2015 – 2016 California New Graduate Employment Survey
January 2017

EXECUTIVE SUMMARY

Improvement in the employment landscape for newly licensed Registered Nurses in California has been building momentum since 2013, with the most recent year showing increased hiring trends and greater opportunity for new graduates to work in various settings and roles. Prior to 2013, challenges faced by newly graduated RNs in finding employment had been a workforce concern in California and nationally. Over the past three years, with slow economic recovery and ongoing change in the scope of health care services related to implementation of health reform, the demand for more nurses is clear. This is occurring as the nursing workforce continues to age with retirements on the rise, while the state's population also ages and grows, with health care needs also becoming more complex.

The California Employment Development Department (EDD) forecasts 10,500 new nurses are needed annually through 2018 to support population growth and replacement of nurses who retire or leave the state. The state's supply and demand are currently in balance, with 11,119 new graduates from the most recent 2014-2015 academic year. Employers report escalating needs for RNs in specialty areas, emerging new practice settings and roles, and preference in hiring RNs with a minimum of a BSN degree. Trends in healthcare delivery and payment mechanisms are also shifting resources toward health maintenance and prevention, providing further opportunity for nurses to impact value based outcomes. These factors will continue to influence future demand that nurses be prepared to provide care in a wide range of employment settings.

KEY FINDINGS - EMPLOYMENT EXPERIENCES OF NEWLY LICENSED RNs

To understand the employment experiences of newly licensed RNs, an annual statewide study conducted by *HealthImpact* (formerly the California Institute for Nursing and Health Care) since 2010 was replicated again in fall 2016 in partnership with the California Board of Registered Nursing (BRN), the Association of California Nurse Leaders (ACNL), and the California Student Nurses Association (CSNA), with funding provided by Kaiser Permanente Northern California. A random sample of 50% (4,140) of RNs newly licensed in the 12-month period between September 2015 and August 2016 were invited to participate in the fall 2016 study.

- 84.7% reported working in their first registered nursing job

- 75.8% of those employed found jobs within 3 months, another 19.9% within 6 months

- Marked improvement in employment rate by 10.5% from the prior year

- Percent employed by nursing degree: 83.4% ADN, 88.5% BSN, 63.6% Masters Entry

- Regional differences in rural and metropolitan area employment rates reported ranging from the San Joaquin Valley (94.7%) to the San Francisco Bay Area (77.7%)

➢ Most frequent employment settings reported include hospital inpatient (67.6%), Emergency Department (10.6%), Rehabilitation/Long-Term Acute Care (3.9%), Skilled Nursing (2.8%), Home Health/Hospice (1.5%), and Medical Offices/Clinics (1.4%).

➢ 47.6% report participating in a new graduate transition to practice residency program

DESIGN AND SAMPLE

A random sample of 4,140 (50%) RNs, newly licensed by exam in California between September 2015 and August 2016 were identified by the BRN through their licensing system, and invited to participate in the survey. The BRN emailed each nurse a letter in October 2016 requesting they participate in the study by completing an online survey. This was a change in process from prior years, when a letter from the BRN was sent through regular mail. Of the 4,140 surveys sent by email, 49 were returned as undelivered; a total of 1,143 nurses completed the survey for a 28% survey response rate overall. This rate of response from the email distribution was favorable compared to a response rate of 18%-20% in prior years, and the improved results are more representative of California overall. No personal identification information was gathered and results were reported only in aggregate. The margin of error for questions for which the expected responses are evenly split (i.e., 50% will respond "yes") is 2.69 percentage points, with 95 percent confidence.
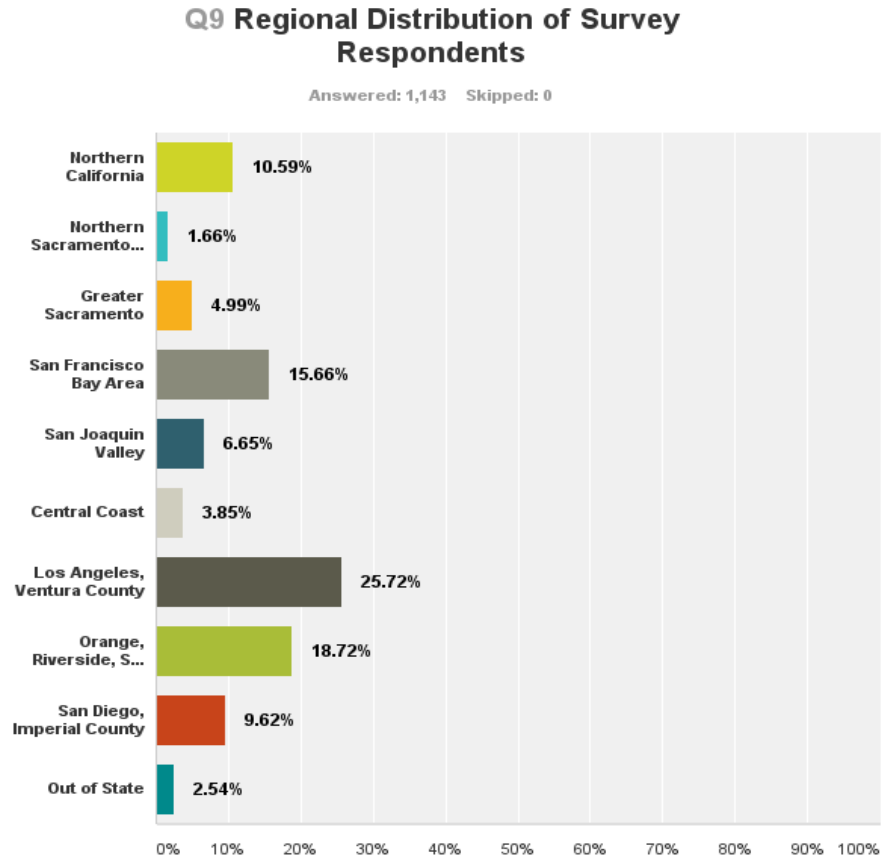
RESULTS – RESPONDENT PROFILE

The participant profile responding to this sample survey included 99.6% (1,138) newly licensed RNs who graduated from nursing schools in California, 0.26% (3) newly graduated from other states, and 0.17% (2) from another country. All were newly licensed by exam as RNs in California within the 12 months prior to the survey, between September 2015 and August 2016. Peak months of licensure were reported, as anticipated, following typical graduation times twice a year in July 2016 (19.8%) and August 2016 (19.1%), followed by February 2016 (10.2%) and March 2016 (10.5%), with the balance distributed between 1.5% to 7.9% per month across each of the remaining 8 months of the calendar year included in the survey.

Respondents indicated 47.7% (547) graduated with an associate degree in nursing (ADN), 45.8% (523) with a baccalaureate degree in nursing (BSN), and 5.8% (66) from a master's entry program in nursing (MEPN). A few respondents 0.6% (7) indicated "other" type of degree with some comments specifying an accelerated bachelor's degree program, LVN to RN program, or LVN to BSN program. This distribution of respondents by type of degree closely approximates all new graduates by type of degree reported in the most recent 2014-2015 California BRN Annual School Report, with 49.8% ADN, 43.7% BSN, and 6.5% ELM respectively.[1]

Geographic distribution of survey respondents generally reflects the population density in each area, with 25.7% residing in the Los Angeles/Ventura area; 18.7% in Orange/Riverside and San Bernardino counties; 15.7% in the San Francisco Bay Area; 10.6% in Northern California; 6.7% in the San Joaquin Valley; 9.6% in the San Diego/Imperial County area, 5.0% in the Greater Sacramento area; 3.9% in the Central Coast and 1.7% in the Northern Sacramento Valley. As more densely populated areas also result in larger numbers of new graduates participating in the study, specifically Los Angeles/Ventura, Orange/Riverside/San Bernardino, and the San Francisco Bay Area, aggregate statewide survey results predominantly represent the employment experiences within these three large metropolitan regions. There are notable employment differences unique

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[1] Waneka, R, Bates, T, Spetz, J. 2014-2015 Annual School Report: Data Summary and Historical Trend Analysis. Sacramento, CA: California Board of Registered Nursing, July 2016

to each of the 9 regions found within the study that are further analyzed and discussed in the employment section, later in this report.

Q9 Regional Distribution of Survey Respondents

Answered: 1,143   Skipped: 0

Region	Percentage
Northern California	10.59%
Northern Sacramento...	1.66%
Greater Sacramento	4.99%
San Francisco Bay Area	15.66%
San Joaquin Valley	6.65%
Central Coast	3.85%
Los Angeles, Ventura County	25.72%
Orange, Riverside, S...	18.72%
San Diego, Imperial County	9.62%
Out of State	2.54%

Survey participant age distributions indicate the largest group to be between 25-30 years of age, with 38.5% reported; 23.2% were less than 25 years of age; 17.9% were between 31-35; 10.3% were age 36-40; 3.4% age 46-50, 5.4% age 41-45; and 1.3% over 50 years old. The age range for entry into nursing practice is consistent with historical and national trends in nursing as a younger, career-oriented profession. Survey respondents were 85.4% female and 14.6% male.

Nurses responding to the survey represent a wide range of ethnicities, including: 47.1% Caucasian/White, followed by 18.7% Latino/Hispanic, 11.8% Asian, 10.7% Native Hawaiian/Pacific Islander, 3.7% African American/Black/African, and 0.2% American Indian/Native American/Alaskan Native. A detailed breakdown of specific ethnic groups included within each category is provided.

ETHNIC DISTRIBUTION

Ethnic/Racial Category	Percent	Ethnic Groups Included
Caucasian	47.1%	Caucasian, White, European, Middle Eastern
Latino/Hispanic	18.7%	Central American, South American, Cuban, Mexican, Other Hispanic
Asian	11.8%	Cambodian, Chinese, Indian, Indonesian, Japanese, Korean, Laotian/Hmong, Pakistani, Thai, Vietnamese
Native Hawaiian/ Pacific Islander	10.7%	Fijian, Filipino, Guamanian, Hawaiian, Samoan, Tongan
African American	3.7%	African American, African, Black
Native American	0.2%	American Indian, Alaskan Native
Other/Mixed	7.8%	Other/Mixed

The survey obtained information on languages other than English that were spoken fluently, with 9 primary categories listed for participants to select from, along with an open answer selection for other languages to be written in. Other than English, there were more than 60 languages reportedly spoken fluently, as listed by frequency in the following table.

LANGUAGES SPOKEN FLUENTLY

Language	Percent
English only	59.4%
Spanish	17.8%
Tagalog/Other Filipino dialect	6.4%
Vietnamese	2.5%
Korean	2.2%
Cantonese	1.7%
Mandarin	1.5%
Hindu/Urdu/Punjabi/other South Asian language	1.2%
French	0.9%
Other Chinese dialect	0.7%
Other languages: American Sign Language, Arabic, Armenian, Assyrian, Bamba, Bosnian, Bulgarian, Burmese, Cambodian, Croatian, Danish, Dutch, Efik, Fanti, Farsi, Fukienese, German, Romanian, Hakka, Hebrew, Hmong, Icelandic, Igbo, Indonesian, Japanese, Lao, Mien, Nigerian, Moldovan, Ndebele, Nyanja, Persian, Polish, Portuguese, Punjabi, Russian, Siswati, Swahili, Swedish, Taiwanese, Tamil, Tibetan, Turkish, Twi, Ukranian, Yoruba, Zulu	<1% each

EMPLOYMENT AND TYPE OF RN JOBS OBTAINED

The majority of newly licensed RNs responding to the survey reported employment as an RN, with 84.7% working in their first registered nursing job, and 15.3% not yet working as a registered nurse. These results indicate a marked improvement of 10.5% from the prior year of the study, an indication of a strong employment landscape with continued positive change for newly licensed nurses compared with study results from the prior five years. The magnitude of change from the prior survey year is significant even when considering the 2.69% margin of error rate, in applying results of this sample study to the overall actual employment rate in California.

EMPLOYMENT OF NEWLY LICENSED RNs WITHIN 12 MONTHS OF LICENSURE

Survey Year	2010	2011	2012	2013	2014	2015	2016
Percent RNs Employed	57.0%	57.0%	54.0%	59.3%	65.1%	74.2%	84.7%

→ 10.5 % Increase from 2015 to 2016

Survey results indicate a greater employment rate when compared with the 2014-2015 Board of Registered Nursing's Annual School Report where California nursing school deans and directors reported 73% of new graduates from pre-licensure programs in the prior academic year were employed[2]. While various factors impact results between studies, including differences in sampling, type of survey questions, number of responses by region, and availability of local employment, the employment picture for newly licensed RNs compared over time remains strong with continued improvement for the fourth consecutive year.

Employment pattern by type of nursing degree can indicate employer needs and preferences. Of the nurses reported to be employed, 83.4% (N=456) of ADN nurses were working in their first RN job, 88.5% (N=463) of BSN nurses, and 63.6% (N=42) of nurses graduating from a Masters Entry Program in Nursing. Differences found in the percent of pre-licensure RNs employed fall beyond the margin of error rate of 2.69% in this study, indicating statistically significant differences in employment can be applied overall to California's newly licensed RN population. Lower employment rate for ELM nurses may be influenced by the small sample size, and while ELM students typically obtain an RN license prior to graduation, some may choose not to work until they complete their ELM program.

	EMPLOYMENT OF RNs BY TYPE OF NURSING DEGREE		
	ADN (N=547)	**BSN** (N=523)	**ELM** (N=66)
Employed as RN	83.4% (N=456)	88.5% (N=463)	63.6% (N=43)
Not Employed as RN	16.6% (N=91)	11.5% (N=60)	34.9% (N=23)

Notable differences in new graduate employment rates are found in specific areas of the state. A broad range of employment rates were reported by newly licensed RNs in the sample study, from a low of 77.7% in the San

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[2] Waneka, R, Bates, T, Spetz, J. 2014-2015 Annual School Report: Data Summary and Historical Trend Analysis. Sacramento, CA: California Board of Registered Nursing, July 2016

Francisco Bay Area to a high of 94.7% in the Northern Sacramento Valley as well as the San Joaquin Valley. Consistent with prior years, these employment patterns also reflect hiring needs reported by California hospital chief nursing officers in the fall 2015 Survey of Nurse Employers[3] where hospitals in all regions except for Northern California, Sacramento, and San Diego/Imperial Valley reported increasing demand for newly licensed RNs compared with the prior year, now increasing for three consecutive years. The employer survey also reported the lowest market demand for newly licensed RNs to be in the San Francisco Bay Area followed by San Diego/Imperial Valley, consistent with new graduate employment experiences in this survey. Employer demand is also reported to be greater in rural compared with urban areas, which is consistent with higher employment rates for newly licensed nurses in this statewide study.

EMPLOYMENT RATES OF NEWLY LICENSED RNS BY AREA OF CALIFORNIA

Geographic Area	Employed as an RN	Not Employed as an RN	Number of Respondents
Northern California	87.6% (106)	12.4% (15)	121
Northern Sacramento Valley*	94.7% (18)	5.3% (1)	19
Greater Sacramento*	79.0% (45)	21.1% (12)	57
San Francisco Bay Area	77.7% (139)	22.3% (40)	179
San Joaquin Valley*	94.7% (72)	5.3% (4)	76
Central Coast*	81.8% (36)	18.2% (8)	44
Los Angeles/Ventura Counties	85.7% (252)	14.3% (42)	294
Orange/Riverside/San Bernardino Counties	87.4% (187)	12.6% (27)	214
San Diego/Imperial County*	83.6% (92)	16.4% (18)	110

* Regional results are provided as these are of particular interest to local communities; however, as such data exhibit small sample sizes per region, these may not be representative of the region overall.

Employment patterns across various types of facilities, clinical practice areas and specialties are reported by newly licensed nurses hired during the period surveyed. Results reflect a broad range of organizations, with a majority or 82.4% working in their first job as an RN in an acute care hospital, predominantly in an inpatient care setting (67.6%) or emergency/urgent care department (10.6%), indicating these settings continue to attract newly licensed nurses and hospitals typically hire them. When these employment patterns for newly licensed RNs are compared with the distribution of hospital based employment settings in the overall RN population statewide, 66.8% of the RN workforce reported working in hospitals in 2014[4]. While the overall employment distribution pattern for new graduates remains comparable historically, small but consistent trends year to year continue to reflect the ongoing shift in new graduate employment from acute care hospitals to a broader range of non-acute and community health settings.

The majority of newly licensed RNs report working full time or a minimum of 32 hours per week (89.2%), 6.6% report working part time or less than 32 hours per week, and 4.2% work in occasional positions, per diem, or on call. There continues to be a slight shift over the past three years in the number of new graduates working full time. More respondents (83.0%) indicated they were working in a "job of choice" this past year, which is the highest percent reported in the past five years: 73.9% reported working in a job of choice in 2015, 70.2% in 2014, 61.6% in 2013, 64.5% in 2012, and 62% in 2011. These combined trends are key indications the job market for new graduate nurses has recovered, and is favorable and strong.

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[3] Bates, T, Chu, L, Keane, D, Spetz, J. Survey of Nursing Employers in California, fall 2015. San Francisco, CA: Philip R. Lee Institute for Health Policy Studies, University of California, San Francisco. May 2016.

[4] Spetz, J, Chu, L, Blash, L, Keane, D. 2014 Survey of Registered Nurses. (biannual) Sacramento, CA: California Board of Registered Nursing, September 2015.

TYPES OF FACILITIES WHERE NEW GRADUATE NURSES REPORT BEING EMPLOYED

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Hospital	82,4% (789)
• Inpatient Care	67.6% (646)
• Emergency/Urgent Care	10.6% (101)
• "Other" Type of Department	2.7% (26)
• Ambulatory Care (Outpatient Surgery, Clinic etc)	1.3% (12)
• Nursing Home Unit	0.2% (2)
• Home Health	0.2% (2)
Rehabilitation Facility/Long-Term Acute Care	3.9% (37)
Nursing Home/Extended Care/Skilled Nursing/Group Home	2.8% (27)
Home Health Agency (including hospice)	1.5% (14)
Private Medical Practice, physician office, clinic	1.4% (13)
Inpatient Mental Health/Sub Acute Abuse	1.3% (12)
Ambulatory Surgery Center (free-standing)	1.2% (11)
Public Clinic, Rural Health Center	1.1% (10)
School Health (K-12 or college)	0.7% (7)
Outpatient Mental Health/Substance Abuse	0.7% (7)
Public Health or Community Health Agency (not a clinic)	0.5% (5)
Outpatient Dialysis Center	0.4% (4)
Occupational Health or Employee Health Service	0.3% (3)
Correctional Facility/Prison/Jail	0.3% (3)
Case Management/Disease Management	0.2% (2)
Government Agency (other than public/community health or corrections)	0.4% (4)
Inpatient Hospice (not hospital-based)	0.4% (4)
Urgent Care (non-hospital)	0.1% (1)
University/College Academic Department	0.1% (1)
Self-Employed	0.1% (1)
Call Center/Telemedicine	0.0% (0)

CLINICAL SPECIALTY OR POPULATION

General Medical-Surgical	20.8% (197)	Rehabilitation	2.0% (19)
Telemetry	12.5% (119)	Cardiology	1.6% (15)
Emergency Care/Trauma	9.5% (90)	Orthopedics	1.6% (15)
Critical Care/Intensive Care	8.9% (84)	Work in Multiple Areas	1.3% (12)
Pediatrics	5.4% (51)	Community/Public Health	1.0% (9)
Step-Down or Transitional Care	4.1% (39)	Ambulatory Care/Specialty	1.0% (9)
Geriatrics	3.5% (33)	Hospice	0.8% (8)
Surgery/Pre-Op/Post-Op/PACU	3.4% (32)	Ambulatory/Primary Care	0.7% (7)
Labor and Delivery	3.0% (28)	Home Health	0.6% (6)
Neonatal Care	2.9% (27)	Dialysis	0.5% (5)
Mother-Baby/Normal Newborn	2.7% (26)	School Health K-12, Post-Secondary Education	0.5% (5)

Psychiatry/Mental Health	2.6% (25)	Obstetrics/Gynecology	0.3% (3)
Oncology	2.6% (25)	Corrections	0.0% (0)

When employed new graduates were asked how long it took to find their first nursing job, 75.8% of respondents indicated less than three months; 19.9% took 3-6 months, 3.0% took 6-9 months, 1.2% 9-12 months, and 0.1% more than 12 months. A majority of nurses found RN employment within the first 6 months after licensure, with 95.7% employed, an increase of 10.8% compared with the prior year.

Length of Time Between Licensure and Employment in an RN Role

	< 3 m	3 to 6 m	6 to 9 m	9 to 12	> 12 m
☐ Percent Employed	75.80%	19.90%	3.00%	1.20%	0.10%
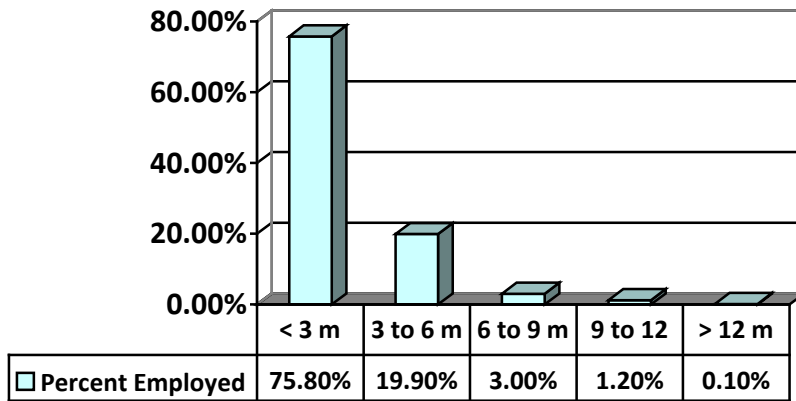
Jobs were found by newly licensed nurses in a variety of ways, including: 38.7% reported using a hospital or health facility website; 27.7% had clinical experience at the health facility where they were hired; 22.6% knew someone at the hospital or health facility where they went to work; 19.6% found employment through a referral; 5.5% were hired through a job fair; 4.3% through volunteering; and 4.0% through social media. It was possible for respondents to select more than one category in answering this question. The majority of those employed had some type of prior relationship with the employer. Review of open-ended responses indicated that jobs were also found through networking, academic career placement services, military placement, general job advertisements, and through participation in a new graduate program.

Among the 15.3% (N=175) of respondents who indicated that they were not yet working as an RN, 51.2% had been looking for less than 3 months, 34.9% for 3-6 months; 7.0% for 6-9 months; 5.8% for 9-12 months and 1.2% reported looking for longer than 12 months.

REASONS FOR DIFFICULTY IN FINDING EMPLOYMENT

	2012	2013	2014	2015	2016
Newly licensed RNs reported not being offered a job due to lack of a BSN degree	35.0%	37.8%	38.5%	30.1%	39.5%
California hospital employers who prefer or require a minimum of a BSN degree upon hire*	74.1%	75.2%	80.4%	80.5%	85.3%

Respondents not yet employed as an RN reported four main reasons given by potential employers for not extending a job offer. These included lack of experience (79.1%); BSN degree preferred or required (39.5%); no positions available (26.7%); or prior experience not applicable to the position available (23.3 %). RNs reporting lack of a BSN to be a barrier in finding employment is consistent with the trend reported by the annual Survey

of Nurse Employers in California* conducted by UCSF in collaboration with the Hospital Council of Southern California (HASC) and *HealthImpact* indicating increased employer expectations that RNs have a minimum of a BSN degree upon hire.

Additionally, 8.1% of RNs not yet employed indicated a resume weak with regard to volunteering in health care or extracurricular activities that might enhance their experience or skills may have impacted employment, 7.0% were told their academic preparation was insufficient for the position scope or specialty; 2.3% reported being told they'd been out of school too long; and 1.2% reported not getting a job offer related to a low GPA.

Nurses who were not working as RNs were asked what they were doing at this time. Data indicated 25.5% were working in non-nursing/non-health-care jobs (21.7% working part time, and 3.8% full time), and 26.8% indicated working in health care though not as an RN. Forty percent (40.1%) of nurses reported they were currently continuing their education, which was similar to the prior year (41.0%) and remained up from 20.5% in 2014. Several indicated they were volunteering in a health-related service (14.7%) while looking for a job. Beyond these primary response categories, 26.8% of respondents indicated they were doing something other than working as an RN, categorized in the survey tool as "other" with 42 open-ended narrative responses describing activities they are currently involved in while looking for employment. These open-ended responses were optional so cannot be formally quantified; however, they present compelling evidence of newly-graduated nurses motivated and eager to begin professional practice. Typical categories reported with the greatest frequency, and often in combination comparable to activities reported in prior years include: volunteering, continuing their nursing education to obtain a BSN, MSN or Advanced Practice degree, taking CE courses to increase skills, working in a temporary RN role or position, working in the healthcare field but not as an RN, working in a non-health-care job, continuing in a prior job, continuing to work as an LVN, and participating in an RN Transition program or unpaid internship.

RESULTS: PARTICIPATION IN TRANSITION TO PRACTICE PROGRAMS FOR NEWLY LICENSED RNs
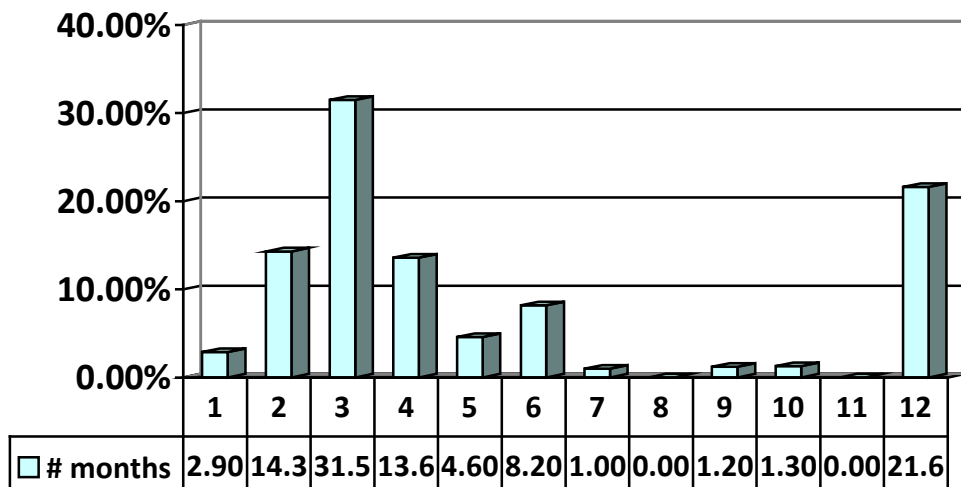
Transition to Practice Programs were defined as programs provided for newly licensed graduate nurses, conducted either by a school of nursing prior to employment, or by an employer, upon hire. Of those employed, 47.6% (N=526) indicated participating in some type of Transition to Practice or Residency Program following graduation with 5.2% (N=57) participating in a program provided by a school of nursing; 41.6% (N=460) in an employer provided program; and 0.8% (N=9) that participated in both types of programs. Transition to practice programs in aggregate were reported to have been completed by 47.6% (N=526) of newly licensed RNs prior to or in upon employment as they began practice for the first time as a licensed RN.

EMPLOYED RNS THAT REPORTED PARTICIPATING IN A TRANSITION TO PRACTICE PROGRAM	Fall 2015	Fall 2016
Participated **only** in program provided by a school of nursing	2.8% (N=14)	5.2% (N=57)
Participated **only** in program provided by their employer	40.9% (N=203)	41.6%(N=460)
Participated in **both** school based and employer provided programs	1.8% (N=9)	0.8% (N=9)
Total participation in **employer provided programs**	42.7% (N=212)	42.4% (N=469)
Total participation in **any type** of transition to practice program	45.6% (N=226)	47.6% (N=526)

These results provide evidence of the current baseline of practice in California and help inform program prevalence and access in meeting the 2010 IOM Future of Nursing Report goal for all newly licensed RNs to complete a transition to practice program as they enter practice. Only a slight increase (2.0%) in newly licensed RN participation was reported compared with the prior year. As this falls close to the margin of error rate (2.69%) in this study, no significant change in program access and participation was found.

Nurses reported the length of employer provided programs (including both classroom and supervised clinical components) varied significantly, from one to twelve months. Program lengths most frequently reported were clustered from two to four months reported by an aggregate of 59.4% (N=311) of respondents, or twelve months as reported by 21.6% (N=113) of working nurses who responded to the survey. This pattern indicates the prevalence of two distinctly different types of practices, anticipated to have varied design, content and curricular components, directly supervised and mentored experiences over time with potentially different results. Programs conducted based on national standards and those that are also nationally accredited are anticipated to be twelve months in length. Examination of the scope and composition of various types of employer provided residencies and their evidence based outcomes remains a priority to guide further adoption.

Length of New Graduate RN Transition to Practice Programs Provided by Employers

	1	2	3	4	5	6	7	8	9	10	11	12
# months	2.90	14.3	31.5	13.6	4.60	8.20	1.00	0.00	1.20	1.30	0.00	21.6

Nurses who participated in a transition to practice program prior to employment provided by a school of nursing, 26.7% (N=28), reported the program helped them to obtain employment, while 24.8% (N=26) indicated it did not. Respondents 48.6% (N=51) who did not reply yes or no provided specific commentary indicating some believed participation in the program may have influenced hiring but were not certain, or they did not know. This may be an indication of further opportunity to more directly connect potential employers and needs with academic programs and their participants to strengthen these programs as pipelines to employment.

Participants were asked if they paid fees to participate in the Transition to Practice Program being conducted prior to employment, or if they were paid in some way to participate. Over a third of the nurses that participated in a Transition to Practice Program prior to employment indicated they paid tuition or enrollment fees to participate, as reported by 37.8% (N=42) of the respondents. No fees were paid by 24.3% (N=27) of those enrolled in a program, and 27.9% (N=31) also reported they did not receive any payment for participation. A small number of respondents 17.1% (N=19) indicated receiving a stipend or payment for

participation in a program. The survey question allowed respondents to select more than one answer to this question.

COST PAID OR PAYMENT RECEIVED AS REPORTED BY NEWLY LICENSED NURSES THAT PARTICIPATED IN A TRANSITION TO PRACTICE PROGRAM PRIOR TO EMPLOYMENT (N=111)

Tuition or enrollment fees were paid by participants	37.8% (N=42)
No fees were paid by participants	24.3% (N=27)
Participants did not receive any payment for participation	27.9% (N=31)
Nurses received a stipend or payment for participation	17.1% (N=19)

Total answer choices exceed the number of respondents as more than one answer choice was allowed to be selected.

All respondents, regardless of their current employment status or participation in a Transition to Practice Program, were asked what program incentives influenced them or potential incentives might encourage their participation. The opportunity to gain experience as a licensed RN, increase skills, competencies, build confidence, and the opportunity for potential employment in a specific practice area or specialty were reported most often as primary incentives:

➢ Opportunity to gain experience as a licensed RN (75.9%)

➢ Opportunity to increase skills, competencies, and confidence (70.9%)

➢ Opportunity for potential employment in specific practice area or specialty (60.6%)

➢ Improving resume and employability (55.7%)

➢ Opportunity for potential employment where clinical education was scheduled (54.4%)

➢ Obtaining college credit applicable to BSN or MSN degree (40.2%)

➢ Deferment of student loans (37.7%)

Program Incentives to Participate in a New Graduate Transition Program
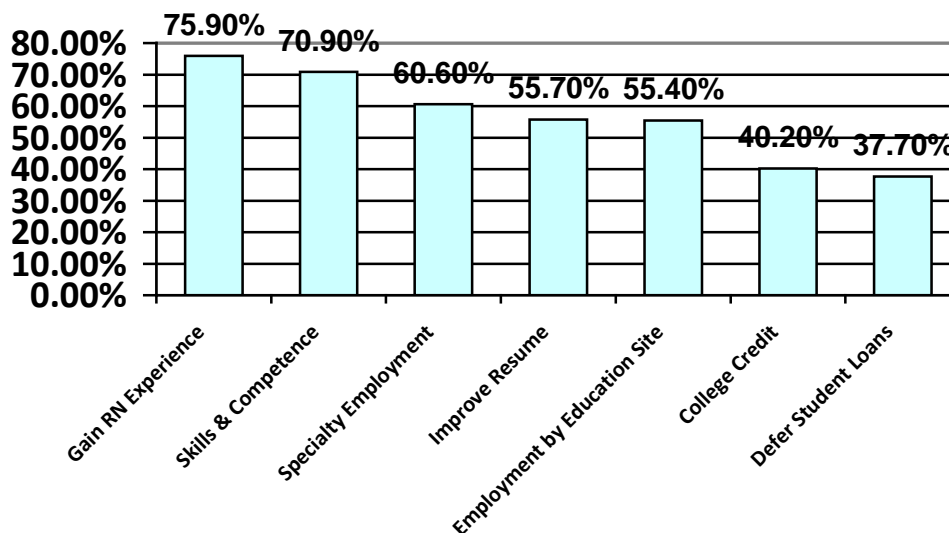
ATTITUDES AND INTEREST REGARDING TRANSITION TO PRACTICE PROGRAMS

Newly licensed RNs were asked about their interest in participating in a transition to practice or new graduate residency program following graduation and prior to being hired, whether they had participated in a program or not. Respondents indicate declining interest in these programs compared with prior years if unpaid or if payment of tuition is required. This change in interest may be influenced by greater job opportunities due to increased employer demand for hiring newly licensed RNs in recent years. As employment options continue to grow for RNs working in non-acute settings, there is further opportunity to support newly licensed RNs that exhibit interest in non-acute practice areas through transition to practice programs.

RN INTEREST IN A TRANSITION TO PRACTICE PROGRAM	FALL 2014	FALL 2015	FALL 2016
Interest in a program if it was an unpaid internship	66.1%	47.8%	32.4%
Interest in a program if payment of tuition was required	33.5%	30.8%	20.5%
Interest in a program if it provided opportunity to work in non-acute health care facility	51.0%	56.7%	44.8%

STATEWIDE SURVEY SUMMARY

This sample survey of newly licensed RNs provides a snapshot of the hiring experiences of new RN graduates in California. Such evidence-based findings provide valuable information for nurse leaders and educators seeking innovative ways in working with schools of nursing to support aligning new graduate competencies consistent with emerging health care needs and employment strategies. Because of the moderate survey response rate of 28.0%, caution is advised in interpreting these results. Findings may not be representative of the population of all newly licensed graduates. This is particularly true when results are analyzed and reported by region due to the much smaller number of respondents in each group. Nurses who have not found employment may have been more likely to answer the survey, and if so, the actual unemployment rate in the overall population of newly licensed nurses may be lower than reported. The survey methods have been consistent each of the seven years the study has been conducted, with the survey instrument including standard questions to inform progress from year to year.

The results reflect the demographic pattern and regional distribution of new graduates reported in the annual BRN school survey, and also mirror data obtained from employer surveys of nurses.
Data from this current California survey indicates an increased employment rate reported by newly licensed RNs for the fourth consecutive year within the past seven years the survey has been conducted. Where year-to-year changes fall within the calculated margin of error of consecutive surveys, trends should be interpreted cautiously when considering their interpretation and application to all newly licensed RNs in the state.

These improved California employment trends are consistent with findings reported by the National Student Nurses' Association (NSNA), which has studied new graduate employment trends through a post-graduate RN survey conducted annually since 2008. Their national fall 2015 survey findings reported in summer 2016 indicated 85% of new graduates were employed four months following graduation and 94% by six months. The NSNA analysis of new graduate RN employment data continues to indicate regional differences across the

country from a low of 77% in the Western Region to 82% in the Northeast, 88% in the South, and 89% in the Central region. Differences in national employment rates by type of RN degree were also reported, with 81% ADN, 88% BSN, and 73% Masters Entry Nursing RNs that graduated in spring 2015 reported to be employed within 6 months at the time of the study in fall 2015. (Mancino, D., Dean's Notes, 37 (4-5) summer 2016).

While the national NSNA survey had notably different survey populations, questions, and measures than this California New Graduate Employment Survey, findings and trends comparing four regions of the country provide evidence of results aligned across both studies. National and regional trends across the past eight years reflect the slow emergence of a different job market for newly licensed RNs since 2012, with the more dramatic changes reported in the past two years providing further insight related to both interest and need for higher education.

CONCLUSIONS

California needs to prepare newly licensed RNs in traditional acute care as well as emerging new roles to meet healthcare trends and demand, ensuring the state has the supply of nurses needed to provide health care in diverse settings and services. The California Employment Development Department (EDD) forecasts approximately 10,500 new nurses are needed annually for population growth and replacement of nurses who retire or leave the state through 2018. With 11,119 new graduates in California from the 2014-2015 academic year, future workforce demand and current nursing education supply are currently in balance. There remain indications of a need to position the nursing workforce for more diverse roles, including increased employer demand for RNs to be prepared with at least a BSN degree.

It is evident from the survey that newly licensed nurses are eager to obtain employment, often working a combination of temporary or part-time jobs, with further engagement and interest in career options outside traditional acute care hospital settings. With the improved economy and as an increased exodus of experienced nurses now retiring occurs, the demand for new nurses is anticipated to remain strong and continue to rise. This trend is further impacted by increasing demand resulting from health care reform, and growth in services to support expanded access to insured care. Hospitals have historically been the largest employer of nurses and new graduates. California hospital vacancy rates reported to be relatively low in prior years have begun to increase, with average vacancy rates of 3.2% and 4.9% respectively reported in 2014 and 2015, now averaging 5.0% statewide at the time of this study.[5] Nurse leaders from both academia and practice should continue to share best practices and innovative strategies to ensure that new RNs maintain, gain, and expand essential competencies needed to meet emerging health care needs.

This survey also indicates the development of transition to practice programs and residencies have been effective ways for new nurses to obtain further skills and competencies needed to increase employability in specialty areas. Lack of experience as an RN continues to be reported as the number one reason new graduates are not offered available jobs. Such programs provide options for specialty training and experience in new practice areas and roles as newly licensed RNs enter the workforce.

The research team wishes to thank all of the new graduates who took time to share their hiring experiences with us. These results will be reviewed by nursing leaders, employers, schools of nursing and others concerned about the challenges new graduates are having finding RN jobs, the importance of preparing future nurses consistent with hiring needs, and the value of establishing effective transition to practice programs. Results

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[5] Healthcare Workforce Survey Report, Third Quarter 2016, Hospital Association of Southern California.

from this annual survey continue to inform strategies that support and improve the employment of newly licensed nurses into the future.

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The complete report is available on the *HealthImpact* website: www.healthimpact.org