among California’s registered nurses. As seen in Table 2.11, Tagalog and other Filipino languages are spoken by over 16 percent of all RNs living in California, and 18 percent of working RNs. Spanish is spoken by 12 percent of working RNs. Mandarin is spoken by 2.3 percent of working RNs, and Cantonese by 1.6 percent. Smaller shares of RNs speak Korean, Vietnamese, or South Asian languages. Eight percent of working RNs reported that they speak some other language fluently; the most-often cited languages were French and German.

Table 2.11. Languages spoken by RNs with active licenses who live in California, by employment group, 2006 and 2008

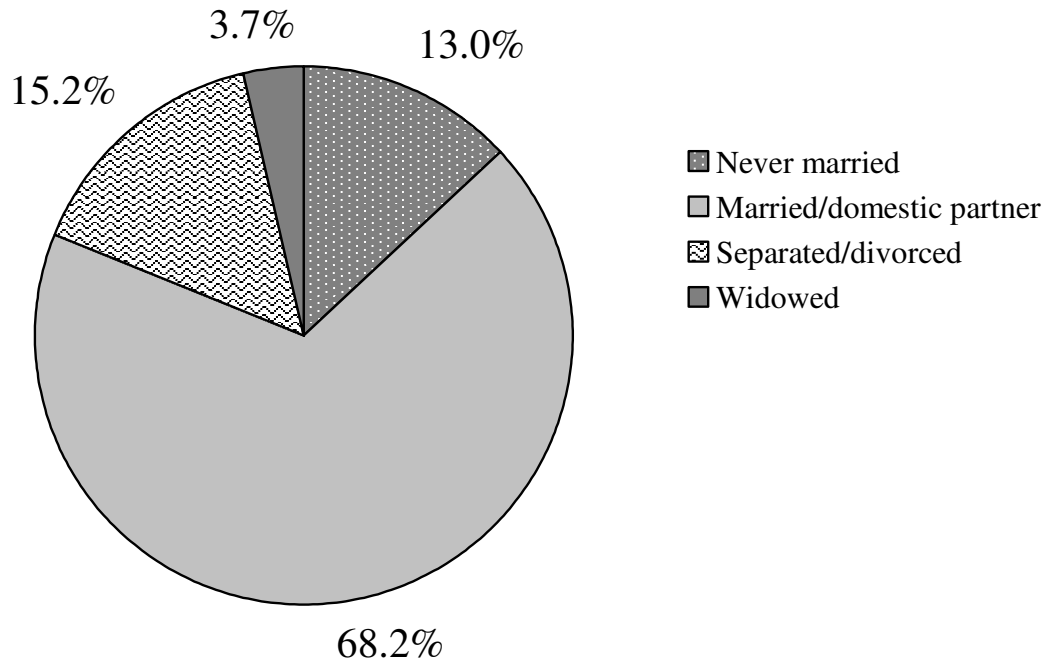
	All RNs		Working RNs	
	2006	2008	2006	2008
Tagalog	13.6%		15.8%	
Tagalog or other Filipino language		16.6%		18.1%
Spanish	10.3%	11.4%	11.1%	12.1%
Mandarin	1.2%	2.2%	1.4%	2.3%
Korean	1.1%	1.1%	1.1%	1.3%
Hindi	0.8%		0.7%	
Hindi or other South Asian language		1.3%		1.5%
Cantonese	0.8%	1.5%	0.8%	1.6%
Vietnamese	0.5%	0.6%	0.6%	0.7%
Other	8.0%	8.0%	8.1%	8.0%

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

Families of California’s RNs

Most of California’s actively licensed RNs (68.2%) are married or in a domestic partner relationship, as seen in Figure 2.6. Over Fifteen percent are separated or divorced, and thirteen percent have never married. The remaining 3.7% are widowed. The share of working RNs that is married has been stable since 1990, as presented in Table 2.12.

Figure 2.6. Marital status of RNs with active California licenses who live in California, 2008



Note: N=5,074. Data are weighted to represent all RNs with active licenses.

Table 2.12. Current marital status of currently working registered nurses residing in California, by survey year

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

Note: Columns might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses.

Many of California's nurses have children living at home, as seen in Table 2.13. In 2008, half of working nurses had at least one child living at home. The proportion of working RNs with children at home has declined since 1990, from 60 percent to 51 percent.

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

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

Note: Columns might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses.

There also has been a change in the ages of children living at home, as seen in Table 2.14. Between 2004 and 2008, the share of working nurses with children 2 years and younger increased from 13 percent to nearly 19 percent, and the share with children 3 to 5 years old grew from 14 percent to over 16 percent.

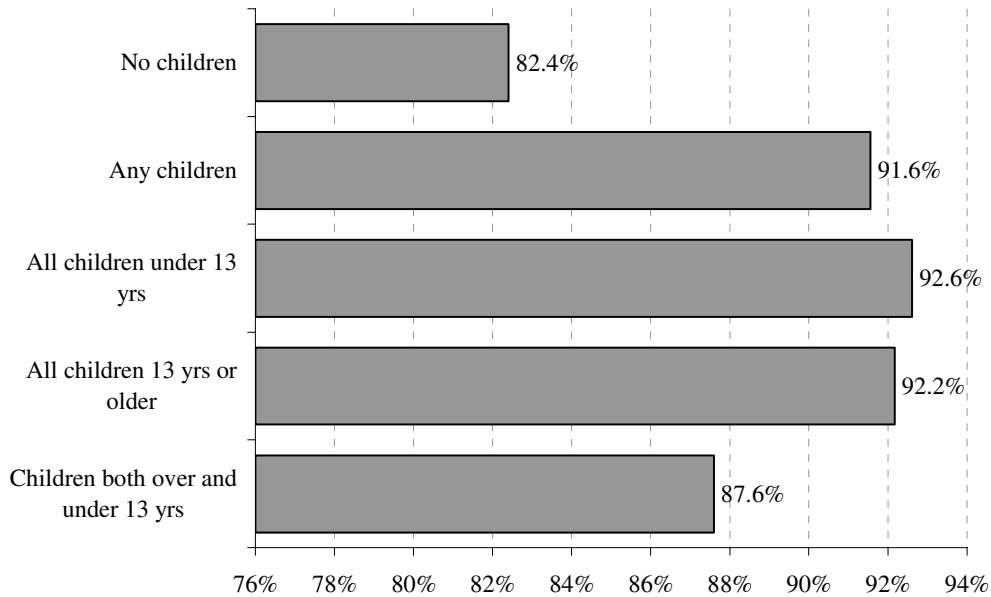
Table 2.14. Percent of nurses with children living at home who have children in specified age groups, for currently working registered nurses residing in California, 2004-2008

Ages of children	2004	2006	2008
Birth to 2 years	13.0%	16.9%	18.9%
3-5 years	14.2%	16.8%	16.3%
6-12 years	34.2%	32.8%	33.5%
13-18 years	39.2%	33.1%	37.4%
Over 18	33.9%	38.3%	34.7%

Notes: Some nurses have children in more than one age group, so columns will not total 100%. 2006 and 2008 data are weighted to represent all RNs with active licenses.

California RNs with children at home were more likely to be employed in nursing than RNs with no children at home, as seen in Figure 2.7. Over 90 percent of RNs with children at home are employed in nursing, compared with only 82 percent of those without children at home. This is likely associated with age; nurses without children at home tend to be older. Employment also is examined by whether the RN has children older or younger than 13 years, when children normally are at an age when paid child care is not required. Nurses whose children are all younger than 13 years were more likely to work than other nurses (92.6%).

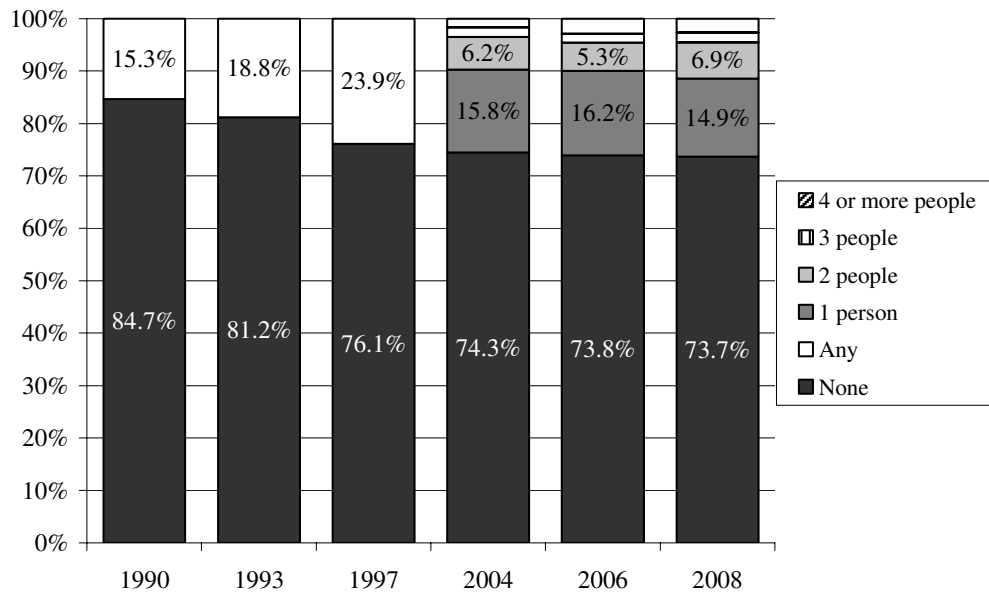
Figure 2.7. Employment rates of RNs who live in California and have children at home, 2008



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

Registered nurses were asked if there were other people (spouse, parents, grandchildren, friends) who were dependent on them for care. The percentage who answered “yes” increased from 15 percent in 1990 to 26 percent in 2008 (Figure 2.8). Most of the nurses with other dependents said they had one or two people dependent on them for care.

Figure 2.8. Number of other people (spouse, parents, grandchildren, friends) dependent on currently working registered nurses residing in California for care, 2004-2008

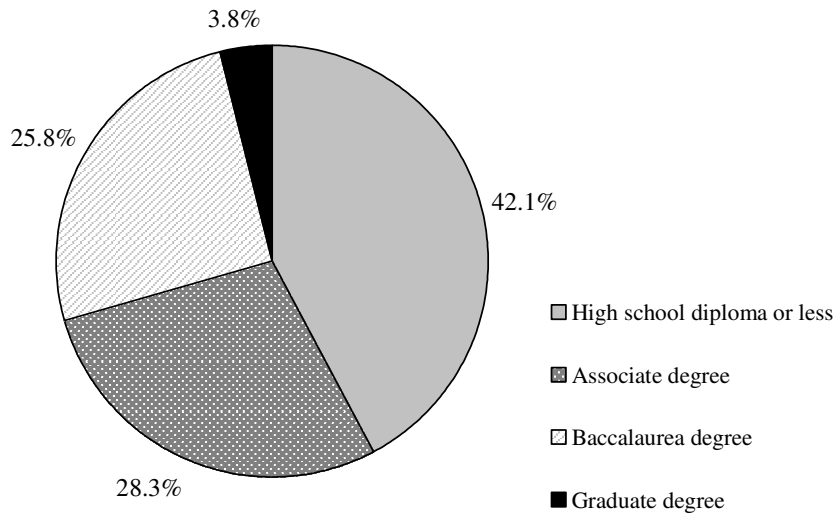


Note: 2006 and 2008 data are weighted to represent all RNs with active licenses. Surveys in 1990, 1993, and 1997 did not ask the number of dependents.

Education and Licensure of California's Nursing Workforce

Over half of California's nurses with active licenses had a college degree before completing a basic pre-licensure nursing education program, as seen in Figure 2.9. An associate degree was held by 28.3 percent of nurses, 25.8 percent had a baccalaureate degree, and 3.8 percent had a graduate degree before attending nursing school.

Figure 2.9. Highest education obtained prior to basic nursing education for RNs with active California licenses who reside in California, 2008



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

As seen in Table 2.15, the share of working RNs who had completed a college degree prior to enrolling in their basic nursing education has grown each year from 1990 to 2008, with a particularly notable increase between 2004 and 2006. The proportion of working RNs who had a baccalaureate degree prior to basic nursing education increased from 11 percent in 1990 to 26.5 percent in 2008. This trend suggests that there are increasing numbers of nursing students who may be entering nursing as a second career.

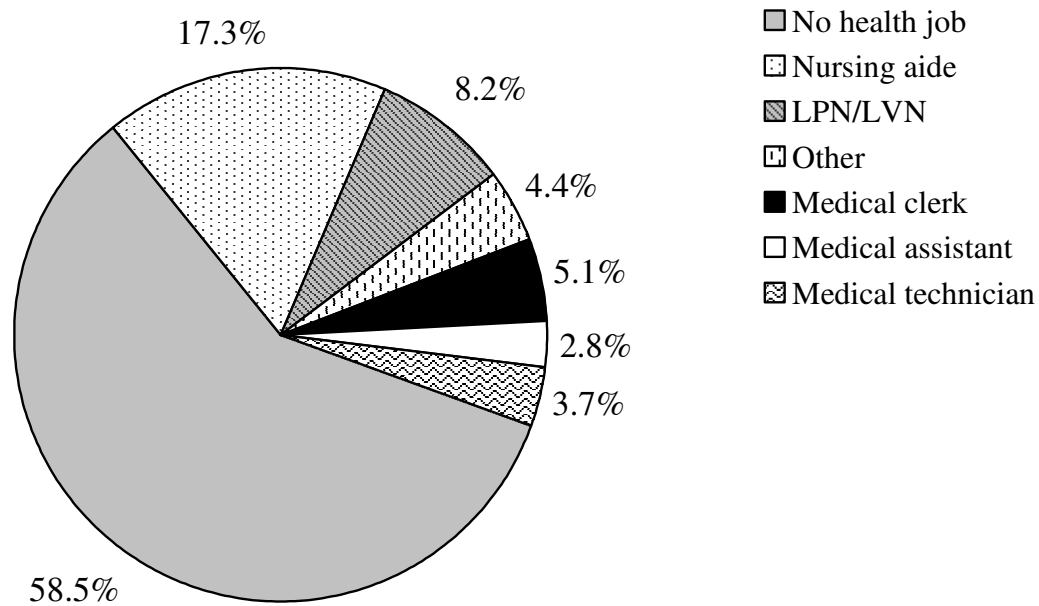
Table 2.15. Highest levels of education completed prior to basic nursing education by currently working registered nurses residing in California, by survey year

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

Note: Columns might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses.

Over 40 percent of RNs who live in California worked in a health occupation before attending a nursing program, as seen in Figure 2.10. Over 17 percent of RNs worked as a nursing aide prior to completing basic RN education, and 8 percent were licensed practical/vocational nurses. Five percent worked as clerks, while others were medical assistants and technicians. “Other” previous work included experience in the military with medical corps assignments, and working as nurses or physicians in other countries prior to completing an education program to be licensed as a RN in the United States.

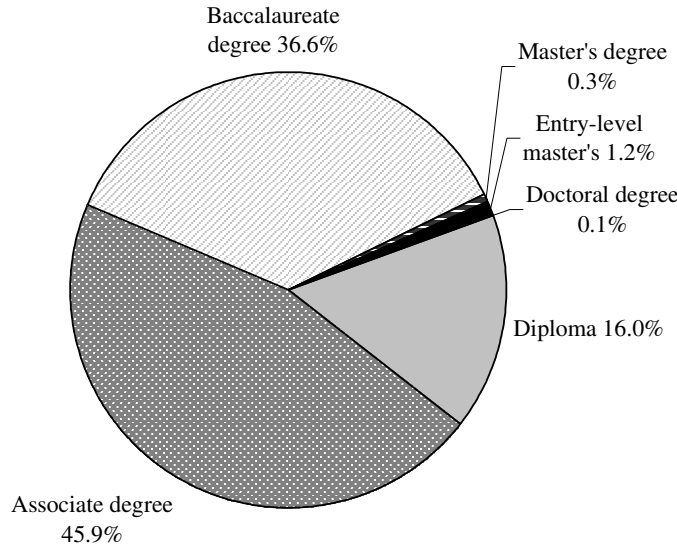
Figure 2.10. Employment in health occupations prior to basic nursing education for RNs with active California licenses who live in California, 2008



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

Figure 2.11 presents the shares of nurses whose primary nursing education was a diploma, an associate degree, a baccalaureate of science in nursing (BSN), a master’s degree, an entry-level master’s program, or a doctoral program. Most of California’s RNs entered the profession with an Associate Degree (45.9%). Baccalaureate RN education served as basic education for over thirty-six percent of RNs, and sixteen 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.

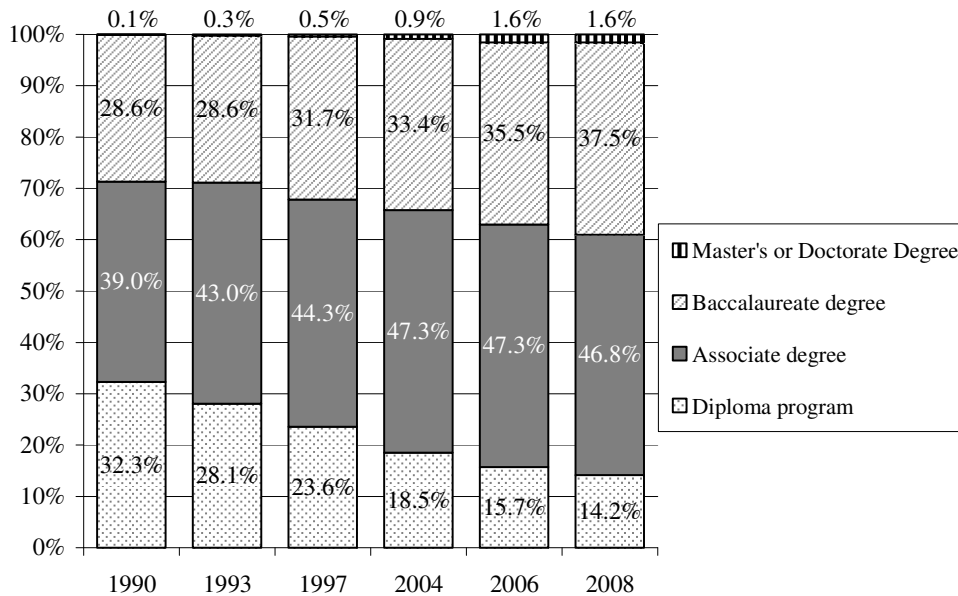
Figure 2.11. Pre-licensure RN education completed by the statewide population of RNs with active California licenses, 2008



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

As seen in Figure 2.12, 32 percent of working RNs had received their pre-licensure education in a diploma program in 1990; this share decreased to 14.2% in 2008. Simultaneously, the shares of RNs whose pre-licensure education was in baccalaureate and graduate degree programs has increased, while the associate degree share has been stable since 2004. Since 2004, more than a third of California's working RNs entered the profession with a baccalaureate of science in nursing.

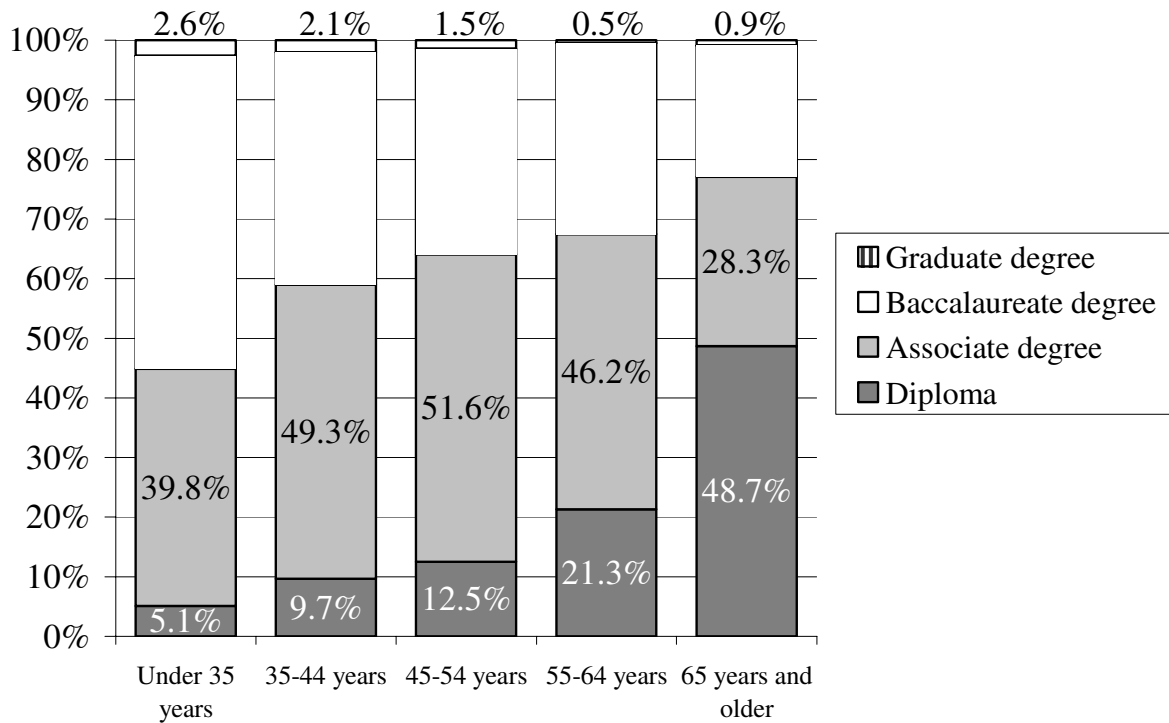
Figure 2.12. Basic pre-licensure education of currently working RNs residing in California, by survey year



Note: 2006 and 2008 data are weighted to represent all RNs with active licenses.

Figure 2.13 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 five percent of California’s nurses under 35 years old received a diploma. Over half of nurses under 35 years old received a BSN for their pre-licensure education.

Figure 2.13. Basic pre-licensure RN education completed by the statewide population of RNs with active California licenses, by age group, 2008



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

Table 2.16 presents the average age of nurses at the time they graduated from their pre-licensure RN education program from 1990 through 2008; the average age has increased only slightly from 25.4 in 1990 to 27.0 in 2008.

Table 2.16. 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
Mean	25.4	26.0	26.3	26.9	27.1	27.0
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

*A standard deviation computation was not feasible with the weighting scheme used with the 2006 and 2008 data.

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses.

The age distribution of RNs at the time of their graduation is provided in Table 2.17, both overall and by age group. The first column, labeled “All nurses” shows that 54 percent of California’s active RNs completed their nursing education when they were younger than 25 years. An additional 20 percent were between 25 and 29 years. However, as the remaining columns show, the average age at graduation has been rising over the decades. In the 1950s and 1960s, over 90 percent of nursing graduates were in their early 20s. This pattern changed in the 1970s, when less than 75 percent of RN graduates were under 25 years. By the 2000s, only 26 percent of pre-licensure graduates were under 25 years old, and 45 percent of pre-licensure graduates were 30 years or older.

Table 2.17. Age distribution at time of graduation from pre-licensure RN education, for RNs with active California licenses who reside in California, 2008

Age at graduation	All nurses	Decade of graduation					
		1950s	1960s	1970s	1980s	1990s	2000s
Under 25	53.7%	94.9%	93.8%	75.1%	48.9%	43.9%	26.4%
25-29 years	20.2%	4.5%	4.6%	14.3%	26.3%	20.1%	28.4%
30-34 years	11.0%	0.6%	1.0%	7.5%	12.1%	12.8%	16.9%
35-39 years	7.3%	0.0%	0.4%	2.1%	7.7%	10.2%	12.5%
40-44 years	4.5%	0.0%	0.2%	0.7%	3.5%	8.4%	7.5%
45 and older	3.3%	0.0%	0.0%	0.4%	1.5%	4.7%	8.3%

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

Over half of California’s working RNs received their basic nursing education in California (55.1%), as seen in Table 2.18. Over 20 percent were educated in other states and over 20 percent are international graduates. The share of working California RNs who were initially educated overseas has increased from 13 percent in 1990 to 23.5 percent in 2008, while the share educated in other states has declined from 33 percent in 1990 to 21.4 percent in 2008. The other states and countries in which most of California’s nurses received their pre-licensure education include New York (2.0%), Illinois (1.3%) Korea (1.1%) and the Philippines (14.9%).

Table 2.18. Locations where currently working registered nurses residing in California received basic nursing education, by survey year

	1990	1993	1997	2004	2006	2008
California	53.3%	53.2%	55.1%	58.3%	56.7%	55.1%
Other States	33.3%	30.4%	24.0%	22.2%	25.6%	21.4%
International	13.0%	16.3%	20.9%	19.4%	17.8%	23.5%
Number of respondents	2,240	2,201	2,366	2,894	3,732	4,076

Note: Columns might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses.

Many California nurses maintain licenses in other states. Table 2.19 presents the share of working nurses who reside in California who have a nursing license in at least one other state. In 2008, 12 percent had at least one other license; this share has fluctuated substantially over the years. 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 2.19. Percentage of currently working registered nurses residing in California who also hold a nursing license in another state, by survey year

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

Note: Columns might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses.

Many nurses pursue additional education after their pre-licensure education, as seen in Table 2.20. About 40 percent of nurses with active California licenses received some additional education. The most commonly received degree is a baccalaureate of science in nursing (BSN), with 21 percent of RNs receiving this after their pre-licensure education. Over twelve percent of nurses eventually receive a master's degree in nursing. Some nurses pursue additional education in non-nursing fields; for example, 5.6 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.

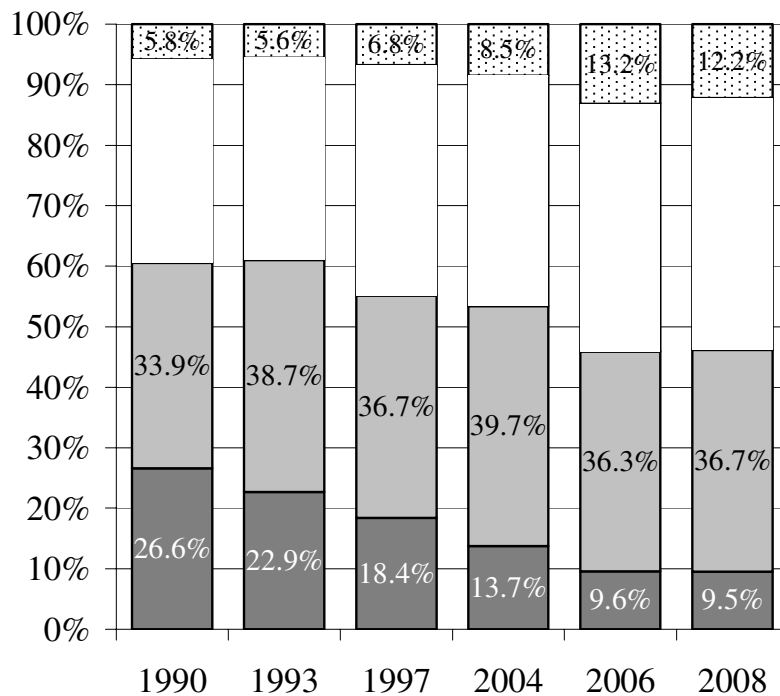
Table 2.20. Additional degrees completed after pre-licensure education by RNs with active California licenses who reside in California, 2008

	All	Under 35 years	35-44 years	45-54 years	55-64 years	65 years and older
No additional degrees	59.8%	69.5%	65.3%	58.0%	56.5%	43.4%
AD – Nursing	7.1%	7.7%	7.5%	6.7%	6.7%	7.4%
BSN	21.3%	17.9%	21.3%	24.0%	19.6%	23.1%
MSN	12.5%	7.3%	10.9%	13.4%	15.4%	15.1%
Doctorate in nursing	0.3%	0.0%	0.3%	0.4%	0.5%	0.3%
AD – Non-nursing	2.5%	3.1%	1.5%	2.5%	2.4%	4.2%
BS/BA – Non-nursing	5.6%	1.9%	3.7%	5.2%	7.7%	12.7%
MS/MA – Non-nursing	5.6%	1.4%	3.3%	5.4%	8.1%	12.6%
Doctorate – Non-nursing	1.2%	0.3%	0.5%	1.0%	2.5%	2.3%

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

Figure 2.14 presents the highest level of nursing education received by working nurses, from 1990 through 2008. The share of RNs with a graduate degree in nursing has risen from 5.8 percent in 1990 to 12.2 percent in 2008. Fewer than half of California’s nurses report that their highest nursing education is an Associate Degree or Diploma.

Figure 2.14. Highest nursing degree earned by currently working registered nurses residing in California, by survey year



Note: 2006 and 2008 data are weighted to represent all RNs with active licenses.

Table 2.21 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 percent of diploma graduates had not obtained additional nursing degrees, while 14 percent had baccalaureate degrees and three percent had graduate degrees. In 2008, many more diploma graduates had obtained additional nursing education; only 67.5 percent had not. The share of nurses whose initial education was an associate degree in nursing who obtained additional degrees also has risen, from 13 percent in 1990 to nearly 24 percent in 2008.

Table 2.21. 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 (# 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%
1993 Survey (# cases)	617	945	627
Diploma program	81.4%	-----	-----
Associate degree	0.3%	87.6%	-----
Baccalaureate degree	13.5%	10.2%	89.6%
Master's or Doctorate Degree	4.9%	2.2%	10.4%
1997 Survey (# 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 (# 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%	.216%
2006 Survey (# cases)	606	1,761	1,275
Diploma program	61.0%	-----	-----
Associate degree	8.8%	74.0%	-----
Baccalaureate degree	20.2%	17.4%	81.4%
Master's or Doctorate Degree	10.1%	8.6%	18.6%
2008 Survey (# 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%

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses.

Nurses can specialize in a variety of fields, and obtain certification to demonstrate advanced practice or specialized knowledge. Table 2.22 presents information about certifications in various specializations received by working RNs from the California Board of Registered Nursing. The share of RNs who have such certification has risen over time. In 1993, fewer than 17 percent of working RNs reported they had no additional certification, but by 2008, 22 percent had some sort of certification. The share of working RNs with a Nurse Practitioner certification has doubled, from 3.5 percent in 1990 to 7.1 percent in 2008. There also has been growth in Public Health Nursing. Growth in the share of working RNs with Public Health certification is probably related to the increasing share of nurses obtaining bachelor's degrees in nursing, since BSN programs in California provide the coursework required to obtain this certification.

Table 2.22. 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
No additional certifications	83.6%	79.0%	75.6%	76.3%	77.9%
Nurse Anesthetist	0.9%	0.5%	0.3%	0.6%	0.4%
Nurse Midwife	1.2%	1.5%	0.2%	2.0%	0.6%
Nurse Midwife with Furnishing Number	0.4%	0.1%	0.0%	*	*
Nurse Practitioner	2.2%	3.2%	1.5%	6.6%	7.1%
Nurse Practitioner with Furnishing Number	1.3%	2.4%	2.3%	*	*
Public Health Nurse	11.1%	14.1%	15.7%	15.5%	16.9%
Psychiatric/Mental Health Nurse	2.2%	2.2%	1.0%	3.4%	1.1%
Clinical Nurse Specialist	*	*	3.4%	2.8%	2.7%
Number of Cases	2,212	2,489	2,698	3,282	3,532

* Item was not requested in the survey year.

Notes: Information about additional certifications was not obtained in the 1990 survey. Nurses can have more than one certification, so columns will not total 100%. 2006 and 2008 data are weighted to represent all RNs with active licenses.

Some of California’s nurses are currently enrolled in a nursing degree or specialty certification program. Table 2.23 provides information about these nurses. Overall, 7 percent of RNs reporting being enrolled in school, with a higher share among younger RNs. Of those enrolled, most are working toward a BSN (34.4%) or master’s degree (38.5%). Nurses are using a variety of resources to finance their education, and many report more than one source of support. More than three-fourths are using personal or family resources to support their education. Over one-third are benefiting from employer-provided tuition reimbursement, with younger RNs being more likely to have this financing. Over eight percent have received a loan, scholarship, or other financial aid from a state or local government agency.

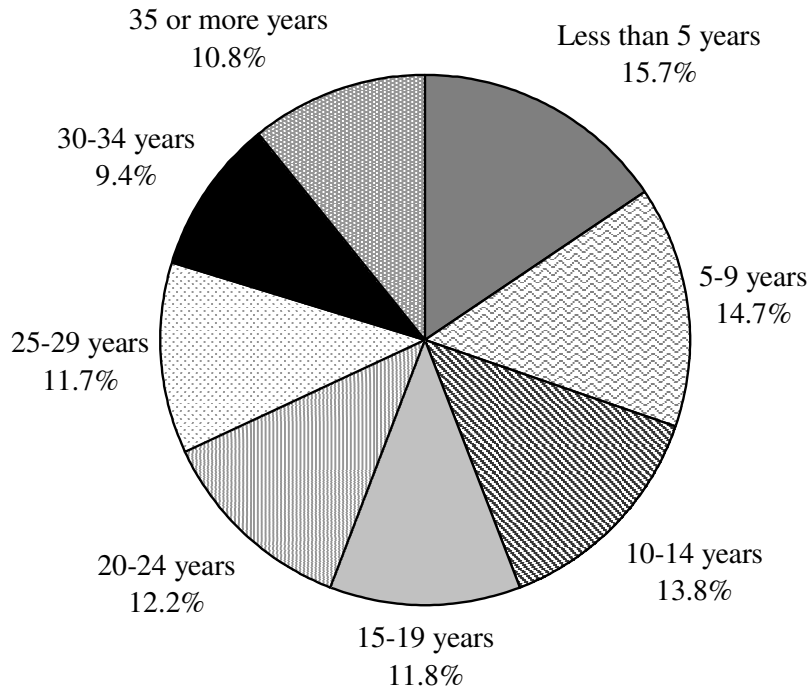
Table 2.23. Current enrollment in nursing degree or specialty certification program among the statewide population of RNs with active California licenses, by age group, 2008

	All nurses	Under 35 years	35-44 years	45-54 years	55-64 years	65 years and older
Currently enrolled	7.0%	9.0%	10.7%	7.4%	3.5%	2.4%
Of those enrolled, objective is...						
Associate Degree	1.0%	5.0%	0.0%	0.0%	0.0%	0.0%
Baccalaureate Degree	34.4%	34.0%	42.4%	32.4%	24.7%	0.0%
Master’s Degree	38.5%	39.8%	39.2%	42.1%	28.4%	20.9%
Doctoral Degree	4.9%	4.1%	5.9%	3.5%	5.6%	12.9%
Non-degree specialty certification	21.2%	17.0%	12.5%	22.0%	41.2%	66.3%
Tuition and fees are financed by...						
Personal/family resources	76.7%	83.3%	83.5%	66.2%	74.8%	71.8%
Federal government	3.1%	4.3%	0.0%	6.5%	0.0%	7.2%
State/local government	8.6%	18.8%	5.2%	10.1%	0.0%	0.0%
University fellowship	1.6%	2.6%	0.8%	0.8%	4.2%	0.0%
Employer tuition reimbursement	34.5%	41.4%	36.5%	33.1%	25.0%	21.0%
Federally assisted loan	9.7%	14.9%	8.6%	11.3%	3.2%	0.0%
Non-government scholarship, loan, grant	8.7%	16.2%	2.9%	11.0%	9.4%	0.0%
Other	2.7%	2.0%	2.8%	2.7%	4.2%	0.0%

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

Nursing competency is achieved through both education and experience. Figure 2.15 presents reported years of experience, excluding years during which nurses did not work in nursing. Thirty percent of California's active nurses have fewer than 10 years of experience, while 44 percent have at least 20 years of experience.

Figure 2.15. Years of experience in nursing among RNs with active California licenses who reside in California, 2008



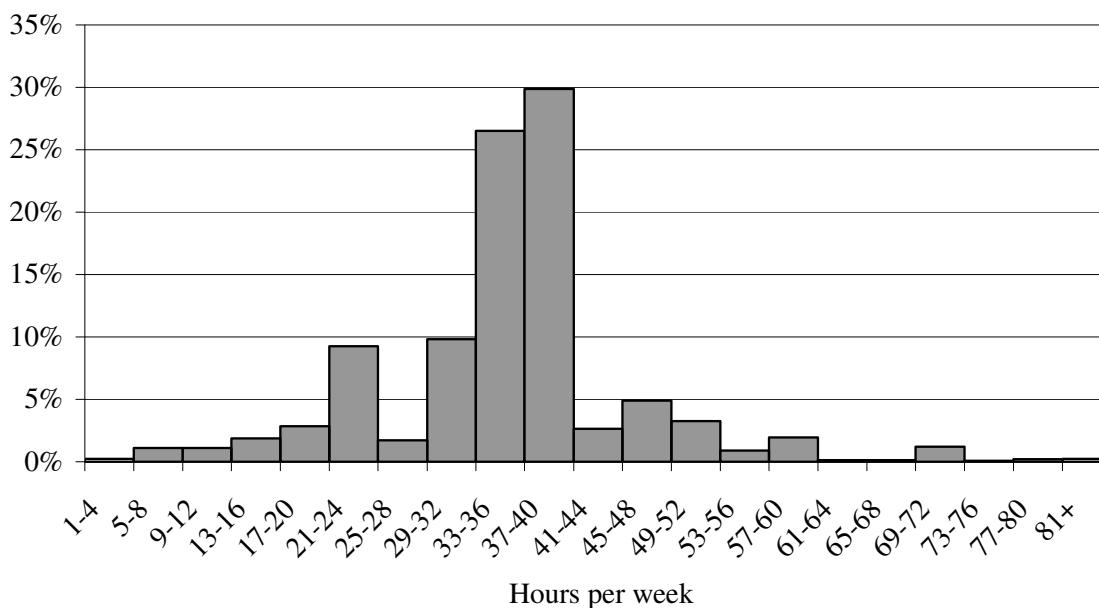
Note: Data are weighted to represent all RNs with active licenses.

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

How Much Do RNs Work?

As discussed in Chapter 2, a large share of registered nurses is working in the nursing field. The number of hours of work provided by these nurses also is 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 45 percent of working RNs who reside in California work more than 36 hours per week; the most common workweek contains between 37 and 40 hours. The average number of hours worked per week has changed slightly over time, as seen in Table 3.1. In 1990, the average number of hours worked per week was 36.1; in 2008 it was 36.5. This increase is within the range of the survey error, so it should not be interpreted as representing a trend.

Figure 3.1. Distribution of hours per week worked by nurses, for California residents, 2008



Note: 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
Mean in hours	36.1	36.3	36.3	35.6	35.2	36.5
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

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

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses.

Table 3.2 presents the shares of nurses working full-time versus part-time and average number of hours per week worked by these groups. The share of California resident RNs who reported that they work full-time rose from 59 percent in 2004 to 62 percent in 2006. The share known to be working full-time dropped in 2008 to 60.3 percent, but 3.4 percent of RNs did not report the number of hours they work per week, so there may not have been any change since 2006.

Table 3.2. Number of hours per week usually worked by registered nurses residing in California, 2004-2008

	2004	2006	2008
Working full-time (more than 32 hours per week)	58.8%	61.9%	60.3%
Mean hours per week	41.8	40.9	41.1
Working part-time (32 hours or less per week)	28.7%	24.8%	23.3%
Mean hours per week	22.8	22.4	24.4
Working, unknown hours	*	*	3.4%
Not working	12.5%	13.3%	13.1%

* Data not available.

Note: 2006 and 2008 data 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. Nearly 41 percent of working RNs residing in California normally work 12-hour shifts, and almost 40 percent work 8-hour shifts. Note that the dramatic difference in shift lengths reported in 2004 is suggestive of a survey scanning problem and should be interpreted with caution.

Table 3.3. Number of hours per day usually worked by registered nurses residing in California, 1997-2008

	1997	2004	2006	2008
Under 5 hours	2.5%	2.0%	1.7%	0.7%
5-7.5 hours	6.8%	4.7%	4.0%	3.9%
8 hours	45.0%	0.3%	42.8%	39.5%
8.5-11.5 hours	18.6%	57.9%	15.3%	13.5%
12 hours	24.4%	31.4%	34.7%	40.8%
More than 12 hours	2.6%	3.8%	1.6%	1.5%
Number of Cases	2,433	3,038	3,109	3,559

Note: This question was not asked in 1990 or 1993. Columns might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses. It is suspected that in 2004 respondents who entered 8 hours were miscoded with 9 or 10 hours per shift.

BRN surveys have had different questions about overtime hours worked by RNs. In 1997, the survey requested overtime worked “without advance notice;” in 2004, the question asked for “mandatory overtime;” and in 2006 and 2008, survey respondents were asked to report the number of hours of overtime “normally” worked per week. The data from these surveys for working RNs residing in California are presented in Table 3.4. The share of RNs who work one hour or more of overtime dropped between 1997 and 2008, from 63 percent to 43 percent. This change is matched by a decrease in the share of RNs working less than 4 hours of overtime. There has been substantial variation in the percent of RNs working more than 8 hours of overtime per week, ranging from a low of 6.4 percent in 1997 to a high of 19.9 percent in 2004. The share working more than 8 hours of overtime per week was relatively stable from 2006 through 2008.

Table 3.4. Number of overtime hours per week worked by registered nurses residing in California, 1997-2008

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

Note: Columns might not total 100% due to rounding. 2006 and 2008 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 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, 86.2 percent of RNs are not normally on call. Among those who are ever on call, the number of hours per week on call varies widely. Nearly 6 percent of RNs are on call up to 10 hours per week, while 3 percent are on call 30 or more hours per week.

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

	Unworked on-call
No on-call hours	86.2%
0.5-10 hours	5.7%
10-19 hours	4.3%
20-29 hours	1.0%
30 or more hours	2.9%
Number of Cases	3,951

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. Eighty-five percent of employed RNs living in California work a “full year” job, defined as at least 46 weeks of work per year (up to 6 weeks of vacation would be possible). Another 11 percent work 9 to 10 months of the year, and only 4 percent work less than 9 months per year.

Table 3.6. Number of weeks per year registered nurses work as a registered nurse, California residents, 2006 and 2008

	2006	2008
46-52 weeks per year	86.3%	85.3%
36-45 weeks per year	7.7%	10.6%
Less than 36 weeks per year	4.6%	4.1%

Note: 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. Information about other positions was requested separately. Table 3.7 presents the type of employment arrangement for nurses’ principal nursing positions, by residence. Nearly 96 percent of working RNs residing in California are regular employees in their principal positions. Only 2.6 percent are employed through temporary agencies, and 1.6 percent are self-employed. In contrast, 16.5 percent of non-California RNs who have active California licenses and are employed hold their primary positions through temporary service agencies. These data indicate that a substantial fraction of RNs residing outside California 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, 2008

	California residents	Non-California residents
Regular employee	95.8%	81.9%
Employed through a temporary service agency	2.6%	16.5%
Self-employed	1.6%	1.6%

Note: N=4,481. 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 position are presented in Table 3.8. Most RNs report that they are staff nurses or direct patient care providers; the share has ranged between 58 and 63 percent in every survey year except 2004. In 2004, nurses were not given the option of reporting that they were a “staff nurse,” as in previous years, instead being asked if they were a “direct patient care provider”. Many nurses thus selected “other” and wrote that they were staff nurses. This explains the lower share of nurses identified as staff nurses in 2004, and the correspondingly higher share of “other” titles. The share of RNs in management positions declined to less than 11 percent in 2008, although this might not represent a true drop because nurses were allowed the opportunity to report their job title as “Charge Nurse” for the first time in 2008. In 2006, some charge nurses may have reported their title as “front-line management,” while others may have chosen “staff nurse.” There has been an increase in the shares who are nurse practitioners (2.2% in 1990; 4.1% in 2008).

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

	1990	1993	1997	2004	2006	2008
Direct patient care provider/staff nurse	62.6%	59.5%	62.1%	53.3%	61.2%	58.5%
Senior management, any setting	*	*	*	*	1.0%	1.9%
Senior management, service setting	4.0%	3.5%	4.6%	1.7%	*	*
Middle management, any setting	*	*	*	*	7.7%	5.8%
Middle management, service setting	12.5%	14.5%	11.4%	6.3%	*	*
Front-line management	*	*	*	11.1%	5.9%	3.0%
Charge Nurse	*	*	*	*	*	7.6%
Direct care and Charge Nurse (both)	*	*	*	*	*	0.8%
Clinical Nurse Specialist	3.2%	3.2%	3.1%	2.3%	1.6%	1.1%
Certified Registered Nurse Anesthetist	0.5%	0.5%	0.3%	0.4%	0.4%	0.4%
Certified Nurse Midwife	0.4%	0.2%	0.1%	0.2%	0.2%	0.3%
Nurse Practitioner	2.2%	1.8%	3.2%	3.6%	4.7%	4.1%
Educator, service setting/clinical nurse educator	1.7%	2.0%	0.9%	2.0%	1.7%	1.6%
Management/Administration, academic setting	0.7%	0.2%	0.3%	0.1%	*	*
Educator, academic setting	1.2%	1.3%	1.0%	1.0%	2.5%	1.5%
School Nurse	2.0%	1.2%	2.0%	1.9%	1.8%	1.8%
Public Health Nurse	2.2%	2.2%	1.5%	1.7%	1.9%	1.3%
Patient care coordinator/case manager/discharge planner	*	*	*	*	3.9%	4.2%
Discharge Planner	*	*	*	0.1%	*	*
Case Manager	2.7%	4.5%	5.6%	3.9%	*	*
Utilization Review	*	*	*	0.7%	1.0%	1.0%
Infection Control Nurse	*	*	*	*	0.3%	0.3%
Quality Improvement Nurse	*	*	*	*	0.7%	0.9%
Occupational Health Nurse	*	*	*	*	0.3%	0.2%
Telenursing	*	*	*	*	0.7%	1.3%
Nurse Coordinator	*	*	*	*	*	0.2%
Consultant	0.8%	0.9%	1.1%	0.7%	*	0.3%
Researcher	0.2%	0.8%	0.4%	0.6%	*	0.2%
Other	3.1%	3.3%	2.6%	8.3%	2.6%	1.7%
Number of cases	2,227	2,190	2,375	2,925	3,675	4,108

* Question was not asked in the survey year.

Note: Columns might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses.

Hospitals are the dominant employers of RNs, as seen in Table 3.9. In 2008, 64.4 percent of RNs reported that they worked in some department of a hospital; this share has been fairly stable since 1993. The percent of RNs who work in nursing homes, extended care, or skilled nursing facilities has dropped, from 5.6 percent in 1990 to 3.0 percent in 2008. Other common workplaces of RNs residing in California include ambulatory care settings, such as clinics and outpatient surgery centers (9.3%), home health agencies (2.5%), and public health agencies (2.6%).

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
Acute hospital	67.9%	64.3%	60.2%	60.9%	*	*
Hospital, acute care department	*	*	*	*	55.6%	56.3%
Hospital, nursing home unit	*	*	*	*	0.5%	0.5%
Hospital-based ambulatory care department	*	*	*	*	4.8%	5.5%
Hospital-based ancillary department	*	*	*	*	1.8%	1.4%
Hospital, other department	*	*	*	*	*	0.7%
Skilled nursing/extended care / rehabilitation	5.6%	5.1%	7.1%	4.4%	2.3%	3.0%
University or college	*	*	*	*	3.3%	*
Academic nursing program	1.3%	1.5%	0.8%	0.9%	*	1.4%
Public health dept/community health agency	3.4%	2.5%	2.7%	2.1%	2.5%	2.6%
Home health nursing agency or service	3.8%	5.9%	6.8%	3.3%	3.0%	2.5%
Hospice	*	*	*	1.3%	1.7%	1.4%
Ambulatory care setting (office, surgery center)	11.8%	10.9%	9.0%	10.8%	6.3%	9.3%
Dialysis	*	*	*	*	1.5%	1.2%
Telenursing organization / call center	*	*	*	0.6%	*	1.1%
Occupational health/employee health	1.5%	0.8%	0.7%	0.3%	0.5%	0.3%
School health (K-12 or college)	2.1%	1.6%	1.5%	2.0%	1.8%	2.1%
Mental health/drug and alcohol treatment	*	2.9%	1.8%	2.0%*	3.8%	0.8%
Insurance organization	*	0.0%	1.6%	1.5%	*	0.6%
Forensic setting (correctional facility, prison, jail)	*	*	*	1.1%	2.0%	1.2%
Government agency (local, state, federal)	*	*	*	2.7%	1.4%	1.0%
Case management/ disease management	*	*	*	*	*	2.3%
Self employed	1.1%	0.7%	0.5%	0.8%	0.5%	0.7%
Other	1.5%	3.8%	7.3%	5.4%	6.9%	4.1%
Number of Cases	2,212	2,164	2,444	2,971	3,661	4,080

* Question was not asked in the survey year.

Note: Columns might not total 100% due to rounding. 2006 and 2008 data 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, urgent care was included as part of ambulatory care. Nurses who reported that their “other” setting was an inpatient mental health facility (0.2%) were combined with those who reported outpatient mental health. Nurses who reported working in long-term acute care settings (0.6%) per grouped with “other”.

Twelve percent of RNs reported that they do not provide direct patient care at their primary place of employment. Among those who do provide patient care, a variety of clinical areas are represented, as seen in Table 3.10. Medical-surgical nursing is reported by the greatest share of RNs, with 13.1 percent working in this area. Other common areas include critical care (11.4%), ambulatory care (11.6%), perioperative care (6.8%), obstetrics/gynecology (4.6%), emergency (6.6%), telemetry (5.1%), pediatrics (3.3%), and neonatal (3.8%). There has been a trend toward a smaller share of RNs working in medical-surgical and critical care.

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
Medical/surgical	34.0%	31.0%	26.3%	16.0%	17.1%	13.1%
Ambulatory care	*	*	*	*	*	11.6%
Cardiology	*	*	*	*	*	2.2%
Corrections/forensic setting	*	*	*	*	1.4%	0.9%
Critical care / ICU	15.9%	16.3%	17.1%	13.1%	11.8%	11.4%
Dialysis	*	*	*	*	1.7%	1.4%
Emergency/trauma/urgent care	5.4%	6.1%	5.8%	5.4%	6.4%	6.6%
Family practice/clinic	*	*	*	1.9%	1.3%	*
Geriatrics	5.6%	6.5%	10.3%	4.2%	2.5%	2.5%
Home Health	*	*	*	3.2%	2.8%	2.7%
Hospice	*	*	*	1.4%	1.7%	1.6%
Mother-baby/newborn nursery	*	*	*	*	*	3.1%
Neonatal/newborn	*	*	*	4.3%	4.1%	3.8%
Obstetrics/labor & delivery/reproductive hlth.	9.4%	10.1%	9.7%	8.2%	6.9%	4.6%
Oncology	*	*	*	*	*	2.4%
Pediatrics	5.6%	4.5%	6.3%	4.9%	4.5%	3.3%
Peri-operative/post-anesthesia/anesthesia	6.3%	7.2%	8.4%	7.8%	9.1%	6.8%
Public health/community health	7.7%	7.9%	3.7%	1.9%	1.8%	1.5%
Psychiatric/mental health/substance abuse	5.8%	4.7%	3.9%	3.8%	6.0%	3.1%
Rehabilitation	*	*	*	1.8%	2.1%	1.6%
School health (K-12 or postsecondary)	*	*	*	1.7%	2.3%	2.2%
Step-down or transitional bed unit	*	*	*	*	2.4%	1.9%
Telemetry	*	*	*	*	*	5.1%
Work in multiple areas, do not specialize	*	*	*	*	1.5%	2.3%
Other	4.2%	5.8%	8.5%	20.0%	12.6%	4.3%
Number of Cases	2,233	2,186	2,347	2,841	3,248	3,546

* Question was not asked in the survey year.

Note: Columns might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses. 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.

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. Over three-fourths of nurses working in hospital acute care departments are staff nurses, while nearly 17 percent are in management. The mix is similar in ambulatory departments of hospitals. In these settings, 62 percent of RNs residing in California are staff nurses, while 23 percent are involved in management. There is a greater share of advanced practice nurses in hospital-based ambulatory departments as well.

In skilled nursing and extended care facilities, 43.2 percent of RNs are in management positions with 42.8 percent working as staff nurses. The most common job title of nurses who work in public health settings is “public health nurse”, and management titles are held by nearly 20 percent of RNs in this setting. In home health agencies, many nurses have the title “home health nurse”, and 40 percent report that they are staff nurses. Thirty-one percent of nurses in home health agencies are in management. Many nurses working in ambulatory care settings are advanced practice nurses (24%), such as nurse practitioners and midwives.

Table 3.11. Job title that best describes the principal nursing position of working registered nurses residing in California, by work setting, 2008

	Staff nurse	Management (any level)	Advanced practice nursing	Case manager, UR, QI	Other	Number of cases
Hospital, acute care department	75.6%	16.6%	2.6%	1.3%	3.9%	2,126
Hospital-based ambulatory	62.4%	23.1%	8.2%	0.5%	5.8%	225
Skilled nursing/extended care	42.8%	43.2%	0.0%	3.2%	10.8%	132
Public/community health agency	12.3%	19.8%	15.9%	0.8%	51.3%	126
Home health agency	39.9%	31.1%	1.9%	3.8%	23.3%	120
Ambulatory care setting	51.0%	17.9%	24.0%	1.1%	6.0%	375

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

Nurses with different education levels exhibit some differences in their work settings. Table 3.12 presents the work settings of RNs residing in California, by the highest nursing education received. Acute care departments of hospitals employ the majority of RNs with diplomas, associate degrees, and baccalaureate degrees. However, only 38 percent of nurses with a MSN work in hospital acute-care departments. Eight percent of master’s-educated nurses work in universities and colleges, most likely as educators, and 18.4 percent are in ambulatory care settings. The work settings of associate degree and baccalaureate degree RNs are similar, although associate degree nurses are slightly more likely to work in ambulatory care settings (10.1% vs. 6.8%).

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, 2008

	Diploma	ADN	BSN	MSN
Hospital, acute care department	55.2%	59.0%	59.2%	38.2%
Hospital, nursing home unit	2.0%	0.3%	0.4%	0.3%
Hospital-based ambulatory care department	4.4%	6.4%	5.3%	5.3%
Hospital-based ancillary department	2.4%	1.0%	1.4%	2.6%
Skilled nursing/extended care facility	1.2%	0.6%	0.4%	0.0%
University or college	0.0%	0.3%	0.7%	8.0%
Public health department/community health agency	0.9%	1.7%	3.1%	5.0%
Home health nursing agency	3.3%	3.3%	2.1%	0.7%
Hospice	2.7%	1.7%	0.9%	0.6%
Ambulatory care setting	6.0%	10.1%	6.8%	18.4%
Dialysis	2.6%	1.0%	1.3%	0.7%
Occupational health/employee health	0.2%	0.4%	0.2%	0.7%
School nursing (K-12)	1.5%	0.9%	2.4%	5.8%
Mental health	0.2%	0.9%	0.4%	1.6%
Forensic setting (correctional facility, prison, jail)	1.4%	1.1%	1.5%	1.2%
Government agency (local, state, federal)	1.1%	0.7%	1.1%	1.1%
Self employed	1.1%	0.5%	0.6%	1.3%

Note: N=4,021. There are not enough doctoral nurses to tabulate their work settings. Columns might not total 100% due to rounding. Data are weighted to represent all RNs with active licenses.

Table 3.13 presents analogous information for nurses with specific certifications. Large shares of respondents with public health certifications reported working in acute-care departments in hospitals (40.4%), public health departments (10.4%), ambulatory care settings (9.4%), and school nursing (9.5%). Nurse practitioners tend to work in ambulatory care settings (35.4%), acute care departments of hospitals (23.8%), hospital-based ambulatory care departments (5.4%), public health agencies (5.7%), and school nursing (6.8%). Clinical nurse specialists are most often employed in acute care departments of hospitals (40.6%), public health agencies (10.0%), ambulatory care settings (8.9%), and school nursing (5.0%).

Table 3.13. Types of organizations in which registered nurses residing in California work the most hours each month, by specialty certification, 2008

	Public health nurse (certified)	Nurse Practitioner	Clinical nurse specialist
Hospital, acute care department	40.4%	23.8%	40.6%
Hospital-based ambulatory care department	4.3%	5.4%	4.3%
Hospital-based ancillary department	2.5%	1.8%	5.1%
Skilled nursing/extended care facility	1.9%	1.7%	4.8%
University or college	4.4%	6.0%	0.7%
Public health department/community health agency	10.4%	5.7%	10.0%
Home health nursing agency	2.6%	0.6%	1.7%
Hospice	1.3%	0.1%	0.3%
Ambulatory care setting	9.4%	35.4%	8.9%
Occupational health/employee health	0.3%	1.2%	1.2%
School nursing (K-12)	9.5%	6.8%	5.0%
Mental health	0.4%	0.9%	1.1%
Forensic setting (correctional facility, prison, jail)	1.9%	1.8%	0.8%
Government agency (local, state, federal)	1.8%	1.4%	*
Self employed	1.1%	1.7%	2.0%

* None of the subpopulation in the 2008 survey reported employment in this category, so an estimate of the share of statewide nurses in this category cannot be estimated.

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. The responses have consistently shown a tendency toward high job turnover, as seen in Table 3.14. The largest share of registered nurses who live in California has been with their current employer for less than five years (46.1%). The mean number of years nurses have worked with their current employer has increased somewhat over time, from 7 years in 1990 to 8.7 years in 2008.

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

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

Note: Columns might not total 100% due to rounding. 2006 and 2008 data 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 job tenure of nurses in that setting. Ambulatory care departments of hospitals have the highest share of nurses employed for 15 or more years, with 40.4 percent of RNs in this setting reporting such a long tenure. Acute-care hospital departments also have a relatively high share of RNs with a long tenure (25.5%). Skilled nursing facilities exhibit the lowest employer tenures, with 55 percent of RNs who work in this setting having been with their employer for less than five years.

Table 3.15. Length of time that working registered nurses residing in California have been employed in their principal nursing position, by work setting, 2008

	Less than 5 years	5-9 years	10-14 years	15 or more years
Hospital, acute care department	48.6%	18.2%	7.8%	25.5%
Hospital-based ambulatory	38.5%	14.7%	6.4%	40.4%
Skilled nursing/extended care	55.0%	15.8%	14.9%	14.2%
Public/community health agency	48.1%	18.2%	10.9%	22.8%
Home health agency	45.3%	27.0%	11.2%	16.5%
Ambulatory care setting	42.8%	21.1%	6.6%	29.5%
Case/disease management company	46.8%	19.2%	6.9%	27.1%

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

Job title also is associated with the length of time a nurse who lives in California has been with a current employer, as seen in Table 3.16. Nurses in front-line management positions tend to have the longest tenure with their current employer, suggesting that more nurses in leadership positions are being promoted within their organizations. However, nearly 48 percent of nurses in senior management positions report being with their current employer for less than five years; this may indicate that senior nurse leaders are often recruited from other organizations. Nearly 54 percent of nurses in staff nurse positions have been with their employers less than five years.

Table 3.16. Length of time that working registered nurses residing in California have been employed with their principal nursing employer, by job title, 2008

	Less than 5 years	5-9 years	10-14 years	15 or more years
Direct patient care provider/staff nurse	53.7%	17.4%	6.4%	22.5%
Senior management	47.6%	17.6%	13.3%	21.5%
Front-line management	25.9%	17.7%	9.9%	46.6%
Nurse Practitioner	42.9%	21.9%	9.9%	25.4%
School Nurse	21.3%	41.7%	17.8%	19.2%
Public Health Nurse	42.8%	22.9%	17.2%	17.1%
Patient care coordinator/case manager/discharge planner	48.8%	19.8%	6.7%	24.7%

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

Hours and weeks worked in primary job

In 2008, 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. Over 85 percent of California residents work a full-year job, and nearly 15 percent work in positions that are less than a full year. The share of non-California residents that works part-year jobs is much higher, at 17 percent. Note that the jobs of non-California residents are likely to be outside California; non-California residents are discussed in more detail below.

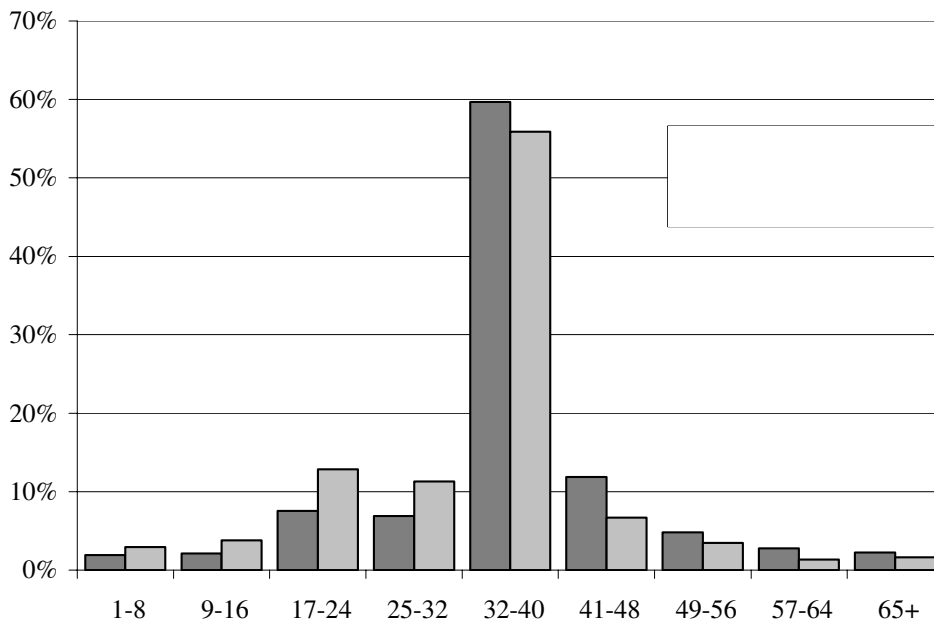
Table 3.17. Number of weeks per year registered nurses work in their primary nursing position, California residents and non-residents, 2008

	California residents	Non-California residents
46-52 weeks per year	85.3%	83.2%
36-45 weeks per year	10.3%	12.7%
Less than 36 weeks per year	4.4%	4.2%

Note: 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 nurses, by state of residence. Over 40 percent of nurses who live in California work more than 36 hours per week. The number of hours worked per week in a principal nursing position is slightly higher for non-California residents. In 2006, non-California residents worked less than California residents. Note that out-of-state nurses are likely to be working outside California, so this change in the number of hours worked per week may not represent a change in labor supply to California.

Figure 3.2. Distribution of hours per week in principal nursing position, for California residents and non-residents, 2008



Note: 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. Nurses in staff nurse positions average 10.4 hours per day and 35.4 hours per week. Staff nurses averaged 3.1 hours of overtime per week. In contrast, school nurses average 7.6 hours per day, and 35 hours per week; these figures indicate that school nurses work shorter days, but more days per week, than staff nurses. Nurses in senior management positions work an average of 9.3 hours per day and 46.4 hours per week. Front-line managers average 40 hours of work per week. Public health nurses work the fewest overtime hours on average (0.3), and nurse practitioners have the shortest average workweek (35 hours).

Table 3.18. Average hours normally worked per day and per week by registered nurses residing in California, by job title, 2008

	Hours per day	Hours per week	Overtime per week
Direct patient care provider/staff nurse	10.4	35.4	3.1
Senior management, any setting	9.3	46.4	3.5
Front-line management	9.7	40.3	2.1
Charge Nurse	10.2	37.6	4.4
Nurse Practitioner	8.7	35.0	2.3
School Nurse	7.6	35.5	2.7
Public Health Nurse	8.7	35.1	0.3
Patient care coordinator/case manager/discharge planner	8.5	36.3	2.4

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

Table 3.19 presents the average number of hours normally worked by nurses living in California, by work setting. Nurses employed in acute care departments of hospitals work an average of 10.8 hours per day, which is the longest workday of all the work settings. The shortest workdays are seen in school nursing positions. The longest average workweeks are found in correctional facilities at 39.9 hours per week and extended care/skilled nursing facilities, at 39.2 hours per week. Forensic and hospice settings have the highest average number of overtime hours per week (4.6 and 3.6 hours, respectively).

Table 3.19. Average hours normally worked per day and per week for registered nurses residing in California, by work setting, 2008

	Hours per day	Hours per week	Overtime per week
Hospital, acute care department	10.8	36.6	3.4
Hospital, ambulatory care department	8.6	35.2	1.6
Skilled nursing/extended care facility	8.5	39.2	3.1
University or college	8.8	35.5	2.6
Public health department/community health agency	8.3	36.1	0.7
Home health nursing agency	8.0	36.1	3.2
Hospice	9.1	37.9	3.6
Ambulatory care setting	8.4	34.4	1.7
School nursing (K-12)	7.6	35.3	2.5
Mental health	9.1	37.5	2.4
Forensic setting (correctional facility, prison, jail)	9.1	39.9	4.6

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, charting and documentation, indirect patient care (consultation, planning, evaluating care), education of students (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 share of time spent on direct patient care, with the largest share of RNs saying they spent 41 to 60 percent of their time on this activity (25.1%). Most nurses spent less than 20 percent of their time on any of the other activities, although nearly 28 percent reported spending 21 to 40 percent of their time on charting and documentation.

Table 3.20. Share of time nurses residing in California spent on specific job functions during a typical work week, 2008

	0% of time	1-20%	21-40%	41-60%	61-80%	81-100%
Direct patient care	15.9%	17.8%	22.4%	25.1%	15.1%	3.7%
Charting/ documentation	12.1%	49.6%	27.9%	7.5%	1.6%	1.3%
Indirect patient care	40.8%	50.4%	4.8%	2.1%	1.1%	0.4%
Student education	69.6%	27.2%	1.1%	0.7%	0.5%	0.9%
Patient education	20.3%	70.2%	6.5%	1.8%	0.8%	0.4%
Supervision	56.8%	33.5%	4.1%	2.8%	1.5%	1.2%
Administration	73.4%	18.4%	3.2%	2.1%	1.2%	1.6%
Non-nursing tasks	49.4%	49.0%	1.2%	0.1%	0.1%	0.1%
Other	87.6%	8.6%	1.1%	0.9%	0.3%	1.5%

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

Geographic location of primary position

Nurses were asked to provide the city, county, and zip code of their primary nursing position, and these were sorted by the urban nature of the location. As seen in Table 3.21, most RNs who lived in California reported their principal nursing position was in a large metropolitan area with over one million population, such as the Los Angeles region or San Francisco Bay Area (84%). Another 8.1 percent worked in large metropolitan counties with over 400,000 population, such as Monterey or Fresno. Just over 5 percent work in smaller metropolitan counties. Less than one percent works in rural areas, and 2.6 percent work in small cities or 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
Consolidated metropolitan area (over 1 million pop)	*	*	*	*	84.1%	84.0%
Large metropolitan county (400,000 to 1 million)	*	*	*	*	7.6%	8.1%
Small metropolitan county (50,000 to 400,000)	*	*	*	*	4.4%	5.1%
Large central city (over 250,000 population)	38.8%	40.5%	41.4%	37.3%	*	*
Suburbs of a large city	17.6%	15.6%	14.1%	15.9%	*	*
Medium sized city (50,000-250,000)	28.7%	30.8%	31.0%	22.1%	*	*
Suburbs of a medium sized city	2.9%	3.1%	2.9%	5.7%	*	*
Small city (10,000-49,999)	9.0%	7.7%	7.5%	11.0%	2.6%	1.6%
Town (less than 10,000, not suburb)	2.6%	2.1%	2.6%	6.1%	0.9%	1.0%
Rural areas (less than 2,500 in an urbanized area)	*	*	*	1.0%	0.5%	0.2%
Other	0.4%	0.1%	0.5%	0.9%	*	*
Number of Cases	2,197	2,147	2,403	3,557	3,427	3,916

* Question was not asked in the survey year. Notes: The 2004 data include nurses who do not reside in California. Columns might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses.

Over half of California's working RNs commute at least 10 miles each way to their jobs, as seen in Table 3.22. Very long commutes of over 40 miles each way are made by 6.4 percent of RNs. There has been little change in the average commuting distance since 1997.

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

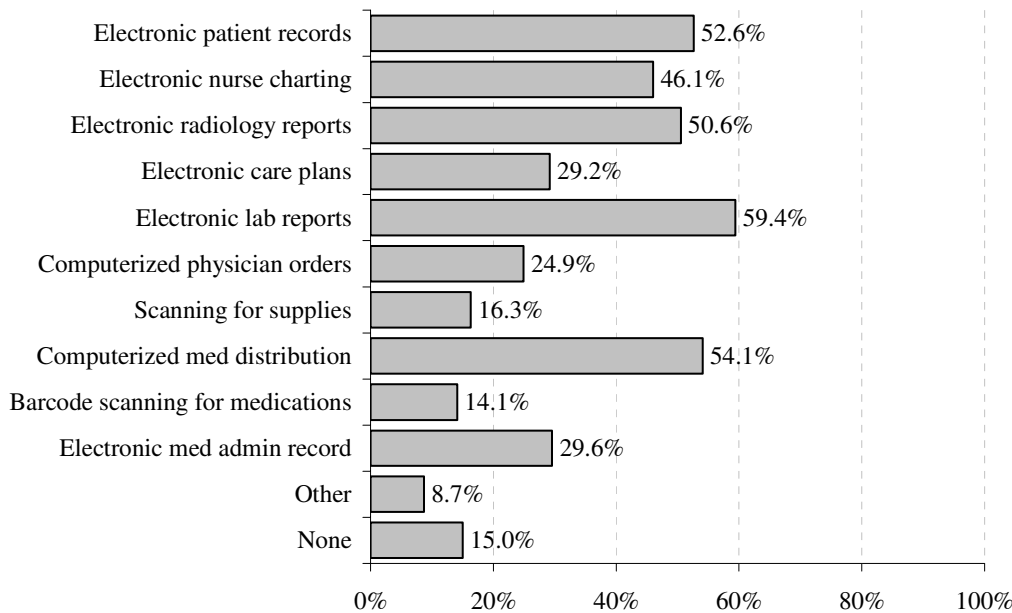
	1990	1993	1997	2004	2006	2008
Less than 5 miles	21.5%	21.6%	16.4%	16.9%	16.5%	17.7%
5-9 miles	24.0%	22.2%	20.5%	21.9%	23.0%	21.4%
10-19 miles	31.8%	30.1%	31.7%	31.5%	30.7%	30.7%
20-39 miles	18.4%	20.2%	24.2%	23.0%	22.7%	23.9%
40 or more miles	4.3%	5.9%	7.2%	6.6%	7.2%	6.4%
Mean in Miles	13.1	14.4	15.9	15.9*	15.8*	15.8

* Persons listing commutes greater than 150 miles were not considered to be making daily commutes in these surveys. Note: Columns might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses.

Use of health information technologies

Nurses were asked whether they use specific health information systems in their principal nursing position, and about their experience with these systems. As seen in Figure 3.3, over half of RNs who live in California use electronic patient records, and 46.1 percent use records that include electronic nurse charting. Nearly sixty percent of RNs also use electronic radiology and laboratory reports, and computerized medication distribution systems such as Pyxis. Fewer nurses use computerized physician orders (24.9%), or barcode scanning for supplies (16.3%) or medications (14.1%).

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



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

Nurses were asked whether they think the computer system they use work well. Table 3.23 presents their responses to this question in 2006 and 2008. There has been little change in the share of RNs who report that systems work well or are at least generally helpful (73.6% in 2006; 73.3% in 2008). In 2008, 6.5 percent of RNs thought electronic systems interfered with their delivery of patient care, a slight improvement over the 7.4 percent of RNs in 2006 who thought systems interfered with delivery of care.

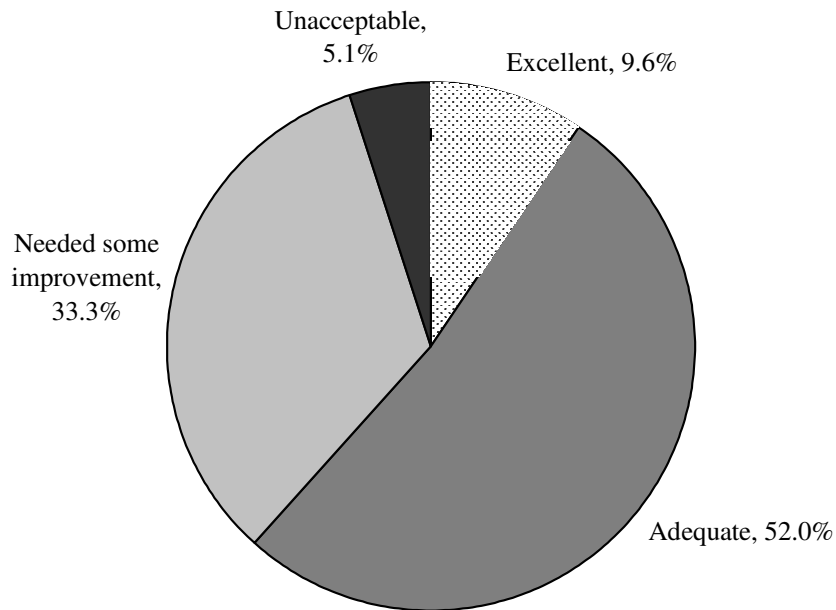
Table 3.23. Perceived usefulness of computerized health information systems, among nurses who use them, California residents, 2006 and 2008

	2006	2008
All systems work well	15.7%	12.3%
Systems are generally helpful, but have some flaws	57.9%	61.0%
Systems have problems that affect my work	19.1%	20.1%
Systems interfere with my delivery of care	7.4%	6.5%

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

Nurses also were asked to rate the quality of the training they received for the health information technology system most recently installed at their primary workplace. As seen in Figure 3.4, just over half of respondents found the training to be adequate (52%), and nearly 10 percent thought training was excellent. Five percent thought their training was unacceptable, and 33.3 percent reported that their training needed improvement.

Figure 3.4. Perceived quality of training for mostly recently installed computerized health information module, among nurses who use them and reside in California, 2008



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

Additional Jobs Held by RNs

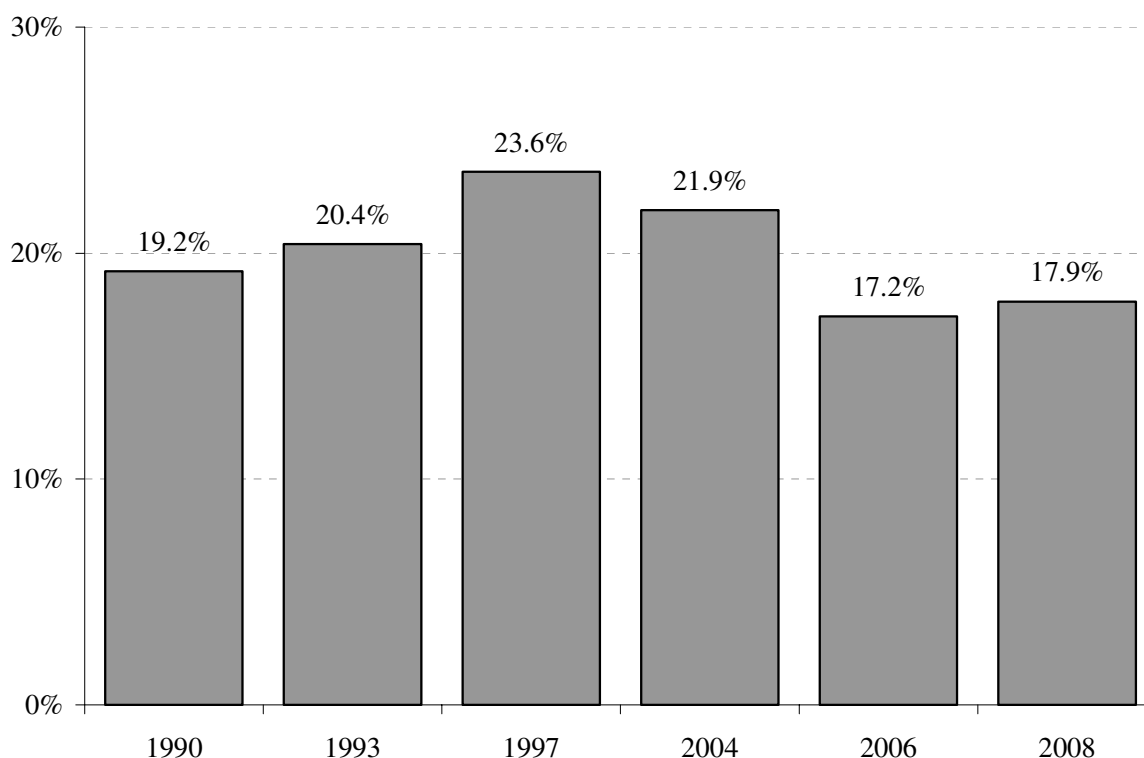
In 2008, nearly 18 percent of RNs who worked and resided in California reported they held more than one nursing position (Figure 3.5). This rate of holding multiple positions is somewhat lower than those from 1990 through 2004. Of those who hold additional positions, 80 percent hold one more job, while nearly 20 percent have two additional positions (Table 3.24).

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
One	83.7%	88.4%	83.4%	84.8%	76.7%	80.3%
Two	13.9%	10.3%	14.7%	12.3%	20.9%	18.7%
Three or more	2.4%	1.3%	1.9%	2.9%	2.4%	1.0%
Number of Cases	424	447	518	784	627	652

Note: Columns might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses.

Figure 3.5. Percentage of working registered nurses residing in California that holds more than one nursing position, by survey year



Note: 2006 and 2008 data are weighted to represent all RNs with active licenses.

Nurses were asked to report the types of employment relationships they have for their additional nursing positions (Table 3.25). Most California residents and non-residents reported that they were regular employees in their additional nursing position(s). Fifteen percent of California residents were employed through a temporary agency for at least one of their additional positions, and 14 percent were self-employed. Among RNs residing outside California, 31 percent were employed through a temporary agency, and 11 percent reported that they were self-employed.

Table 3.25. Type of employment relationships for non-primary nursing positions, for California residents and non-residents, 2006 and 2008

	California residents		Non-California residents	
	2006	2008	2006	2008
Regular employee	72.0%	73.7%	55.7%	60.8%
Employed through a temporary service agency	17.4%	15.3%	41.4%	30.7%
Self-employed	17.1%	14.1%	11.0%	11.1%

Notes: Columns will not total 100% because respondents could select multiple categories, due to holding more than one additional job. Data are weighted to represent all RNs with active licenses.

A large share of RNs works as hospital staff for their additional nursing positions, as seen in Table 3.26. About 44 percent of California residents and over 53 percent of non-California residents report this type of work. Nine percent of California’s nurses are engaged in teaching nursing or other health professions students in a secondary position, while less than four percent of non-residents teach. Ten percent of residents work in ambulatory care, school health, or public health, and 7.5 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 and 2008

	California residents		Non-California residents	
	2006	2008	2006	2008
Hospital staff	43.7%	44.0%	58.5%	53.5%
Public health/community health	2.0%	1.1%	3.8%	4.3%
Mental health/substance abuse	3.0%	3.1%	3.4%	2.9%
Nursing home/skilled nursing facility staff	4.6%	8.7%	13.8%	9.8%
Home health or hospice	8.5%	7.5%	3.0%	0.0%
Teaching health professions/nursing students	11.3%	9.4%	7.8%	3.6%
Ambulatory care, school health, occupational health	8.2%	8.9%	7.8%	6.3%
Other	32.3%	26.8%	23.6%	25.9%

Note: Columns will not total 100% because respondents could select multiple categories, due to holding more than one additional job. Data are weighted to represent all RNs with active licenses.

Employment through Temporary Agencies

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

Table 3.27 presents the shares of nurses with active California licenses who work for temporary or traveling agencies. Only 3 percent of RNs residing in California work for a temporary agency or registry, and 1.2 percent work for a traveling agency. In comparison, 15 percent of non-California resident RNs with active California licenses work for traveling agencies, and 6.6 percent work for temporary agencies or registries.

Table 3.27. Shares of nurses that work with a temporary agency, traveling agency, or registry for any job, 2006 and 2008

	California residents		Non-California residents	
	2006	2008	2006	2008
Temporary agency or registry	3.4%	2.9%	9.5%	6.6%
Traveling agency	1.2%	1.2%	19.8%	15.0%
Neither temporary nor traveling agency	95.4%	95.9%	70.7%	78.5%

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

Nurses were asked the reasons they work for a temporary agency, traveling agency, or registry; the findings are presented in Table 3.28. For nurses residing in California, wages are the dominant reason (58.6%). Over half of nurses also select agency/registry work to have control of their schedule. Other common reasons for temporary and traveling work were to have control of work location (39.8%), supplemental income (42.6%), control of work conditions (24.2%), and to maintain skills or get experience (22.5%). Sixteen percent said they were doing agency/registry work while waiting for a desirable permanent position, and another 15.8 percent were doing such work to travel or see other parts of the country.

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

	1990	1993	1997	2004	2006	2008
Wages	75.0%	68.5%	59.4%	58.4%	59.5%	58.6%
Benefits	4.3%	2.1%	4.4%	3.1%	5.7%	7.9%
Control of schedule	85.3%	68.5%	56.9%	60.1%	57.2%	56.9%
Control of work location	58.6%	32.2%	30.6%	42.3%	54.1%	39.8%
Supplemental income	*	*	*	48.2%	36.6%	42.6%
Control of work conditions	*	*	*	26.3%	26.1%	24.2%
Maintain skills/get experience	*	*	*	25.6%	27.3%	22.5%
Waiting for a desirable permanent position	6.0%	14.4%	19.4%	15.0%	12.8%	16.1%
Travel/see other parts of the country	*	*	*	*	15.4%	15.8%
Other	24.1%	17.8%	21.9%	10.8%	16.1%	12.9%
Number of cases	116	146	160	198	114	125

Notes: Columns will not total 100% because respondents could select multiple items. 2006 and 2008 data are weighted to represent all RNs with active licenses.

Nurses were asked to rate the quality of the orientation they received for their last facility assignment. The responses for nurses residing both in and outside California are reported in Table 3.29. Over 60 percent said their orientation was adequate or excellent in 2008, which was a decrease from 65 percent in 2006. In 2008, 30 percent said their orientation needed some improvement, and 8 percent reported that their orientation was unacceptable.

Table 3.29. Ratings for orientations to new facility assignments of RNs who work for temporary agencies, traveling agencies, or registries, residing both in and outside California, 2004-2008

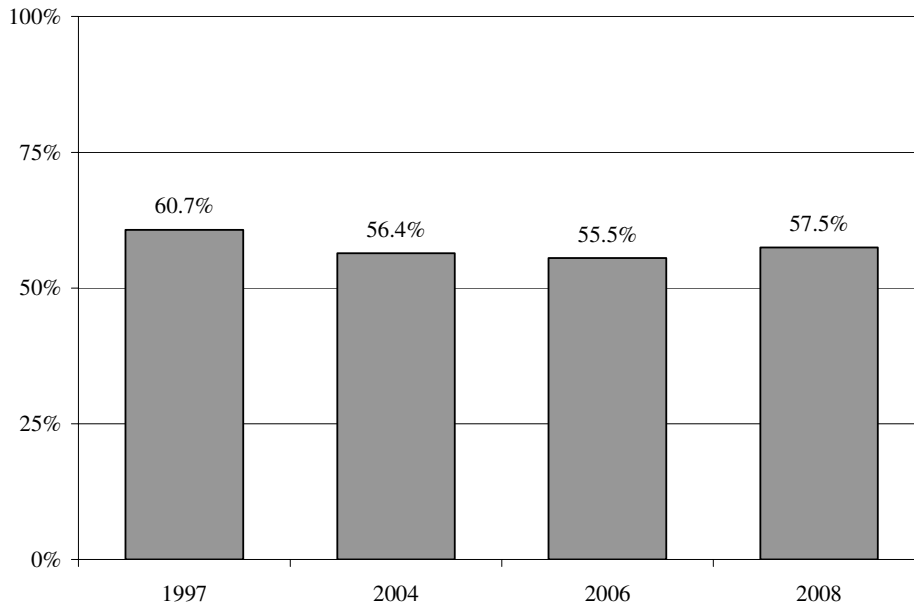
	2004	2006	2008
Excellent	7.3%	17.0%	13.2%
Adequate	51.7%	47.7%	48.5%
Needed some improvement	35.1%	30.6%	29.8%
Unacceptable	6.0%	4.7%	8.4%

Note: Columns might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses.

Responsibilities of Nurses

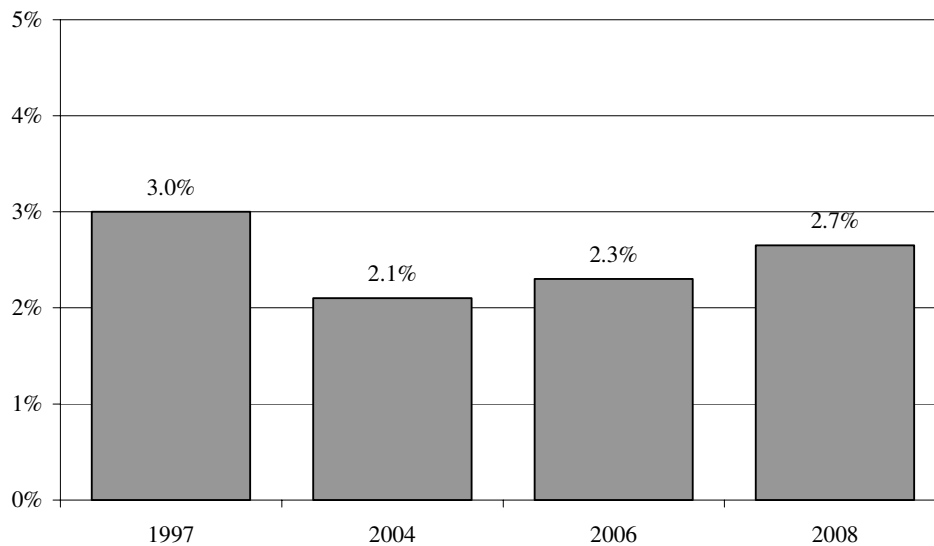
Nurses were asked whether they supervise unlicensed personnel in any of their nursing positions. As seen in Figure 3.6, the share that does such supervision has varied between 55 and 61 percent. Nurses also were asked if they do telehealth nursing across state lines (Figure 3.7); less than three percent do so.

Figure 3.6. Supervision of unlicensed assistive personnel by working registered nurses residing in California, 1997-2008



Note: 2006 and 2008 data are weighted to represent all RNs with active licenses.

Figure 3.7. Practice of telehealth nursing across state lines by working registered nurses residing in California, 1997-2008



Note: 2006 and 2008 data are weighted to represent all RNs with active licenses.

Income and Earnings of Registered Nurses

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

Table 3.30 presents the total annual income received from all nursing positions by currently working RNs residing in California, for each survey year, and Figure 3.8 depicts the 2008 data. As seen in this table, there was modest growth in nurse earnings between 1993 and 1997, and rapid growth in the subsequent years. Average annual income from all nursing positions rose from \$73,542 in 2006 to \$81,428 in 2008. Twenty percent of RNs reported that they earned \$100,000 or more in 2008 and over half (56.5%) of nurses reported earning between \$60,000 and \$100,000 in 2008.

Table 3.30. Total annual income received from all nursing positions by currently working registered nurses residing in California, by survey year

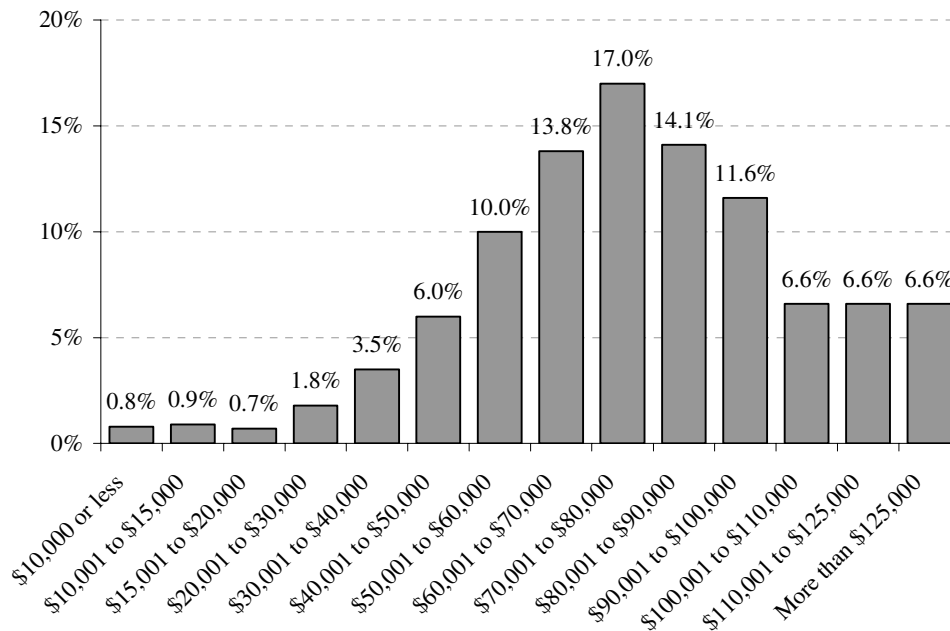
	1990	1993	1997	2004	2006	2008
\$10,000 or less	4.5%	4.1%	4.5%	1.9%	2.1%	0.8%
\$10,001 to \$15,000	5.3%	3.2%	2.6%	1.3%	0.8%	0.9%
\$15,001 to \$20,000	8.2%	2.9%	2.4%	1.7%	1.7%	0.7%
\$20,001 to \$30,000	27.6%	11.1%	9.0%	3.5%	2.1%	1.8%
\$30,001 to \$40,000	33.2%	24.3%	20.0%	8.6%	5.5%	3.5%
\$40,001 to \$55,000	18.3%	35.9%	34.5%	*	*	*
\$40,001 to \$50,000	*	*	*	14.2%	7.8%	6.0%
\$50,001 to \$60,000	*	*	*	20.2%	12.5%	10.0%
\$55,001 to \$75,000	2.3%	15.3%	22.6%	*	*	*
\$60,001 to \$70,000	*	*	*	16.4%	17.8%	13.8%
\$70,001 to \$80,000	*	*	*	12.2%	15.6%	17.0%
More than \$75,000	0.5%	3.3%	4.5%	*	*	*
\$80,001 to \$90,000	*	*	*	8.5%	12.8%	14.1%
\$90,001 to \$100,000	*	*	*	4.5%	8.0%	11.6%
\$100,001 to \$110,000	*	*	*	2.2%	5.6%	6.6%
\$110,001 to \$125,000	*	*	*	1.4%	3.5%	6.6%
More than \$125,000	*	*	*	1.1%	4.1%	6.6%
Mean Annual Income	\$31,504	\$42,163	\$45,073	\$59,937	\$73,542	\$81,428
Number of Cases	2,186	2,141	2,420	2,885	3,447	3,728

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

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

Note: Columns might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses.

Figure 3.8 Total annual income received from all nursing positions by currently working registered nurses residing in California, 2008



Note: 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 (\$93,564), and lowest in the counties north of Sacramento (\$69,142). Between 2006 and 2008, the Central Valley and Sierra regions experienced the greatest increase in average earnings from principal nursing position, rising 18.3 percent (\$12,041). The least growth occurred in the Border counties, where average earnings from the principal position increased only 6.01 percent (\$4,038).

Table 3.31. Annual income received from nursing by currently working registered nurses, by region, 2006 and 2008

	Primary nursing position		All nursing positions	
	2006	2008	2006	2008
Northern counties	\$60,160	\$66,291	\$61,868	\$69,142
Sacramento	\$72,594	\$79,453	\$75,508	\$82,122
San Francisco Bay Area	\$78,319	\$89,984	\$82,514	\$93,564
Central Valley & Sierra	\$65,689	\$77,730	\$70,252	\$79,995
Central Coast	\$65,715	\$74,801	\$69,208	\$76,809
Los Angeles	\$67,207	\$74,188	\$71,822	\$77,167
Inland Empire	\$66,938	\$77,904	\$70,602	\$81,176
Border Counties	\$67,188	\$71,226	\$70,046	\$72,850
Outside California	\$59,696	\$64,198	\$62,467	\$67,026

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

Nursing incomes for California residents vary with age, as seen in Table 3.32. Average incomes are highest for the group of nurses between 55 and 64 years old. Annual earnings are lowest for nurses 65 years and older, but this may be related to these nurses working fewer hours, on average.

Table 3.32. Total annual income received from all nursing positions by currently working registered nurses residing in California, by age group, 2006 and 2008

	2006	2008
Under 35 years	\$68,307	\$74,632
35-44 years	\$75,113	\$81,318
45-54 years	\$78,530	\$84,711
55-64 years	\$74,411	\$85,696
65 years and older	\$52,888	\$65,790

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

There is some variation in average annual nursing income by education. As seen in Table 3.33, nurses with graduate degrees enjoy higher annual nursing income than other RNs, averaging \$93,378. RNs with baccalaureate nursing degrees earn higher average incomes than do nurses whose highest education level is a diploma or associate degree. Nurses with special certifications also have higher annual incomes, with clinical nurse specialists averaging \$88,077 per year, public health nurses averaging \$81,413 per year, and nurse practitioners averaging \$88,135 per year.

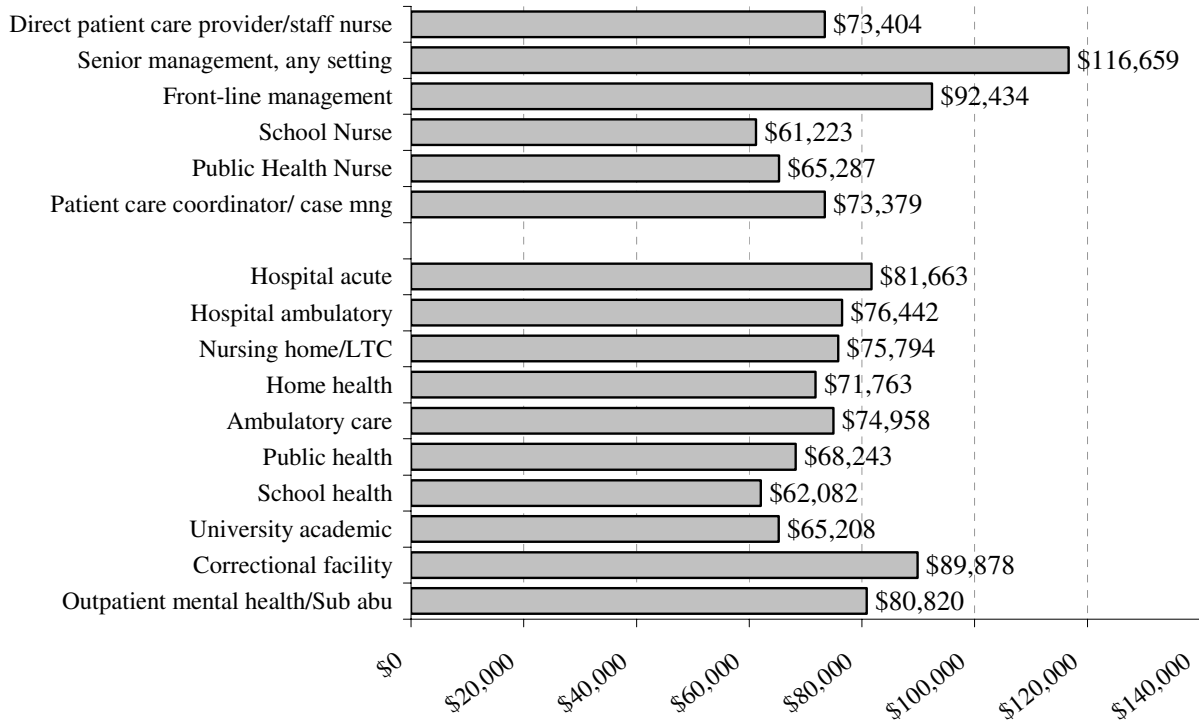
Table 3.33. Total annual income received from all nursing positions by currently working registered nurses residing in California, by highest level of nursing education and specialty certification, 2006 and 2008

	2006	2008
Diploma	\$70,840	\$79,824
Associate Degree	\$70,804	\$76,995
Baccalaureate Degree	\$75,017	\$82,362
Master's Degree	\$82,638	\$93,378
Public Health Nurse	\$72,285	\$81,413
Nurse Practitioner	\$73,138	\$88,135
Clinical Nurse Specialist	\$82,323	\$88,077

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

Job title and work setting are associated with differences in annual nursing income, as seen in Figure 3.9. For nurses residing in California, nurses in senior management have incomes from their principal nursing position averaging over \$116,000. In contrast, school nurses average over \$61,000 from their principal nursing positions. Of the most-common employment settings, annual incomes are highest for principal positions in correctional facilities, at nearly \$90,000.

Figure 3.9. Income received from principal nursing position by currently working registered nurses residing in California, by job title and work setting, 2008



Note: 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 2008, over a quarter of working RNs who lived in California had household incomes over \$150,000.

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

	1990	1993	1997	2004	2006	2008
Less than \$30,000	13.3	5.1	5.5	2.1	1.0%	0.3%
\$30,001 to \$40,000	19.1%	10.3%	7.5%	2.8%	*	*
\$30,000 to \$44,999	*	*	*	*	3.9%	1.6%
\$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%
\$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%
\$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%
\$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%
\$110,001 to \$125,000	*	*	*	8.8%	*	*
More than \$125,000	*	*	*	19.7%	*	*
\$125,000 to \$149,999	*	*	*	*	13.5%	13.9%
\$150,000 to \$174,999	*	*	*	*	8.6%	11.5%
\$175,000 to \$199,999	*	*	*	*	4.3%	6.1%
\$200,000 or more	*	*	*	*	6.0%	10.0%
Number of Cases	2,182	2,128	2,415	2,864	3,608	3,838

* Income categories changed in 2004 and 2006.

Note: Columns might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses.

Earnings from nursing are increasingly important to the households of nurses (Table 3.35). In 1990, 36 percent of RNs reported that their nursing income accounted for more than 75 percent of their household's income. In 2008, 46 percent of nurses said their nursing income comprised at least 80 percent of household income.

Table 3.35. Percentage of total household income that was derived from nursing for currently working registered nurses residing in California, by survey year

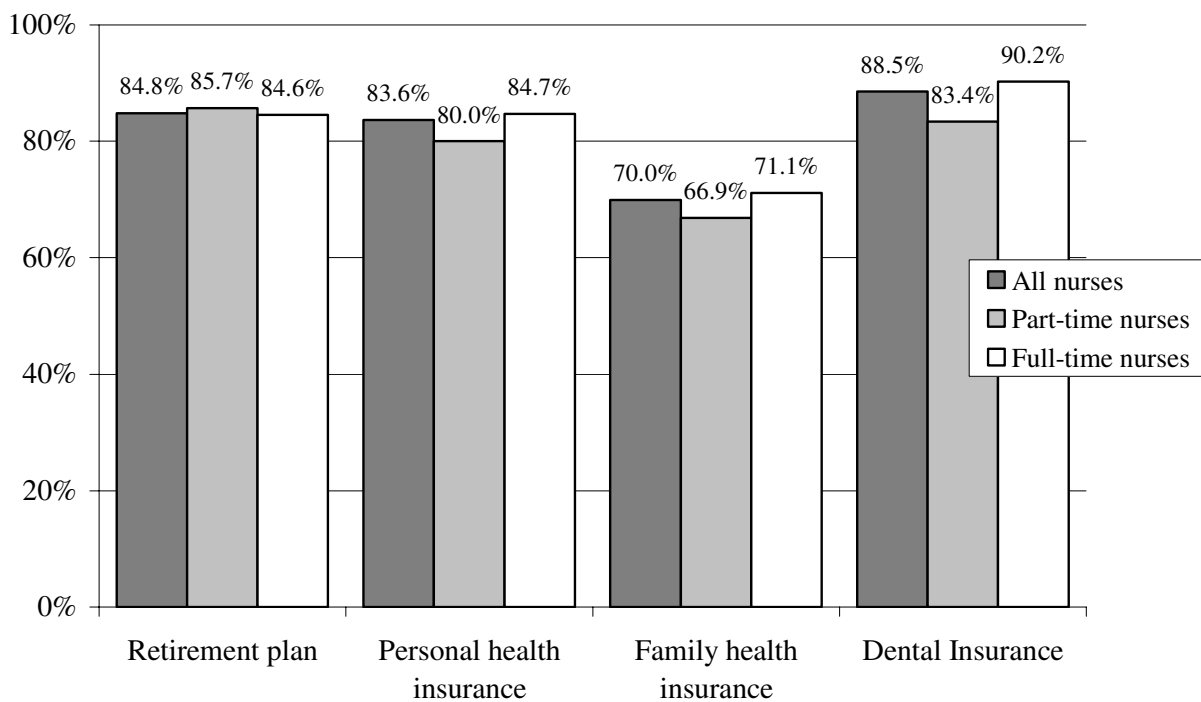
	1990	1993	1997	2004	2006	2008
Less than 25 percent	13.2%	8.7%	9.3%	8.1%	*	*
25 to 50 percent	32.3%	28.4%	26.2%	24.3%	*	*
51 to 75 percent	18.4%	25.1%	23.7%	24.7%	*	*
76 to 99 percent	8.8%	10.9%	13.2%	15.0%	*	*
Less than 20 percent	*	*	*	*	4.1%	3.4%
20 to 39 percent	*	*	*	*	9.7%	9.3%
40 to 59 percent	*	*	*	*	23.9%	21.5%
60 to 79 percent	*	*	*	*	17.7%	19.5%
80 to 99 percent	*	*	*	*	14.6%	13.9%
100 percent	27.3%	26.9%	27.6%	27.9%	30.1%	32.5%
Number of Cases	2,209	2,150	2,448	2,915	3,676	3,983

Notes: Percent of income from nursing was reported by category. The categories changed in 2006. Columns might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses.

Benefits Received by Registered Nurses

For the first time in 2008, RNs were asked about the fringe benefits received from their employers. As presented in Figure 3.10, over 80 percent of RNs receive personal health insurance, dental insurance and/or a retirement plan from their employer. Over 65 percent of RNs also receive health insurance for their families. Nurses working part-time are less likely to receive family insurance, health, and dental benefits than are full-time RNs.

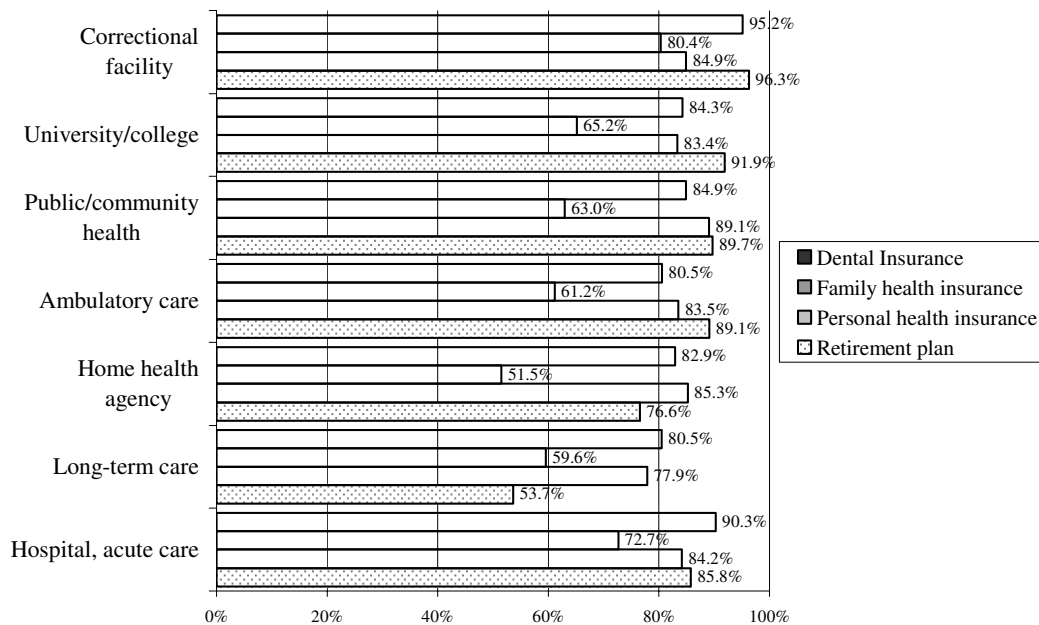
Figure 3.10. Benefits received from all nursing positions by currently working registered nurses residing in California, 2008



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

Receipt of fringe benefits from employers varies by work setting, as seen in Figure 3.11. Nurses working in correctional facilities are most likely to receive benefits, with 80 percent having family health insurance. Only 51.5 percent of RNs working for home health agencies have family health insurance provided by their employer. Retirement plans are less common at long-term care facilities (53.7%) than other employers.

Figure 3.11. Benefits received by currently working registered nurses residing in California, by setting of principal nursing position, 2008



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

Nurses Who Live Outside California

Over 15% of RNs with active California licenses live in other states (51,045 RNs in 2008). Table 3.36 presents information about the employment of nurses with California licenses but who lived outside the state, for 2004, 2006, and 2008. In 2008, most out-of-state nurses (59%) did not work in California in the year prior to completing the survey, while 37.8 percent of these nurses reported that they worked in California at some time during the previous year. Nearly 16 percent had worked in California, but subsequently moved out of state. Over 19 percent worked in California as a traveling nurse. Six percent worked in telenursing for a California employer or serving California patients. A small share commutes to California from a neighboring state such as Nevada (2.6%).

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, 2004-2008

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

* Item not included in 2006 or 2008 survey.

Notes: Columns may total more than 100% because respondents were allowed to select more than one category. 2006 and 2008 data are weighted to represent all RNs with active licenses.

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 5.1 months and 41 hours per week, as seen in Table 3.37. The number of months worked in California was somewhat lower in 2008 than in 2006, but the average number of hours worked per week was higher.

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 and 2008

	2006	2008
Months worked in California	7.6	5.1
Hours worked in usual week (average)	37.4	41.0
Number of cases	82	95

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

Among nurses who lived outside California, 74.1 percent report wages as a reason for working in California on a temporary basis (Table 3.38). The share of RNs noting that wages influenced their choice of travel work rose between 2006 and 2008 from 58.8 to 74.1 percent. Other reasons frequently noted included control of work schedule (61.1%), control of work location (64.3%), and to travel or see other parts of the country (72.7%).

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 and 2008

	2006	2008
Wages	58.8%	74.1%
Benefits	16.0%	14.3%
Control of schedule	42.7%	61.1%
Control of work location	52.4%	64.3%
Supplemental income	7.9%	25.1%
Control of work conditions	21.3%	34.6%
Maintain skills/get experience	22.0%	34.4%
Waiting for a desirable permanent position	15.3%	17.7%
Travel/see other parts of the country	65.7%	72.7%
Other	15.1%	4.6%
Number of cases	55	83

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

Nurses who live outside California were asked about their plans regarding work in California for the next five years, as seen in Table 3.39. In 2008, 32.4 percent reported that they plan to travel to California to work as an RN intermittently, and over 20 percent plans to relocate to California. Over 39 percent plans to renew their California license, but have no plan to work in California.

Table 3.39. Plans for the next five years for registered nurses with active California licenses who lived outside the state, 2004-2008

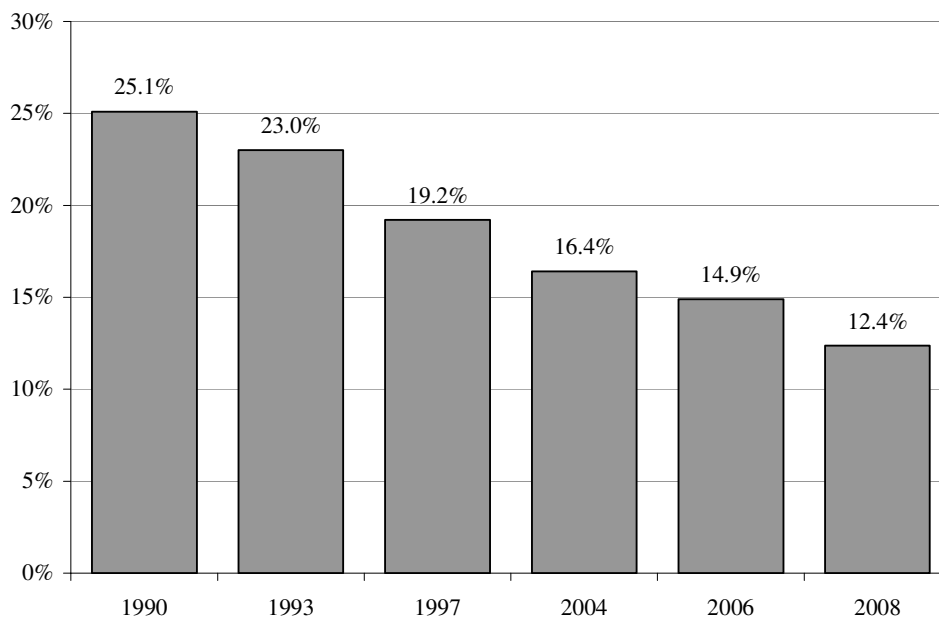
	2004	2006	2008
Yes, I plan to travel to California to work as an RN intermittently	33.2%	30.6%	32.4%
Yes, I plan to relocate to California and work as an RN	14.3%	14.3%	21.7%
Yes, I plan to perform telenursing/telemedicine for a California employer	0.0%	6.1%	1.9%
Yes, I plan to perform telenursing/telemedicine for an out-of-state employer with California clients	1.3%	0.6%	4.1%
Yes, I plan to commute from a border state	1.3%	4.2%	2.2%
No, I plan to keep my California RN license renewed, but have no plans to work there as an RN	40.8%	41.8%	39.3%
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%
Number of Cases	385	407	413

Notes: Columns will not total 100% because respondents could select multiple items. 2006 & 2008 data 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% in 1990 to 12.4% in 2008, as seen in Figure 3.12.

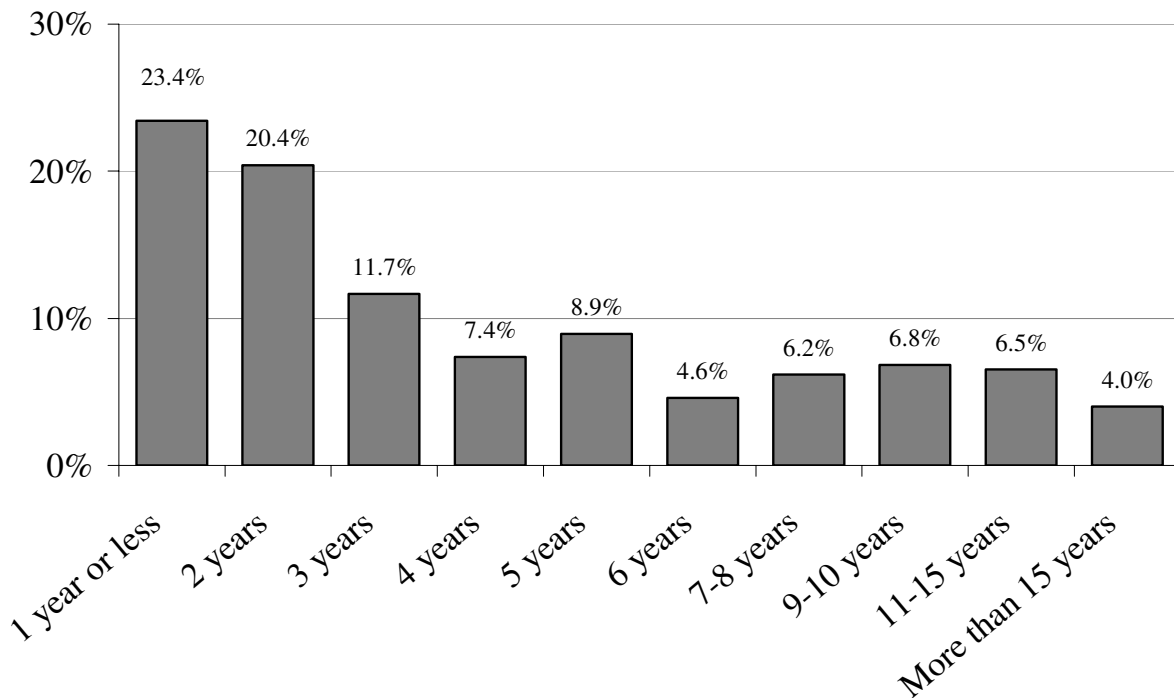
Figure 3.12. Percent of nurses who stopped working as a registered nurse for more than one year, but are currently working as RNs and reside in California, by survey year



Notes: 2006 and 2008 data are weighted to represent all RNs with active licenses.

Figure 3.13 presents the length of time that nurses who live in California and now work were away from nursing. The largest share – 23 percent – were out of nursing for only one year, and another 20 percent stopped working for two years. Relatively few RNs with active California licenses stopped working for more than five years.

Figure 3.13. Number of years nurses temporarily stopped working in nursing, for currently working California residents, 2008



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

Nurses were asked about the factors that influenced their decision to temporarily leave nursing. Prior to the 2006 survey, RNs were asked to mark all the items that applied to their decision; in 2006 and 2008, 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 and 2008 representing the percent of nurses who reported the item as being “important” or “very important.” Comparisons between 2006 and 2008 and the previous years should be made with caution due to changes in these particular survey questions.

In 2008, child care responsibilities were cited by over half of the nurses who left nursing for more than one year; this share has decreased from 72 percent in 1990. A rising share of nurses have noted other family responsibilities as being important to the decision to temporarily stop nursing, with nearly 42 percent citing this reason in 2008. Other often-noted reasons include job stress (24.4%), moving to a different area (27.1%), and desire to try another occupation (19.9%).

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
Child care responsibilities	71.9%	68.7%	62.7%	59.8%	52.5%	56.8%
Other family responsibilities	19.0%	14.0%	10.8%	15.0%	39.5%	42.8%
Moving to a different area	30.2%	31.5%	29.1%	24.3%	26.7%	27.1%
Stress on the job	*	9.0%	10.5%	11.4%	27.8%	24.4%
Job-related injury or illness	*	*	*	5.9%	16.0%	13.2%
Non-job-related injury or illness	*	*	*	5.1%	11.3%	14.2%
Injury or illness	9.8%	11.6%	9.1%	*	*	*
Salary	*	1.8%	2.3%	5.5%	14.8%	18.7%
Decreased benefits	*	*	*	0.8%	*	*
Dissatisfied with benefits	*	*	*	*	11.0%	11.8%
Other dissatisfactions with your job	*	*	7.0%	10.2%	19.2%	14.1%
Dissatisfaction with the nursing profession	16.6%	12.4%	8.4%	12.5%	26.8%	17.7%
Return to school	10.0%	12.2%	14.8%	12.0%	17.5%	17.6%
Travel	5.0%	6.4%	6.3%	4.4%	11.7%	9.8%
To try another occupation	12.9%	14.2%	15.2%	14.0%	20.9%	19.9%
Laid off	*	*	1.7%	2.8%	5.9%	8.2%
Other	5.5%	2.8%	3.2%	13.1%	18.8%	7.3%
Number of Cases	559	501	474	527	569	572

* Item was not included in the survey that year.

Notes: In 1990, 1993, 1997, and 2004, respondents checked items that had any importance. In 2006 and 2008, they were asked to rate the degree of importance. The 2006 and 2008 columns present the share who reported the item was “important” or “very important”. 2006 and 2008 data are weighted to represent all RNs with active licenses.

Working nurses who previously left the profession for a year or longer were asked how long it took before they again demonstrated competency in RN duties upon their return to work. Their responses are summarized in Table 3.41. Nearly two-thirds reported that they were able to demonstrate competency in one month or less, and nearly all felt competent within six months.

Table 3.41. Length of time required to demonstrate competency in RN duties for currently working registered nurses residing in California who stopped working for more than a year, 2004-2008

	2004	2006	2008
Less than 2 weeks	16.4%	21.4%	20.8%
2-3 weeks	0.8%	25.7%	25.2%
1 month	35.4%	19.7%	19.4%
5 weeks to 3 months	29.5%	22.4%	26.6%
3 ½ - 6 months	13.8%	8.9%	6.5%
7-12 months	3.4%	1.9%	1.5%
More than 12 months	0.8%	<0.1%	0.1%

Note: In 2004, respondents were asked to report the number of months; in 2006 and 2008, they were asked to report the number of weeks. 2006 and 2008 data 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 nursing employment on a five-point Likert-type scale ranging from very dissatisfied to very satisfied. Table 3.42 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, meaning that on average, nurses were neither satisfied nor unsatisfied. Figure 3.14 presents the summary scores for all 30 items. The five aspects of nursing that received the highest average satisfaction ratings in 2008 were the same items receiving the highest ratings in 2006:

- Interactions with patients (4.34)
- Feeling that work is meaningful (4.20)
- Job overall (4.14)
- Work schedule (4.10)
- Job security (4.10)

Four of the five aspects of nursing receiving the lowest average ratings in 2008 also received the lowest ratings in 2006. In 2008, satisfaction with clerical support dropped in ranking but improved in score, while preceptor/mentor programs improved both ranking and score. The five aspects of nursing receiving the lowest average ratings in 2008 are:

- Amount of paperwork required (2.88)
- Non-nursing tasks required (3.13)
- Involvement in policy and management decisions (3.15)
- Leadership from administration (3.23)
- Clerical support (3.39)

Table 3.42. Satisfaction or dissatisfaction with most recent nursing position, for RNs currently working and residing in California, 2008

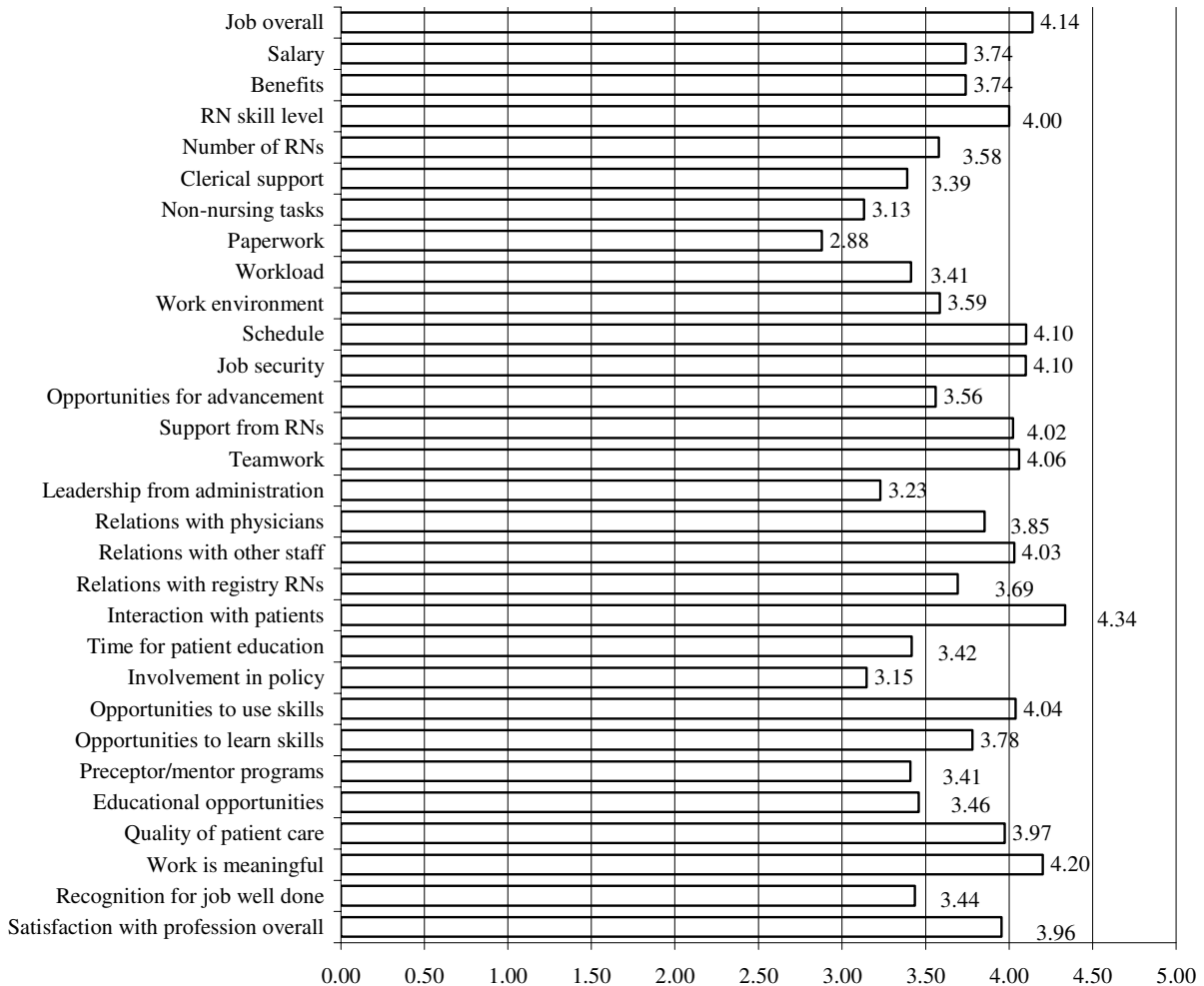
	Very dissatisfied	Dissatisfied	Neither satisfied or unsatisfied	Satisfied	Very satisfied
Your job overall	1.0%	5.4%	8.7%	48.2%	36.7%
Your salary	2.1%	15.3%	12.6%	47.3%	22.8%
Employee benefits	2.5%	14.4%	14.4%	44.4%	24.3%
Adequacy of RN skill level where you work	0.9%	7.5%	11.6%	50.8%	29.2%
Adequacy of the number of RNs where you work	3.6%	18.3%	14.0%	44.4%	19.7%
Adequacy of clerical support services	5.3%	20.9%	17.6%	42.3%	14.0%
Non-nursing tasks required	6.5%	22.1%	29.5%	35.5%	6.4%
Amount of paperwork required	10.9%	32.1%	20.6%	30.9%	5.6%
Your workload	4.1%	19.4%	17.9%	48.7%	9.9%
Physical work environment	3.9%	15.0%	16.7%	47.5%	16.9%
Work schedule	1.5%	5.5%	9.4%	48.2%	35.3%
Job security	1.6%	5.8%	10.4%	45.5%	36.7%
Opportunities for advancement	3.4%	12.8%	25.8%	40.6%	17.5%
Support from other nurses you work with	1.7%	6.4%	12.7%	46.2%	32.9%
Teamwork between coworkers and yourself	1.5%	7.3%	10.9%	43.9%	36.3%
Leadership from your nursing administration	10.0%	21.5%	19.3%	33.7%	15.4%
Relations with physicians	1.6%	7.5%	17.8%	50.1%	23.0%
Relations with other non-nursing staff	0.5%	3.9%	12.1%	58.9%	24.6%
Relations with agency/registry nurses	1.1%	5.0%	29.4%	52.8%	11.7%
Interaction with patients	0.3%	1.7%	6.5%	47.1%	44.5%
Time available for patient education	4.2%	21.5%	18.3%	40.9%	15.3%
Involvement in policy/ management decisions	7.0%	23.1%	27.5%	32.6%	9.8%
Opportunities to use your skills	0.9%	5.1%	10.9%	55.4%	27.7%
Opportunities to learn new skills	1.8%	10.6%	16.9%	48.6%	22.1%
Quality of preceptor and mentor programs	5.2%	17.3%	23.1%	40.4%	14.0%
Employer-supported educational opportunities	5.9%	16.3%	20.4%	40.6%	16.7%

Table 3.42 (continued). Satisfaction or dissatisfaction with most recent nursing position, for RNs currently working and residing in California, 2008

	Very dissatisfied	Dissatisfied	Neither satisfied or unsatisfied	Satisfied	Very satisfied
Quality of patient care where you work	1.2%	7.1%	13.1%	50.7%	28.0%
Feeling that work is meaningful	1.1%	4.4%	8.6%	44.7%	41.2%
Recognition for a job well done	7.1%	17.3%	19.7%	36.8%	19.1%
How satisfied are you with the nursing profession overall?	1.4%	7.0%	11.8%	54.1%	25.7%

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

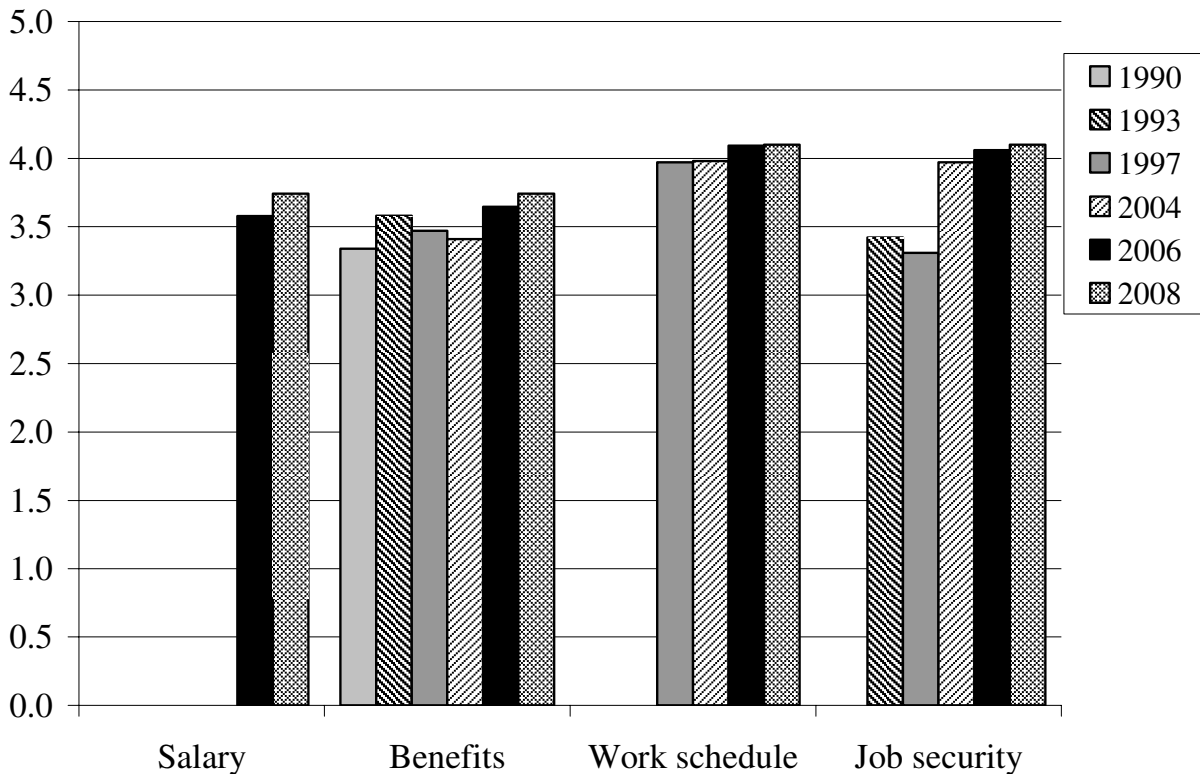
Figure 3.14. Overall satisfaction with most recent nursing position, for RNs currently working and residing in California, 2008



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

Figure 3.15 presents average satisfaction scores for job characteristics related to salary, benefits, and job security, for currently working RNs residing in California. Satisfaction with job security showed marked improvement from 1997 to 2004. In 1997, California was ending a period of time during which many analysts thought there was a surplus of nurses, and in the previous five years some employers had laid off nurses or reduced hiring dramatically. By 2004, a severe nursing shortage was underway in California, with employers offering generous bonuses to new hires and large salary increases. Thus, improvements in satisfaction with salary, benefits, and work schedules are not surprising.

Figure 3.15. Satisfaction with salary, benefits, and job security for RNs currently working and residing in California, by survey year



Notes: 2006 and 2008 data are weighted to represent all RNs with active licenses. Some items were not included in all surveys.

All but one of the job satisfaction components have increased at least slightly between 1990 and 2008, as seen in Table 3.43. Satisfaction with workload remained at the same level in 2006 and 2008; this item was not included in previous surveys. The average of all ratings was 3.35 in 1990 and 3.83 in 2008. The “best” and “worst” items in 2008 also were identified as among the more and less satisfying items in 2004 and 2006.

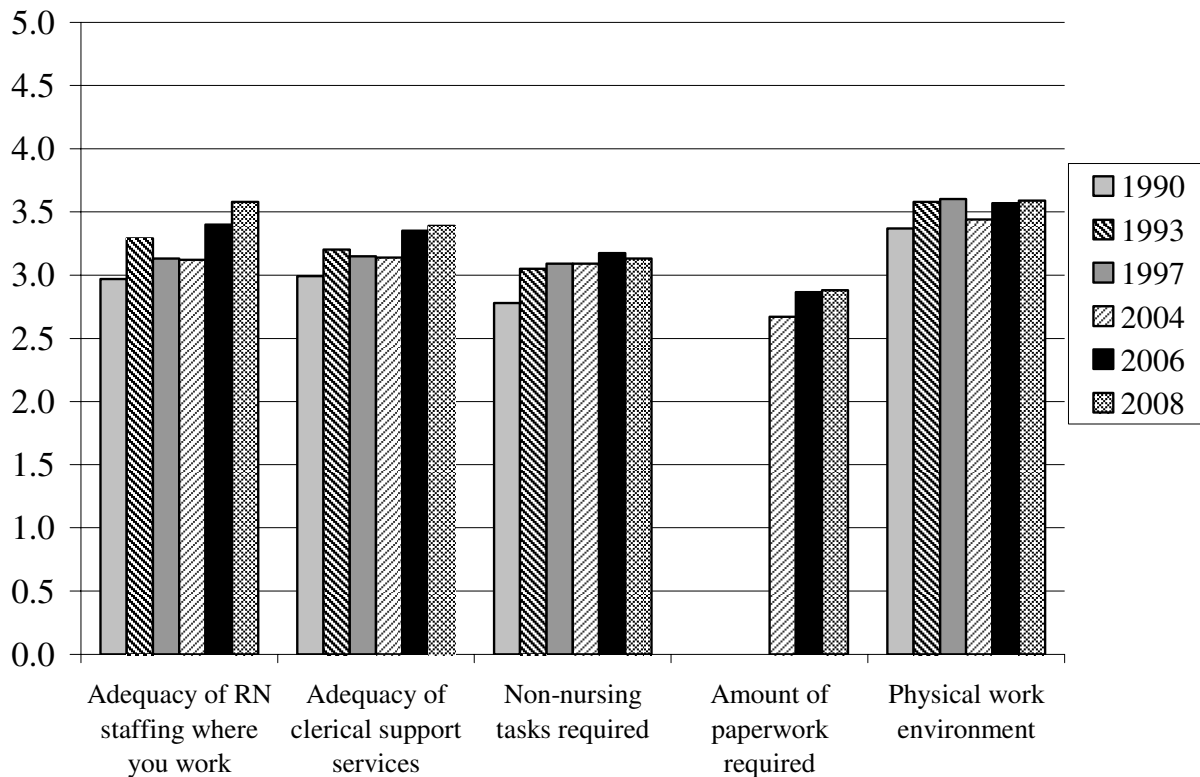
Table 3.43. Satisfaction with most recent nursing position for RNs currently working and residing in California, by survey year (out of a scale where 1 is low and 5 is highest)

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

* Question not asked in the survey year. Note: 2006 and 2008 data are weighted to represent all RNs with active licenses.

Figure 3.16 presents average satisfaction over time for job aspects related to workplace resources and support. Satisfaction with most of these facets has improved somewhat over time. Satisfaction with the adequacy of RN staffing has risen from 3.12 in 2004 to 3.58 in 2008. There has been modest improvement in satisfaction with the adequacy of clerical support, from 2.99 in 1990 to 3.39 in 2008, however these job aspects are still rated in the bottom five.

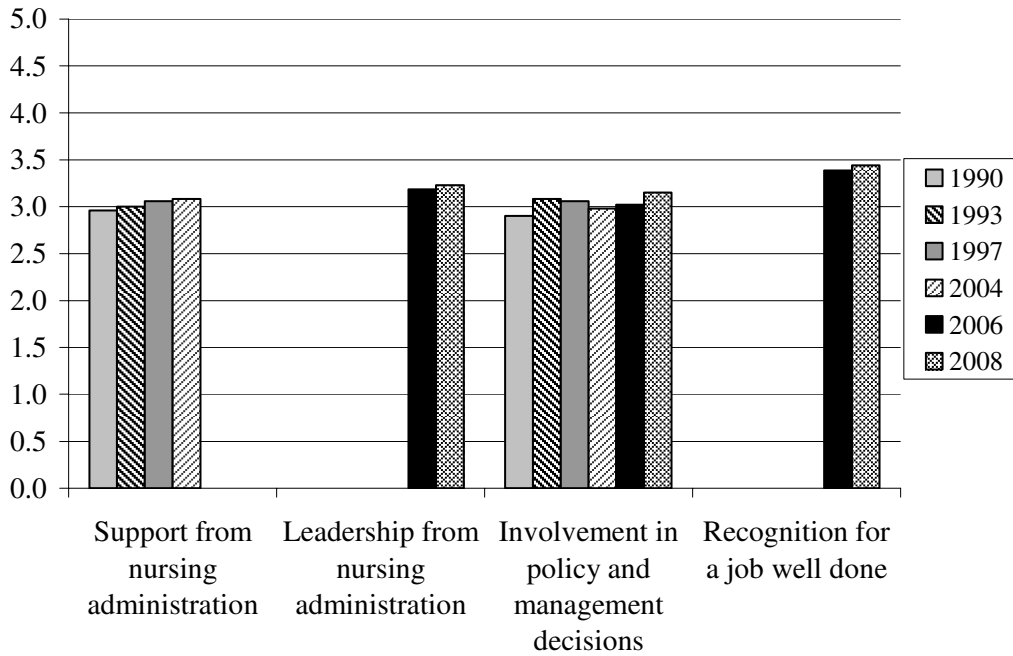
Figure 3.16. Satisfaction with workplace resources and support for RNs currently working and residing in California, by survey year



Notes: 2006 and 2008 data are weighted to represent all RNs with active licenses. Some items were not included in all surveys.

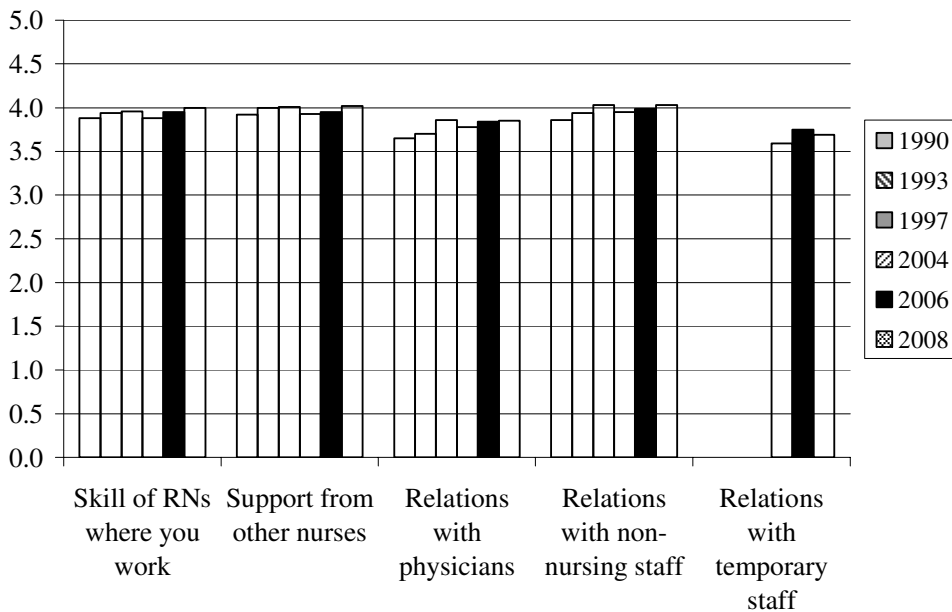
Average satisfaction of registered nurses with management at their current place of employment is presented in Figure 3.17. This is an area of more dissatisfaction among RNs residing in California, and there has been little change over time. Figure 3.18 presents average satisfaction with collegial interactions in the workplace, by survey year. Nurses tend to be satisfied in this domain, and there has been little change in average satisfaction over time. Nurses rate their satisfaction as higher for support from other nurses, relations with non-nursing staff, and the skill of RNs in their workplace than they rate their relations with physicians and temporary staff.

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



Notes: 2006 and 2008 data are weighted to represent all RNs with active licenses. Some items were not included in all surveys.

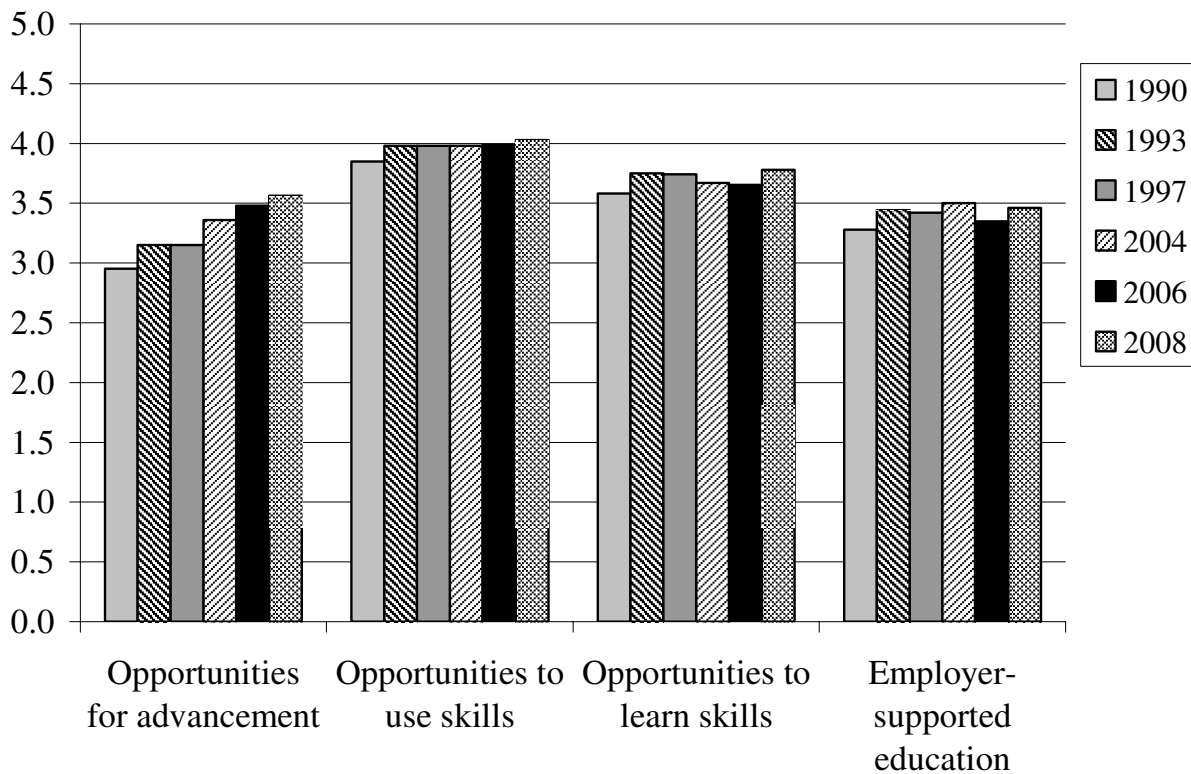
Figure 3.18. Satisfaction with colleagues for RNs currently working and residing in California, by survey year



Notes: 2006 and 2008 data 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 3.19. Nurses are generally satisfied with their opportunities to use their skills, and there has been little change in the rating of this job aspect over time. There also has been little change in average satisfaction with opportunities to learn new skills and employer-supported education. There has been marked improvement over time in satisfaction with opportunities for advancement. In 1990, nurses were neutral about their satisfaction with this factor of their work, with an average score of 2.95. By 2008, the average score had risen to 3.56, indicating that more nurses were satisfied with their advancement potential.

Figure 3.19. Satisfaction with opportunities for growth for RNs currently working and residing in California, by survey year

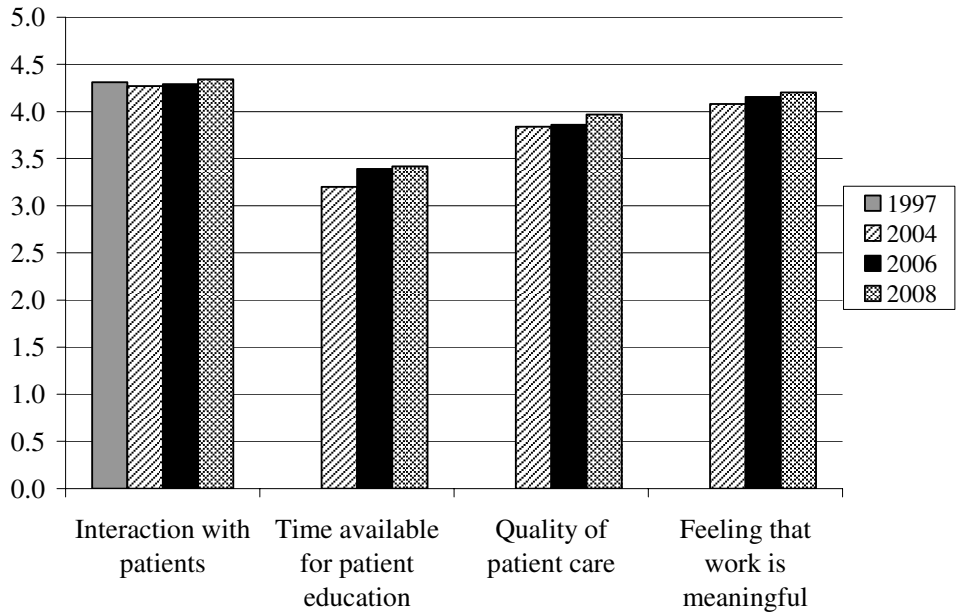


Note: 2006 and 2008 data are weighted to represent all RNs with active licenses.

Figure 3.20 presents average satisfaction scores for factors associated with patient interactions and quality of care. None of these items were examined in the 1990 and 1993 surveys. Nurses are quite satisfied with their interactions with patients and the feeling that their work is meaningful, having average ratings of 4.34 and 4.20, there has been no significant change in satisfaction with these factors over time. There have been slight improvements in satisfaction with the quality of patient care where RNs work and with time available for patient education.

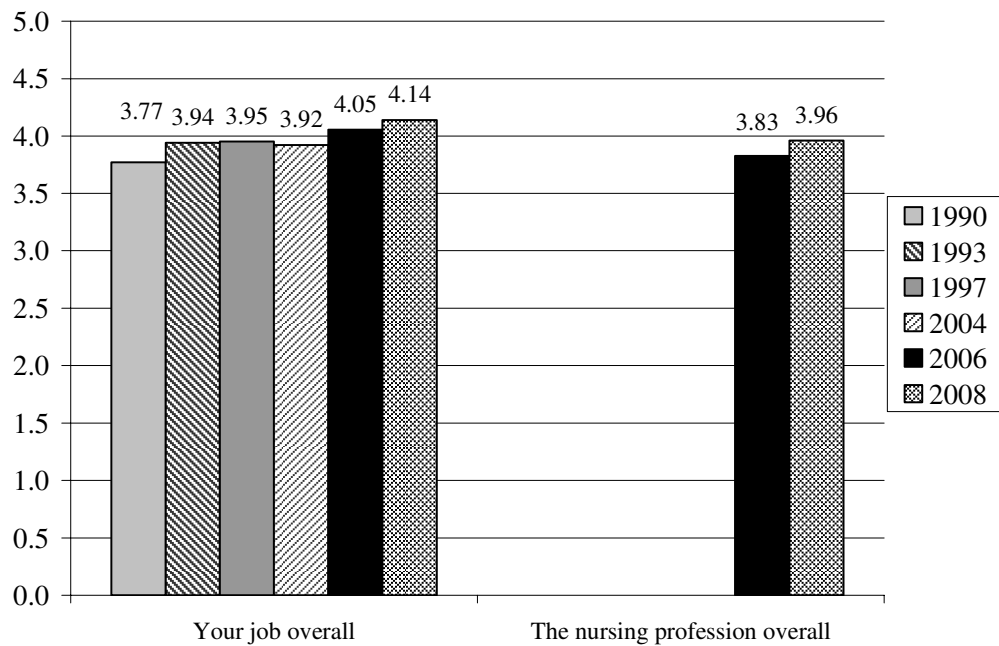
Figure 3.21 presents the overall satisfaction of currently working RNs residing in California, for all surveys. Average overall job satisfaction is quite high, averaging 4.14 in 2008, and this has been one of the highest rated items on the survey since 1993. Satisfaction with the nursing profession averaged 3.96 in 2008.

Figure 3.20. Satisfaction with patient interactions and care for RNs currently working and residing in California, by survey year



Notes: 2006 and 2008 data are weighted to represent all RNs with active licenses. Some items were not included in all surveys.

Figure 3.21. Overall satisfaction of RNs currently working and residing in California, by survey year



Notes: 2006 and 2008 data are weighted to represent all RNs with active licenses. Some items were not included in all surveys.

Job Satisfaction by Age

Table 3.44 presents mean job satisfaction scores for selected items by age group in 2008. There is some variation for particular job aspects across age groups, but no consistent pattern of any age group being more or less satisfied, with the exception of nurses who are 65 years or older. These nurses, who are considered to be of retirement age, are more satisfied in most dimensions than their younger counterparts. This satisfaction likely explains their continued employment past the age when most people retire. Nurses under 35 years old are somewhat less satisfied than older RNs, particularly with their salary, workload, relations with physicians, time available for patient education, involvement in policy decisions, feeling that work is meaningful and recognition for a job well done. They are more satisfied with their job security, opportunities for advancement, teamwork and support from other nurses.

Job Satisfaction by Education

Table 3.45 presents average satisfaction with selected job factors by highest nursing education attained, for currently working RNs who live in California. In general, nurses with baccalaureate and graduate degrees are more satisfied than are nurses whose highest education level is a diploma or associate degree.

Job Satisfaction by Job Title

Table 3.46 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. There were not enough observations for other job titles to make further comparisons.

Nurses working as staff nurses have average satisfaction ratings that are similar that for all nurses, with few exceptions. They are somewhat less satisfied with leadership from nursing administration, involvement in policy and management decisions, and the recognition they receive. Nurses in senior management are generally more satisfied than staff nurses. Nurses in front-line management positions are less satisfied than average with their workload, but are more satisfied with most other aspects of their work. Nurses who work in case management, patient care coordination, and discharge planning generally reported being satisfied at rates equal to or higher than respondents in the other groups.

Job Satisfaction by Work Setting

Table 3.47 presents nurse satisfaction with selected job factors by work setting, focusing on nurses who work in acute-care hospital departments, hospital-based ambulatory care departments, skilled nursing facilities, home health agencies, and ambulatory care settings. In general, nurses working in ambulatory care hospital departments, home health agencies, and free-standing ambulatory care are more satisfied, and those working in acute care and those in skilled nursing have similar satisfaction as that of nurses in acute care.

Table 3.44. Satisfaction with most recent nursing position for RNs currently working and residing in California, by age group, 2008

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	4.08	4.13	4.12	4.18	4.35
Your salary	3.58	3.73	3.70	3.86	3.90
Employee benefits	3.76	3.69	3.68	3.81	3.88
Adequacy of RN skill level where you work	4.03	4.03	3.93	4.01	4.10
Adequacy of the number of RNs where you work	3.55	3.60	3.55	3.59	3.79
Adequacy of clerical support	3.39	3.43	3.34	3.34	3.66
Non-nursing tasks required	3.11	3.24	3.05	3.08	3.37
Amount of paperwork required	2.87	2.99	2.82	2.84	2.99
Your workload	3.25	3.46	3.41	3.42	3.68
Physical work environment	3.56	3.59	3.55	3.60	3.80
Work schedule	4.02	4.07	4.15	4.10	4.28
Job security	4.24	4.14	4.03	4.02	4.17
Opportunities for advancement	3.73	3.61	3.47	3.47	3.68
Support from other nurses you work with	4.12	4.02	3.94	4.03	4.17
Teamwork between coworkers and yourself	4.14	4.03	4.01	4.06	4.22
Leadership from your nursing administration	3.30	3.23	3.16	3.24	3.38
Relations with physicians	3.69	3.84	3.85	3.92	4.19
Relations with other non-nursing staff	3.99	4.01	4.02	4.06	4.21
Relations with agency/registry nurses	3.65	3.75	3.66	3.67	3.90
Interaction with patients	4.26	4.33	4.33	4.38	4.51
Time available for patient education	3.26	3.41	3.40	3.49	3.73
Involvement in policy/ management decisions	3.02	3.14	3.15	3.19	3.44
Opportunities to use my skills	3.97	4.00	4.04	4.08	4.25
Opportunities to learn new skills	3.78	3.79	3.76	3.76	4.06
Quality of preceptor and mentorship programs	3.54	3.46	3.33	3.34	3.52
Employer-supported educational opportunities	3.54	3.47	3.38	3.45	3.72
Quality of patient care where you work	3.91	3.95	3.97	4.02	4.11
Feeling that work is meaningful	4.10	4.18	4.21	4.24	4.45
Recognition for a job well done	3.34	3.40	3.41	3.50	3.80
How satisfied are you with the nursing profession overall?	4.03	4.04	3.94	3.87	3.87

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

Table 3.45. Satisfaction with most recent nursing position for RNs currently working and residing in California, by highest nursing education, 2008

1 through 5 scale; 1=very dissatisfied; 5=very satisfied	Diploma	Associate Degree	Baccalaureate Degree	Master's Degree
Your job overall	4.09	4.11	4.16	4.30
Your salary	3.80	3.68	3.74	3.89
Employee benefits	3.62	3.66	3.75	4.00
Adequacy of RN skill level where you work	3.96	4.00	3.99	4.08
Adequacy of the number of RNs where you work	3.64	3.52	3.61	3.68
Adequacy of clerical support services	3.45	3.36	3.43	3.32
Non-nursing tasks required	3.16	3.09	3.16	3.13
Amount of paperwork required	2.81	2.82	2.95	2.89
Your workload	3.50	3.37	3.41	3.46
Physical work environment	3.56	3.50	3.64	3.69
Work schedule	4.15	4.06	4.13	4.13
Job security	3.96	4.08	4.12	4.18
Opportunities for advancement	3.48	3.55	3.59	3.57
Support from other nurses you work with	3.89	4.01	4.03	4.16
Teamwork between coworkers and yourself	4.00	4.02	4.09	4.14
Leadership from your nursing administration	3.21	3.17	3.27	3.35
Relations with physicians	3.83	3.83	3.84	4.02
Relations with other non-nursing staff	3.99	4.02	4.03	4.11
Relations with agency/registry nurses	3.72	3.67	3.71	3.74
Interaction with patients	4.31	4.34	4.31	4.47
Time available for patient education	3.51	3.34	3.41	3.62
Involvement in policy/ management decisions	3.11	3.04	3.18	3.42
Opportunities to use your skills	4.09	4.00	4.04	4.16
Opportunities to learn new skills	3.77	3.72	3.81	3.94
Quality of preceptor and mentorship programs	3.45	3.33	3.48	3.42
Employer-supported educational opportunities	3.47	3.41	3.47	3.59
Quality of patient care where you work	3.92	3.96	3.98	4.07
Feeling that work is meaningful	4.10	4.20	4.19	4.35
Recognition for a job well done	3.48	3.34	3.48	3.56
How satisfied are you with the nursing profession overall?	3.83	3.94	3.98	4.08

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

Table 3.46. Satisfaction with most recent nursing position for RNs currently working and residing in California, by job title, 2008

	Staff nurse	Senior management	Front-line management	Patient care coordinator
Your job overall	4.05	4.32	4.17	4.34
Your salary	3.65	4.05	3.87	3.87
Employee benefits	3.65	4.03	3.98	3.85
Adequacy of RN skill level where you work	4.01	3.65	4.06	4.17
Adequacy of the number of RNs	3.56	3.69	3.84	3.79
Adequacy of clerical support services	3.38	3.38	3.54	3.54
Non-nursing tasks required	3.08	3.14	3.25	3.44
Amount of paperwork required	2.85	2.92	2.80	3.08
Your workload	3.39	3.49	3.37	3.58
Physical work environment	3.50	3.78	3.84	4.01
Work schedule	4.04	4.12	4.22	4.22
Job security	4.10	4.20	4.18	4.11
Opportunities for advancement	3.53	4.01	3.90	3.64
Support from other nurses you work with	3.99	4.10	3.97	4.11
Teamwork between coworkers and yourself	4.03	4.08	4.14	4.13
Leadership from your nursing administration	3.13	3.88	3.43	3.56
Relations with physicians	3.78	4.06	3.98	4.06
Relations with other non-nursing staff	3.99	4.05	4.10	4.16
Relations with agency/registry nurses	3.72	3.94	3.57	3.65
Interaction with patients	4.31	4.42	4.30	4.48
Time available for patient education	3.35	3.56	3.46	3.92
Involvement in policy/ management decisions	2.93	4.24	3.74	3.29
Opportunities to use your skills	4.00	4.29	4.16	4.10
Opportunities to learn new skills	3.73	4.22	4.09	3.82
Quality of preceptor and mentorship programs	3.43	3.58	3.58	3.40
Employer-supported educational opportunities	3.46	3.91	3.72	3.51
Quality of patient care where you work	3.94	4.10	4.21	3.99
Feeling that work is meaningful	4.16	4.38	4.29	4.36
Recognition for a job well done	3.33	3.91	3.68	3.85
How satisfied are you with the nursing profession overall?	3.91	4.00	4.06	4.03

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

Table 3.47. Satisfaction with most recent nursing position for RNs currently working and residing in California, by work setting, 2008

	Hospital, acute care	Hospital, ambulatory	Skilled nursing facility	Home health agency	Ambulatory care setting
Your job overall	4.08	4.23	4.10	4.20	4.33
Your salary	3.75	3.84	3.61	3.75	3.86
Employee benefits	3.72	3.70	3.49	3.52	3.75
Adequacy of RN skill level where you work	3.95	4.17	3.75	4.09	4.16
Adequacy of the number of RNs where you work	3.61	3.60	3.58	3.65	3.68
Adequacy of clerical support services	3.36	3.35	3.30	3.82	3.65
Non-nursing tasks required	3.06	3.14	3.30	3.37	3.31
Amount of paperwork required	2.77	2.85	2.88	2.54	3.25
Your workload	3.37	3.47	3.40	3.52	3.60
Physical work environment	3.47	3.68	3.70	3.83	3.90
Work schedule	4.07	3.99	4.08	4.14	4.33
Job security	4.13	4.11	3.98	3.76	4.21
Opportunities for advancement	3.63	3.56	3.41	3.42	3.55
Support from other nurses you work with	4.03	4.10	4.00	3.99	4.01
Teamwork between coworkers and yourself	4.08	4.13	3.95	4.04	3.99
Leadership from your nursing administration	3.15	3.18	3.66	3.59	3.38
Relations with physicians	3.76	3.92	3.97	3.77	4.19
Relations with other non-nursing staff	4.00	4.10	4.06	4.09	4.15
Relations with agency/registry nurses	3.71	3.70	3.63	3.78	3.61
Interaction with patients	4.29	4.47	4.32	4.52	4.59
Time available for patient education	3.25	3.72	3.29	4.12	3.78
Involvement in policy/ management decisions	3.06	3.05	3.54	3.53	3.32
Opportunities to use your skills	4.06	4.02	3.93	4.16	4.12
Opportunities to learn new skills	3.82	3.75	3.67	3.87	3.78
Quality of preceptor and mentorship programs	3.48	3.38	3.33	3.57	3.37
Employer-supported educational opportunities	3.48	3.55	3.34	3.53	3.49
Quality of patient care where you work	3.91	4.14	4.03	4.23	4.31
Feeling that work is meaningful	4.17	4.28	4.24	4.40	4.36
Recognition for a job well done	3.33	3.46	3.80	3.69	3.70
How satisfied are you with the nursing profession overall?	3.96	4.06	3.81	3.90	4.09

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 3.48 presents the responses of currently-working RNs who live in California for each survey year. Since 1993, over half of respondents plan to work approximately as much as they do now, although this share has dropped from 60 percent in 1993 to 55 percent in 2008. About 20 percent plan to reduce their hours of nursing work; this share has been relatively stable since 1990. Ten percent planned to increase their hours of nursing work, which is an increase from 2004. In each survey since 2004, about 3 percent of nurses plan to leave nursing entirely, but not retire. In 2008, 12.4 percent of working nurses said they plan to retire within five years, compared to 10.6 percent in 2004.

Table 3.48. Future plans 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
Plan to work approximately as much as now	46.1%	60.1%	57.1%	56.7%	53.1%	54.6%
Plan to reduce hours of nursing work	32.7%	21.8%	24.7%	22.1%	21.6%	19.8%
Plan to increase hours of nursing work	6.7%	8.4%	8.5%	7.2%	9.5%	10.1%
Plan to leave nursing entirely, but not retire	14.6%	9.8%	9.7%	3.4%	3.0%	3.1%
Plan to retire	*	*	*	10.6%	12.8%	12.4%
Number of Cases	2,219	2,160	2,422	3,717	3,694	4,037

Note: Columns might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses.

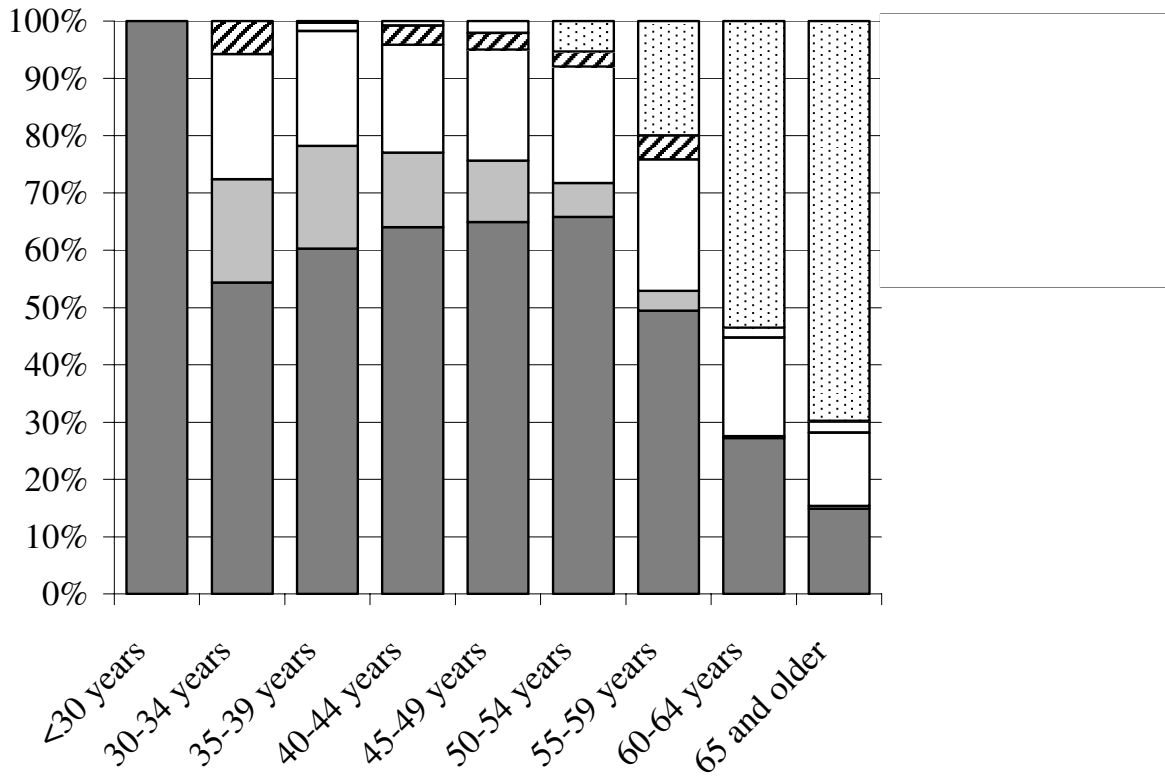
Table 3.49 and Figure 3.22 examine these responses by age group. The share of nurses that plans to maintain the same number of hours of nursing work increases with age until about 54 years, and then declines precipitously afterward. The share of nurses that reported they “plan to increase hours of nursing 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. Over two-thirds of RNs over 65 years old plan to retire within five years, and over 30 percent of nurses between 55 and 64 years old plan to retire within five years.

Table 3.49. Future plans of RNs who resided in California and were employed in nursing at the times of the surveys, by age group, 2008

	Under 35 years	35-44 years	45-54 years	55-64 years	65 years and older
Plan to work approximately as much as now	54.8%	62.1%	65.4%	41.2%	14.9%
Plan to reduce hours of nursing work	21.1%	19.5%	19.9%	20.8%	12.8%
Plan to increase hours of nursing work	19.3%	15.6%	8.0%	2.3%	0.6%
Plan to leave nursing entirely, but not retire	4.7%	2.3%	2.8%	3.3%	2.1%
Plan to retire	0.0%	0.5%	3.9%	32.5%	69.8%

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

Figure 3.22. Future plans of RNs who resided in California and were employed in nursing at the times of the surveys, by age group, 2008



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

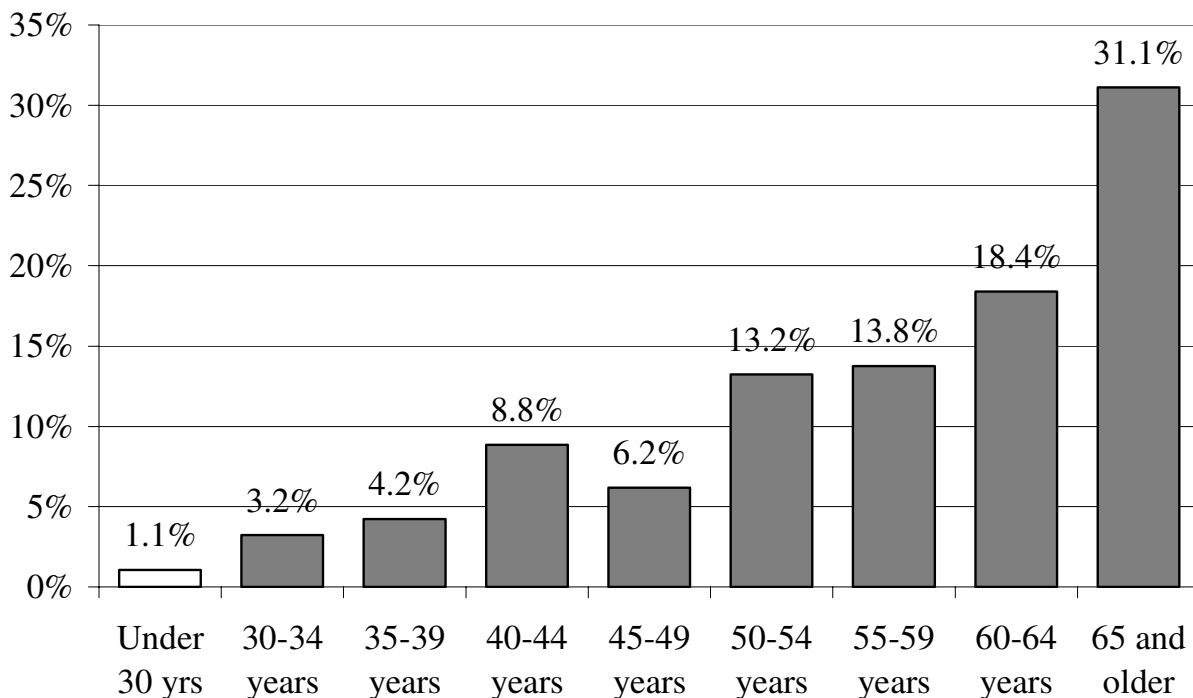
Chapter 4. Profile of Registered Nurses with Active Licenses Not Working in Nursing

About 13 percent of nurses with active California licenses who lived in California were not working in nursing jobs in 2008 (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 demographics and 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, on average, older than working nurses, as seen in Figure 4.1. The average age of RNs who are not working in nursing is 57.9 whereas the average age of working RNs is 47.1 (Chapter 2, Table 2.6). The share of licensed RNs not working in nursing rises with age. Twenty-three percent of RNs who are not working in nursing are under 50 years old. Approximately 27 percent of RNs who are not working as nurses are between 50 and 59 years old, and 18 percent of RNs who are not working in nursing are between 60 and 64 years old. The greatest percentage of RNs who are not working in nursing are 65 years and older (31.1%).

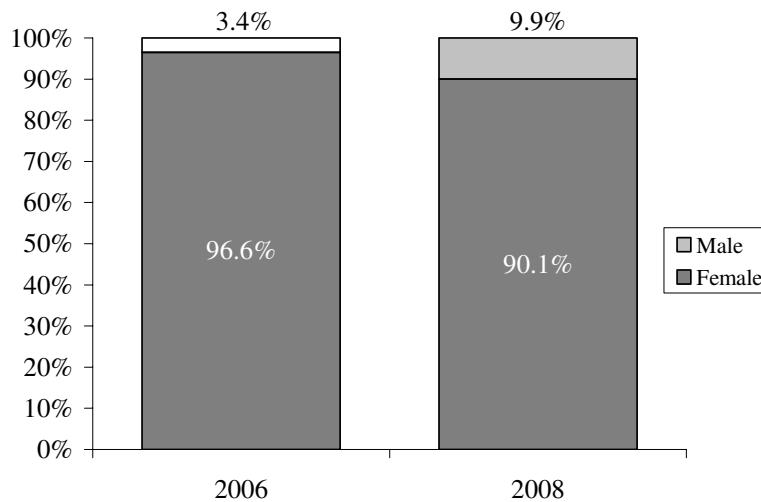
Figure 4.1. Age distribution of registered nurses who are not working in nursing positions, for RNs with active California licenses and California addresses, 2008



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

Nearly Ten percent of RNs not working in nursing in 2008 were male, as seen in Figure 4.2. Statewide, 14.4 percent of RNs with active licenses are male (Chapter 2, Figure 2.3). The higher employment rate of male nurses is partly the result of male RNs being younger on average than female RNs.

Figure 4.2. Gender of registered nurses who are not working in nursing positions, for RNs with active California licenses and California addresses, 2006 and 2008



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

The ethnic and racial distribution of RNs who are not working is different from that of the RN population as a whole (Table 4.1). Nearly 79 percent of RNs who are not working in nursing positions are White, but only 59 percent of the statewide RN population is White (Chapter 2, Figure 2.4). Eighteen percent of California’s RNs are Filipino (Chapter 2, Figure 2.4), but Filipinos account for only 7.5 percent of RNs not working in nursing.

Table 4.1. Racial/ethnic backgrounds of registered nurses who are not working in nursing positions, for RNs with active California licenses and California addresses, 2006 and 2008

Racial/Ethnic Group	2006	2008
White, not Hispanic	81.7%	78.6%
Hispanic	1.7%	2.3%
Black/African-American	2.4%	3.8%
Filipino	6.5%	7.5%
Other Asian	3.8%	5.4%
Native Hawaiian or Other Pacific Islander	<0.1%	<0.1%
Native American/American Eskimo	0.1%	0.4%
Mixed	3.5%	1.5%
Other	0.4%	0.4%
Number of cases	644	707

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

Given the under-representation of non-White RNs in the population of RNs not working in nursing, it is not surprising that non-working RNs are less likely to speak other languages than the RN population as a whole (Tables 4.2 and 2.11).

Table 4.2. Language fluency of registered nurses who are not working in nursing positions, for RNs with active California licenses and California addresses, 2006 and 2008

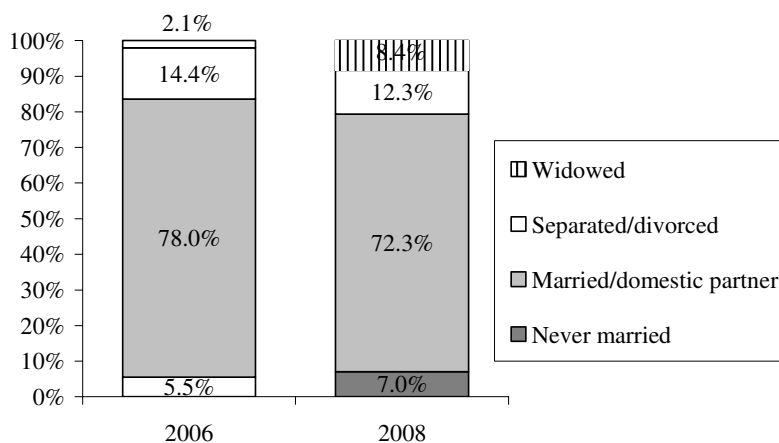
	Working RNs		Non-working RNs	
	2006	2008	2006	2008
Tagalog	15.8%	*	5.9%	*
Tagalog or other Filipino language	*	18.1%	*	6.1%
Spanish	11.1%	12.1%	8.8%	7.1%
Mandarin	1.4%	2.3%	0.1%	1.5%
Korean	1.1%	1.3%	0.1%	0.1%
Hindi	0.7%		0.8%	*
Hindi or other South Asian language	*	1.5%	*	0.1%
Cantonese	0.8%	1.6%	0.7%	0.8%
Vietnamese	0.6%	0.7%	0.0%	0.0%
Other	8.1%	8.0%	10.2%	7.9%

* Category was not offered in the survey.

Notes: 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 72.3 percent, which is higher than the share in the overall population, 68.2 percent (Chapter 2, Figure 2.6).

Figure 4.3. Marital status of registered nurses who are not working in nursing positions, for RNs with active California licenses and California addresses, 2006 and 2008



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

As seen in Table 4.3, nurses who are not working in nursing are less likely than the statewide active RN population (Chapter 2, Table 2.13) to have children living at home. Among the statewide working RN population, about 51 percent have some children living at home, but only 30 percent of non-working RNs have children at home. The share of non-working RNs with children living at home dropped between 2006 and 2008.

Table 4.3. Number of children living in the homes of registered nurses who are not working in nursing positions, for RNs with active California licenses and California addresses, 2006 and 2008

	Working RNs		Non-working RNs	
	2006	2008	2006	2008
None	53.1%	49.2%	47.3%	68.7%
One	18.4%	22.0%	17.5%	12.2%
Two	20.0%	19.7%	25.0%	12.2%
Three	6.4%	6.5%	7.4%	3.9%
Four or more	2.1%	2.6%	2.8%	3.0%
Number of Cases	3,406	4,153	579	737

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

Nurses who are not working in nursing positions are more likely to have children who are older as opposed to younger (Table 4.4 and Chapter 2, Table 2.14). This is consistent with non-working RNs being older themselves. About 17 percent of non-working RNs with children at home have infants and toddlers, while about 19 percent of working RNs have children in this age range. This is consistent with the fact that nurses whose children are all under 13 years old are more likely to work than RNs with older children (Chapter 2, Figure 2.7).

Table 4.4. Percent of registered nurses who are not working in nursing positions with children living at home who have children in specified age groups, for RNs with active California licenses and California addresses, 2006 and 2008

Ages of children	Working RNs		Non-working RNs	
	2006	2008	2006	2008
Birth to 2 years	16.9%	18.9%	20.4%	16.7%
3-5 years	16.8%	16.3%	15.3%	20.5%
6-12 years	32.8%	33.5%	30.9%	36.1%
13-18 years	33.1%	37.4%	35.6%	40.3%
Over 18	38.3%	34.7%	38.4%	38.5%

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

A smaller share of RNs not employed in nursing reported that they have other people dependent on them for care than working RNs. About 21 percent of non-working RNs have people dependent on them (Table 4.5), whereas 26 percent of working RNs reported that they had other dependents at home (Chapter 2, Figure 2.8).

Table 4.5. Other people dependent on RNs who are not working in nursing positions, for RNs with active California licenses and California addresses, 2006 and 2008

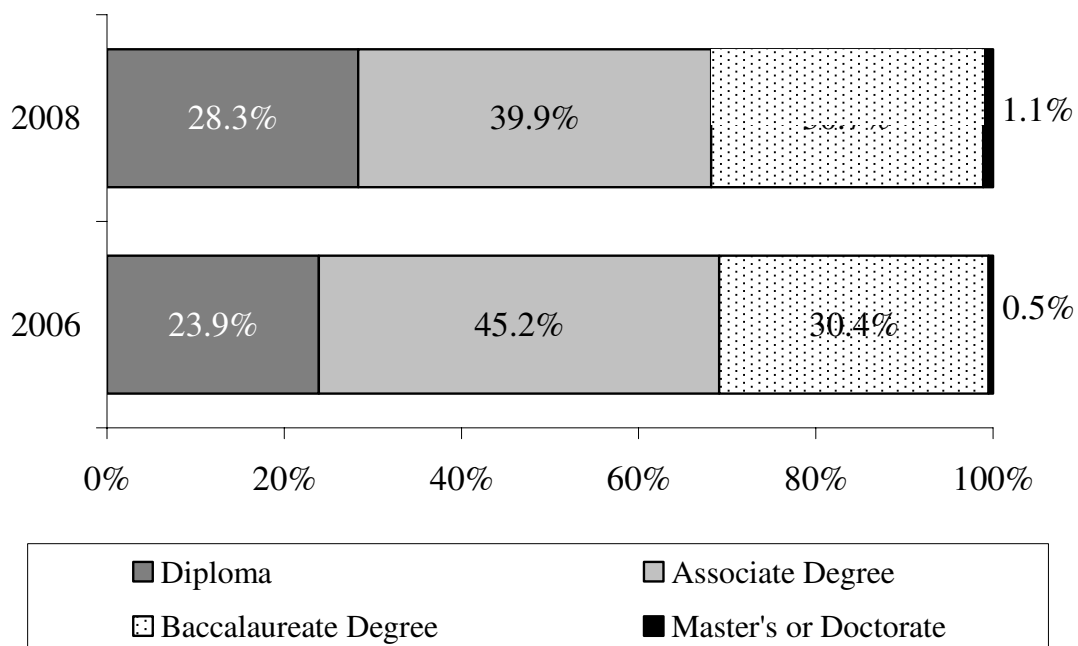
	2006	2008
None	79.1%	79.2%
1 person	11.6%	15.5%
2 people	7.4%	4.2%
3 people	1.2%	0.9%
4 or more	0.6%	0.3%
Number of Cases	609	706

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

Educational Preparation

Most RNs who are not working in nursing positions received their initial RN education in an associate degree program, as seen in Figure 4.4. Diploma-educated RNs are somewhat over-represented in the population of RNs not working in nursing; 28.3 percent of RNs not working in nursing are diploma-educated, as compared with 16 percent of working RNs (Chapter 2, Figure 2.11). This is not surprising; diploma education is more common among older RNs, who are less likely to hold nursing positions.

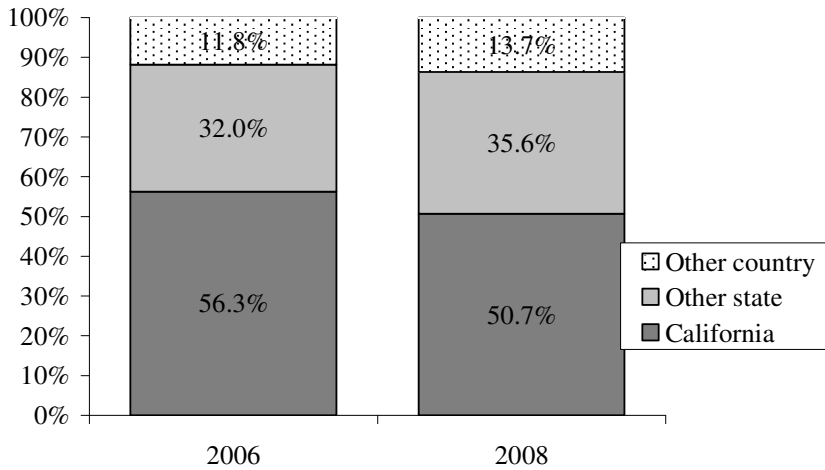
Figure 4.4. Pre-licensure education of registered nurses who are not working in nursing positions, for RNs with active California licenses and California addresses, 2006 and 2008



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

The majority of RNs not working in nursing positions received their initial nursing education in California (50.7%), as seen in Figure 4.5. 14 percent were educated in another country, while 23 percent of working RNs were educated in other countries (Chapter 2, Table 2.18).

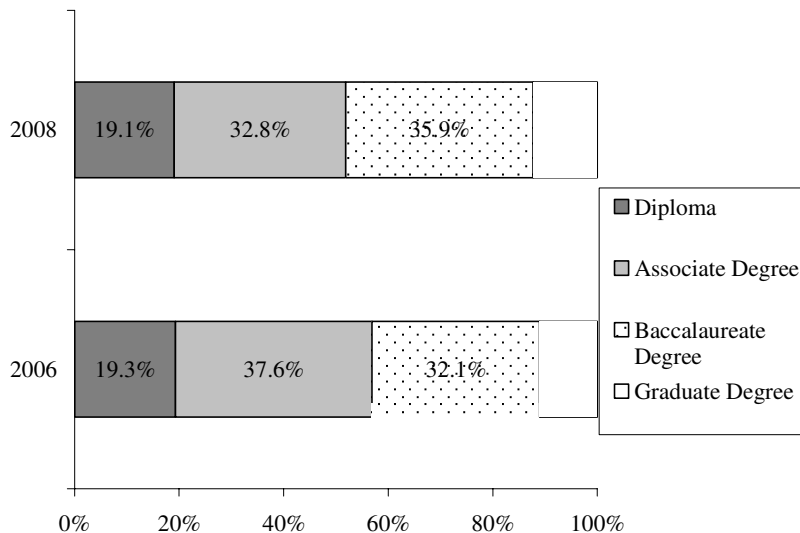
Figure 4.5. Location of education of registered nurses who are not working in nursing positions, for RNs with active California licenses and California addresses, 2006 and 2008



Notes: 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. Fifty-four percent of working RNs report that their highest education is at least a baccalaureate degree (Chapter 2, Figure 2.14); however, only 48 percent of non-working RNs had a baccalaureate or higher degree in 2008.

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 and 2008



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

RNs not working in nursing are more likely to have a certification as a public health nurse, nurse practitioner, clinical nurse specialist, or mental health nurse than RNs employed in nursing jobs (Tables 4.6 and Chapter 2, Table 2.22).

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 and 2008

	Working RNs		Non Working RNs	
	2006	2008	2006	2008
No additional certifications	76.3%	77.9%	78.9%	69.2%
Nurse Anesthetist	0.6%	0.4%	0.6%	0.3%
Nurse Midwife	2.0%	0.6%	1.0%	0.1%
Nurse Practitioner	6.6%	7.1%	5.4%	9.2%
Public Health Nurse	15.5%	16.9%	16.7%	21.0%
Psychiatric/Mental Health Nurse	3.4%	1.1%	0.5%	1.5%
Clinical Nurse Specialist	2.8%	2.7%	2.7%	5.6%
Number of Cases	3,282	3,532	549	737

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

Last job in the nursing field

Nurses with active licenses who are not working in nursing positions were asked about the last time they worked in nursing. As seen in Table 4.7, 33 percent of RNs who lived in California in 2008 and did not work in nursing last worked in the field when they were under 45 years old. Another 33 percent were 60 years or older when they stopped working in nursing. The mean age at which California-resident RNs last held a nursing position was 51.2 years. This age is higher than in previous surveys.

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

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

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 and 2008 surveys asked for the year in which the nurse last worked for pay as a RN. Columns might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses.

About 49 percent of RNs who have active licenses and live in California but do not work in nursing have been out of nursing for less than five years, as seen in Table 4.8. The mean number of years that nurses have been out of the field in 2008 was nearly 7.4 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
One year ago or less	11.7%	19.2%	25.5%	13.1%	32.3%	22.1%
2-4 years ago	25.9%	3.6%	25.2%	31.2%	27.8%	27.2%
5-9 years ago	21.4%	27.3%	22.6%	30.8%	18.6%	21.4%
10-14 years	16.9%	13.9%	14.2%	9.8%	11.5%	13.4%
15-24 years	14.6%	6.1%	9.1%	11.2%	8.2%	12.5%
25 or more years	9.5%	2.8%	3.3%	3.9%	1.7%	3.5%
Mean	10.0	6.7	6.7	7.5	5.6	7.4
Number of cases	444	245	274	519	568	617

Notes: Columns might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses.

Most nurses with active licenses who do not hold nursing positions worked in the field for at least 15 years, as seen in Table 4.9. Sixty-four percent of California residents who are not working in nursing report that they have at least 15 years of nursing experience. Nine 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
Less than 5 years	14.9%	10.8%	14.9%	8.0%	14.9%	9.3%
5-9 years	22.5%	26.4%	22.1%	16.4%	20.3%	12.2%
10-14 years	23.9%	23.6%	25.4%	14.7%	20.2%	14.1%
15-24 years	22.8%	24.0%	25.4%	25.4%	26.1%	22.4%
25 or more years	16.0%	15.2%	12.3%	35.5%	18.5%	41.9%
Mean	14.4	14.2	13.3	19.9	15.1	21.6
Number of cases	457	250	276	524	568	689

Notes: Columns might not total 100% due to rounding. 2006 & 2008 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 4.10, the factors most frequently identified as “very important” were stress on the job (30.3%), retirement (22.5%), family responsibilities (22.5%), childcare responsibilities (22.0%), and other job dissatisfaction (19.9%).

Table 4.10. Importance of factors in the decision to not hold a nursing position, for registered nurses who have active California licenses, and reside in California, 2008

	Not at all important/ Does not apply	Somewhat important	Important	Very important
Retired	62.1%	5.5%	9.9%	22.5%
Childcare responsibilities	71.4%	2.9%	3.8%	22.0%
Other family responsibilities	60.7%	5.6%	11.3%	22.5%
Moving to a different area	86.5%	0.4%	4.0%	9.1%
Stress on the job	41.5%	11.0%	17.2%	30.3%
Job-related illness/injury	80.4%	2.3%	5.0%	12.4%
Non-job-related illness/injury	78.3%	2.8%	5.3%	13.6%
Salary	63.7%	8.5%	14.3%	13.5%
Dissatisfied with benefits	77.9%	7.1%	9.7%	5.3%
Other dissatisfaction with your job	51.2%	11.5%	17.3%	19.9%
Dissatisfaction with the nursing profession	64.3%	12.7%	12.8%	10.2%
Travel	78.9%	7.2%	8.7%	5.2%
Wanted to try another occupation	74.6%	4.7%	7.6%	13.1%
Inconvenient schedules in nursing jobs	67.0%	6.1%	11.4%	15.5%
Difficult to find a nursing position/laid off	90.3%	1.6%	3.5%	4.6%

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

Table 4.11 examines these responses by the number of years since the nurse last worked in nursing, and by age. The first column of Table 4.11 presents the share of nurses who rated a factor as important or very important among those who last worked in nursing within the previous five years. The second column presents the share rating a factor as important for nurses who have been out of nursing work for more than five years. The most important reasons among nurses who last held a nursing position within the past five years were stress on the job (46.3%), retirement (41.8%), other job dissatisfaction (39.0%), and other family responsibilities (33.6%). The most important reasons for not working in nursing among nurses who have not held a nursing position for more than five years were stress on the job (45.6%), other dissatisfaction with job (36.7%), other family responsibilities (32.7%), childcare responsibilities (32.3%), and inconvenient schedules (29.2%).

The importance of factors that influence a nurse's decision to not work in a nursing position varies with the age of the nurse, as seen in the last two columns of Table 4.11. The third column presents the share of nurses younger than 55 years of age who rated each factor as important or very important. The last column provides the same data for nurses 55 years and older. Among nurses younger than 55 years, the most important factors for not working in nursing were childcare responsibilities (48.5%), stress on the job (47.9%), other family responsibilities (46.2%), other job dissatisfaction (38.0%), and inconvenient schedules in nursing jobs (34.1%). The most important reasons for not working in nursing among nurses 55 years and older were retirement (43.6%), stress on the job (40.9%), other job dissatisfaction (31.7%), other family responsibilities (22.0%), and salary (22.0%).

Stress on the job was rated the highest factor by all groups except RNs under 55 years, among whom it was second only after childcare responsibilities, and RNS over 55 years among whom it was second only after retirement. . It also was among the most important reasons for RNs opting out of nursing employment in 2006.

Table 4.11. Share of nurses rating factors as “important” or “very important” in the decision to not work in nursing, for registered nurses with active California licenses residing in California, by how long since they last worked as a RN and by age, 2008

	Years since last worked in nursing		Age of nurse	
	5 years or less	More than 5 yrs	Under 55 yrs	55 yrs and older
Retired	41.8%	23.0%	4.2%	43.6%
Childcare responsibilities	17.9%	32.3%	48.5%	9.3%
Other family responsibilities	33.6%	32.7%	46.2%	22.0%
Moving to a different area	9.2%	15.6%	17.3%	9.0%
Stress on the job	46.3%	45.6%	47.9%	40.9%
Job-related illness/injury	20.5%	13.4%	17.8%	14.7%
Non-job-related illness/injury	22.4%	13.7%	19.0%	16.4%
Salary	26.9%	28.1%	31.3%	22.0%
Decreased benefits	14.4%	14.5%	16.4%	12.3%
Other dissatisfaction with your job	39.0%	36.7%	38.0%	31.7%
Dissatisfaction with the nursing profession	19.8%	26.7%	24.6%	19.1%
Travel	16.5%	10.8%	8.3%	15.1%
Wanted to try another occupation	15.6%	23.2%	23.8%	16.2%
Inconvenient schedules in nursing jobs	24.1%	29.2%	34.1%	19.3%
Difficult to find a nursing position/laid off	10.1%	5.3%	9.0%	6.4%

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

Table 4.12 compares the satisfaction of nurses with their current positions and that of non-working nurses with their most recent nursing position. Nurses who were not working were not substantially less satisfied with the nursing profession overall, except that non-working RNs rated the profession of nursing overall lower than did working RNs (3.49 vs. 3.96). Some of the specific areas in which non-working RNs were less satisfied were opportunities to use skills, relations with non-nursing staff, their job overall, interaction with patients, quality of patient care and support from other nurses. Non-working RNs rated nursing leadership, time for patient education, and job recognition substantially higher than working RNs.

Table 4.12. Satisfaction with most recent nursing position for RNs with active licenses residing in California but are not working in nursing, compared with those who are working, 2008

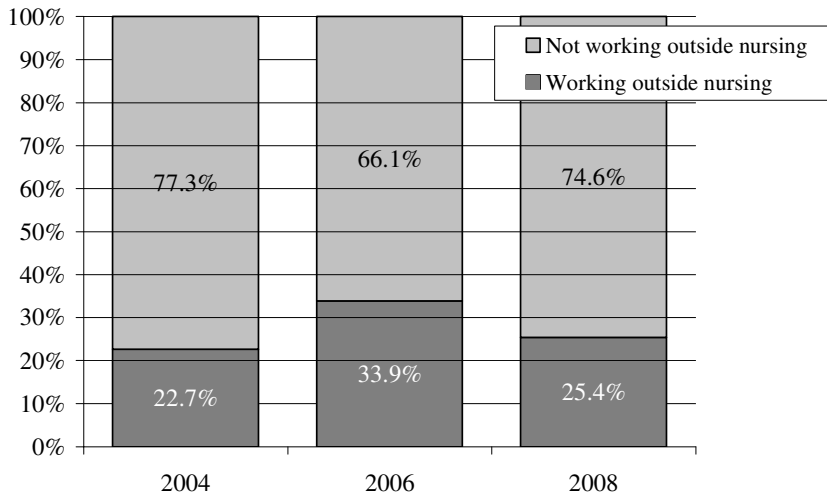
1 through 5 scale; 1=very dissatisfied; 5=very satisfied	Working	Not Working
Your salary	3.74	3.82
Employee benefits	3.74	3.63
Skill of RNs where you work	4.00	3.81
Adequacy of RN staffing where you work	3.58	4.00
Adequacy of clerical support services	3.39	3.36
Non-nursing tasks required	3.13	3.34
Amount of paperwork required	2.88	3.19
Workload	3.41	2.92
Physical work environment	3.59	3.24
Work schedule	4.10	3.53
Job security	4.10	3.91
Opportunities for advancement	3.56	3.91
Support from other nurses with whom you work	4.02	3.41
Leadership from nursing administration	3.23	3.81
Relations with physicians	3.85	3.86
Relations with other non-nursing staff	4.03	3.13
Relations with temporary agency/traveling agency/registry staff	3.69	3.85
Teamwork between coworkers and yourself	4.06	4.02
Interaction with patients	4.34	3.69
Time available for patient education	3.42	4.44
Involvement in policy and management decisions	3.15	3.43
Opportunities to use your skills	4.04	3.04
Opportunities to learn new skills	3.78	3.98
Employer-supported educational/training programs	3.46	3.66
Quality of preceptor and mentor programs	3.41	3.25
Quality of patient care	3.97	3.36
Feeling that work is meaningful	4.20	3.86
Recognition for a job well done	3.44	4.13
Your job overall	4.14	3.46
The nursing profession overall	3.96	3.49

Note: 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 4.7 presents the non-nursing employment status of RNs residing in California who do not work in nursing. In 2008, 25.4 percent of RNs residing in California who were not employed in nursing were working in another field; this is a decrease from 2006, when the share was 34 percent. Figure 4.8 refines these data by focusing on RNs who reported that they were not working in nursing but were not retired. Of these RNs, 39.6 percent of non-retired RNs not working in nursing were employed outside of nursing in 2008. This rate is somewhat higher than that observed in 2004 and 2006.

Figure 4.7. Current employment status of registered nurses whose California licenses are active and who live in California, but who are not currently working as RNs, 2004-2008



Notes: 2006 and 2008 data are weighted to represent all RNs with active licenses.

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



Notes: 2006 and 2008 data 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 35.8 in 2008, and the modal range was 33 to 40 hours per week. In every year of the RN survey, the most common working schedule outside of nursing was 33 to 40 hours per week.

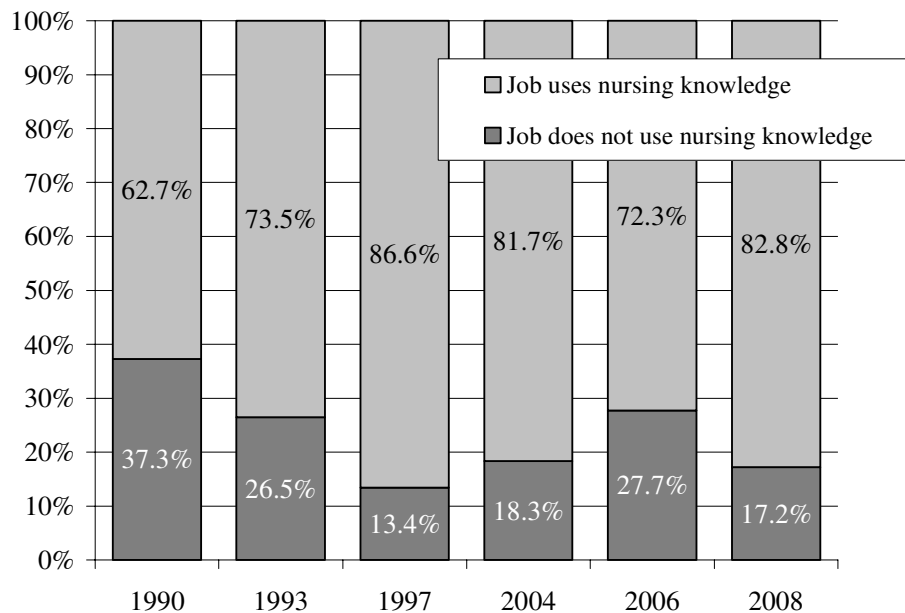
Table 4.13. Number of hours per week nurses work outside the nursing profession, for RNs with active licenses residing in California, by survey year

	1990	1997	2004	2006	2008
8 hours or less	6.0%	4.5%	2.6%	4.2%	1.8%
9-16 hours	6.6%	6.3%	12.3%	14.4%	8.5%
17-24 hours	11.3%	12.5%	14.9%	15.3%	9.5%
25-32 hours	8.6%	13.4%	8.8%	14.4%	17.0%
33-40 hours	43.0%	35.7%	37.7%	37.5%	36.2%
41-48 hours	8.6%	8.9%	9.7%	4.0%	9.5%
More than 48 hours	15.9%	18.8%	14.0%	10.2%	17.8%
Mean	35.8	36.0	34.7	33.6	35.8
Number of Cases	151	112	114	200	156

Note: This question was not asked in 1993. Columns might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses.

Nurses who work in non-nursing positions were asked if their jobs used their nursing knowledge. As shown in Figure 4.9, 82.8 percent of California residents said their non-nursing job used their nursing knowledge.

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

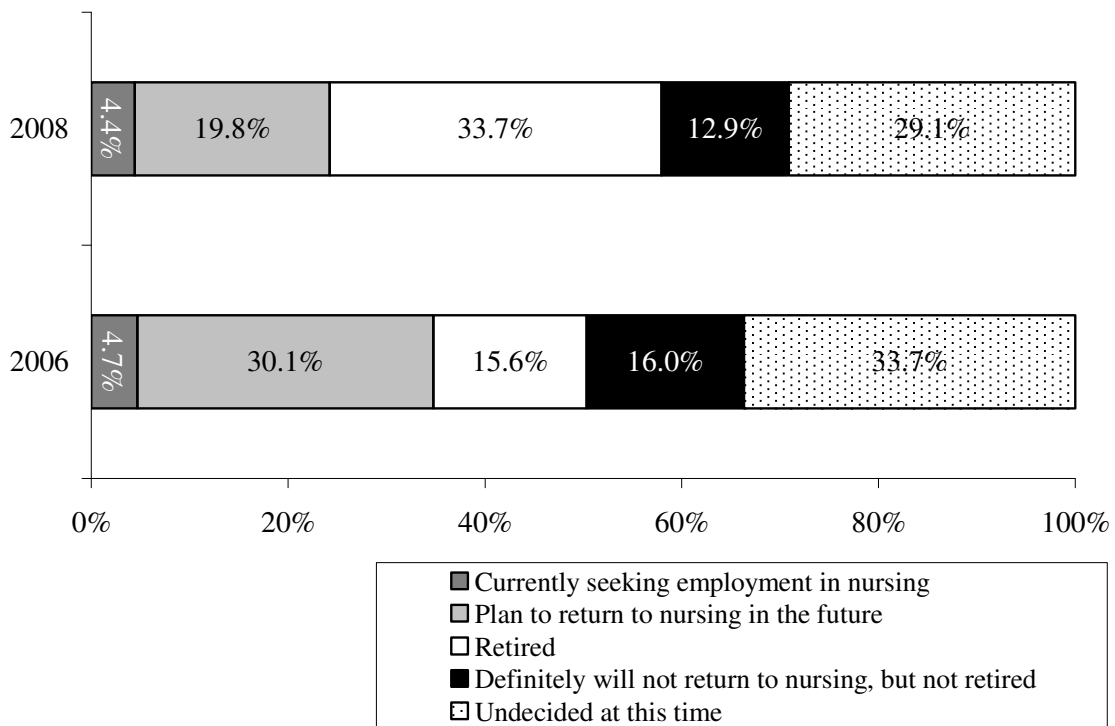


Notes: 2006 and 2008 data are weighted to represent all RNs with active licenses.

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

Registered nurses with active California licenses who were not employed in nursing positions were asked about their future plans. Their responses are summarized in Figure 4.10. More than 24 percent said they plan to return to nursing or are currently seeking employment. 47 percent were either retired or would definitely not return to nursing. More than 29 percent said they were undecided about their future plans. The share of RNs that definitely plans to return to nursing was lower in 2008 than it was in 2006, and the share that was retired was higher in 2008.

Figure 4.10. Future plans of California nurses with active licenses not working in the profession, for California residents, 2006 and 2008



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

Table 4.14 examines the plans of nurses who were not working in nursing by survey year and age. In 2008, more than sixty percent of the RNs under 35 years of age were planning to return to nursing in the future or are currently seeking work. The share that has such plans steadily declines after age 45 years. Nonetheless, a significant share of RNs 45 years and older reporting they may return to nursing. Over eighty percent of nurses age 65 and older say they may return to nursing in the future (83.4%). The share that says they will definitely not return generally rises with age between 45 and 64 years old.

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

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

Notes: Columns might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses.

Table 4.15 presents the time frame in which nurses who say they plan to return to nursing expect to do so. Nearly thirty-seven percent say they expect to return to nursing within the year. Another 34 percent plan to return in one to two years. Nearly 11 percent plan to return in five or more years.

Table 4.15. Time frame within which nurses who are not working in nursing positions but plan to return to nursing plan to do so, for California residents, 2004-2008

	2004	2006	2008
Less than one year	28.0%	39.9%	36.7%
1 to 2 years	24.6%	28.3%	33.9%
2 to 3 years	14.3%	*	*
3 to 4 years	7.4%	14.3%	18.8%
4 to 5 years	5.1%	*	*
5 or more years	20.6%	17.5%	10.5%
Number of cases	175	99	103

Notes: Columns might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses.

Nurses with active licenses who lived in California, were not working in a nursing position, and stated that they were retired, did not plan to return to nursing, or were uncertain about their plans, were asked to rate the importance of factors that might affect their decision to not work in nursing. Table 4.16 summarizes their responses. The factors most often rated as very important were flexible work hours (53.0%), better nurse-to-patient ratios (43.6%), , availability of re-entry programs and mentoring (38.7%), adequate support staff for non-nursing tasks (37.8%), higher salary (37.1%), and better support from management (34.9%).

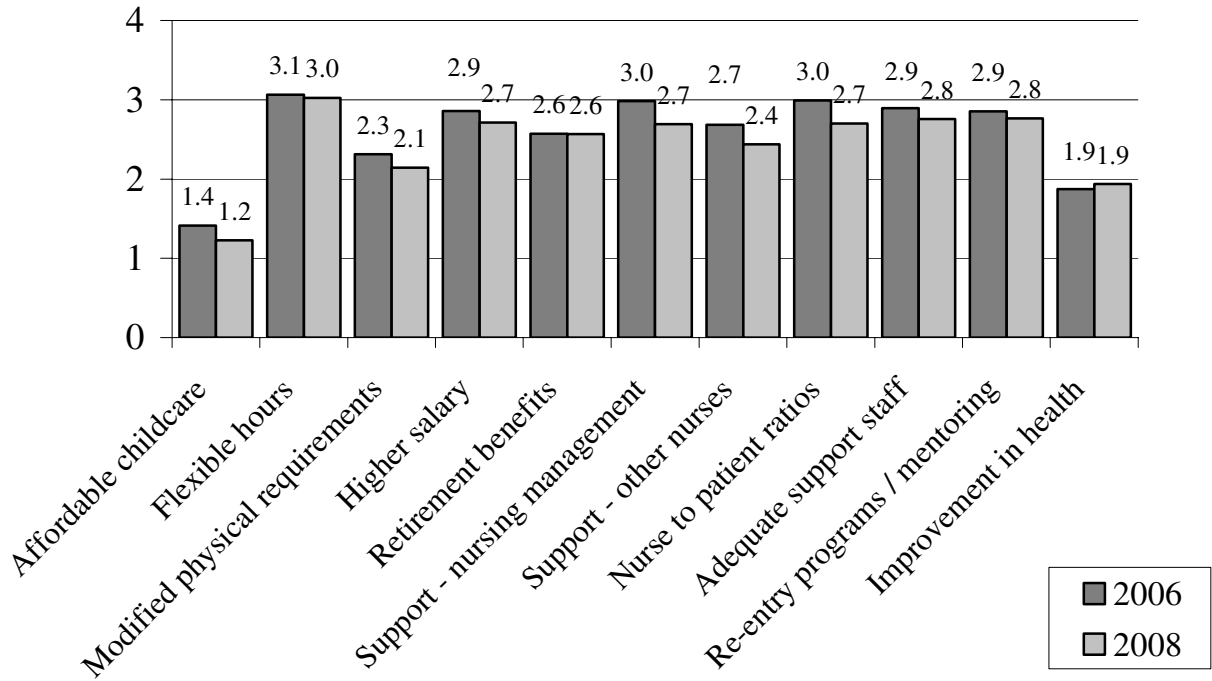
Table 4.16. Importance of factors in the decision to return to nursing for RNs who live in California, have active licenses, but are not working in nursing, 2008

Reasons for leaving nursing	Not at all important / Does not apply	Somewhat important	Important	Very Important
Affordable childcare at or near work	90.2%	2.0%	2.8%	5.0%
Flexible work hours	23.7%	3.1%	20.2%	53.0%
Modified physical requirements of job	50.6%	10.6%	12.8%	26.0%
Higher nursing salary	27.3%	11.1%	24.5%	37.1%
Better retirement benefits	34.0%	7.1%	27.1%	31.8%
Better support from nursing management	30.1%	5.6%	29.5%	34.9%
More support from other nurses	36.5%	9.2%	28.6%	25.8%
Better nurse to patient ratios	33.9%	5.7%	16.9%	43.6%
Adequate support staff for non-nursing tasks	27.8%	6.6%	27.7%	37.8%
Availability of re-entry programs / mentoring	28.3%	5.7%	27.3%	38.7%
Improvement in my health status	61.5%	5.4%	11.2%	22.0%

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

Figure 4.11 summarizes these data by giving a response of “not at all important” or “does not apply” (or missing) one point, “somewhat important” two points, “important” 3 points, and “very important” four points. The least important factors that might affect RNs’ decisions to return to work in nursing are affordable childcare near work, and improvement in health status.

Figure 4.11. Importance of factors in encouraging RNs with active licenses who live in California but are not working in nursing to return to nursing, 2006 and 2008



Note: Data are weighted to represent all RNs with active licenses. A value of 4 indicates “very important”.

Table 4.17 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, as well as for nurses who are retired versus those who are not. Nurses who have been out of nursing employment for more than five years rated all but one factor higher than nurses who held a nursing position more recently. Nurses who have been out of work for five years or less rated affordability of childcare at or near work as more important than nurses who have been out of nursing for more than five years (1.26 vs. 1.17). Non-retired nurses reported that every factor was more important than did retired nurses. The highest-rated factors among retired RNs were flexible work hours (2.30), adequate support for non-nursing tasks (2.24), and availability of re-entry programs (2.19). The factors most important to non-retired RNs were flexible work hours (3.31), higher salary (3.01), availability of re-entry programs (2.98), adequate support staff (2.96), and better nurse to patient ratios (2.96).

Table 4.17. Importance of factors in the decision to return to nursing, for RNs who live in California, have active licenses, but are not working in nursing, by years since last worked in nursing and retirement status, 2008

Reasons for leaving nursing	Years since last worked in nursing		Retirement status	
	5 years or less	More than 5 years	Retired	Not retired
Affordable childcare at or near work	1.26	1.17	1.02	1.31
Flexible work hours	2.78	3.17	2.30	3.31
Modified physical requirements of job	2.12	2.16	2.12	2.15
Higher nursing salary	2.51	2.92	1.95	3.01
Better retirement benefits	2.38	2.70	1.80	2.87
Better support from nursing management	2.41	2.98	2.15	2.91
More support from other nurses	2.09	2.74	1.94	2.64
Better nurse to patient ratios	2.18	3.18	2.05	2.96
Adequate support staff for non-nursing tasks	2.57	2.98	2.24	2.96
Availability of re-entry programs/mentoring	2.41	3.01	2.19	2.98
Improvement in my health status	1.81	2.06	2.04	1.90

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.”

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

The 2004, 2006, and 2008 surveys included a sample of nurses with inactive or lapsed California licenses, in addition to sampling registered nurses with active California licenses. The 2008 & 2006 samples of RNs with inactive or lapsed licenses were limited to RNs with California addresses, while the 2004 sample included nurses who were residing both in and outside California at the time of the survey. For the 2008 survey, half the sample was drawn from nurses with licenses that had lapsed between January 31, 2007 and December 31, 2007. The other half of the sample was drawn from nurses with “inactive” licenses with expiration dates after March, 2006. This chapter reports findings from the survey of nurses with inactive or lapsed licenses.

The 2008 survey of nurses with inactive or lapsed licenses was somewhat different from that sent to nurses with active licenses. It was shorter and included questions about why the respondent had chosen to allow his/her license to become inactive or lapse. There were 303 responses from nurses with inactive licenses, resulting in a 64.2 percent response rate. There were 169 responses from nurses with lapsed licenses, resulting in a 49.9 percent response rate. Of the nurses that responded, four nurses with lapsed records indicated they have moved from California and are now residing outside the state; their responses were excluded from the survey analysis. Nurses who self-reported that their license was active at the time of the survey were excluded from the analysis, removing 24 nurses from the sample. The dataset used for analysis contained 292 nurses who had been sampled as inactive, and 152 who had been sampled as lapsed. More information about this survey and the analytical sample is provided in Chapter 1.

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

Demographic Characteristics

Table 5.1 presents the age distribution of nurses with inactive or lapsed licenses in 2004, 2006, and 2008. The 2006 & 2008 analyses are presented separately for nurses with lapsed and inactive licenses, while the 2004 data combined nurses with inactive and lapsed licenses. Note that the 2004 sample includes nurses with addresses outside California, and thus includes RNs who allowed their California license to lapse or become inactive because they moved to another state. The 2004 lapsed population is likely to be quite different from the 2006 and 2008 populations, which were limited to nurses with California addresses.

As compared with 2006, the 2008 inactive respondents were approximately the same age. 49 percent of nurses with inactive licenses in 2008 were 65 years or older, as were 45 percent of inactive nurses in 2006. However, nurses with lapsed licenses were considerably younger in 2008. Nearly 57 percent of nurses with lapsed licenses in 2006 were at least 65 years old, but only 32.6 percent of nurses with lapsed licenses in 2008 were 65 years or older. The average age difference of nurses with lapsed licenses between 2006 and 2008 suggests changes in the primary reasons for lapsed licenses, which are discussed later in this chapter.

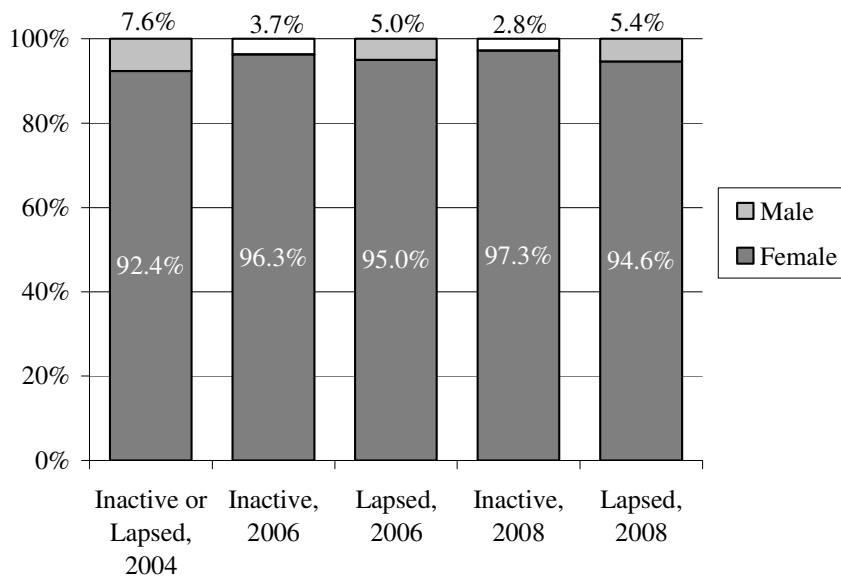
Table 5.1. Ages of registered nurses with inactive and lapsed California licenses, 2004-2008

	Inactive or Lapsed	Inactive		Lapsed	
	2004	2006	2008	2006	2008
Under 35	13.0%	0.0%	0.9%	1.8%	14.6%
35-44	21.5%	6.8%	5.8%	7.1%	16.4%
45-54	18.5%	19.5%	16.2%	14.2%	15.9%
55-64	39.4%	28.8%	28.1%	20.3%	20.7%
65 or older	4.5%	45.0%	49.1%	56.6%	32.6%
Mean Age	54	62.7	63.4	63.7	54.6
Number of cases	965	285	292	113	152

Note: Inactive RN responses are weighted to reflect the statewide population of inactive RNs. 2008 responses from nurses with lapsed licenses are weighted. 2006 Responses from nurses with lapsed licenses are not weighted and reflect only the respondents. 2004 data are not weighted.

Figure 5.1 presents the gender distribution of nurses with lapsed and inactive licenses in 2004, 2006, and 2008. In 2008, over 97 percent of RNs with inactive licenses and 94 percent of respondents with lapsed licenses were female.

Figure 5.1. Gender of registered nurses with inactive and lapsed California licenses, 2004-2008



Note: Inactive RN responses are weighted to reflect the statewide population of inactive RNs. 2008 responses from nurses with lapsed licenses are weighted. 2006 Responses from nurses with lapsed licenses are not weighted and reflect only the respondents. 2004 data are not weighted.

Table 5.2 presents the racial and ethnic backgrounds of nurses with lapsed and inactive licenses. In 2008, 81 percent of RNs with inactive licenses, and 73 percent of respondents with lapsed licenses were white. When compared with the population of nurses with active California licenses, nurses with inactive and lapsed licenses are more likely to be female and white. The higher shares of women and whites among nurses with inactive and lapsed licenses are consistent with the shares of females and whites among the older age groups of nurses with active licenses.

Table 5.2. Racial/ethnic backgrounds of registered nurses with inactive and lapsed California licenses, 2004-2008

	Inactive or Lapsed	Inactive		Lapsed	
		2004	2006	2008	2006
White, not Hispanic	78.4%	82.3%	81.0%	80.5%	72.9%
Hispanic	3.1%	1.3%	1.8%	3.5%	5.1%
Hispanic/ Latino	2.6%	*	*	*	*
Other Hispanic	0.5%	*	*	*	*
Black/African-American	5.5%	3.4%	3.4%	6.2%	3.5%
Filipino	6.3%	8.3%	5.2%	5.3%	8.1%
Asian Indian	0.4%	0.5%	0.0%	0.0%	2.5%
Other Asian	3.4%	3.0%	4.3%	1.8%	5.3%
Native Hawaiian/ Other Pacific Islander	0.1%	0.0%	0.0%	0.0%	0.0%
Native American/ American Eskimo	0.6%	0.0%	0.0%	0.9%	0.0%
Mixed	1.2%	1.3%	3.3%	1.8%	2.2%
Other	0.9%	0.0%	1.1%	0.0%	0.4%
Number of cases	949	282	292	113	150

* The 2006 survey did not include this option.

Note: Inactive RN responses are weighted to reflect the statewide population of inactive RNs. 2008 responses from nurses with lapsed licenses are weighted. 2006 Responses from nurses with lapsed licenses are not weighted and reflect only the respondents. 2004 data are not weighted.

The 2008 survey asked nurses to report languages spoken fluently, other than English. Table 5.3 summarizes the responses. As with nurses with active licenses, Spanish and Tagalog are the most commonly spoken languages among RNs with inactive and lapsed licenses.

Table 5.3. Shares of registered nurses with inactive and lapsed California licenses who can speak languages other than English, 2006 & 2008

	Inactive		Lapsed	
	2006	2008	2006	2008
Spanish	5.0%	5.1%	6.0%	7.6%
Korean	0.0%	0.3%	0.0%	2.1%
Tagalog	7.3%	3.8%	5.0%	7.0%
Hindi	0.0%	0.0%	0.0%	2.8%
Mandarin	0.8%	1.5%	0.0%	0.0%
Cantonese	0.9%	0.3%	0.0%	0.0%
Vietnamese	0.4%	0.9%	0.0%	0.0%
Other	5.9%	8.4%	5.0%	7.0%

Note: Respondents could select more than one language. Inactive RN responses are weighted to reflect the statewide population of inactive RNs. 2008 responses from nurses with lapsed licenses are weighted. 2006 Responses from nurses with lapsed licenses are not weighted and reflect only the respondents.

Most RNs with inactive and lapsed licenses reported that they were married or in a domestic partner relationship, as seen in Table 5.4. The shares of nurses with inactive and lapsed licenses that are widowed are much higher than the share of nurses with active licenses. In 2008, 4 percent of RNs with active licenses were widowed (Chapter 2, Figure 2.6), while 15.3 percent of nurses with inactive licenses and 11.9 percent of nurses with lapsed licenses were widowed.

Table 5.4. Marital status of registered nurses with inactive and lapsed California licenses, 2006 & 2008

	Inactive		Lapsed	
	2006	2008	2006	2008
Married/domestic partner	66.9%	67.2%	56.1%	61.1%
Never married	5.2%	7.6%	7.1%	10.0%
Separated or divorced	11.6%	9.9%	13.3%	17.1%
Widowed	16.3%	15.3%	23.5%	11.9%

Note: Inactive RN responses are weighted to reflect the statewide population of inactive RNs. 2008 responses from nurses with lapsed licenses are weighted. 2006 Responses from nurses with lapsed licenses are not weighted and reflect only the respondents.

Twenty-eight percent of respondents with inactive licenses and thirty percent of respondents with lapsed licenses have children living at home (Table 5.5). In contrast, 50.7 percent of nurses with active licenses have children living at home (Chapter 2, Table 2.13). The percentage of inactive nurses that reported children living at home declined slightly, and the share of nurses with lapsed licenses who reported children living at home increased by over 14 percentage points.

Table 5.5. Number of children living in the homes of currently working registered nurses with inactive and lapsed California licenses, 2006 & 2008

	Inactive		Lapsed	
	2006	2008	2006	2008
No children	72.6%	72.3%	84.0%	69.5%
One child	12.7%	14.2%	4.0%	19.5%
Two children	9.6%	8.9%	6.0%	7.7%
Three children	1.7%	2.3%	6.0%	0.0%
Four or more children	3.1%	2.4%	0.0%	3.4%
Mean Number of Children	0.51	0.50	0.34	0.50
Number of Cases	276	260	100	146

Note: Inactive RN responses are weighted to reflect the statewide population of inactive RNs. 2008 responses from nurses with lapsed licenses are weighted. 2006 Responses from nurses with lapsed licenses are not weighted and reflect only the respondents.

Fourteen percent of inactive nurses who report there are children living at home had children over the age of thirteen, whereas only 7.1 percent of nurses with lapsed licenses had children in this older age group (Table 5.6). This likely reflects the presence of more young nurses in the lapsed population.

Table 5.6. Percent of nurses with children living at home who have children in specified age groups, for currently inactive or lapsed nurses residing in California, 2008

	Inactive	Lapsed
Birth to 2 years	2.6%	10.5%
3-5 years	5.2%	6.8%
6-12 years	5.2%	11.5%
13-18 years	13.5%	6.6%
Over 18	14.3%	7.1%

Notes: Some nurses have children in more than one age group, so columns will not total 100%. Therefore, total percentage is not reported. Inactive & lapsed RN responses are weighted.

As in 2006, fifteen percent of nurses in the inactive population have other people dependent on them for care, such as parents, a spouse, grandchildren, or friends (Table 5.7). Only 11% of nurses in the lapsed population reported caring for a non-child dependent, These figures are lower than for RNs with active licenses; 26 percent of nurses with active licenses had other people dependent on them for care in 2008 (Chapter 2, Figure 2.8).

Table 5.7. Other people (spouse, parents, grandchildren, friends) dependent on RNs with inactive and lapsed California licenses, 2006 & 2008

	Inactive		Lapsed	
	2006	2008	2006	2008
None	85.6%	85.1%	84.5%	89.5%
1 person	10.5%	11.2%	11.7%	9.2%
2 people	2.0%	2.6%	3.9%	0.9%
3 people	1.1%	0.4%	0.0%	0.4%
4 or more	0.9%	0.6%	0.0%	0.0%
Number of Cases	289	260	103	145

Note: Inactive RN responses are weighted to reflect the statewide population of inactive RNs. 2008 responses from nurses with lapsed licenses are weighted. 2006 Responses from nurses with lapsed licenses are not weighted and reflect only the respondents.

Educational Preparation

Nurses with inactive and lapsed licenses are more likely to have entered the nursing profession by completing a diploma nursing education program than actively licensed RNs, as seen in Table 5.8 and Figure 2.11 (Chapter 2). Associate, baccalaureate, and graduate degrees are less common among RNs with inactive and lapsed licenses. This is consistent with the older age distribution of these nurses, because diploma programs were a common education mode for older nurses.

Table 5.8. Pre-licensure education of registered nurses with inactive and lapsed California licenses, 2004-2008

	Inactive or Lapsed	Inactive		Lapsed	
		2004	2006	2008	2006
Diploma	33.6%	43.3%	43.6%	39.2%	28.9%
Associate Degree	35.7%	31.8%	34.4%	39.1%	40.6%
Baccalaureate Degree	30.3%	24.6%	22.0%	20.6%	30.5%
Master's Degree	0.1%	0.0%	0.0%	0.0%	0.0%
Entry-Level Master's Program	0.2%	0.0%	0.0%	0.0%	0.0%
Doctoral Degree	0.1%	0.3%	0.0%	1.0%	0.0%
Number of cases	953	269	279	97	148

Note: Inactive RN responses are weighted to reflect the statewide population of inactive RNs. 2008 responses from nurses with lapsed licenses are weighted. 2006 Responses from nurses with lapsed licenses are not weighted and reflect only the respondents. 2004 data are not weighted.

Table 5.9 presents the locations in which nurses with inactive and lapsed licenses who reside in California received their pre-licensure education. In 2006, over half of RNs with inactive or lapsed licenses completed their basic nursing education program in California. In 2008, RNs with inactive licenses were as likely to have completed their basic nursing education in another U.S. state as in California. RNs with lapsed licenses were more likely to have completed their basic nursing education in another U.S. state than in California. Respondents who were educated in other countries were under-represented among respondents with inactive and lapsed licenses.

Table 5.9. Locations where registered nurses with inactive and lapsed California licenses received initial nursing education, 2006 & 2008

	Inactive		Lapsed	
	2006	2008	2006	2008
California	54.9%	43.1%	50.5%	31.8%
Other States	34.2%	44.0%	37.9%	54.9%
International	10.9%	12.9%	11.7%	13.4%
Respondents	286	281	103	148

Note: Inactive RN responses are weighted to reflect the statewide population of inactive RNs. 2008 responses from nurses with lapsed licenses are weighted. 2006 Responses from nurses with lapsed licenses are not weighted and reflect only the respondents.

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

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

	Inactive		Lapsed	
	2006	2008	2006	2008
Diploma program	34.2%	35.3%	30.5%	22.9%
Associate degree	30.2%	33.6%	38.1%	36.1%
Baccalaureate degree	31.4%	25.0%	27.6%	29.8%
Master's or Doctorate Degree	4.2%	5.6%	3.9%	11.2%
Number of Cases	279	281	105	148

Note: Inactive RN responses are weighted to reflect the statewide population of inactive RNs. 2008 responses from nurses with lapsed licenses are weighted. 2006 Responses from nurses with lapsed licenses are not weighted and reflect only the respondents.

Status of Nurses with Inactive or Lapsed Licenses

Nurses with inactive or lapsed California licenses were asked a series of questions regarding their reasons for not being employed in nursing in California and their intent to return to nursing. Table 5.11 presents the reasons nurses have inactive licenses, and Table 5.12 presents reasons for lapsed licenses. In 2008, fifty-four percent of nurses with inactive licenses said they are retired, and 40.5 percent said they have no plan to work in California now but might reactivate their license later. Over 22 percent of

inactive RNs do not plan to work as a RN any more. As in 2006, small shares said they moved out of the state and/or do not plan to work in nursing but want to maintain a California license.

Table 5.11. Reasons registered nurses have an inactive license, 2006 & 2008

	Inactive 2006			Inactive 2008		
	All	Under 65 years old	Age 65 or older	All	Under 65 years old	Age 65 or older
Retired	48.0%	20.9%	81.3%	54.4%	25.3%	84.7%
No plan to work in California, but might reactivate later	44.6%	64.6%	20.0%	40.5%	61.2%	19.0%
No plan to work as RN any more	25.8%	20.2%	32.7%	22.1%	13.8%	30.7%
Moved from California	2.7%	3.8%	1.3%	2.1%	2.3%	1.8%
No plan to work, but want to maintain license	4.1%	3.1%	5.3%	5.7%	5.3%	6.1%
Other reason	10.8%	12.0%	9.3%	12.3%	20.0%	4.3%

Notes: Respondents could select multiple items. RNs who self-reported that their licenses were active did not respond to this question. Inactive RN responses are weighted to reflect the statewide population of inactive RNs.

Table 5.12 reports data for nurses with lapsed licenses. As presented in Table 5.1, younger nurses were more highly represented among those with lapsed licenses in 2008 as compared with 2006. As would be expected, fewer nurses with lapsed licenses said they were retired in 2008 than in 2006 (34.2% vs. 67.0%). A greater share of nurses in 2008 do not have plans to work in California, but might reactivate their licenses later (22.8% vs. 10.3%), and more nurses in 2008 said they had moved out of California (40.4% vs. 1.0%). This suggests that in 2008, nurses were more likely to let their licenses lapse because they were working in California temporarily.

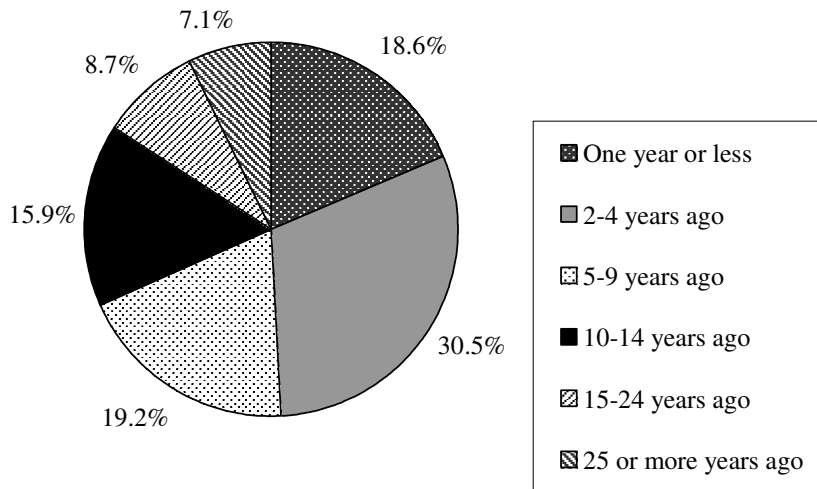
Table 5.12. Reasons registered nurses have a lapsed license, 2006 & 2008

	Lapsed 2006			Lapsed, 2008		
	All	Under 65 years old	Age 65 or older	All	Under 65 years old	Age 65 or older
Retired	67.0%	39.5%	84.8%	34.2%	13.0%	78.2%
No plan to work in California, but might reactivate later	10.3%	21.1%	3.4%	22.8%	29.5%	9.0%
No plan to work as RN any more	41.2%	36.8%	44.1%	20.7%	9.6%	43.6%
Moved from California	1.0%	0.0%	1.7%	40.4%	57.4%	5.1%
No plan to work, but want to maintain license	0.0%	0.0%	0.0%	4.6%	5.6%	2.6%
Other reason	19.6%	36.8%	8.5%	11.5%	12.2%	10.3%

Notes: Respondents could select multiple items. RNs who self-reported that their licenses were active did not respond to this question. 2008 responses from nurses with lapsed licenses are weighted. 2006 Responses from nurses with lapsed licenses are not weighted and reflect only the respondents.

Respondents were asked how long their license has been inactive or lapsed. Figure 5.2 summarizes the responses of nurses with inactive licenses. Sixty eight percent indicated that their license became inactive within the last 10 years. Forty-nine percent moved to inactive status within the last five years. Because the sample of nurses with lapsed licenses was limited to nurses whose licenses had lapsed in the previous year, we do not present tabulations for the lapsed license sample.

Figure 5.2. Length of time since nurses' California licenses became inactive, 2008



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

Table 5.13 presents the number of years since respondents last worked in a nursing position in California (2006 & 2008 surveys), or last worked in nursing for at least six months (2004 survey). Among nurses with inactive licenses, 14 percent last worked in nursing within the past four years; this rate was 33 percent for nurses with lapsed licenses. Over 38 percent of nurses with inactive licenses reported they last worked in California 15 or more years ago; this rate was only 11 percent for nurses with lapsed licenses. The difference in 2008 between inactive and lapsed nurses reflects the much higher percentage of retirees among the inactive population, and the greater concentration of younger nurses among nurses with lapsed licenses.

Table 5.13. Number of years since registered nurses with inactive and lapsed California licenses worked as registered nurses for at least six months, or worked in California, 2004 & 2006

	Inactive or Lapsed	Inactive		Lapsed	
		2004	2006	2008	2006
One year or less	6.1%	5.0%	1.3%	7.4%	19.1%
2-4 years ago	27.8%	11.7%	12.7%	23.2%	43.9%
5-9 years ago	30.9%	23.4%	23.7%	28.4%	14.7%
10-14 years ago	20.0%	18.6%	23.3%	21.1%	11.1%
15-24 years ago	11.0%	24.7%	20.7%	10.5%	9.0%
25 or more years ago	4.1%	16.7%	18.2%	9.5%	2.1%
Mean number of years	8.76	14.26	14.27	10.11	6.18
Number of cases	489	270	267	95	147

Note: Inactive RN responses are weighted to reflect the statewide population of inactive RNs. 2008 responses from nurses with lapsed licenses are weighted. 2006 Responses from nurses with lapsed licenses are not weighted and reflect only the respondents. 2004 data are not weighted.

RNs with inactive California licenses reported an average of 20.2 years of nursing experience, and those with lapsed licenses have nearly the same average of 20.4 years of experience (Table 5.14). Over 22 percent of nurses with inactive licenses have less than 10 years of experience, and 37.8 percent had 25 or more years of experience. Among nurses with lapsed licenses, 24.9 percent had fewer than 10 years of experience in nursing, and 35 percent had 25 or more years of experience.

Table 5.14. Number of years that registered nurses with inactive and lapsed California licenses practiced before leaving the profession, 2004 -2008

	Inactive or Lapsed	Inactive		Lapsed	
		2004	2006	2008	2006
Less than 5 years	5.6%	7.4%	8.6%	8.6%	6.6%
5-9 years	8.3%	14.0%	13.8%	9.7%	18.3%
10-14 years	14.6%	21.2%	17.8%	8.6%	16.1%
15-24 years	24.2%	21.6%	22.1%	20.5%	24.0%
25 or more years	47.3%	35.8%	37.8%	52.8%	35.0%
Mean number of years	23.7	20.3	20.2	22.9	20.4
Number of cases	480	266	256	104	144

Notes: Inactive RN responses are weighted to reflect the statewide population of inactive RNs. 2008 responses from nurses with lapsed licenses are weighted. 2006 Responses from nurses with lapsed licenses are not weighted and reflect only the respondents. 2004 data are not weighted.

Nurses with inactive California licenses who have left the California nursing workforce were asked to rate the importance of 20 possible reasons for leaving nursing. Table 5.15 presents the results for nurses with inactive licenses. As in 2006, the primary reasons rated in 2008 as very important for the decision to leave nursing among nurses with inactive licenses were retirement (31.6%), stress on the job (21.7%), and childcare responsibilities (19.9%).

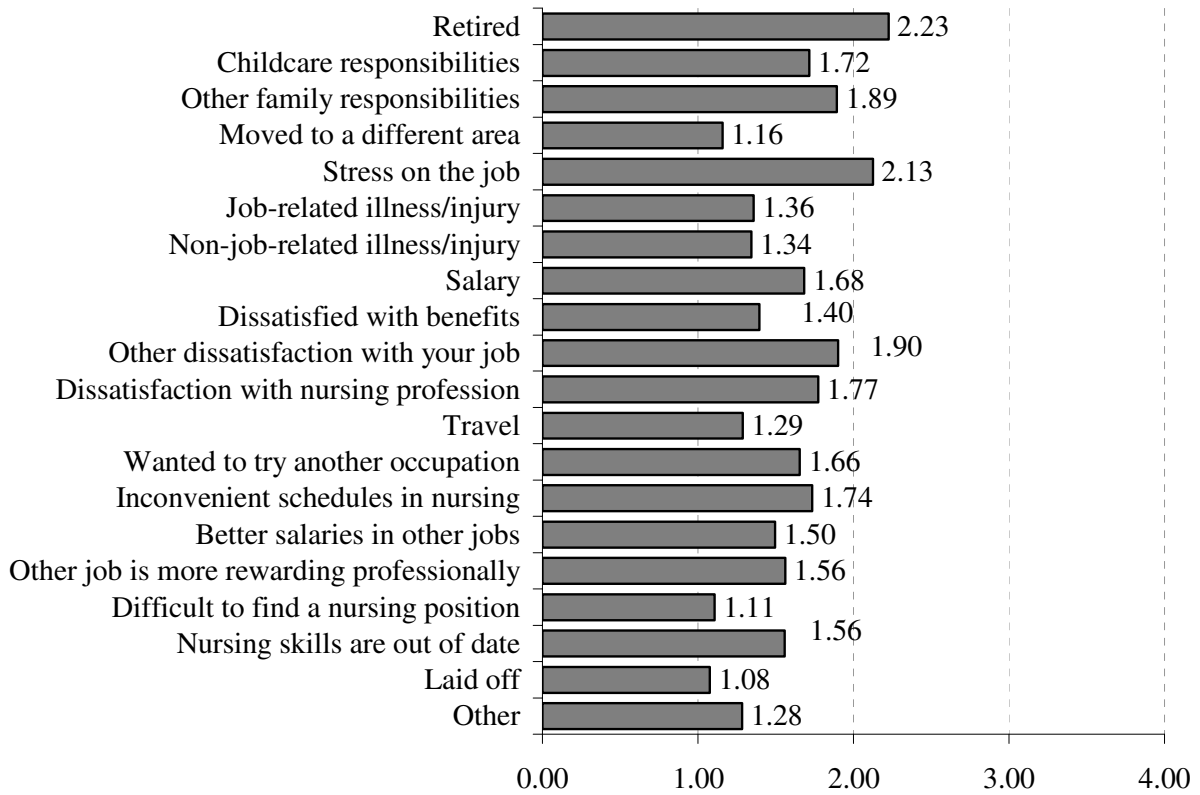
Table 5.15. Importance of reasons that registered nurses with inactive California licenses residing in California decided to leave nursing in California, 2008

	Not at all important/Does not apply	Somewhat important	Important	Very Important
Retired	50.4%	8.2%	9.9%	31.6%
Childcare responsibilities	72.1%	4.0%	4.0%	19.9%
Other family responsibilities	61.5%	7.3%	11.7%	19.6%
Moved to a different area	93.4%	0.7%	2.7%	3.2%
Stress on the job	47.5%	14.3%	16.5%	21.7%
Job-related illness/injury	83.7%	3.1%	7.1%	6.2%
Non-job-related illness/injury	85.6%	3.5%	1.9%	9.0%
Salary	64.0%	12.9%	13.8%	9.3%
Dissatisfied with benefits	78.9%	9.5%	4.8%	6.8%
Other dissatisfaction with job	56.7%	13.1%	13.6%	16.6%
Dissatisfaction with nursing profession	60.9%	15.2%	9.4%	14.5%
Travel	85.1%	6.2%	3.7%	5.0%
Wanted to try another occupation	73.8%	4.3%	4.5%	17.4%
Inconvenient schedules in nursing	66.2%	9.0%	9.9%	14.9%
Better salaries in other jobs	78.9%	3.7%	6.2%	11.2%
Other job/profession more rewarding professionally	76.4%	4.1%	6.6%	12.9%
Difficult to find a nursing position	93.7%	3.2%	1.7%	1.4%
Nursing skills are out of date	75.1%	4.9%	9.0%	11%
Laid off	97.1%	0.0%	1.1%	1.8%
Other	89.9%	0.0%	2.0%	8.1%

Notes: Inactive RN data from 2008 are weighted to adjust for different response rates in age groups. Items that were omitted by respondents who answered at least one of these items were assumed to not apply.

Figure 5.3 summarizes the reasons nurses with inactive licenses left the profession using the same rating method reported in Chapter 4; that is, ranging from 1 (not at all important) to 4 (very important). The highest-rated reasons for leaving nursing include retirement (2.23), stress on the job (2.13), other dissatisfaction with your job (1.90), and other family responsibilities (1.89). In 2006, “other dissatisfaction with your job” was not among the most highly rated reasons for leaving nursing. These reasons are very similar to those of nurses with active licenses who have chosen not to work.

Figure 5.3. Importance of reasons that registered nurses with inactive California licenses decided to leave nursing in California, 2008



Notes: Inactive RN data from 2008 are weighted to adjust for different response rates in age groups. Items that were omitted by respondents who answered at least one of these items were assumed to not apply.

Nurses with lapsed California licenses who have left the profession were asked to rate the importance of 20 possible reasons for leaving nursing. Table 5.16 presents the data for nurses with lapsed licenses. The top three reasons rated as very important for a lapsed license were retirement (33.9%), stress on the job (28.1%), and salary (15.1%).

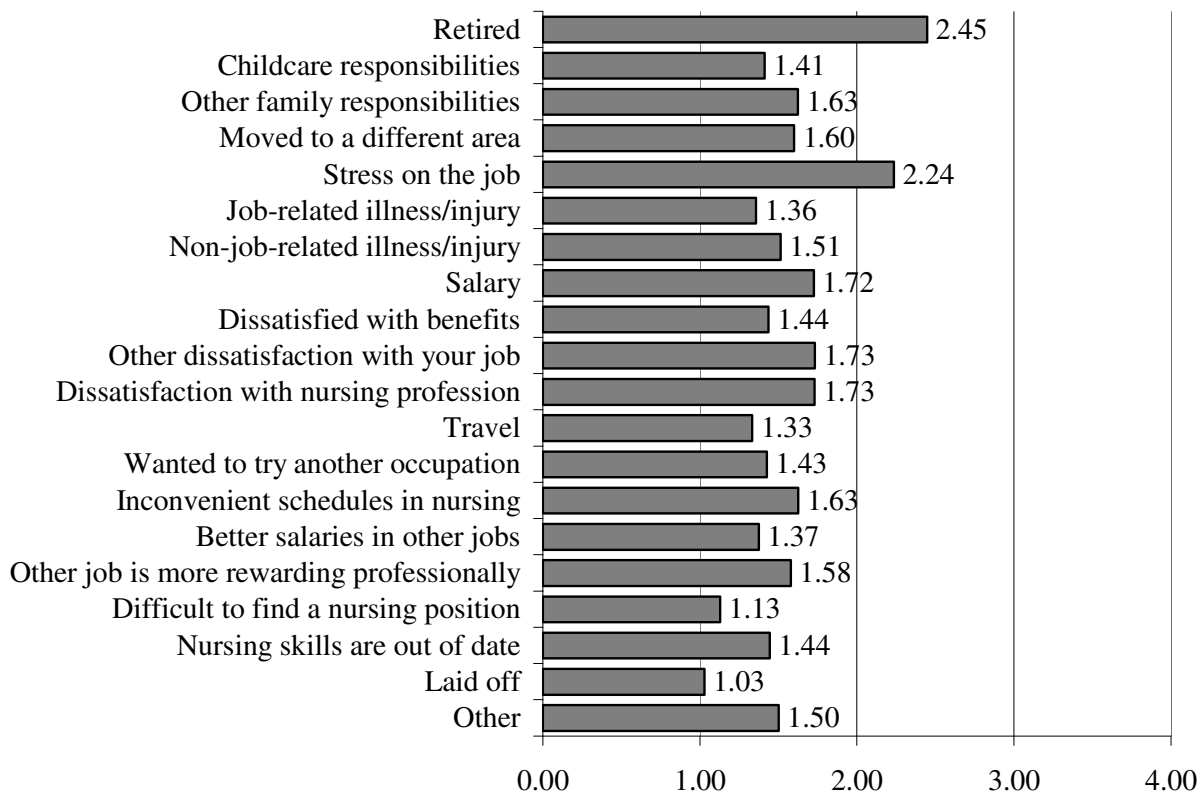
Table 5.16. Importance of reasons that registered nurses with lapsed California licenses decided to leave nursing in California, 2008

	Not at all important/ Does not apply	Somewhat important	Important	Very Important
Retired	42.7%	3.6%	19.7%	33.9%
Childcare responsibilities	84.5%	1.5%	2.2%	11.8%
Other family responsibilities	72.2%	5.2%	10.5%	12.1%
Moved to a different area	76.8%	0.0%	9.6%	13.6%
Stress on the job	46.8%	10.9%	14.2%	28.1%
Job-related illness/injury	85.1%	3.8%	1.5%	9.7%
Non-job-related illness/injury	76.8%	4.6%	8.9%	9.7%
Salary	68.5%	5.7%	10.7%	15.1%
Dissatisfied with benefits	77.5%	5.0%	13.72%	3.8%
Other dissatisfaction with job	63.1%	9.7%	18.1%	9.1%
Dissatisfaction with nursing profession	65.2%	9.1%	13.3%	12.5%
Travel	80.8%	9.5%	5.4%	4.3%
Wanted to try another occupation	82.1%	2.4%	6.4%	9.2%
Inconvenient schedules in nursing	71.2%	5.4%	13.0%	10.4%
Better salaries in other jobs	84.6%	1.7%	5.4%	8.4%
Other job/profession more rewarding professionally	75.4%	4.0%	7.6%	12.9%
Difficult to find a nursing position	92.3%	3.3%	3.7%	0.1%
Nursing skills are out of date	76.0%	9.6%	8.4%	6.0%
Laid off	9.7%	2.8%	0.0%	0.0%
Other	81.6%	0.0%	6.6%	12.4%

Note: Lapsed RN data from 2008 are weighted to adjust for different response rates in age groups. Items that were omitted by respondents who answered at least one of these items were assumed to not apply.

Figure 5.4 indicates that the highest-rated reasons for not working in nursing in California among nurses with lapsed licenses are retirement (2.45), stress on the job (2.24), other dissatisfaction with job (1.73), dissatisfaction with nursing (1.73), and salary (1.72). Non-working California RNs with active and inactive licenses also rate retirement, stress on the job, and other job dissatisfaction as the primary reasons to stop working. However, lapsed nurses are less likely to identify childcare or family responsibilities as primary reasons to stop working. Instead, lapsed nurses rate relocation to a different area as an important factor in the decision to not work in nursing in California.

Figure 5.4. Importance of reasons that registered nurses with lapsed California licenses decided to leave nursing in California, 2008



Note: Lapsed RN data from 2008 are weighted to adjust for different response rates in age groups. Items that were omitted by respondents who answered at least one of these items were assumed to not apply.

Table 5.17 presents the percentages of nurses with inactive or lapsed licenses who rated specific reasons for leaving nursing in California as “important” or “very important,” by age. Nurses aged 65 years and older were more likely than younger nurses to report the reason for their inactive license was retirement (60.7% vs. 21.2%). Nurses with inactive licenses under 65 years of age were more likely than older nurses to cite nearly all the other factors as important. Among the most important factors were stress on the job (44.9%), other dissatisfaction with job (38.8%), childcare responsibilities (35.9%), other family responsibilities (37.6%), inconvenient schedules in nursing (35.9%), dissatisfaction with the nursing profession (34.0%), desire to try another occupation (29.7%), and salary (28.8%).

Among nurses 65 years or older with a lapsed license, the most important reason for leaving nursing was retirement (69.9%), with stress on the job cited by 24.7 percent of nurses with lapsed licenses. Among nurses under 65 years old with a lapsed license, the most important reasons for leaving nursing were stress on the job (60.0%), dissatisfaction with the nursing profession (40.8%), inconvenient schedules (40.3%), another job is more rewarding (37.3%), retirement (36.0%), moving to a different area (36.9%), and salary (36.6%).

Table 5.17. Share of nurses rating factors as important or very important reasons for leaving nursing, for nurses with inactive and lapsed licenses residing in California, by age, 2006 & 2008

	Inactive Licenses 2006		Inactive Licenses 2008		Lapsed Licenses 2006		Lapsed Licenses 2008	
	Under 65 years	65 years or older	Under 65 years	65 years or older	Under 65 years	65 years or older	Under 65 years	65 years or older
Retired	13.9%	59.7%	21.2%	60.7%	39.5%	71.7%	36.0%	69.9%
Childcare responsibilities	41.3%	12.9%	35.9%	10.3%	26.3%	3.8%	21.2%	6.8%
Other family responsibilities	46.5%	22.3%	37.6%	23.2%	34.2%	5.7%	31.6%	13.7%
Moved to a different area	7.2%	7.9%	7.7%	3.9%	7.9%	1.9%	36.9%	9.6%
Stress on the job	46.0%	33.1%	44.9%	29.7%	39.5%	24.5%	60.0%	24.7%
Job-related illness/injury	11.2%	10.1%	15.5%	10.3%	15.8%	5.7%	18.3%	4.1%
Non-job-related illness / injury	13.7%	13.7%	14.7%	6.5%	34.2%	15.1%	23.4%	13.7%
Salary	30.4%	14.4%	28.8%	16.1%	18.4%	7.5%	36.6%	15.1%
Decreased benefits	20.6%	9.4%	*	*	10.5%	5.7%	*	*
Dissatisfied with Benefits	*	*	13.7%	9.0%	*	*	25.4%	9.6%
Other dissatisfaction with job	38.4%	18.7%	38.8%	20.0%	26.3%	18.9%	33.8%	20.5%
Dissatisfaction with nursing profession	34.2%	17.3%	34.0%	12.3%	34.2%	9.4%	40.8%	11.0%
Travel	9.2%	15.1%	4.9%	12.3%	13.2%	18.9%	8.4%	11.0%
Wanted to try another occupation	30.0%	7.2%	29.7%	4.2%	23.7%	9.4%	28.6%	2.7%
Inconvenient schedules in nursing	30.8%	9.4%	35.9%	12.3%	23.7%	9.4%	40.3%	6.8%
Better salaries in other jobs	23.0%	6.5%	25.2%	8.4%	13.2%	5.7%	24.9%	2.7%
Other job/profession more rewarding professionally	26.7%	6.5%	26.3%	11.6%	10.5%	5.7%	37.3%	4.1%
Difficult to find a nursing position	2.2%	1.4%	5.9%	0.0%	5.3%	3.8%	7.5%	1.4%
Nursing skills are out of date	16.5%	12.9%	21.5%	17.4%	28.9%	11.3%	19.2%	9.6%
Laid off	5.7%	0.7%	3.1%	2.6%	2.6%	1.9%	0.0%	0.0%
Other	14.4%	11.5%	10.7%	9.0%	7.9%	3.8%	24.1%	13.7%

Notes: Inactive RN responses are weighted to reflect the statewide population of inactive RNs. 2008 responses from nurses with lapsed licenses are weighted. 2006 Responses from nurses with lapsed licenses are not weighted and reflect only the respondents. Items that were omitted by respondents who answered at least one of these items were assumed to not apply.

Future Plans of Nurses with Inactive Licenses

Nurses with inactive or lapsed California licenses were asked to indicate their plans regarding their practice of nursing in California over the next five years. As shown in Table 5.18, 84.1 percent of nurses with inactive licenses and 81.6 percent of nurses with lapsed licenses said they do not plan to practice in California in the next five years. Nurses of ages 65 years or older were more likely to say they do not plan to practice nursing in California, at over 92 percent. Over 16 percent of nurses with inactive licenses plan to return to nursing in California in the future, as do six percent of nurses with lapsed licenses. This response is more common among nurses under 65 years old, with 24.6 percent of RNs with inactive licenses in this age group saying they plan to work as an RN in California over the next five years. Another 6.7 percent of RNs with lapsed licenses report that they plan to travel to California intermittently to work; 9.3 percent of those under 65 years old have such plans. Six percent of all nurses with lapsed licenses and 9.2 percent of those under 65 years old plan to relocate to California.

Table 5.18. Plans of nurses with inactive and lapsed California licenses for the next five years, 2008

	Inactive licenses			Lapsed licenses		
	All nurses	Under 65 years	65 or older	All nurses	Under 65 years	65 or older
Do not plan to practice in California	84.1%	76.2%	92.2%	81.6%	76.5%	92.1%
Plan to work as RN in the future	16.4%	24.6%	7.8%	5.9%	5.5%	6.6%
Plan to travel to CA intermittently	0.0%	0.0%	0.0%	6.7%	9.3%	1.3%
Plan to perform telenursing	0.0%	0.0%	0.0%	1.3%	2.0%	0.0%
Plan to relocate to California	0.0%	0.0%	0.0%	6.2%	9.2%	0.0%
Plan to commute from Border State	0.04%	0.8%	0.0%	0.0%	0.0	0.0%
Number of cases	256	102	154	143	67	76

Notes: Inactive RN responses are weighted to reflect the statewide population of inactive RNs. 2008 responses from nurses with lapsed licenses are weighted.

In a different section of the survey, nurses were asked about their current intentions regarding nursing. These data are presented in Table 5.19. Over 55 percent of nurses with inactive licenses and 53.8 percent of those with lapsed licenses reported that they are retired. Another 12.5 percent of nurses with inactive licenses and 10.3 percent of those with lapsed licenses said they are not retired, but do not plan to return to nursing. About 9.5 percent of nurses with inactive licenses and 11.5 percent of those with lapsed licenses said they plan to return to nursing in the future. About 22 percent of those with either inactive or lapsed licenses are undecided about their plans.

Table 5.19. Intentions regarding future work in nursing of nurses with inactive and lapsed California licenses, 2004 & 2006

	Inactive or Lapsed	Inactive		Lapsed	
	2004	2006	2008	2006	2008
Currently seeking employment in nursing	2.0%	0.0%	0.0%	2.2%	2.1%
Plan to return to nursing in the future	10.2%	10.3%	9.5%	6.7%	11.5%
Retired	*	52.1%	55.6%	75.6%	53.8%
Will not return to nursing	66.3%	12.9%	12.5%	10.0%	10.3%
Undecided at this time	21.5%	24.7%	22.4%	5.6%	22.3%
Number of cases	489	266	254	90	109

* This question was not asked in 2004.

Note: Inactive RN responses are weighted to reflect the statewide population of inactive RNs. 2008 responses from nurses with lapsed licenses are weighted. 2006 Responses from nurses with lapsed licenses are not weighted and reflect only the respondents. 2004 data are not weighted.

Tables 5.20 and 5.21 focus on the current intentions of nurses by age group. The vast majority of nurses with inactive and lapsed licenses who are 65 years and older report being retired (85.5% of inactive RNs, and 91.3% of those with lapsed licenses). Nine percent of those 65 years or older with inactive licenses and 5.8 percent of those with lapsed licenses say they are undecided about future work in nursing. Among nurses under 65 years old, nearly 17 percent of those with inactive licenses and 18 percent of those with lapsed licenses say they plan to return to nursing in the future. Over 26 percent of these younger nurses with inactive licenses report they are retired, as do 30.7 percent of those with lapsed licenses. Another 35 percent of those with inactive licenses and 33 percent with lapsed licenses are undecided about future work in nursing. There was little change in the intentions of nurses with inactive and lapsed licenses between 2006 and 2008.

Table 5.20. Intentions regarding future work in nursing of nurses with inactive licenses, by age group, 2006 & 2008

	Inactive licenses, 2006		Inactive licenses, 2008	
	Under 65 years	65 and older	Under 65 years	65 and older
Currently seeking employment in nursing	0.0%	0.0%	0.0%	0.0%
Plan to return to nursing in the future	18.1%	0.7%	16.7%	2.1%
Retired	22.2%	88.7%	26.8%	85.5%
Will not return to nursing	21.1%	2.8%	21.2%	3.5%
Undecided at this time	38.6%	7.8%	35.3%	9.0%
Number of cases	125	141	109	145

Note: Inactive RN responses are weighted to reflect the statewide population of inactive RNs.

Table 5.21. Intentions regarding future work in nursing of nurses with lapsed licenses, by age group, 2006 & 2008

	Lapsed licenses, 2006		Lapsed licenses, 2008	
	Under 65 years	65 and older	Under 65 years	65 and older
Currently seeking employment in nursing	5.7%	0.0%	2.4%	1.5%
Plan to return to nursing in the future	17.1%	0.0%	17.7%	1.5%
Retired	42.9%	96.4%	30.7%	91.3%
Will not return to nursing	22.9%	1.8%	16.7%	0.0%
Undecided at this time	11.4%	1.8%	32.5%	5.8%
Number of cases	35	55	40	69

Note: Responses from nurses with lapsed licenses in 2006 are not weighted and reflect only the respondents. Responses from nurses with lapsed licenses in 2008 are weighted.

Nurses with inactive or lapsed California licenses who plan to return to the profession were asked to indicate the time frame within which they plan to return (Table 5.22). More than two-thirds (67.5%) of those with inactive licenses plan to return within two years, and another 20 percent plan to return in three to four years. A comparable analysis was not feasible for nurses with lapsed licenses, because too few respondents planned to return to nursing.

Table 5.22. Time frame within which non-retired nurses with inactive licenses plan to return to nursing, 2004, 2006, & 2008

	Inactive or Lapsed, 2004	Inactive, 2006	Inactive, 2008
Less than one year	20.3%	6.5%	9.4%
1 to 2 years	32.8%	67.5%	57.7%
2 to 3 years	18.8%	*	*
3 to 4 years	1.6%	20.2%	20.0%
4 to 5 years	7.8%	*	*
More than 5 years	18.8%	5.8%	12.9%
Number of cases	64	22	19

* This choice was not offered in the 2006 & 2008 surveys because it overlaps with other choices.

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

Nurses with inactive California licenses who indicated they were retired, definitely not returning to nursing, or undecided regarding a possible return were asked to rate the importance of eleven factors in their decision to return to work as an RN. Table 5.23 presents the importance of these factors for nurses with inactive licenses. High shares of nurses with inactive licenses rated as very important the availability of re-entry programs and mentoring (34.0%), better support from nursing management (32.0%), better nurse-to-patient ratios (29.7%), flexibility in work hours (28.2%), and adequate support staff for non-nursing tasks (26.7%).

Figure 5.5 presents a rating of the importance of each factor in the decisions of RNs with inactive licenses to return to nursing. Nurses with inactive licenses rated re-entry programs (2.22), support from management (2.19), flexible work hours (2.13), better nurse to patient ratios (2.12) and adequate support

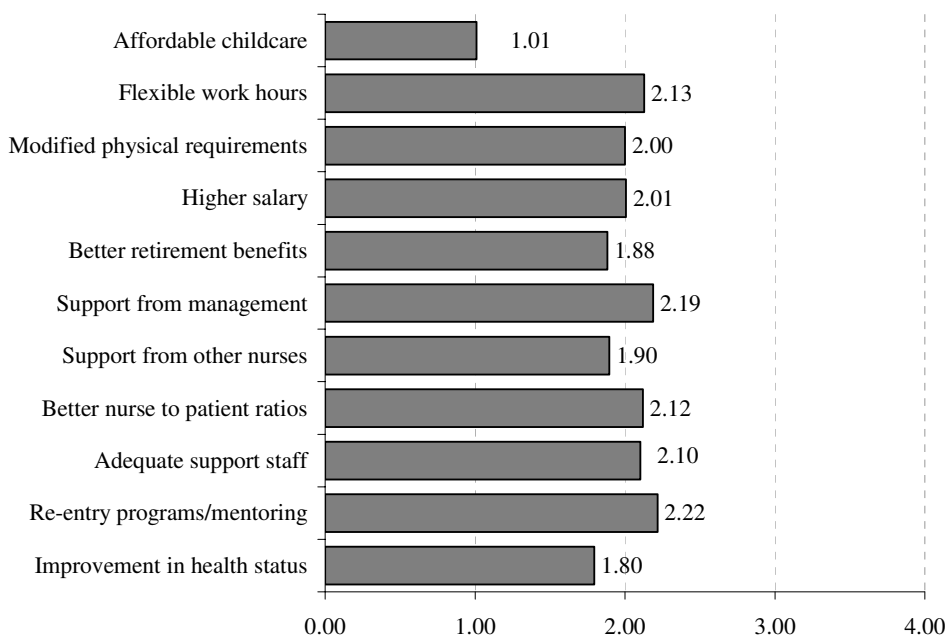
staff (2.10) as mostly likely to affect their decision to return to nursing. These reasons also received similar scores from active, non-working nurses.

Table 5.23. Importance of factors that might affect the decision to return to nursing work, for RNs with inactive California licenses who say they are retired, will not return, or are undecided, 2008

	Not at all important/ does not apply	Somewhat important	Important	Very Important
Affordable childcare at or near work	98.9%	1.0%	0.0%	0.0%
Flexible work hours	54.8%	5.7%	11.3%	28.2%
Modified physical requirements of job	60.2%	5.2%	9.0%	25.5%
Higher nursing salary	59.2%	6.5%	8.8%	25.5%
Better retirement benefits	65.4%	3.8%	8.0%	22.8%
Better support from nursing management	56.3%	0.6%	11.2%	32.0%
More support from other nurses	60.0%	7.1%	15.9%	16.9%
Better nurse to patient ratios	56.9%	4.0%	9.4%	29.7%
Adequate support staff for non-nursing tasks	57.5%	1.5%	14.3%	26.7%
Availability of re-entry programs / mentoring	54.8%	2.7%	8.4%	34.0%
Improvement in my health status	66.8%	7.7%	4.4%	21.0%

Note: Inactive RN responses are weighted to reflect the statewide population of inactive RNs. Items that were omitted by respondents who answered at least one of these items were assumed to not apply.

Figure 5.5. Importance of factors in decisions of RNs with inactive licenses to return to nursing, 2008



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

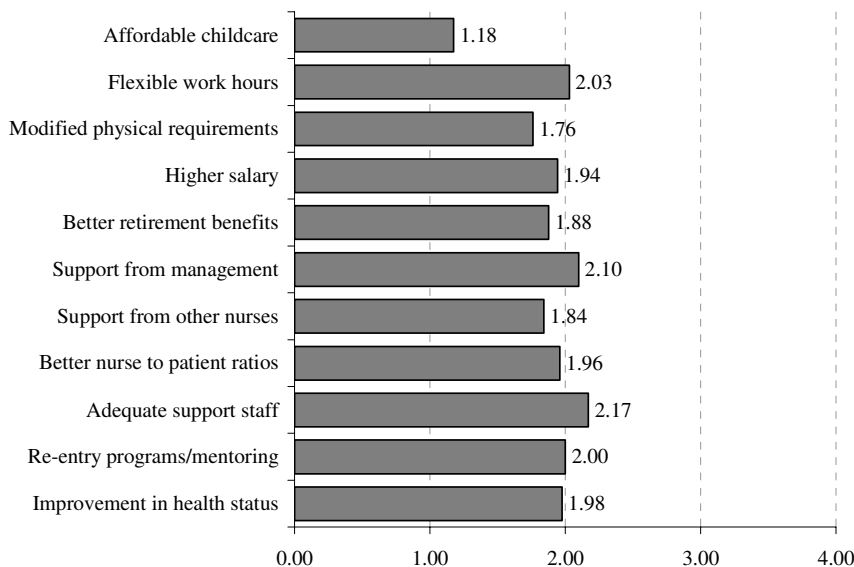
Table 5.24 and Figure 5.6 present corresponding data for nurses with lapsed licenses. The factors that have the greatest importance for nurses with lapsed licenses in the decision to return to nursing are adequate support staff (29.3%), better support from management (27.4%), flexible work hours (26.9%), improvement in health (25.9%), and re-entry programs/mentoring (25.4%). Figure 5.6 is consistent with Table 5.24. Better nurse to patient ratios, which were a concern for the inactive and active non-working RNs, was less important to the lapsed nursing population. Neither inactive nor active non-working RNs rated “improvement in my own health status” as highly as did nurses with lapsed licenses.

Table 5.24. Importance of factors that might affect the decision to return to nursing work, for RNs with lapsed California licenses who say they are retired, will not return, or are undecided, 2008

	Not at all important	Somewhat important	Important	Very Important
Affordable childcare at or near work	94.1%	0.0%	0.0%	5.9%
Flexible work hours	59.4%	5.0%	8.8%	26.9%
Modified physical requirements of job	67.9%	6.2%	7.6%	18.2%
Higher nursing salary	61.8%	3.7%	12.7%	21.8%
Better retirement benefits	65.6%	2.6%	10.3%	21.6%
Better support from nursing management	56.8%	3.8%	12.0%	27.4%
More support from other nurses	62.0%	7.6%	14.4%	16.0%
Better nurse to patient ratios	61.8%	3.7%	11.2%	23.3%
Adequate support staff for non-nursing tasks	53.0%	6.3%	11.4%	29.3%
Availability of re-entry programs and mentoring	58.2%	8.9%	7.5%	25.4%
Improvement in my health status	62.9%	2.6%	8.7%	25.9%

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

Figure 5.6. Importance of factors in decisions of RNs with lapsed licenses to return to nursing, 2008



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

The importance of factors that might encourage a nurse with a lapsed or inactive license to return to nursing is reported by age in Table 5.25. Among nurses with inactive licenses under 65 years old, the factors rated as important or very important by the highest percentages of nurses included availability of re-entry programs and mentoring (57.7%), better support from nursing management (57.7%), flexible work hours (51.4%), and adequate support staff (55.4%). For inactive nurses over 65, better support from nursing management (26.4%), better nurse to patient ratios (26.4%), availability of re-entry programs (25.6%), flexible work hours (24.8%), and adequate support staff (24.8%) were key factors in returning to nursing.

Among nurses under 65 years old with lapsed licenses, the factors most often cited as important or very important included adequate support staff (57.7%), better nurse to patient ratios (54.2%), better support from nursing management (54.2%). For lapsed nurses over the age of sixty-five, improvement in health status (27%), better support from management (23.8%), adequate support staff (23.8%), and availability of re-entry programs (22.2%) had the largest shares of nurses rating the factor as important or very important.

Table 5.25 Share of nurses rating factors as important or very important in the decision to return to nursing, for nurses with inactive and lapsed licenses, by age group, 2006 & 2008

	Inactive				Lapsed			
	2006		2008		2006		2008	
	Under 65 years old	65 years or older	Under 65 years old	65 years or older	Under 65 years old	65 years or older	Under 65 years old	65 years or older
Affordable childcare at or near work	5.5%	0.0%	0.0%	0.0%	0.0%	0.0%	12.4%	1.6%
Flexible work hours	64.4%	27.4%	51.4%	24.8%	37.0%	23.1%	50.8%	20.6%
Modified physical requirements of job	32.8%	25.6%	40.0%	24.0%	25.9%	17.9%	31.7%	17.5%
Higher nursing salary	51.7%	22.2%	46.0%	20.9%	29.6%	20.5%	50.8%	19.1%
Better retirement benefits	50.0%	21.4%	36.7%	20.9%	22.2%	28.2%	47.5%	17.5%
Better support from nursing management	53.6%	29.9%	57.7%	26.4%	29.6%	25.6%	54.2%	23.8%
More support from other nurses	47.3%	29.1%	40.3%	21.7%	29.6%	28.2%	37.4%	20.6%
Better nurse to patient ratios	59.0%	35.0%	47.1%	26.4%	37.0%	28.2%	54.2%	17.5%
Adequate support staff for non-nursing tasks	60.0%	35.0%	55.4%	24.8%	40.7%	28.2%	57.5%	23.8%
Availability of re-entry programs and mentoring	69.9%	36.8%	57.7%	25.6%	29.6%	23.1%	40.7%	22.2%
Improvement in my health status	24.8%	23.9%	34.1%	15.5%	29.6%	23.1%	35.1%	27.0%

Notes: Inactive RN responses are weighted to reflect the statewide population of inactive RNs. 2008 responses from nurses with lapsed licenses are weighted. 2006 Responses from nurses with lapsed licenses are not weighted and reflect only the respondents. Items that were omitted by respondents who answered at least one of these items were assumed to not apply

Chapter 6. Thematic Analysis of Nurses' Comments

Introduction

Nurses were invited to write comments on the last page of the 2008 surveys. Comments were written by 1,428 survey respondents, representing 25% of the total 5,706 survey respondents. The online and hard copy components of the Survey of RNs had similar rates of response to the comments section, with 24% of online respondents entering comments and 25% of hard copy respondents writing comments.

A thematic analysis was conducted of the comments, to identify important themes and issues that affect nurses. Some comments included specific critiques of the survey instrument and focus of the survey questions, which will be considered for future surveys. In reading this qualitative analysis, it should be kept in mind that survey respondents who entered narrative comments are slightly older than those who did not comment, have been practicing nursing a little longer, and tended to under represent ethnic minorities (Table 6.1). Nonetheless, the strong opinions and sentiments expressed provide insight into the perceived strengths, concerns and challenges to nursing in California.

Table 6.1. Characteristics of narrative comment respondents, compared with non-respondents

	Narrative respondents	Non-respondents
Years in nursing	25.3	21.8
Age	49.6	45.9
Ethnicity (% White)	74.1%	66.1%

This analysis utilizes a set of five themes identified from the 2004 and 2006 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 2008 survey comments was similar to past surveys. This is not surprising as the concerns voiced in these comments are fundamental issues affecting how nursing is practiced today. The thematic analysis below highlights nurses' perceptions of the profession. Key issues include staffing and workloads, salary and benefits, the state of nursing education, emergent technology, and changes in nursing practice.

Theme 1: Culture of Nursing

The strongest theme among the narrative comments of the 2008 Survey of RNs was the changing nature of nursing culture. The comments encompassed by this theme reflect the clash between nurses and the new demands of a challenging work environment.

State of nursing today

Many comments referred to changes in the nursing profession, almost all with a tone of frustration. Nurses noted that increased documentation requirements and non-nursing tasks were taking them away from patients. Others stated that workloads are increasing their stress. Less than excellent care being delivered in the workplace was repeatedly mentioned as a threat to the profession. The tone of the comments suggests that efficiency and cost-cutting priorities are in conflict with a culture of professional, compassionate, patient-centered care. The following is an example of some of the frustrations expressed:

“Upon entering the nursing profession 25 years ago - primary nursing was emphasized. Now production, efficiency and cost reduction are stressed above patient care. Ideally, an emphasis on both quality patient care and cost effective care should exist. However, I find in my job we (staff nurses) are responsible for more and more clerical tasks as well as more and more nursing skill competencies without adequate training or support from our management. I would not encourage my children to join the nursing profession.”

Pride in the nursing profession

Pride in nursing is evident in the explicitly positive comments about the nursing profession but could also be heard in the critical comments. As one respondent commented, “I love my work; I hate my job.” The negative tone in many comments seems to reflect both pride in the nursing profession as well as frustration and disappointment when the practice of their profession does not meet their high standards

Some respondents were unequivocal in their pride and satisfaction with their nursing career:

“I love the nursing profession in California. I am truly proud and honored to be a nurse. I love my job, my patients, the doctors, and my coworkers. Nursing is an excellent profession and it will continue to flourish. The best thing about nursing is that learning is nonstop, everyday one has the opportunity to learn new things.”

“Nursing is a wonderful profession, allowing for a great deal of flexibility. I have worked as a staff nurse, school nurse, occupational health nurse, and community health nurse. I am currently teaching nursing to psychiatric technician students. Nursing encompasses many areas and is not limited to hospital nursing.”

“Nursing is a very satisfying profession and the hospital I work at is excellent. I am proud of the quality of nurses employed at my facility and the quality of education we received in California.”

The entirely positive assessments of nursing were fewer in number. Typically, the positive assessments included a “but” followed by one or more items that were “frustrating.” The list of frustrating items included salary, scheduling, staffing, and lack of real involvement in policy and management decisions, and a lack of administrative leadership for nurses among others.

“I really like being a nurse, like the work I do. But working conditions have deteriorated so severely I fear not making it till retirement. I need to work a minimum of 5 more years, but cannot imagine working in this exhausting, stressful and dangerous environment for even 6 more months. I wonder if things have gotten this bad in other states. Staffing ratios didn’t help because the hospital took away ancillary staff and gave us patients with higher acuities.”

Comments indicated that respondents were concerned about the quality of care provided by their colleagues. Recent nursing graduates and internationally-educated nurses were both mentioned in this context. This issue is described further in Theme IV: Nursing Education. Respondents also mentioned poor quality of patient care in the context of heavy workloads and exhausting schedules. Work environment is discussed further in Theme III: Job-related Concerns. Several respondents felt low quality care undermines pride in the nursing profession.

Dozens of respondents remarked on a perceived attitude among new nurses. They felt younger nurses treat nursing as a “job” and that this attitude undermines pride in the profession along with patient care.

“New graduates: many (not all) seem to have gone into Nursing as a ‘job, a paycheck’ not because they want to ‘take care of and help heal’ their patients. A large majority of new graduates are very task oriented. They feel once the task is done i.e. give meds, tx, draw blood, that their job is done. They are forgetting to look at the ‘person’ who is the patient. I could also go on & on...”

“Today’s nurses are a new breed. No respect for their patients; minimal compassion. It is neither a career nor a profession to new grads, but rather a job that is flexible.”

The mean satisfaction ratings given by all active nurses were relatively high. Active nurses scored their “job overall” with a 4.1 rating, “nursing profession overall” with 3.9, “quality of patient care” with 3.9, and “work is meaningful” with a 4.2, on a 5 point scale where 1 is “very dissatisfied” and 5 is “very satisfied.” These scores indicate that the negative comments about the nursing profession written in the open ended comment section do not reflect the views of the majority of the survey respondents presented in Chapter 3, Figure 3.14.

Respect for nursing

The lack of respect for the service and skills of nurses, and the need to promote the nursing profession, were common sentiments. Perhaps because the “nursing shortage” has become common knowledge, there was nearly no mention of the need to raise awareness of nursing in the public. The lack of respect for and appreciation of nursing responsibilities was mentioned frequently in the context of employers and managers who treat nursing staff as a pool of technicians. Nurses see inadequate staffing, increased housekeeping duties, and heavy workloads as a very real expression of disrespect or lack of appreciation for the nursing profession by their administrators and managers. These comments are consistent with some of the lowest rated areas of satisfaction identified in the 2008 RN Survey Report: involvement in policy and management decisions (3.2), non-nursing tasks required (3.1), leadership from nursing administration (3.3), and recognition for a job well done (3.4) (Chapter 3, Figure 3.14).

“Years ago being an RN was a respected position, but now there is minimal respect from patients and our supervisors. Hospital administration appears to care about the bottom dollar not the patients or nursing staff.”

“I believe that there is a lack of respect for the work that nurses do and the professionalism of our job. Nurses work hard to get a license, to keep skills, and practice current with education (usually includes a large fee and study-time).”

Suggestions to strengthen the nursing profession

Suggestions provided by survey respondents to strengthen the nursing profession included tougher standards within the state’s nursing education programs, a strong and active Board of Registered Nursing, and stronger leadership from nursing administrators. Quite a few respondents remarked on the need to raise salaries for nursing instructors to attract the best nurses into academia. Respondents also suggested that flexible scheduling and less physically demanding job roles would allow older, experienced nurses to continue contributing to a profession they love.

Theme 2: Work Relationships

Relationships with patients

The 2008 RN Survey respondents rated patient interaction with the highest area of satisfaction.

“The most rewarding thing about nursing is my patients-seeing them get better.”

While the gratification of assisting someone in need is noted as one of the strongest rewards of a nursing career, some comments point out that relationships with patients can also be a source of stress for nursing staff. A very few respondents indicated that some patients and their families have a demanding, consumer-oriented attitude that adds to stress in the workplace. Several comments reflect the frustration of nurses not being able to provide appropriate care due to circumstances beyond their control.

“Patients do not respect nurses as when I first started in my career. They curse if they have to wait, they threaten sometimes making you feel unsafe. I see this with their physicians also. Probably due to Healthcare cost and companies promising (unrealistic) advantages for choosing their insurance which also puts pressure on the care providers ...”

Relationships with physicians

There were fewer comments about relations with physicians than with management and administrators. Respondents noted a lack of respect or appreciation from physicians with fewer mentioning abusive behavior.

“I love my job and what I do, although sometimes it’s frustrating especially with the doctors that still think that nurses are their assistant & not a team member.”

“MD collaboration with nursing has made no progress at my facility over my 20 year tenure.”

Relations with management and employers

The majority comments regarding management and employers were negative. A lack of appreciation and respect appear to characterize the attitude of management and employers. Complaints of inflexible scheduling and heavy workloads reinforce the image of nursing staff as a resource to be used by management to maximize efficiency, with nurses at the bedside having little or no involvement in policies and management decisions.

“Human Resources Departments de-value nursing. They put non-nurses in a supervisory category over nurses. They do not understand or give credence to the Nurse Practice Act and because of budgetary constraints, they push to cut corners putting patients and nurses into unsafe practice areas. They are sometimes strongly adamant about their views sometimes to the point of possibility of jeopardizing the hospital. “

“‘Just do what you can’ or ‘that’s just the way it is’ is the standard reply from management to a cry for help. We deserve better! You should ask how many time you cried in the bathroom during or after your shift ended. Compare that

with other professions and you'll have the answers why nurses leave the profession.”

“The general dissatisfaction in nursing seems to me to be related to leadership & lack of recognition of nursing. Our administration has an attitude that nurses can be replaced, there seems to be little appreciation of knowledge/experience.”

Relations among nurses

Comments indicate a lack of support and sometimes animosity among nursing peers that strains the sense of team or teamwork in some workplaces. This area was a source of stress for some respondents. However, the negative comments regarding relations among nurses are not reflected in the 4.0 satisfaction score for “support from other nurses” as well as the 4.1 score for “teamwork between coworkers” identified in the 2008 RN Survey Report (Chapter 3, Figure 3.14).

“They [new nurses] are often made to feel incompetent or having to prove their worthiness of such a profession. I have seen nurses literally get other nurses fired. This is an area of nursing that needs a lot of work!”

Suggestions to improve work relationships

Suggestions for improving relationships in the workplace included leadership training for nursing supervisors and better trained managers.

Theme 3: Job-related concerns

The main issues with nursing as currently practiced were (1) staffing or workload, (2) language, (3) scheduling, (4) paperwork and documentation, and (5) quality of care. The first four issues were all cited as stressors on the job and all were mentioned as negative influences on the quality of care provided. The burdensome demands of paperwork and documentation, and the time lost for patient care, was the greatest complaint among narrative responses.

The issue of injury in the workplace, particularly as it relates to moving heavy patients, was raised by several respondents, including a few who had to leave nursing or change jobs due to back injury. The issue was raised in the context of increasing numbers of obese patients and pointed out the need for adequate staff support for “lifting teams.”

Staffing

Understaffing, or heavy workload, was among the most frequently identified concern and area of dissatisfaction reported by respondents. The satisfaction ratings with workload as discussed in the 2008 RN Survey were rated 3.4 on a 5 point scale (Chapter 3, Figure 3.14), indicating that survey respondents have only a slightly positive view of their workload. In many comments the heavy workload is considered evidence that the management does not understand the nature of nursing or appreciate the work of the nursing staff. Respondents felt that cost containment is a higher priority than patient care.

“I work at a “magnet” hospital & the efforts to attain that status were tremendous. However the follow through on a “day-to-day” basis is a bit sketchy. Pt [patient] care is a top priority but everyone suffers when administration pushes the envelope of growth (organizational) vs. continuity of care. Too many pts are transferred from unit to unit to promote thru-put in the

organization cycle and often there isn't enough staff to facilitate safe & timely & thorough ptcare."

While comments about California's mandated nurse-patient ratios were positive, both the lack of compliance with the ratio mandates and staffing changes made to comply with the mandates were a source of frustration. The connection between nurse-patient ratios and patient safety was made throughout these comments.

"The nursing ratios have had an impressive impact on patient care, teaching, and job satisfaction."

"Need more support for staff nurses like LVN [licensed vocational nurses] cna [certified nurse assistant] etc. Acuity needs to be considered when making bed assignments, not just ratio."

"Since going to a 4:1 patient/nurse ratio hospitals have cut down on the amount of CNA's [Certified Nursing Assistants] that are used. The amount of time spent doing CNA work by RN's cuts down overtime to educate patients and we are also more rushed which leads to a greater chance of making errors."

"The ratio law has made my job harder: CNA's were cut, housekeeping cut, secretary hours cut, and now I have my 5 patients plus oversee the LVN's 5 patients as well. I used to have 7 patients without a CNA and it was easier then!"

Language

Multiple comments indicated that non-English speaking house staff, nursing staff, and physicians contribute to extra work and stress on the job. A few respondents expressed concern about language miscommunication affecting patient care and safety.

"Another issue I have is that many of our foreign born RNs are technically skilled but their communication skills are lacking. Elderly and hearing-impaired people cannot understand English spoken with a heavy accent. Those RNs often do not understand social nuances and sometimes write English poorly, which is hazardous in a hospital setting."

"The number of nurses with English as a 3rd language is of concern. When one needs a translator present to discuss schedules, etc. it is alarming."

Scheduling

The demand of long shifts and inflexible scheduling was a common complaint and cited as a reason for leaving the nursing profession and/or the hospital environment. At the same time, the wide range of scheduling configurations available to nurses has clearly been a benefit for many nurses raising families or attending school. The satisfaction rating for work schedule as discussed in the 2008 RN Survey was 4.1 on a 5 point scale (Chapter 3, Figure 3.14), indicating that survey respondents are generally satisfied with their work schedule.

"I have worked full-time, part-time. It's allowed me to work around family commitments. Service in the community - scouting (girl scouts/boy scouts) school, church etc"

“Get rid of 12 hour shifts. They are dangerous. Go to 10 at the most. Boomers need 4-6-8 hours. Get rid of 5 hour lunch requirement (lunch within first 5 hours). It is devastating to patient care.”

“With the aging of the nursing population hospitals are going to have to become more flexible in the scheduling...It’s unhealthy to endure a high stress-level for that long of a period on most days that one works. At some point, it has to be about what’s good for some of the staff that has limitations. If they aren’t accommodated they will leave or retire early and leave the workforce. Job sharing could be one solution.”

Paperwork

The greatest number of critical job-related comments regarded paperwork – the amount of paperwork required and subsequent time lost for patient care, as well as the particular demands of electronic charting systems. Excessive demands for documentation were felt to take nurses away from the bedside. The amount of paperwork required received the second lowest satisfaction rating, 2.9 on a 5.0 scale, in the 2008 RN Survey (Chapter 3, Figure 3.14). While the quantity of paperwork required was the greatest complaint, many nurses were especially critical of electronic documentation systems.

“Documentation requirements take precious time away from patient care. ‘The paper’ rather than ‘the patient’ seem to be the focus of our practice.”

“Technology (computer charting) takes away nurses at bedside; hours of work spent to computer charting care plans; no time to give teaching & spending time w/patient.”

“I left the bedside (I was an ER nurse 10 years) because I feel that the electronic documentation that was implemented made safe ER nursing difficult if not impossible.”

“My day as a bedside ICU RN seems to be spent doing meaningless charting on a computer away from my patients. I seem to spend a lot of time logging in and out of computer charting, med medicine, x-ray viewer, and ICU checks, all time away from a critically ill patient.”

Quality of Care

Quality of care and patient safety were frequent and serious concerns among respondents. Heavy workloads, inadequate nurse-patient ratios, and the inadequate skill level of co-workers (new nursing graduates, foreign-trained nurses, travelling/agency nurses) were most often mentioned as factors negatively affecting the quality of care and patient safety.

“When anyone is too overwhelmed, mistakes happen. It concerns me knowing the physical risk I take every time I am admitted to a hospital. We must improve medical care!”

“Young and inexperienced nurses are allowed into ER and ICU and other advanced specialties straight out of nursing school, lowering quality of assessment and intervention in critical physical and emotional situations. This seems to be accepted as a standard of care now.”

“I think the nurse to patient ratio is unbelievable. At the present, I am responsible for up to 13 patients at a time and paid 31 dollars an hour! I think that is unsafe!! I am looking for a job closer to my home with safer ratios, pay and benefits. I am also responsible for up to 36 patients a day! Crazy!”

Several respondents told of personal or family episodes in the hospital where the quality of care was disappointing.

“I recently faced the first major illness of my life and was hospitalized for 8 days. I received excellent RN care except for 1 night shift RN from hell. The next day I learned she was a travel RN. I overheard another patient saying “I’ll bring you a case of wine if you will please respond to my call light.” Bribery in our profession? What’s at the core of needing travelers and creating desperate patients? I know, \$\$, but surely we can give RNs the support and patient load that allows reasonable time to do what we do best-care for our patients. My RNs had good intentions, but I could tell that they were stretched too thin to do anything beyond my basic care.”

“I would like to address nursing from the perspective of being a recent surgical patient with a hospital stay of 4 days. The RN’s were rushed, they spent more time standing closer to door or @ the foot of the bed because of their cumbersome computerized devices, so there was less eye contact & comfort care as they were entirely focused on their computer system. I sometimes only saw an RN every 2-3 hours, sometimes four & only had brief encounters at that. As a patient, I felt a burden to the nurse’s schedule if I had any additional needs. I also felt I had to be apologetic when making requests as most of the nurses seem hurried. My experiences as a patient made me realize that I’d never again work in a hospital & I was disappointed that RN’s were not better cared for by the profession they serve.”

Theme 4: Nursing Education

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

Preparatory education

Many respondents stated that basic RN education preparation programs are failing to produce high quality nursing graduates who are prepared for work in the clinical setting. Respondents felt that California nursing programs were lowering standards to meet the demand for nurses and these lowered standards were reflected in the poor quality of care by recent nursing program graduates. Several comments suggested that a three-year program or BSN degree should be mandatory. In contrast, at least one respondent thought the extra time spent earning the BSN degree was wasted time that would have been better spent on the job.

“I am especially concerned that baccalaureate programs are not addressing the needs of students and consumers, in preparing them as nurses. I’ve seen too many excellent students frustrated by poorly run B.S. program- i.e. classes not

available to meet pre-requisites, professors not demanding enough once in nursing programs.”

“The quality of nurses graduating today is quite different from 15 years ago. New nurses seem not to possess organizational and critical thinking skills.”

“I have great concern over the level of experience and competence in the nursing professionals entering the field of nursing practice in all arenas of nursing. In the next 10-12 years, the seasoned nurses will retire or work part-time leaving a potentially large and impactful void in the level of care offered to patients. I am hopeful that some of the “old schooled” nurses will still be around to help school those with the willingness to learn and listen and watch.”

The need for more nursing education programs was mentioned by several respondents. A few respondents remarked that the lottery method for admission to nursing education programs was counter-productive and should be stopped.

Re-entry programs

Several comments suggested the difficulty in locating information about available nursing re-entry programs, particularly programs that could be found nearby. Some of these comments expressed dismay that valuable nursing experience was being lost during a nursing shortage.

“I would like to see programs in place in hospitals for nurses who would like to return to hospital nursing. There are a lot of nurses that would like to return after raising families. They want part-time and flexible hours. They are not wanting complete retirement. They want to review procedures and refurbish their skills in a hospital setting with supervision, classes or something to get them back to work in this area.”

“I know of several experienced RNs who are unable to find jobs in clinical settings after being away for more than 5 years. Several have taken re-entry programs, but these have been difficult to find, expensive, usually in cities many miles away, and usually without any clinical component. If our nursing shortage is so severe and there are nurses willing to work why is it so difficult to come back and why is no one addressing this?”

Theme 5: Compensation for work

While the 2008 RN Survey findings showed the average compensation for nurses residing in California was \$81,430 (Chapter 3, Table 3.20), an area of concern noted in the comments section was salary and benefits. A large number of survey respondents commented on their dissatisfaction with salary, benefits, or both, although overall satisfaction had a rating of 3.74 on a 5-point scale, suggesting these responses do not represent the majority of nurses (Chapter 3, Table 3.43). Earnings from nursing in 2008 were reported to be very important to the households of nurses, averaging 70% of total household income (Chapter 3, Table 3.34).

Salary

Some respondents remarked salaries and wages for nurses residing in California were improving or at least adequate.

“Thank you for helping keep CA RN’s the best compensated in the US. It took leaving CA to appreciate it.”

“As a new RN employed in California I hear a lot of media coverage about RN dissatisfaction with wages, ratios, and benefits and strikes. I feel fortunate to be employed in a rewarding field in this unstable economy. My benefits are paid for, I have manageable patient ratios and good vacation/sick pay hours. I can always find more hours if needed and the job opportunities are endless!”

However, the majority felt their salary did not reflect the role and responsibility of registered nurses when compared with other professions, nor was it adequate in the context of California’s high cost of living.

“At first glance, California nurses’ salary is more attractive than the rest in the country. But, with more taxes, health insurance, and other deductions, we are left with only about 60% of our back-breaking, overly stressful, hard-earned money. Plus the high cost of living in California, working the extra hours may not be worth it.”

Respondents also expressed dissatisfaction with perceived salary inequities within the nursing profession.

“... I have also noticed that in some places, new nurses make more than the experience nurses, who are already working there for more than 10 years, never understood how that could happen, experience RNs should make more.”

Benefits

Benefits, while not mentioned as often as salary, were noted as an important and desirable aspect of a fair compensation package. Nurses are generally satisfied with their benefits, as reported in Chapter 3, Table 3.43, with a satisfaction score of 3.74 on a 5-point scale.

“There are very few hospitals providing retirement or adequate healthcare benefits for their employees despite the increasing age of the registered nursing population. If the employers want to attract more nurses they need to offer better compensation and benefits.”

“Retired & able to work 2-3 days/month, nursing needs to definitely raise retirement benefits; poor retirement benefits especially before the raise in salaries & with no cost of living increases! Health care insurance very poor for retirees - I am fortunate not to be in that position due to spouse. Thank you for allowing me to participate.”

“As a suggestion, it would be beneficial and additionally incentivize nurses if a retirement plan was available throughout nursing employment through a national organization such as ANA. Nurses could pay into the plan wherever they are employed throughout the U.S.”

Summary of thematic findings

While it is unlikely that the perspectives voiced in the comments section fully represent all nurses with active California licenses, the recurrence of key issues indicates their relevance to a sizable number of nurses. The issues voiced in these comments are not new; the list of concerns among the respondents is nearly identical to those of the 2004 and 2006 surveys.

Comments about the culture of nursing indicate that, like the rest of California, increasing diversity and a changing healthcare landscape are impacting the nursing workplace. Years in nursing, cultural/language influences, and levels of nursing education may distinguish perspectives among nurses about quality of care, patient safety, workplace conditions, and the nursing profession.

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. As is clear from the comments, some nurses are frustrated and distressed by a work environment perceived to erode professional respect and pride as well as nurses' satisfaction with providing high quality, patient-centered care.

The narrative comments offered by nearly a quarter of the 2008 survey respondents offer some insight into issues that respondents indicate are influencing their decisions to continue a career in the nursing profession or continue to work in the hospital setting. Given the importance of nursing to the delivery of high-quality, cost-effective health care in the United States, we cannot afford to ignore these issues; although, in the current economic climate, we might not easily afford to fix them.

Chapter 7. Conclusions

California has a diverse workforce of nurses, and this diversity is increasing with the entry of more men and minorities into the profession. The nursing workforce is aging, with 45 percent of working nurses with active California licenses being 50 years or older. Over 90 percent of nurses under 55 years old are employed in nursing positions, but the employment rate drops rapidly as nurses pass the age of 55 years. Over fifteen percent of nurses plan to retire or leave nursing entirely within the next five years, portending an exacerbation of the shortage of nurses unless more people enter the profession.

Nurses are well-educated, and a large share of nurses pursues additional education after entering the profession. In 2008, about 40 percent of nurses with active California licenses received some additional education. This ongoing commitment to education is one of the strengths of the nursing workforce. Nurses have a wide range of job opportunities available, and can take advantage of even more with appropriate educational advancement.

In 2008, 58 percent of California's nurses with active licenses had a college degree before matriculating to nursing school. Many people who enter the nursing profession do so at older ages. Only 26 percent of recent pre-licensure graduates were under 25 years, and over 28 percent were 35 years or older. Over 55 percent of California's RNs completed their pre-licensure education within California. Internationally-educated nurses make up 23 percent of the actively licensed nurse population. More than fourteen percent of California's nurses were educated in the Philippines.

Eighty-seven percent of nurses with active licenses and California addresses were working in nursing positions in 2008. Employment rates of registered nurses are very high, particularly for a profession composed of many older and female workers. The employment settings of RNs have been relatively stable over the past decade, with most nurses working in staff nurse positions, and most working in acute-care hospitals. Nurses work in a wide range of roles, including long-term care, management, patient care coordination, education, and other roles. Nearly 18 percent of RNs who reside in California reported that they hold more than one nursing position.

Compensation for nurses has risen substantially, from an average of \$31,504 in 1990 to \$81,428 in 2008, across all employment settings. Twenty percent of RNs earn more than \$100,000 per year. For the first time in 2008, RNs were asked about fringe benefits received. Over 80 percent of RNs receive personal health insurance, dental insurance, and/or a retirement plan from employers. Over 66 percent of RNs receive health insurance for their families. As in previous years, nursing incomes within California are highest in the San Francisco Bay Area and lowest in the mostly-rural counties north of Sacramento. Earnings from nursing are very important to the households of nurses, with 46 percent of nurses reporting their nursing income comprised at least eighty percent of household income.

In 2008 nurses were generally satisfied with their jobs, the profession, and their interactions with patients. As in 2006, the five aspects of nursing that received the highest satisfaction ratings in 2008 were interactions with patients, feeling that work is meaningful, job security, job overall, and work schedule. The five lowest rated areas of satisfaction were the amount of paperwork required, involvement in policy and management decisions, non-nursing tasks required, leadership from administration, and clerical support. The first four of these also were the lowest-rated areas in 2006.

Some nurses choose to leave nursing work for several years over the course of their careers for a variety of reasons. In 2008, 12.4 percent of nurses with active licenses said they stopped working for more than a year. Over half of the nurses who said they stopped working for one or more years did so due to child care responsibilities. Other important reasons for temporarily leaving nursing work include other family responsibilities, stress on the job, relocation, and desire to try another occupation.

About 13 percent of nurses with active California licenses who lived in California were not working in nursing jobs in 2008. About 51 percent of RNs who have active licenses and live in

California, but do not work in nursing have been out of nursing for five or more years. This share is smaller than that in the past; in 1990, 62 percent of nurses who were not working in the profession had been away from nursing at least five years. The factors most frequently identified as “very important” reasons for not working in nursing were stress on the job, retirement, family responsibilities, childcare responsibilities, and other dissatisfaction with a job. More than 24 percent said they plan to return to nursing or are currently seeking employment, and 29 percent were uncertain of their plans. The factors that are most important in the decision to return to nursing are flexible work hours, better nurse-to-patient ratios, higher salary, availability of re-entry programs and mentoring, adequate support staff for non-nursing tasks, and better support from management. Some nurses who are not in nursing positions work in other fields, some of which are related to health care. In 2008, 40 percent of California residents not in nursing positions were working outside nursing, and 83 percent of these said their non-nursing job used their nursing knowledge.

Some nurses maintain an inactive license, meaning they renew their license without providing documentation of completion of required continuing education. More than 77 percent of RNs with inactive licenses are 55 years or older, suggesting the inactive license status may be sought by nurses who have retired but do not want to allow their licenses to fully lapse. Over half of nurses with inactive licenses say they are retired, and 41 percent report no plan to work in California now but might reactivate their license later. Nearly twelve percent plan to return to nursing in California within five years. The primary reasons nurses obtain inactive licenses status are retirement, stress on the job, and family responsibilities. Nurses with inactive licenses rated as most important in their decision to return to nursing work the availability of re-entry programs, support from management, flexible work hours, better nurse to patient ratios, and adequate support staff.

Some nurses maintain a lapsed license, meaning they had not renewed their license on time, and thus it has expired. Sixty-seven percent of nurses with lapsed licenses are less than sixty-five years old. Thirty-four percent of nurses with lapsed licenses say they are retired, and 22 percent report no plan to work in California now but might reactivate their license later. Approximately 82 percent of nurses with lapsed licenses said they do not plan to practice in California in the next five years, but six percent plan to return to nursing in California within five years. The primary reasons nurses obtain lapsed licenses status are retirement, stress on the job, other job dissatisfaction, and non-child-care family responsibilities. Nurses with lapsed licenses rated as most important in their decision to return to nursing work adequate support staff, better support from management, flexible work hours, improvement in health, and re-entry programs/mentoring,

Nurses who hold active California licenses but live outside the state also contribute to the labor supply. Of the actively-licensed nurses residing outside California, 37 percent worked in California in the previous year. Over a fifth of all out-of-state nurses worked for a temporary agency, registry, or traveling agency, and over 8 percent worked for a telenursing employer with California clients. Nurses employed with a traveling or temporary agency worked an average of 5.1 months and 41 hours per week in California during the previous year. Thirty-five percent of nurses who have active California licenses but reside outside the state plan to work intermittently in California in the future, indicating that this non-resident workforce is important to meeting the health care needs of Californians.

One-fourth of all survey respondents offered comments in addition to their survey responses. The majority of comments included positive remarks about the nursing profession, although most of those positive 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 bi-annual BRN survey of RNs.

Nursing remains a strong profession in California. The average age of nurses has stabilized since 2004, at about 47 years, and many new people are entering the field. The nursing workforce of California is becoming increasingly diverse in both gender and ethnicity, and thus is even better positioned to meet the health care needs of Californians. The satisfaction of RNs with most aspects of their work has improved over recent years, as has overall job satisfaction and satisfaction with the nursing profession as a whole. The dominant reasons nurses do not hold nursing positions are retirement, childcare responsibilities, and family responsibilities; however, many nurses continue to temporarily or permanently leave the profession due to job dissatisfaction and stress on the job. Employers and health care leaders will benefit from supporting this dynamic workforce, seeking to improve the factors that frustrate nurses, and maintaining the features of the occupation that make nurses proud.

Appendix A. Survey tabulations

Appendix A: Tabulation of all questions in the California Board of Registered Nursing, Survey of Registered Nurses 2008, California Residents only, Active Nurses¹

Section 1

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

	2004					2006				
	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
Your job overall	1.7%	7.2%	15.1%	51.7%	24.4%	1.3%	7.9%	8.7%	46.8%	35.4%
Your salary	*	*	*	*	*	2.7%	16.2%	14.2%	47.2%	19.7%
Employee benefits	6.0%	19.0%	16.9%	39.3%	18.8%	3.8%	15.4%	14.0%	44.6%	22.2%
Adequacy of RN skill level where you work	1.5%	9.3%	15.3%	48.2%	25.9%	1.2%	8.6%	11.8%	50.9%	27.5%
Adequacy of the number of RNs where you work	8.6%	28.9%	17.2%	33.5%	11.8%	5.0%	22.2%	14.3%	41.0%	17.4%
Adequacy of clerical support services	7.8%	24.8%	21.6%	36.5%	9.3%	5.5%	20.9%	17.9%	43.1%	12.5%
Non-nursing tasks required	6.8%	24.8%	27.1%	34.8%	6.6%	6.3%	23.4%	28.5%	35.1%	6.8%
Amount of paperwork required	15.7%	34.4%	21.8%	25.3%	2.8%	12.2%	32.6%	19.7%	30.0%	5.5%
Your workload	*	*	*	*	*	6.0%	18.9%	19.0%	46.6%	9.5%
Physical work environment	4.1%	16.7%	22.5%	44.8%	11.9%	4.0%	15.6%	17.7%	46.9%	15.8%
Work schedule	2.0%	8.0%	11.7%	49.4%	29.0%	1.9%	7.0%	9.7%	48.9%	32.6%
Job security	2.7%	7.4%	14.1%	45.0%	30.8%	2.4%	6.3%	10.7%	44.2%	36.4%
Opportunities for advancement	5.1%	16.2%	28.4%	38.6%	11.7%	3.8%	14.8%	26.4%	38.6%	16.5%
Support from other nurses you work with	2.6%	8.0%	15.3%	43.9%	30.3%	2.1%	7.8%	12.4%	44.6%	33.0%
Teamwork between coworkers and yourself	*	*	*	*	*	1.8%	8.9%	10.8%	43.1%	35.4%
Leadership from your nursing administration	*	*	*	*	*	10.7%	22.1%	20.2%	31.4%	15.7%
Relations with physicians	2.1%	8.4%	20.0%	48.1%	21.4%	2.3%	7.5%	16.7%	49.8%	23.8%

¹ Responses only for Registered Nurses that held active licenses and resided in California at the time of the survey. Questions regarding non-California residents were excluded (BRN 2008 Survey questions 32-35). 2008 and 2006 responses are weighted to reflect the population of active RNs residing in California. 2004 responses are not weighted and reflect the respondents only. Where available, total number of active, California respondents appears for each question. Questions where multiple answers could be selected by respondent do not include cases.

	2004					2006				
	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
Relations with other non-nursing staff	0.7%	3.8%	15.7%	59.7%	20.2%	1.0%	3.8%	12.7%	58.9%	23.7%
Relations with agency/registry nurses	2.0%	8.5%	31.9%	48.5%	9.1%	0.9%	5.7%	27.4%	53.6%	12.3%
Interaction with patients	0.5%	2.6%	7.9%	47.0%	42.0%	0.4%	1.6%	7.4%	46.5%	44.1%
Time available for patient education	7.0%	25.9%	19.4%	35.7%	12.1%	4.9%	23.6%	17.3%	37.8%	16.4%
Involvement in policy/management decisions	10.0%	24.8%	29.2%	27.2%	8.8%	7.8%	23.9%	28.1%	30.9%	9.3%
Opportunities to use your skills	1.1%	5.5%	13.2%	54.0%	26.2%	1.0%	5.8%	11.0%	54.0%	28.2%
Opportunities to learn new skills	2.5%	12.3%	19.7%	46.2%	19.4%	1.7%	12.3%	17.5%	46.9%	21.5%
Quality of preceptor and mentor programs	*	*	*	*	*	5.0%	18.7%	24.6%	38.7%	13.1%
Employer-supported educational opportunities	9.0%	18.6%	19.6%	36.1%	16.7%	5.3%	19.3%	20.2%	37.5%	17.7%
Quality of patient care where you work	2.0%	11.0%	15.4%	46.1%	25.5%	1.3%	9.3%	13.5%	48.5%	27.4%
Feeling that work is meaningful	2.3%	5.2%	11.3%	43.7%	37.6%	1.6%	5.7%	9.3%	43.1%	40.3%
Recognition for a job well done	*	*	*	*	*	7.3%	19.1%	19.6%	35.8%	18.3%

Note: Rows might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses.

Question	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: Rows might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses.

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

	2004					2006				
	Very Dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied	Very Dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
Satisfaction with the nursing profession overall	*	*	*	*	*	2.4%	10.6%	12.4%	54.2%	20.4%

Note: Rows might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses.

	2008				
	Very Dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
Satisfaction with the nursing profession overall	1.6%	8.4%	12.8%	52.7%	24.5%

Note: Rows might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses.

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

	2004	2006	2008
Employed in nursing	87.5%	86.7%	86.9%
Not employed in nursing	12.5%	13.3%	13.1%
Number of Cases	4,280	4,346	4,890

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses.

Section

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

Hours per day	2004	2006	2008
Under 5 hours	2.0%	1.7%	0.7%
5-7.5 hours	4.7%	4.0%	3.9%
8 hours	0.3%	42.8%	39.5%
8.5-11.5 hours	57.9%	15.3%	13.5%
12 hours	31.4%	34.7%	40.8%
More than 12 hours	3.8%	1.6%	1.5%
Number of Cases	3,038	3,109	3,559

Note: Columns might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses.

Hours per week	2004	2006	2008
Less than 1 Hour	0.4%	0.0%	0.0%
1 to 20 Hours	10.0%	8.9%	7.2%
21 to 30 Hours	14.6%	14.0%	13.3%
31 to 40 hours	55.2%	62.7%	63.9%
41 to 60 hours	18.2%	13.2%	13.6%
60+ hours	1.7%	1.2%	2.0%
Number of Cases	3045	3649	3984

Note: Columns might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses.

Overtime hours per week	2004: mandatory overtime	2006: any overtime	2008, any overtime
None or less than one hour	64.0%	50.9%	57.0%
1-2.5 hours	6.7%	14.6%	14.3%
3-4 hours	4.8%	10.6%	7.6%
5-6 hours	1.6%	6.4%	4.3%
7-8 hours	3.0%	4.1%	4.6%
More than 8 hours	19.9%	13.4%	12.2%
Number of Cases	3,095	3,313	3952

Note: Columns might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses.

On Call Hours per week	2004	2006	2008
No on-call hours	*	*	86.2%
0.5-10 hours	*	*	5.7%
10-19 hours	*	*	4.3%
20-29 hours	*	*	1.0%
30 or more hours	*	*	2.9%
Number of Cases	*	*	3,951

Note: Columns might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active

5. How many **weeks** per year do you work as an RN?

	2004	2006	2008
0 to 13 weeks	*	0.8%	0.6%
14 to 26 weeks	*	2.1%	2.1%
27 to 39 weeks	*	2.5%	3.7%
40 to 51 weeks	*	52.9%	52.5%
52 weeks	*	41.7%	41.1%
Number of Cases		3697	3870

Note: Columns might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active

6. In your **principal** nursing position, are you...

	2004	2006	2008
Regular Employee	*	96.0%	95.8%
Temp or Agency	*	2.4%	2.6%
Self-Employed	*	1.7%	1.6%
Number of Cases		3800	4032

Note: Columns might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses.

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

	2004	2006	2008
0 to 20 Hours	*	10.5%	10.0%
21 to 30 Hours	*	15.1%	13.5%
31 to 40 hours	*	61.6%	63.4%
41 to 60 hours	*	11.1%	10.2%
60+ hours	*	1.7%	3.0%
Number of Cases		3778	4031

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses.

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

	2004	2006	2008
0 to 13 weeks	*	0.8%	0.6%
14 to 26 weeks	*	2.5%	2.1%
27 to 39 weeks	*	2.9%	3.7%
40 to 51 weeks	*	53.8%	52.5%
52 weeks	*	40.1%	41.0%
Number of Cases		3667	3903

Note: Columns might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses.

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

This question was excluded for confidentiality

10. 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.

	2004	2006	2008
Less than 5 miles	16.9%	16.5%	17.7%
5-9 miles	21.9%	23.0%	21.4%
10-19 miles	31.5%	30.7%	30.7%
20-39 miles	23.0%	22.7%	23.9%
40 or more miles	6.6%	7.2%	6.4%
Number of Cases	3001	3750	3961

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses.

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

	2004	2006	2008
Less than 5 years	47.1%	46.3%	46.1%
5-9 years	20.4%	21.4%	19.4%
10-14 years	13.2%	8.7%	8.2%
More than 14 years	19.3%	23.6%	26.3%
Number of Cases	3,016	3,598	4,020

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses.

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

	2004	2006	2008
Acute hospital	60.9%	*	*
Hospital, acute care department	*	55.6%	56.3%
Hospital, nursing home unit	*	0.5%	0.5%
Hospital-based ambulatory care department	*	4.8%	5.5%
Hospital-based ancillary department	*	1.8%	1.4%
Hospital, other department	*	*	0.7%
Skilled nursing/extended care / rehabilitation	4.4%	2.3%	3.0%
University or college	*	3.3%	*
Academic nursing program	0.9%	*	1.4%
Public health dept/community health agency	2.1%	2.5%	2.6%
Home health nursing agency or service	3.3%	3.0%	2.5%
Hospice	1.3%	1.7%	1.4%
Ambulatory care setting (office, surgery center)	10.8%	6.3%	9.3%
Dialysis	*	1.5%	1.2%
Telenursing organization / call center	0.6%	*	1.1%
Occupational health/employee health	0.3%	0.5%	0.3%
School health (K-12 or college)	2.0%	1.8%	2.1%
Mental health/drug and alcohol treatment	2.0%*	3.8%	0.8%
Insurance organization	1.5%	*	0.6%
Forensic setting (correctional facility, prison, jail)	1.1%	2.0%	1.2%
Government agency (local, state, federal)	2.7%	1.4%	1.0%
Case management/ disease management	*	*	2.3%
Self employed	0.8%	0.5%	0.7%
Other	5.4%	6.9%	4.1%
Number of Cases	2,971	3,661	4,080

* Question was not asked in the survey year.

Note: Columns might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses.

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

	2004	2006	2008
Direct patient care provider/staff nurse	53.3%	61.2%	58.5%
Senior management, any setting	*	1.0%	1.9%
Senior management, service setting	1.7%	*	*
Middle management, any setting	*	7.7%	5.8%
Middle management, service setting	6.3%	*	*
Front-line management	11.1%	5.9%	3.0%
Charge Nurse	*	*	7.6%
Direct care and Charge Nurse (both)	*	*	0.8%
Clinical Nurse Specialist	2.3%	1.6%	1.1%
Certified Registered Nurse Anesthetist	0.4%	0.4%	0.4%
Certified Nurse Midwife	0.2%	0.2%	0.3%
Nurse Practitioner	3.6%	4.7%	4.1%
Educator, service setting/clinical nurse educator	2.0%	1.7%	1.6%
Management/Administration, academic setting	0.1%	*	*
Educator, academic setting	1.0%	2.5%	1.5%
School Nurse	1.9%	1.8%	1.8%
Public Health Nurse	1.7%	1.9%	1.3%
Patient care coordinator/case manager/discharge planner	*	3.9%	4.2%
Discharge Planner	0.1%	*	*
Case Manager	3.9%	*	*
Utilization Review	0.7%	1.0%	1.0%
Infection Control Nurse	*	0.3%	0.3%
Quality Improvement Nurse	*	0.7%	0.9%
Occupational Health Nurse	*	0.3%	0.2%
Telenursing	*	0.7%	1.3%
Nurse Coordinator	*	*	0.2%
Consultant	0.7%	*	0.3%
Researcher	0.6%	*	0.2%
Other	8.3%	2.6%	1.7%
Number of Cases	2,925	3,675	4,108

* Question was not asked in the survey year.

Note: Columns might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses.

14. 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 (hands-on care)	2004	2006	2008
0 to 25 percent of time	*	*	37.5%
26 to 50 percent of time	*	*	33.8%
51 to 75 percent of time	*	*	19.7%
76 to 100 percent of time	*	*	9.1%
Number of Cases	*	*	4018

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses.

Charting/documentation	2004	2006	2008
0 to 25 percent of time	*	*	69.3%
26 to 50 percent of time	*	*	26.2%
51 to 75 percent of time	*	*	2.8%
76 to 100 percent of time	*	*	1.8%
Number of Cases	*	*	4018

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses.

Patient Education	2004	2006	2008
0 to 25 percent of time	*	93.3%	93.4%
26 to 50 percent of time	*	5.5%	5.2%
51 to 75 percent of time	*	0.7%	0.6%
76 to 100 percent of time	*	0.6%	0.8%
Number of Cases	*	3320	4018

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses.

Indirect patient/client care (consultation, planning, evaluating care)	2004	2006	2008
0 to 25 percent of time	*	86.3%	93.1%
26 to 50 percent of time	*	8.2%	4.0%
51 to 75 percent of time	*	2.0%	1.4%
76 to 100 percent of time	*	3.5%	1.4%
Number of Cases	*	3320	4018

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses.

Education of students in health care occupations (including preparation time)	2004	2006	2008
0 to 25 percent of time	*	97.7%	97.3%
26 to 50 percent of time	*	0.9%	1.1%
51 to 75 percent of time	*	0.4%	0.6%
76 to 100 percent of time	*	0.9%	1.0%
Number of Cases	*	3320	4018

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses.

Supervision	2004	2006	2008
0 to 25 percent of time	*	91.5%	91.7%
26 to 50 percent of time	*	5.4%	5.0%
51 to 75 percent of time	*	1.5%	1.3%
76 to 100 percent of time	*	1.6%	1.9%
Number of Cases	*	3320	4018

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses.

Administration	2004	2006	2008
0 to 25 percent of time	*	93.8%	92.7%
26 to 50 percent of time	*	2.4%	3.8%
51 to 75 percent of time	*	0.9%	1.3%
76 to 100 percent of time	*	2.9%	2.1%
Number of Cases	*	3320	4018

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses.

Non-nursing tasks (housekeeping, etc)	2004	2006	2008
0 to 25 percent of time	*	*	99.0%
26 to 50 percent of time	*	*	0.8%
51 to 75 percent of time	*	*	0.1%
75 to 100 percent of time	*	*	0.1%
Number of Cases	*	*	4018

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses.

Other	2004	2006	2008
0 to 25 percent of time	*	*	96.7%
26 to 50 percent of time	*	*	1.1%
51 to 75 percent of time	*	*	0.6%
75 to 100 percent of time	*	*	1.6%
Number of Cases	*	*	4018

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses.

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

	2004	2006	2008
Not involved in direct patient care	*	10.4%	12.0%
Ambulatory/outpatient	*	*	10.2%
Cardiology	*	*	2.0%
Community/public health	1.9%	1.6%	1.3%
Correction	*	1.3%	0.8%
Dialysis	*	1.4%	1.3%
Emergency Trauma	5.5%	6.3%	5.8%
Geriatrics	4.1%	2.3%	2.2%
Home health care	3.3%	2.6%	2.4%
Hospice	1.4%	1.6%	1.4%
Intensive Care	13.2%	10.8%	9.8%
Labor & delivery	*	*	3.6%
Medical/surgical	15.9%	15.3%	11.5%
Mother-baby	8.1%	*	2.5%
Neonatal Care	4.3%	3.8%	3.4%
Oncology	*	*	2.1%
Pediatrics	4.9%	3.9%	2.9%
Peri-op	7.8%	6.6%	6.0%
Psych/Mental Health	3.5%	2.8%	2.8%
Rehabilitation	2.1%	2.1%	1.4%
School (K-12)	2.0%	2.2%	2.0%
Step down unit	*	2.7%	1.7%
Telemetry	*	*	4.5%
Multiple area	*	1.4%	2.0%
Other	22.0%	14.5%	2.9%
NICU	*	*	0.2%
L&D	*	*	0.2%
Ambulatory	*	*	0.2%
Ambulatory	*	*	0.2%
Endoscopic	*	*	0.1%
Ob-Gyn	*	6.3%	0.2%
Radiology	*	*	0.2%
Orthopedics	*	*	0.2%
Number of Cases	2824	3812	4100

* Question was not asked in the survey year.

Note: Columns might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses.

16. Which of the following computerized health information systems, if any, do you use in your **principal** nursing position?

	2004		2006		2008	
	No	Yes	No	Yes	No	Yes
Electronic patient records	*	*	53.0%	47.0%	47.4%	52.6%
Electronic nursing charts	*	*	*	*	53.9%	46.1%
Electronic radiology reports	*	*	*	*	49.4%	50.6%
Electronic care plans	*	*	*	*	70.8%	29.2%
Electronic lab reporting	*	*	*	*	40.6%	59.4%
Computerized physician orders	*	*	79.4%	20.6%	75.1%	24.9%
Scanning system for supplies inventory	*	*	84.0%	16.0%	83.7%	16.3%
Computerized medication distribution (Pyxis/Omniceil)	*	*	*	*	45.9%	54.1%
Barcode scanning	*	*	88.1%	11.9%	85.9%	14.1%
Electronic medication administration	*	*	*	*	70.4%	29.6%
Other	*	*	79.9%	20.1%	91.3%	8.7%
None of the above	*	*	64.5%	35.5%	85.0%	15.0%

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses.. No cases – check all that apply.

17. What is your experience with the information systems in your **principal nursing position**?

	2004	2006	2008
All systems work well	*	13.3%	11.4%
Systems are generally helpful, but have some flaws	*	51.4%	56.4%
Systems have problems that affect my work	*	16.8%	18.6%
Systems interfere with my delivery of care	*	6.4%	6.0%
No system	*	12.1%	7.6%
Number of Cases	*	3751	3972

Note: Columns might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses.

18. How would you rate your training for the **most recent** information system installed at your **principal** nursing position?

	2004	2006	2008
Excellent	*	*	9.6%
Adequate	*	*	52.0%
Need some improvement	*	*	33.3%
Unacceptable	*	*	5.1%
Number of Cases	*	*	3734

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses..

19. 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.

	2004	2006	2008
Less than 25,000	*	3.7%	2.9%
25,000 to 49,999	*	12.9%	9.3%
50,000 to 74,999	*	41.0%	32.3%
75,000 to 99,999	*	30.9%	34.7%
100,000 to 124,999	*	9.4%	15.4%
over 125,0000	*	2.1%	5.4%
Number of Cases		3567	3711

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses.

20. Does your compensation from your **principal position** include:

	2004		2006		2008	
	No	Yes	No	Yes	No	Yes
Retirement Plan	*	*	*	*	15.2%	84.8%
Personal Health insurance	*	*	*	*	16.4%	83.6%
Dental Insurance	*	*	*	*	11.5%	88.5%
Family Health Insurance	*	*	*	*	30.0%	70.0%

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses. No cases – check all that apply.

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

	2004	2006	2008
Yes	21.2%	18.0%	17.8%
No	78.8%	82.0%	82.2%
Number of Cases	3014	3826	4047

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses.

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

	2004	2006	2008
One	84.8%	76.7%	80.3%
Two	12.3%	20.9%	18.7%
Three or more	2.9%	2.4%	1.0%
Number of Cases	784	627	652

Note: Columns might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses.

23. In your other **nursing** positions, are you...

	2004	2006	2008
Regular employee	*	72.0%	73.7%
Employed through a temporary service agency	*	17.4%	15.3%
Self-employed	*	17.1%	14.1%

Notes: Columns will not total 100% because respondents could select multiple categories, due to holding more than one additional job. 2006 and 2008 data are weighted to represent all RNs with active licenses. No cases – check all that apply..

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

	2004	2006	2008
Hospital staff	*	45.2%	44.0%
Public health/community health	*	2.1%	1.1%
Long Term Acute Care	*	*	2.0%
Nursing home/skilled nursing facility staff	*	5.7%	6.7%
Mental health/substance abuse	*	3.4%	3.1%
Home health or hospice	*	9.4%	7.4%
Teaching health professions/nursing students	*	11.0%	9.4%
Ambulatory care, school health, occupational health	*	9.2%	8.9%
Self-Employed	*	5.9%	3.7%
Other	*	31.1%	23.1%

Note: Columns will not total 100% because respondents could select multiple categories, due to holding more than one additional job. 2006 and 2008 data are weighted to represent all RNs with active licenses. No cases – check all that apply.

25. Please estimate annual earnings for your **other nursing positions**, before deductions for taxes, social security, etc. If you do not have a set annual salary, please estimate your annual earnings for last year.

Job 1	2004	2006	2008
Less than 25,000	*	72.50%	68.30%
25,000 to 49,999	*	18.50%	23.00%
50,000 to 74,999	*	6.90%	7.00%
75,000 to 99,999	*	1.60%	1.00%
100,000 to 124,999	*	0.50%	0.60%
over 125,0000	*	0.10%	0.10%
Number of Cases	*	582	549

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses.

Job 2	2004	2006	2008
Less than 25,000	*	87.00%	100%
25,000 to 49,999	*	6.40%	0.00%
50,000 to 74,999	*	3.60%	0.00%
75,000 to 99,999	*	1.30%	0.00%
100,000 to 124,999	*	0.00%	0.00%
over 125,0000	*	1.70%	0.00%
Number of Cases	*	110	3

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses.

Job 3	2004	2006	2008
Less than 25,000	*	100.00%	0%
25,000 to 49,999	*	0.00%	0.00%
50,000 to 74,999	*	0.00%	0.00%
75,000 to 99,999	*	0.00%	0.00%
100,000 to 124,999	*	0.00%	0.00%
over 125,0000	*	0.00%	0.00%
Number of Cases	*	14	0

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses.

All other nursing jobs:	2004	2006	2008
Less than 25,000	*	100.00%	99.90%
25,000 to 49,999	*	0.00%	0.10%
50,000 to 74,999	*	0.00%	0.00%
75,000 to 99,999	*	0.00%	0.00%
100,000 to 124,999	*	0.00%	0.00%
over 125,0000	*	0.00%	0.00%
Number of Cases	*	1	2

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses.

26. Do you supervise unlicensed personnel?

	2004	2006	2008
Yes	56.4%	55.5%	57.5%
No	43.6%	44.5%	42.5%
Number of Cases	2790	3830	3998

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses.

27. Do you practice telehealth nursing across state lines?

	2004	2006	2008
Yes	2.1%	2.3%	2.7%
No	97.9%	97.7%	97.3%
Number of Cases	2755	3799	3995

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses.

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

	2004	2006	2008
Plan to increase hours of nursing work	7.2%	9.5%	10.1%
Plan to work approximately as much as now	56.7%	53.1%	54.6%
Plan to reduce hours of nursing work	22.1%	21.6%	19.8%
Plan to leave nursing entirely, but not retire	3.4%	3.0%	3.1%
Plan to retire	10.6%	12.8%	12.4%
Number of Cases	3,717	3,694	4,037

Note: Columns might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses.

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

	2004	2006	2008
Temporary agency or registry	*	3.4%	2.9%
Traveling agency	*	1.2%	1.2%
Neither temporary nor traveling agency	*	95.4%	95.9%
Number of Cases		3820	4032

Note: Columns might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses.

30. Please indicate which of the following reasons describe why you work for a temporary agency, traveling agency, or registry.

	2004	2006	2008
Wages	58.4%	59.5%	58.6%
Benefits	3.1%	5.7%	7.9%
Control of schedule	60.1%	57.2%	56.9%
Control of work location	42.3%	54.1%	39.8%
Supplemental income	48.2%	36.6%	42.6%
Control of work conditions	26.3%	26.1%	24.2%
Maintain skills/get experience	25.6%	27.3%	22.5%
Waiting for a desirable permanent position	15.0%	12.8%	16.1%
Travel/see other parts of the country	*	15.4%	15.8%
Other	10.8%	16.1%	12.9%
Number of Cases	198	114	125

Notes: Columns will not total 100% because respondents could select multiple items. 2006 and 2008 data are weighted to represent all RNs with active licenses.

31. How would you rate your orientation to your most recent facility assignment?

	2004	2006	2008
Excellent	5.7%	10.8%	12.3%
Adequate	42.6%	51.9%	41.9%
Needed some improvement	43.3%	31.7%	34.0%
Unacceptable	8.5%	5.5%	11.7%
Number of Cases	141	142	125

Note: Columns might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses.

32. Do you reside outside California?

This question was excluded as it did not pertain to California Residents

33. 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

34. 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

35. 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

36. Have you ever stopped working as a registered nurse **for a period of more than one year**?

	2004	2006	2008
Yes	16.4%	14.9%	12.4%
No	83.6%	85.1%	87.6%
Number of Cases	2937	3855	4117

Notes: 2006 and 2008 data are weighted to represent all RNs with active licenses.

37. How long did you stop working as a registered nurse?

	2004	2006	2008
less than 5 years	*	62.3%	62.9%
5 to 9 years	*	19.8%	20.5%
10 to 14 years	*	10.3%	11.9%
15 or more years	*	7.7%	4.7%
Number of Cases		556	567

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses.

38. How important are each of the following reasons you stopped working as a registered nurse for a period of more than one year.

	2004			2006			2008		
	Indicates reason	Not at all important/ Does not apply	Somewhat important	Important	Very important	Not at all important/ Does not apply	Somewhat important	Important	Very important
Child care responsibilities	63.5%	14.5%	2.7%	5.9%	76.9%	41.5%	1.2%	4.7%	52.6%
Other family responsibilities	16.6%	17.7%	11.0%	16.3%	55.0%	49.1%	7.7%	11.3%	31.9%
Moving to a different area	24.9%	28.6%	11.3%	10.9%	49.2%	68.8%	3.9%	7.7%	19.6%
Stress on the job	12.7%	24.8%	13.8%	25.4%	36.0%	67.8%	7.7%	6.6%	17.9%
Job-related injury or illness	6.1%	52.1%	3.8%	7.7%	36.4%	84.8%	1.8%	4.5%	8.8%
Non-job-related injury or illness	5.7%	60.2%	5.6%	7.7%	26.4%	84.3%	1.4%	5.1%	9.3%
Salary	6.3%	43.8%	17.8%	19.1%	19.3%	78.1%	3.0%	7.1%	11.8%
Decreased benefits	13.6%	*	*	*	*	*	*	*	*
Dissatisfied with benefits	3.1%	61.0%	11.8%	11.2%	16.0%	84.7%	3.3%	6.8%	5.2%
Laid off	12.5%	78.9%	5.9%	7.9%	7.3%	91.3%	0.5%	2.3%	5.9%
Return to school	4.8%	45.4%	5.6%	10.1%	38.9%	78.9%	3.3%	5.0%	12.7%
Travel	15.1%	52.2%	12.7%	13.4%	21.7%	86.1%	4.0%	4.0%	5.9%
To try another occupation	0.7%	34.4%	8.3%	16.4%	40.9%	75.3%	4.7%	7.8%	12.3%
Other dissatisfactions with your job	11.4%	37.2%	8.1%	24.9%	29.8%	81.0%	4.8%	7.0%	7.1%
Dissatisfaction with the nursing profession	13.4%	33.2%	13.6%	18.6%	34.5%	75.7%	6.5%	7.6%	10.2%
Other	63.5%	32.7%	3.8%	18.3%	45.2%	92.0%	0.6%	2.7%	4.7%

* Item was not included in the survey that year.

Notes: In 2004, respondents checked items that had any importance. In 2006 and 2008, they were asked to rate the degree of importance. 2006 and 2008 data are weighted to represent all RNs with active licenses.

39. How long did it take to demonstrate competency in your RN duties after returning to work?

	2004	2006	2008
Less than 2 weeks	16.4%	21.4%	20.8%
2-3 weeks	0.8%	25.7%	25.2%
1 month	35.4%	19.7%	19.4%
5 weeks to 3 months	29.5%	22.4%	26.6%
3 ½ - 6 months	13.8%	8.9%	6.5%
7-12 months	3.4%	1.9%	1.5%
More than 12 months	0.8%	<0.1%	0.1%
Number of Cases	416	526	537

Note: In 2004, respondents were asked to report the number of months; in 2006 and 2008, they were asked to report the number of weeks. 2006 and 2008 data are weighted to represent all RNs with active licenses.

Section 3

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

	2004	2006	2008
One year ago or less	13.1%	32.3%	22.1%
2-4 years ago	31.2%	27.8%	27.2%
5-9 years ago	30.8%	18.6%	21.4%
10-14 years	9.8%	11.5%	13.4%
15-24 years	11.2%	8.2%	12.5%
25 or more years	3.9%	1.7%	3.5%
Number of Cases	519	568	617

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses.

41. How important were each of the following factors in your decision to leave nursing?

	2004				2006			
	Not at all important/ Does not apply	Somewhat important	Important	Very important	Not at all important/ Does not apply	Somewhat important	Important	Very important
Retired	61.1%	3.3%	5.6%	30.0%	30.3%	9.3%	20.0%	40.4%
Childcare responsibilities	20.5%	7.1%	6.3%	66.1%	37.1%	6.5%	9.2%	47.2%
Other family responsibilities	21.9%	13.8%	17.5%	46.8%	24.9%	13.4%	19.5%	42.2%
Moving to a different area	43.2%	11.0%	11.6%	34.2%	50.3%	6.4%	13.3%	30.0%
Stress on the job	11.2%	16.6%	22.4%	49.9%	11.7%	16.0%	23.6%	48.7%
Job-related illness/injury	44.2%	9.8%	10.4%	35.6%	48.6%	12.2%	12.6%	26.5%
Non-job-related illness/injury	47.0%	10.7%	8.1%	34.2%	47.3%	13.0%	17.4%	22.3%
Salary	27.8%	17.6%	25.2%	29.5%	32.7%	20.1%	22.7%	24.6%
Dissatisfied with benefits	*	*	*	*	47.1%	15.9%	15.8%	21.1%
Other dissatisfaction with your job	39.0%	15.3%	20.2%	25.6%	19.7%	15.2%	22.4%	42.6%
Dissatisfaction with the nursing profession	12.8%	15.5%	24.0%	47.7%	33.0%	15.8%	24.7%	26.6%
Travel	51.6%	6.3%	12.5%	29.7%	49.0%	12.3%	22.2%	16.4%
Wanted to try another occupation	44.2%	14.1%	19.0%	22.7%	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	28.8%	18.3%	16.2%	36.7%	72.2%	4.4%	7.7%	15.8%
Other	61.1%	3.3%	5.6%	30.0%	16.1%	1.9%	24.9%	57.0%

Note: Rows might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses.

	2008			
	Not at all important/ Does not apply	Somewhat important	Important	Very important
Retired	62.1%	5.5%	9.9%	22.5%
Childcare responsibilities	71.4%	2.9%	3.8%	22.0%
Other family responsibilities	60.7%	5.6%	11.3%	22.5%
Moving to a different area	86.5%	0.4%	4.0%	9.1%
Stress on the job	41.5%	11.0%	17.2%	30.3%
Job-related illness/injury	80.4%	2.3%	5.0%	12.4%
Non-job-related illness/injury	78.3%	2.8%	5.3%	13.6%
Salary	63.7%	8.5%	14.3%	13.5%
Dissatisfied with benefits	77.9%	7.1%	9.7%	5.3%
Other dissatisfaction with your job	51.2%	11.5%	17.3%	19.9%
Dissatisfaction with the nursing profession	64.3%	12.7%	12.8%	10.2%
Travel	78.9%	7.2%	8.7%	5.2%
Wanted to try another occupation	74.6%	4.7%	7.6%	13.1%
Inconvenient schedules in nursing jobs	67.0%	6.1%	11.4%	15.5%
Difficult to find a nursing position/laid off	90.3%	1.6%	3.5%	4.6%
Other	84.9%	0.1%	6.6%	8.4%

Note: Rows might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses.

42. Are you currently employed outside nursing?

	2004	2006	2008
Yes	22.70%	33.90%	25.4%
No	77.30%	66.10%	74.6%
Number of Cases	519	641	682

Notes: 2006 and 2008 data are weighted to represent all RNs with active licenses.

43. Does your position utilize any of your nursing knowledge?

	2004	2006	2008
Yes	81.7%	72.3%	82.8%
No	18.3%	27.7%	17.2%
Number of Cases	115	182	161

Notes: 2006 and 2008 data are weighted to represent all RNs with active licenses.

44. How many hours per week do you usually work?

	2004	2006	2008
8 hours or less	2.6%	4.2%	1.8%
9-16 hours	12.3%	14.4%	8.5%
17-24 hours	14.9%	15.3%	9.5%
25-32 hours	8.8%	14.4%	17.0%
33-40 hours	37.7%	37.5%	36.2%
41-48 hours	9.7%	4.0%	9.5%
More than 48 hours	14.0%	10.2%	17.8%
Number of Cases	114	200	156

Note: Columns might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses.

45. Which of the following best describes your current intentions regarding work in nursing?

	2004	2006	2008
Currently seeking employment in nursing	*	4.7%	4.4%
Plan to return to nursing in the future	*	30.1%	19.8%
Retired	*	15.6	33.7
Definitely will not return to nursing but not retired	*	16.0%	12.9%
Undecided at this time	*	33.7%	29.12%
Number of Cases	*	173	682

Notes: 2006 and 2008 data are weighted to represent all RNs with active licenses. This question was asked differently in 2004 and therefore has been excluded from this analysis.

45a. **How soon** (do you plan to return to nursing in the future)?

	2004	2006	2008
Less than one year	*	39.9%	36.7%
1 to 2 years	*	28.3%	33.9%
2 to 3 years	*	*	*
3 to 4 years	*	14.3%	18.8%
4 to 5 years	*	*	*
5 or more years	*	17.5%	10.5%
Number of cases	*	99	103

Notes: Columns might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses

. This question was asked differently in 2004 and therefore has been excluded from this analysis.

46. Would any of the following factors affect your decision to return to nursing?

	2004				2006			
	Not at all important / Does not apply	Somewhat important	Important	Very Important	Not at all important / Does not apply	Somewhat important	Important	Very Important
Affordable childcare at or near work	83.1%	4.2%	3.5%	9.2%	78.1%	7.6%	2.1%	12.1%
Flexible work hours	20.9%	3.1%	11.3%	64.7%	16.0%	9.3%	17.6%	57.0%
Modified physical requirements of job	40.9%	7.9%	18.3%	33.0%	25.3%	13.9%	22.6%	38.2%
Higher nursing salary	19.6%	7.5%	24.2%	48.8%	15.4%	16.4%	26.1%	42.1%
Better retirement benefits	*	*	*	*	24.7%	13.1%	16.7%	45.5%
Better support from nursing management	18.0%	3.2%	20.3%	58.5%	12.2%	12.6%	19.2%	55.9%
More support from other nurses	47.0%	10.7%	8.1%	34.2%	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	27.8%	17.6%	25.2%	29.5%	13.2%	8.6%	32.4%	45.8%
Availability of re-entry programs / mentoring	39.0%	15.3%	20.2%	25.6%	14.6%	10.3%	20.4%	54.7%
Improvement in my health status	12.8%	15.5%	24.0%	47.7%	28.4%	11.6%	14.4%	45.5%
Other	51.6%	6.3%	12.5%	29.7%	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			
	Not at all important / Does not apply	Somewhat important	Important	Very Important
Affordable childcare at or near work	90.2%	2.0%	2.8%	5.0%
Flexible work hours	23.7%	3.1%	20.2%	53.0%
Modified physical requirements of job	50.6%	10.6%	12.8%	26.0%
Higher nursing salary	27.3%	11.1%	24.5%	37.1%
Better retirement benefits	34.0%	7.1%	27.1%	31.8%
Better support from nursing management	30.1%	5.6%	29.5%	34.9%
More support from other nurses	36.5%	9.2%	28.6%	25.8%
Better nurse to patient ratios	33.9%	5.7%	16.9%	43.6%
Adequate support staff for non-nursing tasks	27.8%	6.6%	27.7%	37.8%
Availability of re-entry programs / mentoring	28.3%	5.7%	27.3%	38.7%
Improvement in my health status	61.5%	5.4%	11.2%	22.0%
Other	93.6%	0.1%	3.5%	2.8%

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

Section 4

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

	2004	2006	2008
Less than High School Diploma	0.3%	0.4%	0.2%
High School Diploma	55.8%	45.1%	41.9%
Associates Degree	24.1%	27.6%	28.3%
Baccalaureate Degree	17.1%	23.4%	25.8%
Master's Degree	2.4%	2.9%	3.0%
Doctoral Degree	0.3%	0.5%	0.7%
Number of Cases	4318	4456	4822

Note: Columns might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses.

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

	2004	2006	2008
No	*	57.0%	58.1%
Clerical or Administrative	*		5.0%
Military medical Corps	*		0.7%
Nursing Aide	*	19.3%	17.3%
Other health Technician	*		3.7%
Medical Assistant	*		2.8%
LP/LVN	*	10.2%	8.1%
Other	*	13.5%	4.4%
Number Cases	*	4461	4807

Note 2006 and 2008 data are weighted to represent all RNs with active licenses.

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

	2004	2006	2008
Diploma	20.8%	16.9%	16.0%
Associates Degree Program	46.1%	47.4%	45.9%
Baccalaureate Program	32.4%	34.9%	36.6%
Masters Program	0.2%	0.1%	0.3%
Entry Level Master Program	0.5%	0.6%	1.2%
Doctoral program	0.0%	0.0%	0.1%
Number of Cases	4325	4440	4773

Note 2006 and 2008 data are weighted to represent all RNs with active licenses.

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

	2004	2006	2008
1940s	0.6%	0.2%	0.2%
1950s	4.2%	2.7%	2.3%
1960s	12.8%	8.3%	8.3%
1970s	25.8%	23.3%	21.7%
1980s	25.6%	25.1%	22.7%
1990s	23.8%	25.8%	25.2%
2000s	7.3%	14.6%	19.8%
Number of Cases	4274	4375	4688

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses.

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

	2004	2006	2008
California	57.5%	60.1%	54.6%
New York	*	*	2.2%
Pennsylvania	*	*	1.4%
Illinois	*	*	1.3%
Australia	*	0.1%	0.0%
Canada	*	1.4%	1.2%
China	*	0.2%	0.2%
England	*	0.8%	0.9%
India	*	0.5%	0.7%
Ireland	*	0.1%	0.1%
Korea	*	0.9%	1.0%
Philippines	*	11.1%	13.7%
Other Country	17.5%	3.0%	4.4%
Other US	24.9%	22.0%	18.3%
Number of Cases	4,243	4351	4775

* Data could not be separated from “other” states and countries

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses.

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

	2004	2006	2008
No additional degrees	61.1%	62.1%	59.8%
Associates degree - nursing	5.4%	6.8%	7.1%
Baccalaureate degree - nursing	17.2%	20.5%	21.3%
Masters degree - nursing	9.9%	11.6%	12.5%
Doctorate - nursing	0.2%	0.2%	0.3%
Associates degree - non-nursing	3.0%	2.0%	2.5%
Baccalaureate degree - non-nursing	7.3%	5.3%	5.6%
Masters degree - non-nursing	6.0%	4.9%	5.6%
Doctorate - non-nursing	1.0%	0.9%	1.2%

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

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

	2004	2006	2008
Nurse Anesthetist	0.5%	0.8%	0.4%
Public Health Nurse	17.2%	16.1%	17.5%
Nurse Midwife	0.4%	1.3%	0.6%
Psychiatric/Mental Health Nurse	1.4%	3.2%	1.1%
Nurse Practitioner	3.5%	5.6%	7.4%
Clinical Nurse Specialist	3.6%	3.2%	3.0%
None	74.7%	77.2%	76.7%

Note: Nurses can have more than one certification, so columns will not total 100%. 2006 and 2008 data are weighted to represent all RNs with active licenses.

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

	2004	2006	2008
Yes	18.5%	6.5%	7.0%
No	81.5%	93.5%	93.0%
Number of Cases	4085	4440	4814

Notes: Respondents could report multiple sources of funding, so columns will not add to 100%. 2006 and 2008 data are weighted to represent all RNs with active licenses.

55. What is your degree objective?

	2004	2006	2008
Associates Degree	0.4%	0.3%	1.0%
Baccalaureate Degree	47.1%	33.7%	34.4%
Master's Degree	48.4%	44.1%	38.5%
Non-degree specialty certification	*	17.4%	21.2%
Doctoral Degree	4.1%	4.4%	4.9%
Number of Cases	731	242	285

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses

56. How are your tuition and fees financed?

	2004	2006	2008
Personal & Family resources	*	72.8%	76.7%
Federal traineeship	*	3.5%	3.1%
State or local gov't loan	*	13.1%	8.6%
University teaching	*	1.3%	1.6%
Employer tuition	*	34.4%	34.5%
Federally assisted loan	*	6.8%	9.7%
Non-gov't scholarship	*	7.1%	8.7%
Other	*	5.9%	2.7%

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses

Section 5

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

	2004	2006	2008
1940s	0.5%	0.1%	0.2%
1950s	4.2%	2.5%	2.1%
1960s	12.2%	7.9%	7.8%
1970s	25.0%	21.3%	19.8%
1980s	25.9%	25.1%	22.8%
1990s	23.7%	26.5%	24.8%
2000s	8.5%	16.5%	22.3%
Number of Cases	4506	4448	4767

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses

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

	2004	2006	2008
California	62.7	63.9%	60.1%
New York	*	*	2.0%
Pennsylvania	*	*	1.1%
Illinois	*	*	1.5%
Australia	*	0.1%	0.0%
Canada	*	1.6%	1.1%
China	*	0.1%	0.3%
England	*	0.7%	1.0%
India	*	0.4%	0.6%
Ireland	*	0.1%	0.1%
Korea	*	0.8%	0.8%
Philippines	*	9.6%	10.9%
Other Country	14.4	2.7%	3.7%
Other US	23.0	20.1%	16.9%
Number of Cases	4487	4447	4790

* Data was not able to be separated from "other" states and countries

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses

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

	2004	2006	2008
1940s	0.3%	0.1%	0.1%
1950s	2.4%	1.2%	1.0%
1960s	8.5%	5.2%	5.3%
1970s	20.9%	16.9%	14.6%
1980s	27.9%	26.5%	23.6%
1990s	27.5%	26.2%	22.2%
2000s	12.6%	23.9%	33.2%
Number of Cases	4475	4459	4765

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses

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

	2004	2006	2008
less than 5 years	13.6%	14.1%	15.7%
5 to 9 years	13.6%	15.5%	14.7%
10 to 14 years	14.0%	14.5%	13.8%
15-19 years	13.0%	12.3%	11.8%
20-24 years	15.0%	13.5%	12.2%
25-29 years	13.1%	12.2%	11.7%
30-34 years	9.7%	9.3%	9.4%
35+ years	8.3%	8.7%	10.8%
Number of Cases	3841	4345	4754

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses

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

	2004	2006	2008
0	*	88.2%	88.0%
1	*	8.5%	8.4%
2	*	2.3%	2.5%
3	*	0.7%	0.5%
4	*	0.2%	0.3%
5 or more	*	0.1%	0.3%
Number of Cases	*	4456	4746

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses

62. Gender

	2004	2006	2008
Female	93.0%	90.6%	86.2%
Male	7.0%	9.4%	13.8%
Number of Cases	4311	4477	4890

Note: Columns might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active

63. Year of Birth

	2004	2006	2008
Under 30 years	4.1%	7.5%	6.1%
30-34 years	7.7%	10.3%	9.3%
35-39 years	8.3%	10.6%	11.5%
40-44 years	11.7%	12.3%	11.2%
45-49 years	17.5%	13.9%	12.3%
50-54 years	19.6%	19.1%	17.0%
55-59 years	13.9%	12.6%	14.1%
60-64 years	8.8%	7.7%	9.8%
65 years and older	8.5%	6.1%	8.8%
Number of Cases	4398	4442	4890

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses

64. Marital status

	2004	2006	2008
Never Married	11.3%	11.9%	13.0%
Married/Domestic Partnership	68.1%	69.8%	68.2%
Separated/Divorced	17.2%	14.9%	15.1%
Widowed	3.5%	3.4%	3.6%
Number of Cases	4332	4494	4748

Note: Columns might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses.

65. What is your ethnic/racial background (select the **one** with which you most strongly identify)?

	2004	2006	2008
White	65.3%	63.1%	58.6%
African-American	3.6%	4.2%	4.1%
Latino	5.9%	6.1%	7.5%
Filipino	15.3%	16.3%	18.0%
Asian Indian	1.0%	1.0%	1.3%
Asian, not Filipino or Indian	5.6%	6.2%	7.1%
Native Hawaiian	0.2%	0.2%	0.1%
Native American	0.3%	0.2%	0.4%
Mixed race	1.6%	2.3%	2.0%
Other	1.2%	0.4%	0.8%
Number of Cases	4316	4480	4726

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

Note: Columns might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses.

66. Other than English, what languages do you speak fluently?

	2004	2006	2008
Tagalog	*	13.6%	*
Tagalog or other Filipino language	*	*	16.6%
Spanish	*	10.3%	11.4%
Mandarin	*	1.2%	2.2%
Korean	*	1.1%	1.1%
Hindi	*	0.8%	*
Hindi or other South Asian language	*	*	1.3%
Cantonese	*	0.8%	1.5%
Vietnamese	*	0.5%	0.6%
Other	*	8.0%	8.0%

Notes: Respondents could report fluency in multiple languages. 2006 and 2008 data are weighted to represent all RNs with active licenses

67. Do you have children living at home with you?

	2004	2006	2008
Yes	52.2%	52.0%	49.4%
No	47.8%	48.0%	50.6%
Number of Cases	4316	4500	4765

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses

67 a-e. If Yes, how many are:

	2004					2006				
	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%
1 child	*	*	*	*	*	17.4%	16.7%	29.6%	32.6%	39.6%
2 children	*	*	*	*	*	0.9%	1.0%	4.1%	5.1%	2.2%
3 or more children	*	*	*	*	*	0.0%	0.0%	0.2%	0.7%	0.6%
Number of Cases	*	*	*	*	*	1481	1481	1481	1481	1481

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses

	2008				
	0 to 2 years	3 to 5 years	6 to 12 years	13-18 years	19+ years
0 children	83.9%	85.5%	70.4%	64.0%	58.6%
1 child	14.2%	12.9%	21.4%	27.0%	32.3%
2 children	1.6%	1.6%	7.2%	7.9%	7.6%
3 or more children	0.3%	0.1%	0.9%	1.1%	1.5%
Number of Cases	2189	2189	2189	2189	2189

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses

68. Are any other people (parents, spouse, grandchildren, friends) **dependent on you** for care?

	2004	2006	2008
Yes	25.0%	23.5%	25.6%
No	75.0%	76.5%	74.4%
Number of Cases	4298	4462	4742

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses

68a. If Yes, how many?

	2004	2006	2008
1	*	61.1%	60.0%
2	*	24.8%	24.8%
3	*	7.8%	6.6%
4 or more	*	6.3%	8.6%
Number of Cases	*	1034	1037

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses

69. Home Zip Code: This question as excluded for confidentiality

70. 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:

	2004	2006	2008
Less than \$30,000	3.4%	2.0%	1.4%
\$30,001 to \$40,000	3.4%	*	*
\$40,001 to \$50,000	5.9%	*	*
\$50,001 to \$60,000	8.9%	*	*
\$60,001 to \$70,000	9.4%	*	*
\$70,001 to \$80,000	10.8%	*	*
\$80,001 to \$90,000	9.9%	*	*
\$90,001 to \$100,000	10.4%	*	*
\$100,001 to \$110,000	9.5%	*	*
\$110,001 to \$125,000	8.4%	*	*
more than \$125,000	20.1%	*	*
\$30K-\$44,999	*	3.0%	2.5%
\$45K-\$59,999	*	5.5%	3.8%
\$60K-\$74,999	*	12.4%	10.0%
\$75K-\$99,999	*	21.8%	19.4%
\$100K-124,999	*	21.5%	22.3%
\$125K-\$149,999	*	13.4%	13.0%
\$150K-\$174,999	*	8.5%	10.8%
\$175K-\$199,999	*	4.8%	5.8%
\$200K or more	*	7.2%	11.0%
Number of Cases	4162	4302	4468

Note: 2006 and 2008 data are weighted to represent all RNs with active licenses

71. Approximately what percentage of your **total household** income comes from your nursing job(s)?

	2004	2006	2008
Less than 25 percent	8.1%	*	*
25 to 50 percent	24.3%	*	*
51 to 75 percent	24.7%	*	*
76 to 99 percent	15.0%	*	*
Less than 20 percent	*	4.1%	3.4%
20 to 39 percent	*	9.7%	9.3%
40 to 59 percent	*	23.9%	21.5%
60 to 79 percent	*	17.7%	19.5%
80 to 99 percent	*	14.6%	13.9%
100 percent	27.9%	30.1%	32.5%
Number of Cases	2,915	3,676	3,983

* Income categories changed in 2004 and 2006.

Note: Columns might not total 100% due to rounding. 2006 and 2008 data are weighted to represent all RNs with active licenses.

Appendix B. Letters and mailings

Survey cover letters – RNs with active licenses

Survey cover letters – RNs with inactive/lapsed licenses

BOARD OF REGISTERED NURSING

P.O. Box 944210, Sacramento, CA 94244-2100

P (916) 322-3350 | www.rn.ca.gov

Ruth Ann Terry, MPH, RN, Executive Officer



Dear Registered Nursing Colleague:

We are pleased to inform you the Board of Registered Nursing has chosen you as one of a select group of registered nurses to provide the Board with vital information concerning current nursing practice. Only 10,000 of California's estimated 333,800 registered nurses 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 registered nursing practice. Survey results will be used by the Board to guide public policy, plan for California's future nursing workforce needs, and, by comparing current results with prior survey data, more accurately identify trends within the nursing profession. Summary results of the survey will be published on the Board's website in early 2009.

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 registered nurses with active California licenses residing in and outside of California. Completion of the survey should take no more than 20 minutes. The survey may be completed as attached in the paper/pencil format or ONLINE. If completing the attached survey by paper and pencil, please return in the postage-paid return envelope. You may complete the enclosed survey online at http://futurehealth.ucsf.edu/BRN_Active. Your online USERNAME is the number in the lower left hand corner on the back cover of the hard copy version of the survey enclosed here. Your online PASSWORD is the first three letters of your last name or your complete last name, if it is equal to or fewer than three letters.

If you have any difficulty completing either version of the survey, or if you have any questions about your participation in this study, please call Dennis Keane at UC San Francisco toll-free at 1-877-276-8277. You may also contact Joanne Spetz, Ph. D., Principal Investigator, by phone at (415) 502-4443. You also have the option of contacting the UC San Francisco Human Research Protection Program at (415) 476-1814 or via email at chr@ucsf.edu.

We hope we can count on your participation and look forward to receiving your completed survey.

Sincerely,

A handwritten signature in black ink that reads "Ruth Ann Terry MPH, RN".

Ruth Ann Terry, MPH, RN
Executive Officer
California Board of Registered Nursing

BOARD OF REGISTERED NURSING

P.O Box 944210, Sacramento, CA 94244-2100

P (916) 322-3350 | www.rn.ca.gov

Dear Registered Nursing

Ruth Ann Terry, MPH, RN, Executive Officer

Colleague:

We are pleased to inform you the Board of Registered Nursing has chosen you as one of a select group of registered nurses to provide the Board with vital information from registered nurses who changed their license status within the last two years. You have been selected to participate in this survey because our records show your California license was renewed without completing the required continuing education requirements as of January 2008 or your license was not renewed. You may have retired from nursing, moved out of California, or decided to seek employment outside the nursing profession.

Only 1,000 of California's registered nurses in the inactive or not renewed license status are being surveyed, giving you a unique opportunity to contribute to an important study of the nursing profession and future workforce planning. 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 registered nursing practice. Survey results will be used by the Board to guide public policy, plan for California's future nursing workforce needs, and, by comparing current results with prior survey data, more accurately identify trends within the nursing profession. Summary results of the survey will be published on the Board's website in early 2009.

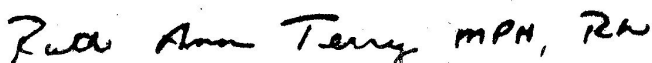
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The University of California, San Francisco is conducting the survey for the Board. The attached survey has been sent to registered nurses with an inactive or unexpired California license residing in and outside of California. Completion of the survey should take no more than 15 minutes. The survey may be completed as attached in the paper/pencil format or ONLINE. If completing the attached survey by paper and pencil, please return in the postage-paid return envelope. You may complete the enclosed survey online at http://futurehealth.ucsf.edu/BRN_Inactive. Your online USERNAME is the number in the lower left hand corner on the back cover of the hard copy version of the survey enclosed here. Your online PASSWORD is the first three letters of your last name or your complete last name, if it is equal to or fewer than three letters.

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We hope we can count on your participation and look forward to receiving your completed survey.

Sincerely,



Ruth Ann Terry, MPH, RN
Executive Officer
California Board of Registered Nursing

Survey reminder letters

RNs with active licenses

RNs with inactive/lapsed licenses

BOARD OF REGISTERED NURSING

Dear California Nurse: P.O Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 | www.rn.ca.gov

Ruth Ann Terry, MPH, RN, Executive Officer

A few weeks ago we sent you a questionnaire asking about your experiences as a current or former registered California nurse. We have not yet received your completed questionnaire, and I wanted to make a special plea for your help.

The California Board of Registered Nursing is extremely interested in evaluating the experiences and needs of California's nursing community. Hearing from people like you and the thousands of other nurses we have contacted is the only way they can learn first-hand about the challenges and concerns facing today's nurses. This will help California plan for its future nursing needs as well as to develop policies that will increase the value of providing nursing services in California.

I've taken the liberty of enclosing a new questionnaire for you to complete, in the event that you may have misplaced yours. Even if you are not currently practicing in the field of nursing, we still need your participation. Your input will help the Board understand factors that contribute to nurses' decisions to leave the profession.

Completion of the survey should take no more than 15-20 minutes, and a postage-paid return envelope is enclosed for your convenience. Your responses will remain strictly confidential. All information will be summarized, and no information that could be used to identify individuals will be released.

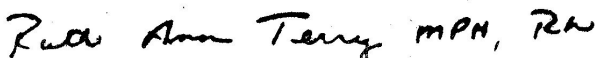
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Participation in this research is completely voluntary and you are free to skip any questions you don't want to answer. However, your responses are very important to the success of this project, and you will be contributing in a significant way to the profession of registered nursing and its future. We hope that we can count on your participation.

If you have questions or require any additional information, please contact my colleague, Dennis Keane, at the Center for the Health Professions at UC San Francisco. You can call him toll-free at 1-877-276-8277 or email him at dkeane@thecenter.ucsf.edu.

Thank you in advance for your cooperation.

Sincerely,



Ruth Ann Terry, MPH, RN
Executive Officer
California Board of Registered Nursing

BOARD OF REGISTERED NURSING

Dear California Nurse: P.O Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 | www.rn.ca.gov

Ruth Ann Terry, MPH, RN, Executive Officer

A few weeks ago we sent you a questionnaire asking about your experiences as a current or former registered California nurse. We have not yet received your completed questionnaire, and I wanted to make a special plea for your help.

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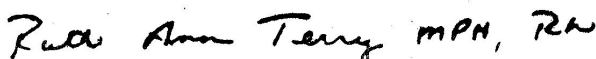
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If you have questions or require any additional information, please contact my colleague, Dennis Keane, at the Center for the Health Professions at UC San Francisco. You can call him toll-free at 1-877-276-8277 or email him at dkeane@thecenter.ucsf.edu.

Thank you in advance for your cooperation.

Sincerely,



Ruth Ann Terry, MPH, RN
Executive Officer
California Board of Registered Nursing

Reminder postcards

Postcard 1

Hello!

We recently mailed you a survey about your experiences as a registered nurse. This research is sponsored by the **California Board of Registered Nursing**. I understand that we have not yet received your completed questionnaire. Your participation in this research is very important and I hope that you will take 15 minutes to complete your questionnaire and mail it back in the postage-paid envelope. If you've misplaced your questionnaire, please call 1-877-276-8277 and I'll see that you receive another copy. (If you have recently mailed your completed questionnaire, please disregard this notice.) Thank you for your assistance.

Sincerely,

Dennis Keane, Project Director
School of Nursing
UC San Francisco

Postcard 2

LAST CHANCE!

The **California Board of Registered Nursing**, working with the University of California, recently sent you an important questionnaire. This questionnaire was sent to only a select group of California registered nurses. It was sent to people with both active and inactive licenses, to nurses currently working in nursing, those working in other fields, and those who have retired from nursing altogether.

Don't miss out on this opportunity to let the California Board of Registered Nursing learn from your experiences! The Board wants to hear from you whether or not you are working as a nurse.

The deadline to receive your questionnaire is almost here and I urge you to take a few minutes to complete it and mail it back. If you'd prefer, you can complete it on-line. If you need another copy of the questionnaire or want to know how to do it on-line, **please call me toll-free at 1-877-276-8277** or email me at dkeane@thecenter.ucsf.edu. (If you have already mailed your completed questionnaire, please disregard this notice.) Thank you.

Dennis Keane, Project Manager
School of Nursing
UC San Francisco

2008 Questionnaires - RNs with active licenses

2008 Questionnaires - RNs with inactive/lapsed licenses