



California Newly Licensed RN Employment Survey January 2019

INTRODUCTION AND EXECUTIVE SUMMARY

The employment landscape for newly licensed Registered Nurses in California building strength since 2013 remains relatively stable over the past two years as evidenced by employer hiring trends and job opportunities reported by new graduates working in various settings and roles. In the few years leading up to 2013, challenges faced by newly licensed RNs in finding employment had been a workforce concern in California and nationally. Economic recovery and ongoing changes in the delivery of health care services in recent years have fueled demand for more nurses in specific specialties and areas, including utilization and expansion of RNs working in new roles, along with expectations and trends related to their academic preparation. The nursing workforce continues to age with retirements remaining high, and the state's population is also aging with increased complexity of health care needs.

California RN workforce forecasts through 2035 predict supply and demand for RNs will be fairly well-balanced over the next 10 years if current nursing program enrollment and state-to-state migration patterns remain stable and future demand does not increase, according to the most recently reported projections in the *Forecasts of the Registered Nurse Workforce in California*.¹ The composition of the states' overall nursing workforce and employment findings reported in the most recent biannual *California Board of Registered Nursing (BRN) Survey of Registered Nurses (2016)*, along with the *2016-2017 BRN Annual School Report of RN Pre-Licensure Programs in California*, and other state and national data sources provide further detailed evidence of specific trends. Projections by the Health Resources and Services Administration (HRSA) National Center for Health Workforce Analysis indicate California's RN supply will be 11.5% (44,500 RNs) lower than demand in 2030.² Considering various forecasting models utilized in different studies, the aggregate evidence reported from these sources indicates California must maintain and possibly increase the present number of nursing graduates in order to meet long-term health care needs.

According to the most recently reported *Survey of Nurse Employers in California*³ over 87% of hospitals reported new graduates accounted for 37% of all new staff RN hires in 2017, and nearly one third reported they expected to increase their hiring of new graduates in 2018, with the most frequently reported reason being the lack of available experienced RNs. The 2017 report found 63.9% of hospitals either preferred (54.9%) hiring baccalaureate-trained RNs or required (9.0%) newly hired RNs to hold a bachelor's degree upon hire. Hospitals reported BSN-prepared nurses represent a larger share of staff compared to prior years, with approximately 40% of hospitals reporting at least half their RN staff have a BSN or higher degree, and two-thirds of hospitals indicating having goals or plans in place to further increase the number of baccalaureate-educated RNs on staff.

¹ Spetz, J. 2017. *Forecasts of the Registered Nurse Workforce in California*, June 2017. California Board of Registered Nursing, June 2017.

² U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. *The Future of the Nursing Workforce: National- and State-Level Projections, 2014-2030*. Rockville, Maryland, July, 2017.

³ Chu, L., Bates, T., Spetz, J. 2018. *Survey of Nursing Employers in California*, fall 2017. San Francisco, CA: Philip R. Lee Institute for Health Policy Studies, University of California, San Francisco.

Trends in healthcare delivery and payment models also continue to shift, supporting greater emphasis and utilization of resources on value-based care, including health maintenance and prevention, providing further opportunity uniquely suited for nurses to impact health outcomes. These factors will continue to influence demand for nurses to be prepared in a wide range of employment settings and roles. Tracking employment pathways of newly licensed nursing graduates upon licensure and hire, along with diverse nursing roles in varied settings further informs workforce planning, including the academic preparation students will need supported through academic progression pathways. To meet dynamic changes in workforce needs and address local labor market conditions, it remains a strategic priority for California nursing schools to have the capacity and resources needed to support student enrollment in various types of programs including advancing education through academic progression options with curriculum, teaching methods, and learning outcomes aligned with evolving employer needs and challenges in addressing health care outcomes.

KEY FINDINGS - EMPLOYMENT EXPERIENCES OF NEWLY LICENSED RNS

To better understand the employment experiences of newly licensed RNs in California, an annual statewide study conducted by *HealthImpact* since 2010 was replicated again in fall 2018. A random sample of 50% (5,300) of the RNs newly licensed in California in the 12-month period between September 2017 and August 2018 were invited to participate in the fall 2018 study. A total of 1,112 nurses completed the survey for a 21.5% survey response rate.

- 79.5% of RNs reported being employed, and working in their first registered nursing job.
- 92.1% of those employed found jobs within 6 months (68.0% within 3 months, 24.1% between 3-6 months).
- Employment rate was reported to be 1.6% less than the prior year. Considering the calculated margin of error rate for this survey was 2.78%, the change in employment rate is not statistically significant. However, when combined with the previous year's decline of 3.6%, the two-year combined decline in employment of 5.2% signals an important area for continued monitoring.
- Percent employed by nursing degree: 79.6% ADN, 79.0% BSN, 85.4% Masters Entry (MEPN).
- Regional differences in rural and metropolitan area employment rates are reported, ranging from areas with the highest percent of newly licensed RNs employed in the Central Coast (91.2%) and San Joaquin Valley (88.4%) areas, to areas with the lowest percent of newly licensed RNs employed in the San Francisco Bay (69.8%) and Northern Sacramento Valley (70.8%) areas.
- Most frequently reported employment settings include: Hospital Inpatient (58.9%), Emergency Department (8.6%), Nursing Home/Extended Care/Skilled Nursing/Group Home (5.4%), Rehabilitation/Long-Term Acute Care (4.8%), Other Types of Hospital Departments (4.1%), Home Health/Hospice (2.4%), Outpatient Specialty Clinics (2.1%), and Private Medical Offices and Clinics (2.1%).
- 42.7% of RNs report participating in a new graduate transition to practice program, indicating a significant decrease of 16.2% from prior year.

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

REPORT OF FINDINGS

1. DESIGN AND SAMPLE

A random sample of 5,300 (50%) of RNs newly licensed by exam in California between September 2017 and August 2018 identified by the BRN were invited to participate in the survey. Each nurse received an invitation email addressed from Dr. Joseph Morris, Executive Officer of the BRN, in early October 2018, requesting they participate in the study by completing an online survey. Of the 5,300 surveys disseminated, 120 were undelivered; a total of 1,112 nurses completed the survey, for a 21.5% survey response rate. No personal identification information was gathered and results were reported only in aggregate. The 95% margin of error rate for this study was calculated to be 2.78 percentage points. This should be kept in mind when interpreting findings throughout this report as small changes from the prior year that fall within the margin of error rate are not statistically significant.

2. RESPONDENT PROFILE

The profile of RNs newly licensed within the prior 12-month period participating in this sample survey included 98.7% (1,097) who completed their nursing program in California, and 1.3% (15) in another state. All RNs were newly licensed by exam in California between August 2017 and September 2018 in the months prior to the survey. Peak months when RN licenses were obtained were reported following graduation twice a year in summer between July (22.4%) and August 2018 (18.3%), followed next in frequency in spring in either March (10.8%) or February 2018 (9.5%). The balance of nurses (39.0%) reported obtaining their RN license fairly evenly distributed across each of the remaining 8 months included in the survey.

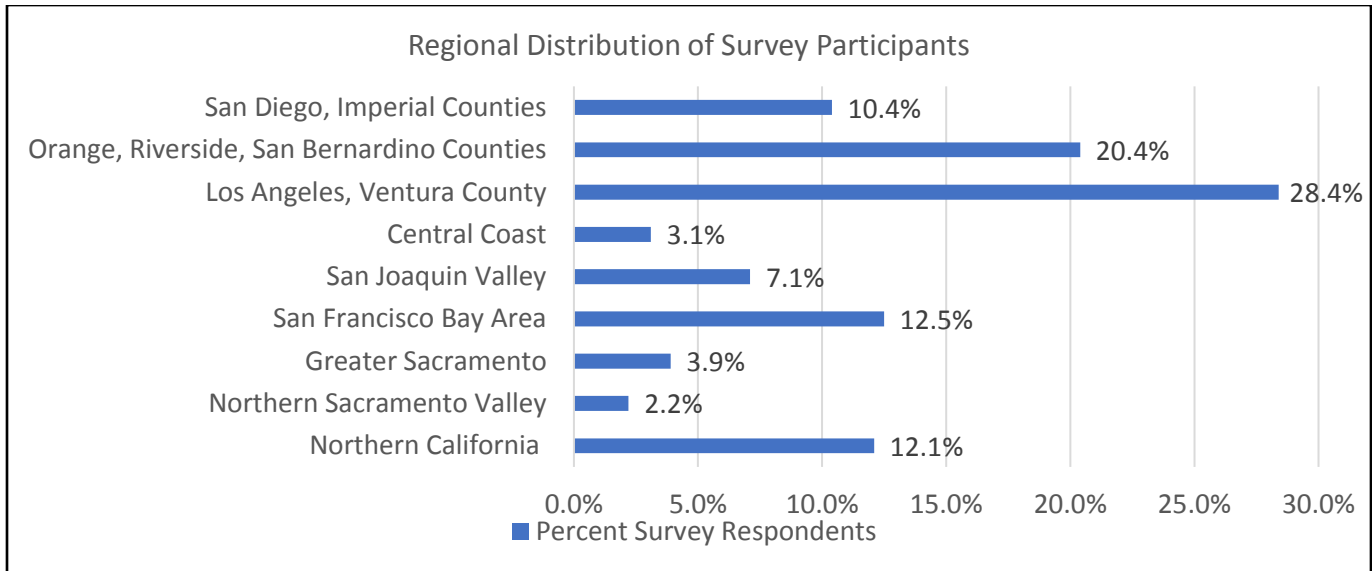
Of the 1,112 RNs completing the survey, 52.3% (582) graduated with an associate degree in nursing (ADN), 42.9% (477) with a baccalaureate degree in nursing (BSN), and 3.7% (41) from an entry level master's program in nursing (ELM or MEPN). A few respondents 1.1% (12) indicated "other" type of degree, further specifying LVN to RN program, LVN to BSN program, those that reported graduating from an accelerated BSN program, or those who were licensed as an RN while still enrolled in and completing their MEPN program. This distribution of survey respondents closely approximates the range of all students reported to have completed an RN program by type of degree as reported in the most recent 2016-2017 California BRN Annual School Report, with 52.9% ADN, 41.3% BSN, and 5.8% ELM respectively.⁴

The geographic distribution of survey respondents is consistent with patterns of population density in each area, with 26.4% residing in the Los Angeles/Ventura area; 20.4% in Orange, Riverside, and San Bernardino counties; 12.5% in the San Francisco Bay Area; 12.1% in Northern California; 11.9% in the San Diego/Imperial County area; 7.7% in the San Joaquin Valley; 3.9% in the Greater Sacramento area; 3.1% in the Central Coast, and 2.2% in the Northern Sacramento Valley, as displayed in Figure 2.1.

With greater numbers of new graduates participating from the more densely populated areas, aggregate statewide survey findings are similarly influenced, with results largely representing the employment experiences within these large metropolitan regions. Notable employment differences unique to each of 9 regions were analyzed and discussed in the employment section later in this report.

⁴ Blash, T., Spetz, J. 2016-2017 Annual School Report: Data Summary and Historical Trend Analysis. Sacramento, CA: California Board of Registered Nursing, April 2018

Figure 2.1: REGIONAL DISTRIBUTION OF SURVEY RESPONDENTS



The age distribution of survey respondents in order of frequency indicates 36.2% are between 25-30 years of age; 28.1% less than 25 years; 15.3% are between 31-35 years of age; 9.6% 36-40; 6.2% age 41-45; 2.7% age 46-50; and 2.0% over 50 years of age. The age range for entry into nursing practice is consistent with historical and national trends, with nursing attracting a younger age group of career-oriented professionals. Survey respondents were 83.7% female and 16.3% male.

California’s nursing workforce diversity is evident by the wide range of ethnicities represented by survey respondents including: 38.7% Caucasian/White, followed by 21.2% Latino/Hispanic, 13.2% Asian, 13.2% Native Hawaiian/Pacific Islander, 4.7% African American/Black/African, and 1.0% American Indian/Native American/Alaskan Native. A detailed listing of specific ethnic groups included within each category is displayed in Table 2.1.

Table 2.1: ETHNIC DISTRIBUTION OF SURVEY RESPONDENTS

Ethnic/Racial Category	Percent	Ethnic Groups Included
Caucasian	38.7%	Caucasian, White, European, Middle Eastern
Latino/Hispanic	21.2%	Central American, South American, Cuban, Mexican, Other Hispanic
Asian	13.2%	Cambodian, Chinese, Indian, Indonesian, Japanese, Korean, Laotian/Hmong, Pakistani, Thai, Vietnamese
Native Hawaiian/Pacific Islander	13.2%	Fijian, Filipino, Guamanian, Hawaiian, Samoan, Tongan
African American	4.7%	African American, African, Black
Native American	1.0%	American Indian, Alaskan Native
Other/Mixed	8.0%	Other/Mixed

The survey reported a total of 60 languages other than English are spoken fluently, with 9 primary language categories listed for participants to select from, along with an open answer text box for other languages to be written in.

Table 2.2: LANGUAGES SPOKEN FLUENTLY

Language	Percent
English only	54.6%
Spanish	22.4%
Tagalog/Other Filipino dialect	6.9%
Vietnamese	2.9%
Cantonese	2.6%
Mandarin	2.5%
Hindu/Urdu/Punjabi/other South Asian language	2.2%
Korean	1.4%
French	0.9%
Other Chinese dialect	0.8%
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, Ukrainian, Yoruba, Zulu	8.4% <1% each

3. EMPLOYMENT AND TYPE OF JOBS RNS OBTAINED

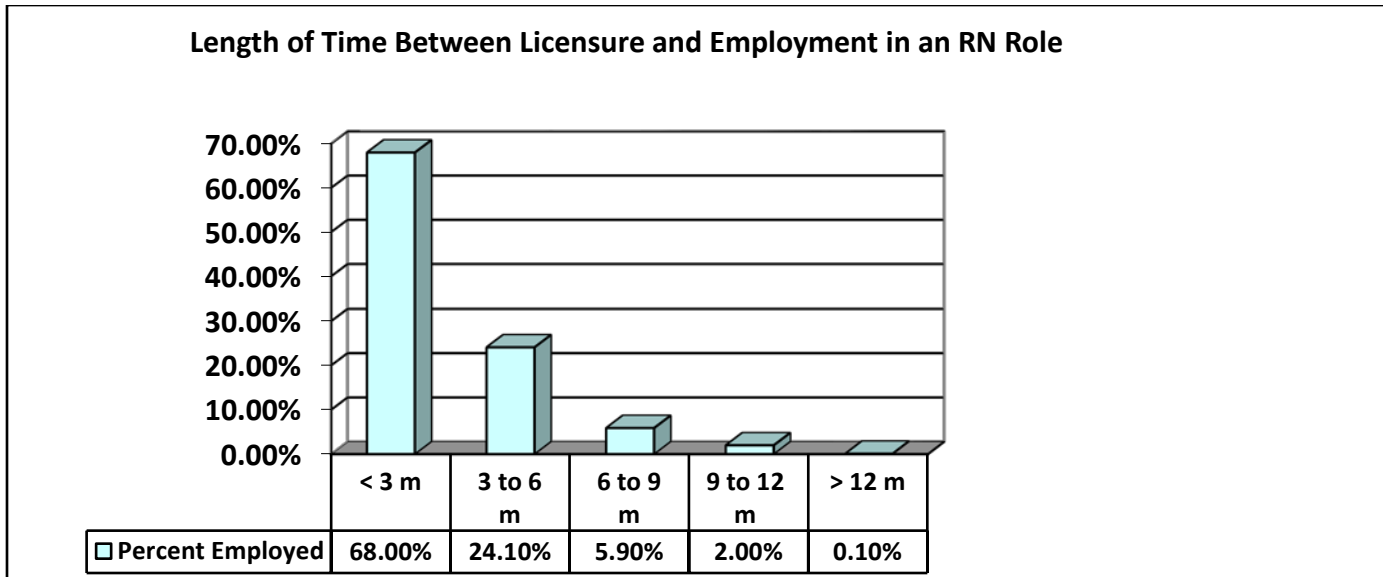
The majority of newly licensed RNs responding to the survey reported being employed as an RN, with 79.5% working in their first registered nursing job, and 20.5% not yet working as a registered nurse. These results indicate the relatively strong employment landscape seen in recent years is continuing. The 1.6% decline in employment rate from 2017 is relatively small, and given the calculated margin of error rate of 2.78% cannot be considered statistically significant. However, as Table 3.1 indicates, newly licensed RN employment peaked in 2016 at 84.7%, so survey results indicate a continuing decline in employment over the last two years. While this trend may be affected by sample size and other factors, it will be important to monitor these results going forward to determine if newly licensed RNs are facing increasing challenges related to employment.

Table 3.1: EMPLOYMENT OF NEWLY LICENSED RNs WITHIN 12 MONTHS OF LICENSURE

Survey Year	2012	2013	2014	2015	2016	2017	2018
Percent RNs Employed	54.0%	59.3%	65.1%	74.2%	84.7%	81.1%	79.5%

New graduates who found employment were asked how long it took to find their first nursing job; 68.0% of respondents indicated fewer than three months; 24.1% 3-6 months, 5.9% 6-9 months, 0.5% 9-12 months, and 2.0% more than 12 months, as displayed in Figure 3.1. Of the nurses that reported being employed in their first RN job, 92.1% had found employment within the first 6 months after licensure, a decline compared with the prior year when 96.4% reported working in their first RN role within 6 months of licensure.

Figure 3.1 LENGTH OF TIME BETWEEN LICENSURE AND EMPLOYMENT



The employment rate of 79.5% reported by newly licensed RNs in this survey is comparable to that reported in the 2016-2017 California Board of Registered Nursing’s Annual School Report, with nursing school deans and directors reporting 81% of new graduates from pre-licensure programs in the prior academic year had found employment.⁵ While various factors impact results between studies, including differences in sampling, type of survey questions, number of responses by region, and the availability of jobs between regions of the state, the employment picture for newly licensed RNs remains consistent overall these past few years.

Employment rate by type of nursing degree is one indicator of workforce needs, hiring trends and employer preferences. Of the nurses employed in their first job, 79.6% of ADN nurses were working, 79.0% of BSN nurses, and 85.4% of RNs graduating from a Masters Entry Program in Nursing. Differences in the employment rate between ADN and BSN RNs were not statistically significant, falling within the 2.78% margin of error, while the employment rate for ELM RNs was reported to be higher overall when compared with prior years, as displayed in Table 3.2.

Table 3.2: EMPLOYMENT OF RNs BY LEVEL OF EDUCATION

	EMPLOYMENT OF RNs BY TYPE OF NURSING DEGREE		
	ADN 52.3% (N=582)	BSN 42.9% (N=477)	ELM 3.7% (N=41)
Total Survey Respondents*			
Employed as RN	79.6% (N=463)	79.0% (N=377)	85.4% (N=35)
Not Employed as RN	20.4% (N=119)	21.0% (N=100)	14.6% (N=6)

*Respondents total less than 100% as 12 did not provide information on type of nursing degree

⁵ Blash, L., Spetz, J. 2016-2017 Annual School Report: Data Summary and Historical Trend Analysis. Sacramento, CA: California Board of Registered Nursing, April 2017.

Notable differences in new graduate employment rates in specific areas of the state reported by newly licensed RNs residing in different regions are displayed in Table 3.3, from a low of 69.8% in the San Francisco Bay Area followed by the Northern Sacramento Valley with 70.8% employed, to a high of 91.2% in the Central Coast, followed closely by the San Joaquin Valley with 88.4%. Employer demand is also reported to be greater in rural versus urban areas, consistent with prior years. These employment patterns reflect similar supply, demand and hiring patterns for new RN graduates reported by California hospital chief nursing officers in the fall 2017 Survey of Nurse Employers, indicating stabilization of labor market conditions with a majority of hospitals reporting greater demand for RNs than supply. On average, hospitals indicated that demand for new RN graduates has slowly increased between 2013 and 2017⁶

Table: 3.3: EMPLOYMENT RATES REPORTED BY NEWLY LICENSED BY GEOGRAPHIC AREA OF CALIFORNIA

Geographic Area	Employed as an RN	Not Employed as an RN	Number of Respondents*
Northern California	72.6% (98)	27.4% (37)	135
Northern Sacramento Valley	70.8% (17)	29.2% (7)	24
Greater Sacramento	79.1% (34)	20.9% (9)	43
San Francisco Bay Area	69.8% (97)	30.2% (42)	139
San Joaquin Valley	88.4% (76)	11.6% (10)	86
Central Coast	91.2% (31)	8.8% (3)	34
Los Angeles/Ventura Counties	81.6% (240)	18.4% (54)	294
Orange/Riverside/San Bernardino Counties	85.0% (193)	15.0% (34)	227
San Diego/Imperial County	74.1% (86)	25.9% (30)	116

* Regional results of particular interest to local communities are provided; however, data with small sample sizes per region may limit findings from being representative of the region overall.

Consistent with employment patterns reported by RNs in this survey, the Survey of Nurse Employers reported regional variation in hospital labor market conditions including the demand for experienced RNs to be greatest in the Central California region and lowest in the San Francisco Bay Area, with demand for new RN graduates strongest in Sacramento, Northern Sacramento County, and the San Francisco Bay Area, while weakest in the Southern Border region. Rural and non-rural hospitals reported similar perceptions of RN demand, which is a change from prior years when rural hospitals consistently perceived greater demand than did urban hospitals.

Nurses participating in the survey reported being employed (79.5%) in their first RN role across various types of facilities, in different clinical practice settings and specialties during the 12-month period surveyed. Results indicate a majority of those employed report working in acute care hospitals (74.0%), most often in an inpatient care setting (59.1%), or in an emergency/urgent care department (8.7%) as reported in Tables 3.4 and 3.5 respectively. These practice areas continue as preferred career choices for newly licensed nurses, while also indicating areas where hospital employers typically hire new graduates.

The percent of newly licensed RNs first employed in hospital-based settings this past year is slightly greater than the percent of all RNs in California reported to be working in hospital-based employment settings, which was 66.3% in 2016.⁷ Small but consistent trends year to year reflect the ongoing shift, with more new graduates employed outside of acute care hospitals in a broader range of non-acute and community health settings, as well as employment trends for experienced RNs in practice to be moving from acute care to diverse non-acute care roles during their nursing careers.

⁶ Bates, T., Chu, L., Spetz, J. Survey of Nursing Employers in California, fall 2017: Philip R. Lee Institute for Health Policy Studies, University of California San Francisco. April 2018.

⁷ Spetz, J., Chu, L., Jura, M., Miller, J. 2016 Survey of Registered Nurses. (biannual) Sacramento, CA: California Board of Registered Nursing, September 2017.

Table 3.4: TYPES OF FACILITIES WHERE NEW GRADUATE NURSES REPORT BEING EMPLOYED

Hospital	74.0% (635)
• Inpatient Care	59.1% (507)
• Emergency/Urgent Care	8.7% (75)
• Other Type of Department	4.1% (35)
• Ambulatory Care (Outpatient Surgery, Clinic etc.)	1.3% (11)
• Nursing Home Unit	0.6% (5)
• Home Health	0.2% (2)
• Ancillary Unit	0.0% (0)
Nursing Home/Extended Care/Skilled Nursing/Group Home	5.2% (45)
Rehabilitation Facility/Long-Term Acute Care	4.8% (41)
Home Health Agency (including hospice)	2.2% (19)
Private Medical Practice, Physician Office, Clinic	2.0% (17)
Inpatient Mental Health/Sub-Acute Abuse	2.0% (17)
Correctional Facility/Prison/Jail	1.8% (15)
School Health (K-12 or college)	1.4% (12)
Public or Community Clinic, Rural Health Center	1.3% (11)
Public Health or Community Health Agency (not a clinic)	1.1% (9)
Ambulatory Surgery Center (free-standing)	0.7% (6)
Outpatient Mental Health/Substance Abuse	0.4% (3)
Occupational Health or Employee Health Service	0.4% (3)
Inpatient Hospice (not hospital-based)	0.4% (3)
Government Agency (other than public/community health or corrections)	0.2% (2)
Urgent Care (non-hospital)	0.2% (2)
Self-Employed	0.0% (0)
Call Center/Telemedicine	0.0% (0)
University/College Academic Department	0.0% (0)

Table 3.5: CLINICAL SPECIALTY OR POPULATION

General Medical-Surgical	24.4% (208)	Work in Multiple Areas	1.9% (16)
Critical Care/Intensive Care	9.2% (78)	Neonatal Care	1.9% (16)
Telemetry	8.9% (76)	Home Health	1.8% (15)
Emergency Care/Trauma	7.4% (64)	Primary Care	1.7% (14)
Geriatrics	4.4% (37)	Mother-Baby/Normal Newborn	1.5% (13)
Psychiatry/Mental Health	4.1% (35)	Dialysis	1.5% (13)
Pediatrics	3.9% (33)	Ambulatory Care/Specialty	1.3% (11)
Step-Down or Transitional Care	3.3% (28)	Corrections	1.1% (9)
Surgery/Pre-Op/Post-Op/PACU	2.7% (23)	Orthopedics	0.9% (8)
Oncology	2.4% (20)	School Health K-12, Post-Secondary Education	0.9% (8)
Labor and Delivery	2.4% (20)	Hospice	0.8% (7)
Cardiology	2.2% (19)	Community/Public Health	0.6% (5)
Rehabilitation	2.0% (17)	Obstetrics/Gynecology	0.5% (4)

Newly licensed nurses reported finding jobs in a variety of ways, including: 40.8% by using a hospital or health facility website; 23.6% had clinical education experience at the health facility where they were hired; 19.4% knew someone at the hospital or health facility where they went to work; 20.1% found employment through a referral; 7.6% were hired through a job fair; 6.6% through social media, and 2.7% through volunteering. Respondents were able to select more than one category, with the majority of those employed indicating having some type of prior relationship with the employer who hired them, consistent with prior years. 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.

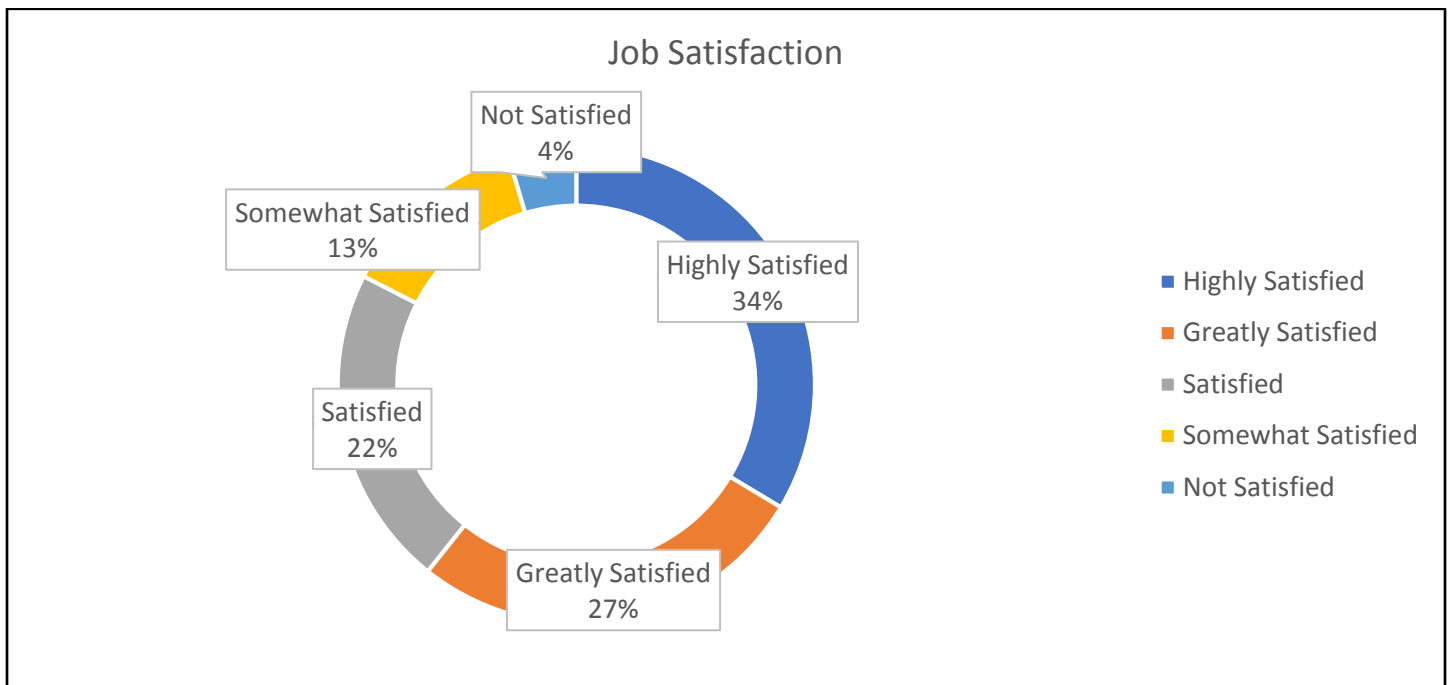
The vast majority of newly licensed RNs currently employed report working full time or a minimum of 32 hours per week (93.1%), with 3.5% working part time, and 3.4% working occasionally, either per diem, or on call. There continues to be a slight shift over the past three years toward a greater number of new graduates working in full-time positions. The majority of nurses or 66% report working in 12 hour shift positions, with 25% working 8 hour shifts, and 9.0% indicating working varied hours, as seen in Table 3.6.

Table 3.6: SHIFT RNs ARE WORKING

12 Hours Day Shift	12 Hours Night Shift	8 hours Day Shift	8 Hours Evening Shift	8 Hours Night Shift	Varied Hours
30.3%	35.7%	14.9%	6.6%	3.5%	8.0%

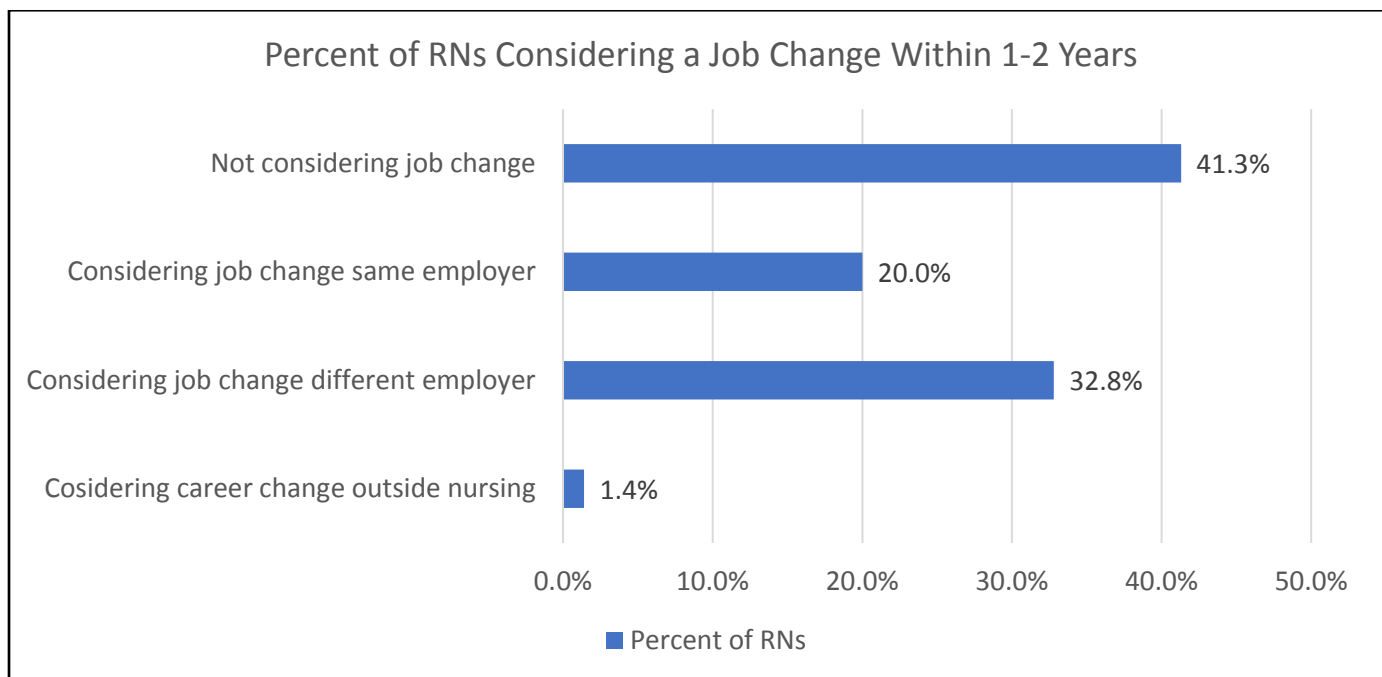
While the overall job market for newly licensed RNs is relatively stable, 73.5% of RNs indicate working in a “job of choice” this past year, a noted decline from the prior two years when 80.8% reported to be working in a “job of choice” in 2017, 83.0% in 2016, 73.9% in 2015, 70.2% in 2014, 61.6% in 2013, 64.5% in 2012, and 62% in 2011. Exploring further, two new questions were included for the first time this year regarding RN level of job satisfaction and whether they were considering a job change in the next 1-2 years. A majority of respondents report being satisfied, greatly satisfied or highly satisfied with their first RN position, as shown in Figure 3.2.

Figure 3.2 JOB SATISFACTION



While 83% of RNs reported being satisfied, greatly satisfied or highly satisfied with their first RN position, only half or 41.3% report they intend to stay in their current position in the short term. Employers have similarly reported concern about high nursing turnover rates within the first 1-2 years of employment. Of the 54.2% of RNs that are considering a job change in the next 1-2 years, 20.0% plan to stay with the same employer, while 32.8% are considering working for a different employer, and 1.4% are considering a career change outside of nursing, as displayed in Figure 3.3. This finding informs broad areas for organizational change or practice improvement aimed to improve RN retention. Employers are encouraged to evaluate RN satisfaction with the work environment itself, taking steps to address key drivers of dissatisfaction unique to each organization, as well as identify and extend options for learning and professional development within current roles while providing further career-oriented opportunities for growth or promotion.

Figure 3.3: RNS CONSIDERING JOB OR CAREER CHANGE WITHIN 1-2 YEARS



Among the 20.5% (N=228) of respondents that indicated not working as an RN, 39.8% had been looking for fewer than 3 months, 43.3% 3-6 months; 9.0% 6-9 months; 7.0% 9-12 months and 1.0% longer than 12 months. Nurses not yet employed as an RN reported three main reasons given by potential employers for not extending a job offer, as displayed in Table 3.5. These included lack of experience for the position (74.5%), no positions available (30.1%), and BSN degree either preferred or required (32.1%). While the issue of RNs having no prior experience remains the primary barrier to hire, this has been a declining trend over recent years as reported by RNs, while hospital employers have also reported hiring more newly licensed RNs. The number of RNs reporting lack of a BSN to be a barrier in finding employment in this annual study is notably lower than reported by hospitals in the annual Survey of Nurse Employers in California conducted by UCSF in collaboration with the Hospital Council of Southern California (HASC) and *HealthImpact* over the years.

Employer preference or expectation that RNs have a minimum of a BSN degree upon hire may not always be evident or known to applicants. In that same study, employer preference or requirement for hiring RNs with a minimum of a BSN degree has been reported to be declining compared with prior years, which is unexpected given the increased emphasis on academic progression in recent years. With more newly licensed ADN RNs dually enrolled and starting BSN coursework while enrolled in an ADN program, or enrolling in RN to BSN programs upon completion of their ADN, it is possible that more employers are open to hiring newly licensed ADN RNs who are known to be in the process of completing a BSN degree; however, this cannot be determined by these studies.

Table 3.5: REASONS FOR DIFFICULTY IN FINDING EMPLOYMENT REPORTED BY RNs AND EMPLOYERS

	2014	2015	2016	2017	2018
REPORTED BY RNs RESPONDING TO SURVEY:					
Lack of experience needed for position	83.3%	85.0%	79.1%	72.9%	74.5%
No position available	41.3%	36.6%	26.7%	31.0%	30.1%
Lack of a (minimum) of a BSN degree	38.5%	30.1%	39.5%	21.1%	32.1%
REPORTED BY CALIFORNIA HOSPITALS⁸					
Employers require a minimum amount of experience prior to hire (usually 12 months)	60.5%	67.6%	51.9%	41.7%	Not yet available
Employers who prefer or require a minimum of a BSN degree upon hire	80.5%	85.3%	57.6%	63.9%	Not yet available

Additionally, 15.3% of RNs not yet employed indicated their resume was weak with regard to volunteering in health care or extracurricular activities to obtain experience or skills that could have distinguished them further as candidates for employment, 4.6% were told their academic preparation was insufficient for the scope of the position or specialty; 1.5% reported being told they'd been out of school too long; and 0.5% reported not getting a job offer related to having a low GPA.

Nurses not working as RNs were asked what they were doing at this time. Findings indicated 42.2% were working in non-nursing/non-health-care jobs (31.2% part time, and 11.0% full time), and 28.3% indicated working in health care although not as an RN. Forty-four percent (44.5%) of nurses reported they were currently continuing their education in nursing, which was higher than reported in the prior year (36.5%). RNs also indicated they were volunteering in a health-related service (12.7%) while looking for a job. Beyond these primary response categories, a few respondents described activities they are currently involved in while looking for employment, including continuing to work as an LVN, participating in an RN Transition program or unpaid internship, waiting to start a new position, time with family, caring for a new baby, or traveling.

4. PARTICIPATION IN TRANSITION TO PRACTICE PROGRAMS FOR NEWLY LICENSED RNs

Transition to practice programs were broadly defined in the survey questionnaire 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 the 884 RNs that were employed at the time of the survey, 46.9% (N=398) indicated participating in an employer-provided program following graduation upon hire, 3.8% (N=32) participated in a program provided by a school of nursing after licensure and graduation and prior to hire; and 1.8% (N=15) reported participating in both types of programs, as found in Table 4.1.

Participation in some type of transition to practice program was reported by 52.5% (N=445) of newly licensed RNs prior to or upon employment in their first RN position. This is a decrease from the 56.9% of RNs who reported completing a program in 2017. Transition to Practice programs for newly licensed RNs typically found in mid- to large size hospitals are also less prevalent or not provided in small hospitals or other types of organizations, citing limitations with cost, capability or resources within their setting, and lower volume of RNs hired.

⁸ Bates, T., Chu, L., Spetz, J. Survey of Nursing Employers in California, fall 2017. San Francisco, CA: Philip R. Lee Institute for Health Policy Studies, University of California, San Francisco. April 2018.

Table 4.1: PARTICIPATION IN TRANSITION TO PRACTICE PROGRAMS

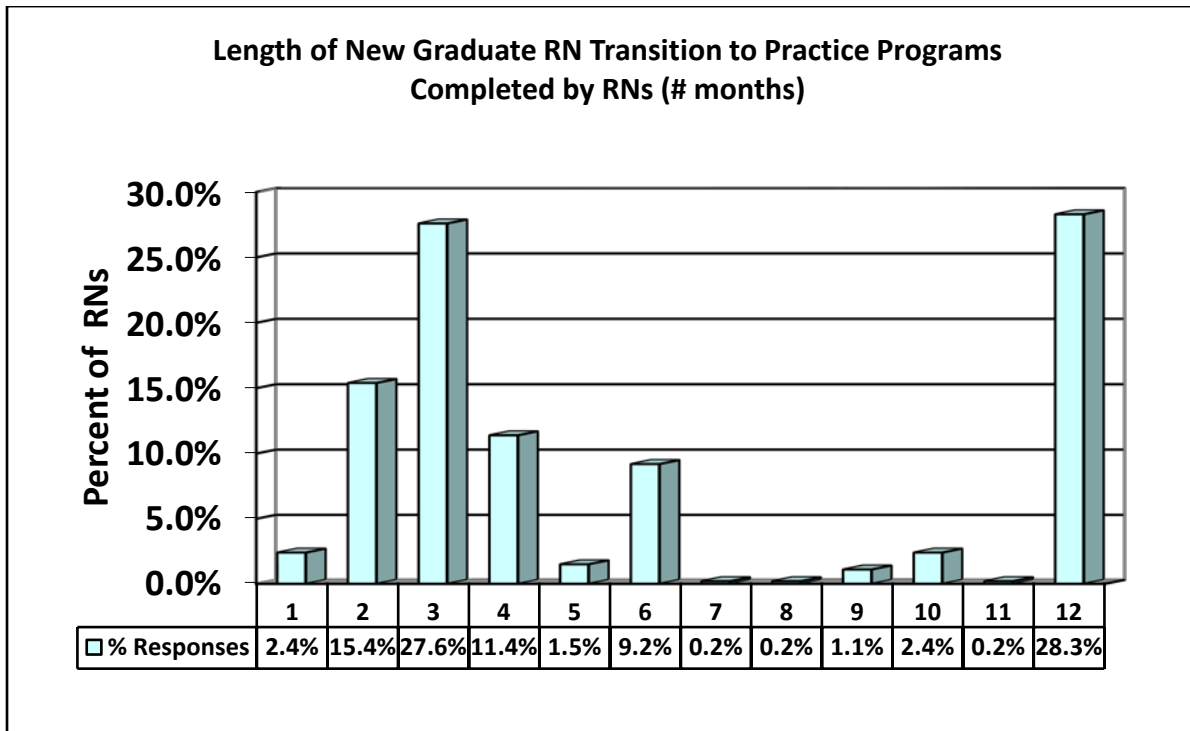
EMPLOYED RNs THAT REPORTED PARTICIPATING IN A TRANSITION TO PRACTICE PROGRAM	Fall 2016	Fall 2017	Fall 2018
Participated only in program provided by a school of nursing	5.2% (N=57)	4.2% (N=41)	3.8% (N=32)
Participated only in program provided by their employer	41.6%(N=460)	52.7% (N=521)	46.9% (N=398)
Participated in both school-based and employer-provided programs	0.8% (N=9)	2.0% (N=20)	1.8% (N=15)
Total participation in employer-provided programs	42.4% (N=469)	54.7% (N=541)	48.7% (N=413)
Total participation in any type of transition to practice program	47.6% (N=526)	58.9% (N=582)	52.5% (N=445)

Findings reported by RNs regarding participating in transition to practice programs completed in the prior year provides indirect evidence of program prevalence and access for new graduates, helping to illuminate California’s progress toward meeting the 2020 IOM Future of Nursing Report goal that all newly licensed RNs complete a transition to practice program as they enter practice. The decrease of 6.0% participation in employer-provided transition to practice programs reported by newly licensed RNs compared with the prior year is felt to be significant when considering the 2.78% margin of error rate. This may not necessarily indicate a decline in previously reported transition to practice programs, but may be explained by variations in respondents and employment settings this year, as well as continuing shifts in employment with newly licensed RNs employed in organizations outside of large acute care hospitals. Smaller organizations and community-based healthcare settings may lack the resources needed to provide transition to practice programs.

Nurses reported the length of employer-provided programs (including both classroom and supervised clinical components) vary significantly, from one to twelve months. Program lengths most frequently reported were clustered, ranging from two to four months reported most often by 54.4% (N=248) of respondents, six months reported by 9.2% (N=40), and twelve months as reported by 28.3% (N=129) of working nurses, as depicted in Figure 4.1. This pattern indicates the prevalence of distinctly different types of practices or program models, anticipated to have varied design, content and curricular components, with both directly supervised and mentored experiences over time.

Programs conducted based on national standards and those that are also nationally accredited are anticipated to be twelve months in length. While the number of programs completed by newly licensed RNs has not increased, data from this annual survey indicates a growing trend with more programs that encompass a full year (28.3%) compared with the reported number of 12-month programs completed in prior survey year 2017 (23.0%). Further examination of the scope and composition of various types of employer-provided transition to practice programs and evidence-based outcomes remains a priority to guide further adoption, modification and improvement, and expansion.

Figure 4.1: LENGTH OF NEW GRADUATE RN TRANSITION TO PRACTICE PROGRAMS



Of the 34 nurses who participated in a transition to practice program provided by a school of nursing prior to employment, data reported by the RNs is inconclusive on whether or not the program helped them to obtain employment, with 8 indicating it did help, 7 indicating it did not, and 9 not answering the question. Ten respondents chose to provide specific comments indicating some believed participation in the program may have influenced hiring but were uncertain, or they did not know. This may indicate a further opportunity to more directly and purposefully connect available programs and the RNs enrolled in them with employers as intended pipelines to employment.

Participants were asked if they paid fees to participate in a transition to practice program being conducted prior to employment, or if they were paid in some way to participate. Paying tuition or enrollment fees to participate in the program was reported by 40.0% (N=10) of the respondents. No fees were paid by 8.0% (N=2) of those enrolled in a program. While 48.0% (N=12) reported they did not receive any payment for participation, a small number, 20.0% (N=5) indicated receiving a stipend or payment for participation in a program. The survey question regarding fees or payment allowed respondents to select more than one answer to this question.

Table 4.2: COST PAID OR PAYMENT RECEIVED AS REPORTED BY NEWLY LICENSED NURSES THAT PARTICIPATED IN A TRANSITION TO PRACTICE PROGRAM PRIOR TO EMPLOYMENT (N=30)

Tuition or enrollment fees were paid by participants	40.0% (N=10)
No fees were paid by participants	8.0% (N=2)
Participants did not receive any payment for participation	48.0% (N=12)
Nurses received a stipend or payment for participation	20.0% (N=5)

5. 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. Interest in unpaid programs or those that required tuition to be paid has declined and remains low in recent years. This change in interest may be influenced in part by greater job opportunities and increased employer hiring of newly licensed RNs. The growing importance of maintaining health and preventing illness through care provided in ambulatory care settings is driving the need for more RNs to practice in primary care and other types of non-acute settings. There is further opportunity to support newly licensed RNs that exhibit growing interest to work in non-acute or specialty practice areas through the support of transition to practice programs.

RN INTEREST IN A TRANSITION TO PRACTICE PROGRAM	FALL 2015	FALL 2016	FALL 2017	FALL 2018
Interest in a program if it was an unpaid internship	47.8%	32.4%	33.5%	33.9%
Interest in a program if payment of tuition was required	30.8%	20.5%	19.4%	19.8%
Interest in a program to gain experience in a non-acute health care setting	56.7%	44.8%	47.6%	50.8%

All respondents, regardless of employment status or participation in a transition to practice program, were asked what program incentives did or would engage 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 (78.0%)
- Opportunity to increase skills, competencies, and confidence (74.1%)
- Opportunity for potential employment in specific practice area or specialty (51.1%)
- Improving resume and employability (62.1%)
- Opportunity for potential employment where clinical education was scheduled (53.1%)
- Obtaining college credit applicable to BSN or MSN degree (41.2%)
- Deferment of student loans (39.3%)

6. STATEWIDE SURVEY SUMMARY

This sample survey provides a snapshot of the hiring experiences of newly licensed RNs in California over a 12-month period, with comparison of trends noted in recent years. Such evidence-based findings of these employment patterns provides valuable information for nurse leaders and educators working together to align academic programs with emerging workforce needs by supporting the development and integration of competencies in specialty areas and with emerging roles. Caution is advised in interpreting the results from this statewide study due to the moderate survey response rate of 21.5%, as findings may not be representative of the population of all newly licensed graduates in each region of the state, along with the calculated margin of error rate of 2.78%. This is particularly important when overall results are analyzed and reported by region due to the smaller number of respondents in each area. It is possible that nurses who have not found employment may have been more motivated to answer the survey, and if so, the actual employment rate in the overall population of newly licensed nurses may be higher than reported. The survey methods

have been consistent each of the eight years the study has been conducted, and the survey instrument has included standard questions to inform progress and trends over time.

These results reflect the demographic pattern and regional distribution of new graduates reported in the annual BRN school survey, and also mirror data obtained from other sources, including employer surveys of nurses and surveys fielded by schools of nursing. Data from this current California survey indicates increasing hiring trends since 2014, with relatively strong and stable employment patterns reported for the past four years.

California trends reported in this survey indicate of the employed newly licensed RNs, 92.1% are employed within 6 months. This is consistent with findings reported by the American Association of Colleges of Nursing (AACN)⁹ in its eighth survey of nursing schools offering baccalaureate and graduate programs in the U.S. to assess the experience of new graduates in finding employment. The national AACN survey found 94% of entry level BSN and 95% of entry level MSN graduates had been offered a job within 4-6 months of graduation. Employment rates varied across the country by region, with the lowest rates reported to be in the West, with 86% BSN and 95% MSN respectively.

California employment trends are relatively consistent with findings reported by the National Student Nurses' Association (NSNA) study of new graduate employment trends through a post-graduate RN survey conducted of members who were RN graduates annually since 2008. Their national fall 2017 survey findings reported in summer 2018 indicated employment of entry level RNs exhibit small downward trends in three out of four regions of the country, with 88.1% of new graduates reported to be employed, compared with 89.3% in the prior year.¹⁰ The NSNA analysis of new graduate RN employment data continues to indicate regional differences across the country, with declines in employment from the prior year reported across three of the four regions, from a low of 82% employment in the Western Region to 85% in the Northeast, and 92% in the Central region. Employment in the Southern Region was the same as the prior year at 92%. Differences in national employment rates by type of RN degree were also reported, with 87% ADN, 91% BSN, and 81% Masters Entry Programs.

While various state and national surveys show some notable differences in survey populations, questions, and measures from this California Newly Licensed RN Employment Survey, there are consistencies in findings and trends comparing employment experiences supported with evidence-based results across various studies. National, statewide, and regional trends reflect evolving workforce needs and the progressive emergence of new roles and varied practice settings, providing broad opportunity within a dynamic job market for newly licensed RNs embarking on a nursing career. While the employment rate reported by newly licensed RNs indicates only slightly downward trends, this may be an early indication of changes in the employment landscape, both in California and nationally.

7. CONCLUSIONS

California needs to prepare newly licensed RNs to practice in traditional acute care settings faced with increasing change as well as emerging new roles and various ambulatory care settings to meet evolving healthcare needs and future demand, ensuring the state has the supply of nurses needed to provide health care in diverse settings and services. Interest in nursing as a career and enrollment of new students in RN programs remains strong and there have been slight increases in the number of students completing RN pre-licensure programs annually over the past three years. With 11,302 new graduates in California completing RN programs in the 2016-2017 academic year, current workforce demand and nursing education supply are in balance. As reported earlier, the Health Resources and Services Administration (HRSA) National Center for Health Workforce Analysis projects the demand for RNs in California in the next 10 years will be 11.5% (44,500 RNs) greater than the supply. The California Employment Development Department

⁹ American Association of Colleges of Nursing, AACN Research Brief (December, 2017). Employment of New Nurse Graduates and Employer Preferences for Baccalaureate-Prepared Nurses Report.

¹⁰ V. Feeg, D. Mancino, National Student Nurses' Association, Dean's Notes Volume 40, No.1 (summer, 2018). New Graduates' First Jobs and Future Plans: Debt, Employers, and Education Prospects.

forecasts there will be 327,800 registered nurse jobs in California or an increase of 16.2% or 45,800 jobs over the next 10 years. (California Employment Development Department, 2018).¹¹ These indications are reminders of the importance that California continue monitoring workforce changes and position to support future growth in nursing pre-licensure programs. The future nursing workforce also needs to be prepared to fill more diverse roles in varied practice settings, respond to employer expectations for RNs to be prepared with at least a BSN degree, and address the growing demand for nurses to be prepared to practice in specialty areas.

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 engagement and growing interest in career options outside traditional acute care hospital settings. With a reasonably strong economy and as an increased number of experienced nurses are now retiring, the demand for new nurses is anticipated to remain strong. The recent emergence of a leveling off or slight decline in the employment rates for newly licensed RNs that may be occurring is inconsistent with current and future demand predictions, and should be closely monitored. This trend is further impacted by increasing demand resulting from an aging population, a greater proportion of insured individuals having more access to care, and growth in services resulting from these trends. Hospitals have historically been the largest employer of nurses and new graduates. California's hospital RN vacancy rates have been increasing, with average vacancy rates of 3.2% (2014), 4.9% (2015), 5.9% (2016), 5.9% (2017), and 6.3% (fall, 2018) reported.¹² Hospitals indicate a growing need for open positions to be filled with RN applicants experienced in specialty areas. 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 in multiple practice settings.

This survey also indicates transition to practice programs and residencies have been important and effective ways for new nurses to obtain further skills and competencies needed to increase employability. Lack of experience as an RN continues to be reported as the number one reason new graduates are not offered available jobs. Transition to practice programs have provided options for specialty training and guided experience as newly licensed RNs enter the workforce, yet findings indicate these programs are accessible to less than half of newly licensed RNs. Resources and strategies to expand, improve, and strengthen transition to practice programs across all types of organizations and practice settings remains a strategic priority.

The research team wishes to thank all of the newly licensed RNs 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 face in finding RN jobs, the importance of preparing future nurses consistent with hiring needs, and the value of establishing effective transition to practice programs. Results from this annual survey continue to inform strategies that support and improve collaborative academic practice pathways to employment for newly licensed nurses.

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¹¹ California Employment Development Department, EDD Data Library, December 2018.

¹² Healthcare Workforce Survey Report, Third Quarter 2018, Hospital Association of Southern California.

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

