



California Newly Licensed RN Employment Survey Report

Fall 2019

June 9, 2020

CONTENTS

INTRODUCTION	2
KEY FINDINGS	2
SURVEY REPORT – EMPLOYMENT EXPERIENCES OF NEWLY LICENSED RNS	3
Design and Sample	3
Response Profile	3
Social Determinants of Health and Education	6
Employment and Type of Jobs RNs Obtained	10
Participation in Transition to Practice Programs for Newly Licensed RNs	16
STATEWIDE SURVEY – COMPARISON OF FINDINGS	18
CONCLUSIONS	20
ACKNOWLEDGEMENTS	21

FIGURES

Figure 2.1 REGIONAL DISTRIBUTION OF SURVEY RESPONDENTS	4
Figure 4.1 LENGTH OF TIME BETWEEN RN LICENSURE AND EMPLOYMENT	11
Figure 4.2 JOB SATISFACTION	14
Figure 4.3 RNS CONSIDERING JOB OR CAREER CHANGE WITHIN 1-2 YEARS	14
Figure 5.1 LENGTH OF NEW GRADUATE RN TRANSITION TO PRACTICE PROGRAMS	17

TABLES

Table 2.1 ETHNIC DISTRIBUTION OF SURVEY RESPONDENTS	5
Table 2.2 LANGUAGES SPOKEN FLUENTLY	5
Table 3.1 FAMILY BACKGROUND	6
Table 3.2 BASIC NEEDS	7
Table 3.3 FINANCIAL RESOURCES	7
Table 3.4 PHYSICAL AND MENTAL HEALTH	8
Table 3.5 FACTORS CAUSING DELAY IN COMPLETION OF ACADEMIC PROGRAM	10
Table 4.1 EMPLOYMENT OF NEWLY LICENSED RNS	10
Table 4.2: EMPLOYMENT OF RNS BY LEVEL OF EDUCATION	11
Table 4.3 EMPLOYMENT RATES BY GEOGRAPHIC AREA OF CALIFORNIA	12
Table 4.4 TYPES OF FACILITIES NEW GRADUATE NURSES ARE EMPLOYED	12
Table 4.5 CLINICAL AREAS NEW GRADUATE NURSES PRACTICE	13
Table 4.6 BURNOUT WITHIN THE FIRST YEAR OF EMPLOYMENT	15
Table 4.7 REASONS FOR DIFFICULTY FINDING EMPLOYMENT REPORTED BY RNs	15
Table 4.8 PLAN TO ADVANCE NURSING EDUCATION	16
Table 6.1 RN INTEREST IN TRANSITION TO PRACTICE PROGRAMS	18

INTRODUCTION

To better understand the employment landscape for newly licensed RNs in California, along with the prevalence of social determinants of health experienced by nursing students and RNs as they enter practice, a statewide study conducted annually by HealthImpact since 2010 was replicated again in fall 2019. The employment landscape for newly licensed RNs in California was relatively strong as of fall 2019, with 84.5% of new graduates licensed within the prior 12 months employed and working in their first RN position; 92.4% of which obtained employment within 6 months of RN licensure.

Following a slight decline seen in each of the prior two years, this most recent period indicates an improved job market for new graduate RNs entering the workforce. Acute care hospitals continue to be the largest type of employer hiring newly licensed RNs overall, with 59.3% of nurses reported to be working in Inpatient settings, 11.0% in Emergency Departments and Urgent Care, and 5.1% working in other types of hospital areas. Beyond acute care hospitals, 24.6% of newly licensed RNs are employed in various types of health care organizations and practice settings with diverse populations including ambulatory care services and community health. Employment patterns are comparable to the prior year, when 26.0% reported employment outside of acute care hospitals. The wide range of practice settings that employ newly licensed RNs provides evidence of the type of career options and opportunities available to nurses as they first enter practice.

Preparing the emerging nursing workforce with sufficient knowledge, skills, and attributes to perform competently in diverse practice settings, also presents challenges considering the complex health care needs of the population, and evolving health care systems. Providing transition to practice programs designed to support newly licensed RNs as they enter practice while developing skills and competencies performing in an RN role remains important. Of the RNs working in their first job, 53.1% reported participating in a new graduate transition to practice program.

California is an ideal greenhouse for nurturing new pathways to prosperity in America given its long history of technical innovation, cultural creativity, and civic optimism. However, anecdotal reports reveal students in higher education also experience challenges that threaten successful progression and completion, resulting in program attrition rates. To better understand the prevalence of social determinants of health that can impact education and student success, including factors that may impact well-being once employed, a set of new questions were included for the first time in this fall 2019 study.

POST STUDY NOTATION: This statewide employment survey conducted in late fall 2019 reflects education and employment patterns in the 12-month period prior to the COVID-19 pandemic. The state of emergency and response underway as this report was being prepared poses challenges to nursing programs with uncertain impact to the timely completion, graduation, licensure, and employment for some nursing students. Academic-practice collaboration remains essential to assure the preparation and supply of the emerging workforce will be able to meet evolving workforce demand in the near term.

KEY FINDINGS

RNs newly licensed by exam in California in the prior 12-month period between September 2018 and August 2019 were invited to participate in the fall 2019 study. A total of 2,968 nurses completed the survey for a 24.3% survey response rate.

- 84.5% of RNs reported being employed and working in their first registered nursing job; an increase of 5.1% from the prior year indicating an improved job market for new graduate RNs entering the workforce.

- 92.4% of those employed found jobs within 6 months (67.0% in 3 months, 25.4% in 3-6 months).
- Percent of RNs employed by nursing degree: 84.0% ADN, 84.4% BSN, 93.2% Masters Entry (MEPN).
- Regional differences in employment rates were reported, ranging from areas with the highest percent of newly licensed RNs employed in the San Joaquin Valley (93.8%) and the Central Coast (92.9%) to areas with the lowest percent of newly licensed RNs employed in the Greater Sacramento (71.4%) and San Francisco Bay (76.6%) areas.
- Most frequently reported employment settings where greater than 2% of newly licensed RNs reported to be working include: Hospital Inpatient areas (59.3%) followed by Emergency Department/Urgent Care (11.0%), Nursing Home/Extended Care/Skilled Nursing or Group Home (5.1%), Rehabilitation/Long-Term Care (3.6%), other types of Hospital Departments (3.0%), Inpatient Mental Health/Sub-Acute Abuse (2.3%), and Home Health/Hospice (2.3%).
- 53.1% of RNs employed and working in their first job report participating in a new graduate transition to practice program; a slight increase of 0.6% from the prior year.
- The prevalence of social determinants experienced by students that can impact health, well-being and education during their nursing program, and once employed were evident; 25.1% of RNs reported experiencing a lack of resources to obtain or provide for basic needs such as food, clothing, housing, medical care, child or dependent care, or transportation during the time they were students, with some challenges continuing after graduation during their first year in practice.

SURVEY REPORT – EMPLOYMENT EXPERIENCES OF NEWLY LICENSED RNS

1. DESIGN AND SAMPLE

All RNs newly licensed for the first time by exam in California between September 2018 and August 2019 were identified by the BRN and invited to participate in the survey. This was an increase from prior years when only 50% of those licensed in the prior year were randomly selected and invited to participate in the study. Each nurse received an invitation email addressed from Dr. Joseph Morris, Executive Officer of the BRN, in early November 2019, requesting they participate in the study by completing an online survey. Of the 12,583 RNs in the BRN database that met criteria, 12,249 survey invitations were disseminated to those with an email address on file, and 52 others with email reported as “undelivered”. A total of 2,968 nurses completed the survey, for a 24.3% survey response rate. Initial review identified and removed 96 records from the database from respondents indicating they either resided out of state (66) or reported obtaining their RN license before or after the 12-month period included in the study. A final total of 2,873 respondents that met criteria were analyzed in this report. No personal identification information was requested, and results were reported only in aggregate. The margin of error rate for this survey of 1.6% was calculated at a 95% level of confidence. This should be kept in mind when interpreting findings throughout this report as small changes from the prior year that fall within this margin of error rate may not be statistically significant.

2. RESPONDENT PROFILE

The profile of RNs newly licensed within the prior 12-month period and residing in California participating in this survey included 93.6% (n=2,688) who completed their nursing program in California, and 6.0% (n=171) in another state, and 0.4% (n=14) in another country. All RNs were newly licensed by exam in California between September 2018 and August 2019 in the 12 months prior to the survey. Peak months when RN licenses were obtained typically followed graduation twice a year as anticipated, in summer between July (25.9%) and August 2019 (19.3%), followed next in frequency in spring in either February (11.2%) or March (9.6%) 2019. The

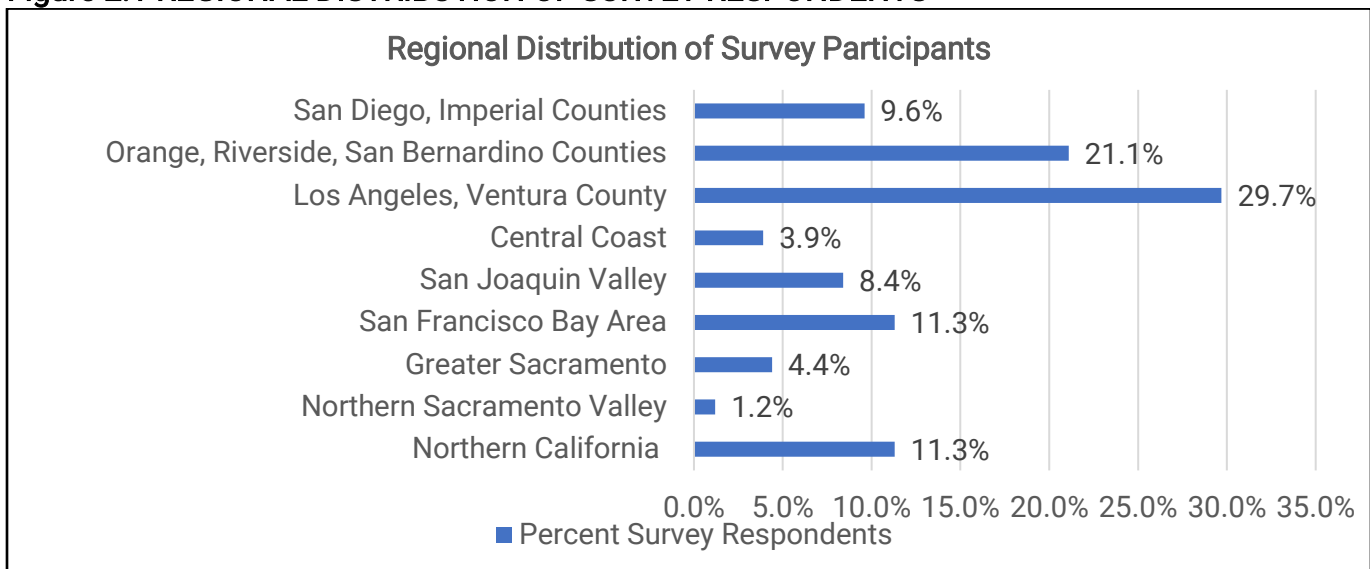
balance of nurses (33.0%) reported obtaining their RN license fairly evenly distributed across each of the remaining 8 months across the survey period.

Of the 2,873 RN respondents, 51.9% (n=1,489) graduated with an associate degree in nursing (ADN), 44.5% (n=1,276) with a baccalaureate degree in nursing (BSN), and 3.6% (n=103) from an entry level master's program in nursing (ELM or MEPN). The distribution of survey respondents closely approximates the pattern of RN pre-licensure students reported to have completed their RN program by type of degree in the most recent 2017-2018 California BRN Annual School Report, with 47.8% ADN, 42.8% BSN, and 6.7% ELM respectively.¹

The geographic distribution where survey respondents reside is representative of and consistent with patterns of population density in each area, with 29.7% residing in the Los Angeles/Ventura area; 21.1% in Orange, Riverside, and San Bernardino counties; 11.3% in the San Francisco Bay Area; 11.3% in Northern California; 9.6% in the San Diego/Imperial County area; 8.4% in the San Joaquin Valley; 4.4% in the Greater Sacramento area; 3.9% in the Central Coast, and 1.2% 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, thus results largely represent the employment experiences within these large metropolitan regions. Notable employment patterns and differences unique to each of 9 regions were analyzed and discussed in the employment section later in this report.

Figure 2.1 REGIONAL DISTRIBUTION OF SURVEY RESPONDENTS



The age distribution of survey respondents in order of frequency indicates 35.9% are between 25-30 years of age; 24.6% less than 25 years; 18.3% are between 31-35 years of age; 10.4% age 36-40; 6.2% age 41-45; 2.9% age 46-50; and 1.8% 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 83.1% female and 16.6% male, 0.2% non-binary, with 0.1% preferring no response.

California's nursing workforce diversity is demonstrated by the wide range of ethnicities reported by survey respondents, including: 38.5% Caucasian/White, followed by 22.9% Latino/Hispanic, 13.1% Native Hawaiian/Pacific Islander, 12.9% Asian, 4.9% African American/Black/African, and 0.5% American Indian/Native American/Alaskan Native. A detailed listing of specific ethnicities included within each category is displayed in Table 2.1.

¹ Blash, T., Spetz, J. 2017-2018 Annual School Report: Data Summary and Historical Trend Analysis. Sacramento, CA: California Board of Registered Nursing, July 2019.

Table 2.1 ETHNIC DISTRIBUTION OF SURVEY RESPONDENTS

Category	Percent	Ethnic Groups Included
Caucasian	38.5%	Caucasian, White, European, Middle Eastern
Latino/Hispanic	22.9%	Central American, South American, Cuban, Mexican, Other Hispanic
Native Hawaiian/ Pacific Islander	13.1%	Fijian, Filipino, Guamanian, Hawaiian, Samoan, Tongan
Asian	12.8%	Cambodian, Chinese, Indian, Indonesian, Japanese, Korean, Laotian/Hmong, Pakistani, Thai, Vietnamese
African American	4.9%	African American, African, Black
Native American	0.5%	American Indian, Alaskan Native
Other/Mixed	6.0%	Other/Mixed
Prefer to Not Answer	1.3%	Not Reported

While English was reported to be the only language spoken by 53.5% of respondents, a total of 67 other languages were reported to be spoken fluently. Data were obtained for each of the 16 most commonly spoken languages, with other languages invited to be written in through an open answer option.

Table 2.2 LANGUAGES SPOKEN FLUENTLY

Language	Percent
Arabic	0.4%
Armenian	1.0%
Cambodian	0.6%
Chinese	3.3%
Farsi	0.8%
Hindi	1.5%
Hmong	0.7%
Japanese	0.5%
Korean	2.0%
Laotian	0.1%
Punjabi	1.4%
Russian	1.5%
Spanish	22.8%
Tagalog	7.7%
Thai	0.3%
Vietnamese	2.0%
<u>Other languages:</u> American Sign Language, Assyrian, Bisaya, Bosnian, Burmese, Cantonese Chinese, Chamorro, Creole, Croatian, Dutch, Ethiopian, French, German, Gujarati, Igbo, Hebrew, Hiligaynon, Igbo, Ilocano, Italian, Indonesian, Kapampangan, Kiswahili, Lithuanian, Luganda, Malaysian, Mien, Navaho, Nigerian, Mien, Norwegian, Pashto, Patois, Polish, Portuguese, Romanian, Shanghainese, Sinhalese, Siswati,	5.5%

3.SOCIAL DETERMINANTS OF HEALTH AND EDUCATION

This statewide study provides evidence of the prevalence of social determinants as reported by the population of RNs who successfully completed their RN prelicensure nursing program as newly licensed RNs and when the respondents were nursing students. These findings should be considered a minimum rate for nursing students in prelicensure RN programs considering the prevalence and/or impact of social determinants are thought to be greater in the population of students who did not complete their nursing program and were not part of this study. Student attrition rates provide an indication of the need to identify and effectively address factors that impact student success and program completion. In the prior year, attrition rates reported by 136 California RN Prelicensure programs² ranged from less than 5% (n=50), to 5-10% (n=38), 11-15% (n=13), 16-20% (n=18), and greater than 20% (n=17).

A social determinants framework is helpful to identify the social, economic, educational, and environmental barriers that can impede a student’s success from enrollment through graduation, and into employment. Students from economically and educationally disadvantaged backgrounds can experience some of the greatest challenges stemming from a lack of resources. Evidence suggests that a diverse healthcare workforce that is racially, ethnically, and socioeconomically aligned are more likely to practice in communities with similar populations, improving access to culturally competent care, health equity, and improved health outcomes. Key factors experienced by students and self-reported in this study that most often present challenges are displayed in Tables 3.1, 3.2, 3.3 and 3.4.

Table 3.1 FAMILY BACKGROUND

Family Background		
Family Economic Status		N=2,241
Long-term poverty		7.1%
Working class		27.4%
Lower middle class		19.9%
Middle class		31.6%
Upper middle class		12.1%
Wealthy		0.6%
Highest Level of Parent Education		N=2,858
Degree	Mother or Parent/Guardian #1	Father or Parent/Guardian #2
Do not know	6.5%	8.6%
Grade School	9.9%	8.9%
Some High School (did not complete)	7.2%	7.0%
High School Diploma or GED	19.2%	20.2%
Some College (did not complete)	17.6%	17.4%
Associate degree	10.2%	8.7%
Bachelor’s Degree	20.7%	18.5%
Some Graduate School (did not complete)	0.8%	0.7%
Master’s Degree	6.3%	6.8%
Doctoral Degree	1.6%	3.2%

² California Board of Registered Nursing, RN Accreditation, Attrition, and on Time Completion Rates Report, 2018-2019.

Table 3.2 BASIC NEEDS

Basic Needs			
During Time in School N=2,301	Living Situation/Housing		Now N=1,622
5.0%	Did/do not have a steady place to live		3.2%
16.3%	Worried about losing a steady place to live		7.8%
78.7%	Had/have a steady place to live		89.0%
During Time in School N=721	Unable to Get or Provide What Was Needed N=721 (25.1%) of all RN respondents (option to select more than 1 answer)		Now N=721
56.3%	Health care or medicine		19.0%
33.1%	Clothing		5.4%
31.1%	Food		5.8%
30.9%	Utilities		6.1%
27.6%	Childcare		7.1%
15.3%	Dependent adult or sibling care		3.9%
30.9%	Transportation		6.7%
1-Way Commute Time During School (shortest average) N=1,822	1-Way Commute Time During School (longest average) N=1,427	One Way Commute Time	1-Way Commute Time to Work N=1,490
67.3%	28.0%	1-30 minutes	60.4%
23.8%	36.2%	31-59 minutes	26.6%
6.8%	22.6%	60-89 minutes	9.2%
2.1%	13.2%	90 minutes or more	3.8%

Table 3.3 FINANCIAL RESOURCES

Financial Resources	
Funding Sources Used to Pay for Education (option to select more than 1 answer)	N=2,240
Student's own savings or income	61.1%
Federal or state loans	53.8%
Grants	34.8%
Scholarships	32.0%
Student's personal credit card	30.7%
Parent savings or income	27.7%
Private loans	26.5%
Parent loans or credit card	10.2%
Amount of Student Debt at Time of Academic Program Completion	N=1,935
Maximum	\$200,000
Median	\$29,000
Mean	\$42,000
Level of Confidence to Pay Back Student Loans or Education Debt	N=2,188
Very Concerned	9.7%
Some Concern	19.3%
Confident	21.1%
Very Confident	23.1%
Not Applicable/No Student Loans or Education Debt	26.8%

Table 3.4 PHYSICAL AND MENTAL HEALTH

Physical Health Status			
During Time in School N=1,999	Overall Health		Now N=1,934
2.6%	Poor		0.8%
9.7%	Quite Poor		3.2%
31.8%	Fair		24.1%
34.3%	Quite Good		43.7%
21.6%	Very Good		28.2%
Mental Health Status			
During Time in School N=2,242	Level of Stress		Now N=1,775
46.1%	Very much		16.3%
32.7%	Quite a bit		24.0%
14.4%	Somewhat		31.9%
5.0%	A little bit		22.2%
1.8%	Not at all		3.6%
During Time in School N=2,067	Feeling Down, Depressed, or Hopeless		Now N=1,831
6.1%	Nearly every day		3.7%
15.6%	More than half the time		9.6%
39.1%	Several days a month		32.3%
39.2%	Not at all		54.5%
During Time in School N=2,202	Feeling Lonely or Isolated		Now N=1,686
11.2%	Always		4.5%
29.6%	Often		15.2%
28.9%	Sometimes		31.0%
16.5%	Rarely		30.4%
13.7%	Never		19.0%
Feeling Talked Down To	Personal Family or Friends N=2,145	During Time in School N=2,145	Now N=2,072
Frequently	2.2%	2.3%	1.4%
Often	4.2%	5.1%	3.5%
Sometimes	16.5%	17.4%	15.3%
Rarely	18.2%	17.9%	17.3%
Never	58.9%	57.3%	62.4%
Physical Harm or Threat			
Physically Hurt	Personal Family or Friends N=2,153	During Time in Nursing Program N=2,150	Work Environment N=2,079
Frequently	0.3%	0.2%	0.1%
Often	0.6%	0.3%	0.4%
Sometimes	3.1%	2.0%	1.8%
Rarely	7.5%	3.1%	3.7%
Never	88.5%	94.5%	94.0%
Threatened with Harm	Personal Family or Friends N=2,140	During Time in Nursing Program N=2,138	Work Environment N=2,072
Frequently	0.2%	0.1%	0.4%
Often	0.6%	0.4%	0.5%

Sometimes	2.7%	1.8%	2.3%
Rarely	6.8%	3.8%	3.6%
Never	89.7%	93.9%	93.1%
Experienced Bias or Discrimination			
During Time in School N=2,149	Race		Now N=2,124
1.1%	Always		0.8%
2.8%	Often		2.0%
14.5%	Sometimes		11.9%
16.5%	Rarely		16.6%
65.1%	Never		68.7%
N=2,131	Ethnicity		N=2,107
1.1%	Always		0.9%
2.6%	Often		1.8%
13.2%	Sometimes		11.9%
15.8%	Rarely		16.1%
67.3%	Never		69.2%
N=2,106	National Origin		N=2,083
0.9%	Always		0.8%
1.6%	Often		1.1%
9.0%	Sometimes		6.9%
11.7%	Rarely		11.8%
76.9%	Never		79.4%
N=2,117	Gender Identity or Sexual Orientation		N=2,086
0.2%	Always		0.2%
1.6%	Often		1.2%
6.2%	Sometimes		5.5%
9.6%	Rarely		9.6%
82.3%	Never		83.5%
N=2,114	Religious Belief		N=2,079
0.4%	Always		0.2%
1.0%	Often		0.8%
4.8%	Sometimes		3.4%
7.9%	Rarely		8.7%
86.8%	Never		86.9%
N=2,136	Age		N=2,104
1.5%	Always		1.5%
5.2%	Often		4.4%
16.2%	Sometimes		14.5%
15.7%	Rarely		17.4%
61.2%	Never		62.3%
N=2,103	Political Affiliation		N=2,073
0.8%	Always		0.4%
1.2%	Often		0.8%
4.3%	Sometimes		3.5%
7.6%	Rarely		8.7%
86.2%	Never		86.7%
N=2,085	Pregnancy Status		N=2,060
0.1%	Always		0.0%
0.4%	Often		0.1%

1.3%	Sometimes	1.1%
2.4%	Rarely	2.0%
95.8%	Never or Not Applicable	96.7%
N=2,172	Military or Veteran	N=2,061
0.0%	Always	0.0%
0.1%	Often	0.0%
0.5%	Sometimes	0.4%
1.4%	Rarely	1.6%
98.1%	Never or Not Applicable	98.0%
N=2,071	Disability	N=2,051
0.3%	Always	0.1%
0.6%	Often	0.2%
1.6%	Sometimes	1.0%
2.0%	Rarely	2.0%
95.5%	Never or Not Applicable	96.6%

While all of the RNs in this survey completed their RN prelicensure programs, 5.6% reported experiencing challenges that temporarily interrupted or delayed on-time completion for a combination of personal, health, or financial reasons, as well as academic performance issues. The primary reasons for delay are displayed in Table 3.5. The population of nurses invited to participate in this survey were all licensed RNs, however 5.0% reported not passing the NCLEX RN licensing exam the first time, and taking it a second time (4.1%), a third time (0.8%), or more (0.1%). Special accommodations were made for 1.0% students while taking the NCLEX RN licensing examination that had limitations or disabilities that impacted test taking including: extra time 0.8%, a separate room 0.7%, or special equipment 0.2%.

Table 3.5 FACTORS CAUSING DELAY IN ACADEMIC COMPLETION

Factors		
Reasons		N=2,869
No, did not "step out" or take a leave		94.4%
Personal reasons		2.9%
Health related concern		1.6%
Academic performance (failed, repeated one or more courses)		0.7%
Financial need		0.4%

4. EMPLOYMENT AND TYPE OF JOBS RNS OBTAINED

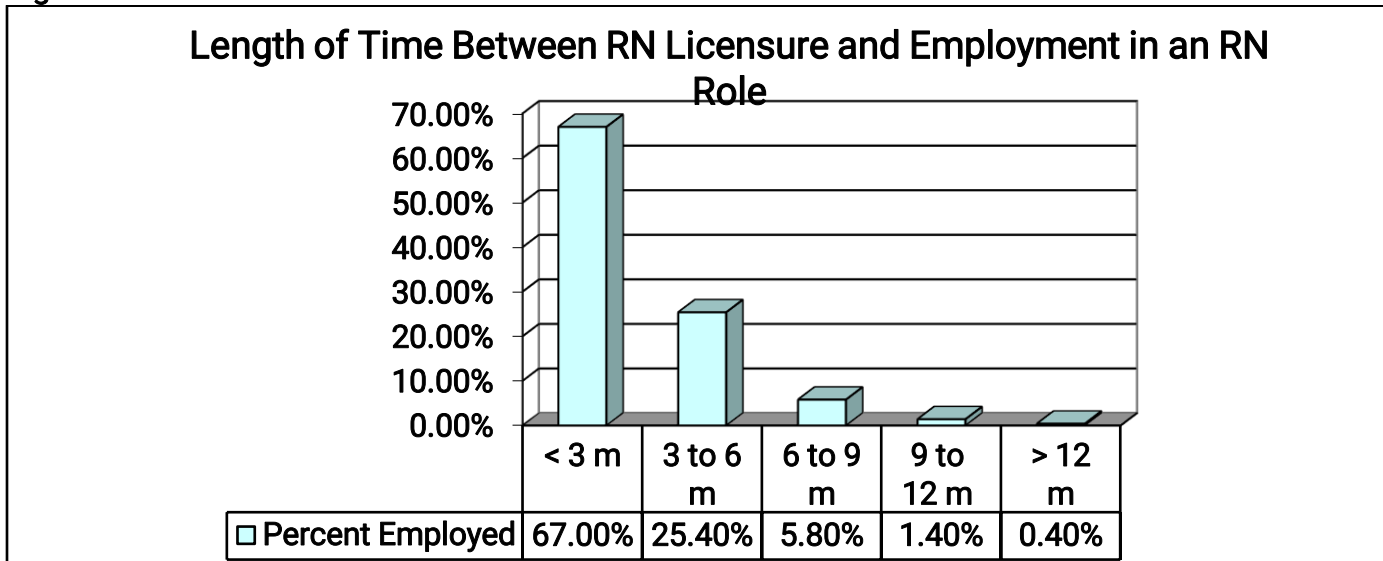
The majority of newly licensed RNs responding to the survey reported being employed as an RN, with 84.6% working in their first registered nursing job, and 15.4% not yet working as a registered nurse. These results show marked improvement in the rate of new graduate employment compared with the past two years and indicate a relatively strong employment landscape. (Table 4.1) The change in employment rate reported from the prior year given the calculated margin of error rate of 1.6% can be considered statistically significant. Monitoring employment trends over time provides evidence of employment opportunities and potential challenges aligned with workforce demand.

Table 4.1 EMPLOYMENT OF NEWLY LICENSED RNS

Survey Year	2013	2014	2015	2016	2017	2018	2019
Percent RNs Employed	59.3%	65.1%	74.2%	84.7%	81.1%	79.5%	84.5%

Those employed at the time of the survey were asked how long it was from the time they were licensed as an RN to when they begin working as an RN. The pattern of employment intervals reported is consistent with prior years, with less than 1% variation found year to year. As of fall 2019, 67.0% of respondents reported being employed within three months; 25.4% between 3-6 months, 5.8% between 6-9 months, 1.4% in 9-12 months, and 0.4% more than 12 months as displayed in Figure 4.1. Employment within 6 months of licensure reported to be 92.4% as of fall 2019, was 0.3% higher than the prior year.

Figure 4.1 LENGTH OF TIME BETWEEN RN LICENSURE AND EMPLOYMENT



Employment rate by type of nursing degree is an indicator of workforce needs, hiring trends and employer preferences. Of the nurses employed in their first job, 84.0% of ADN nurses were working, 84.4% of BSN nurses, and 93.2% of RNs graduating from a master’s Entry Program in Nursing. While no appreciable differences were found in the employment rate of ADN and BSN RNs, the employment rate for ELM RNs was reported to be higher by comparison as displayed in Table 4.2.

Table 4.2: EMPLOYMENT OF RNS BY LEVEL OF EDUCATION

Survey Respondents N=2,868	Employment of RNs by Type of Nursing Degree		
	ADN 51.9% (N=1,489)	BSN 44.5% (N=1,276)	ELM 3.6% (N=103)
Employed as RN 84.5% (N=2,424)	84.0%	84.4%	93.2%
Not Employed as RN 15.5% (N=444)	16.0%	15.6%	6.8%

Notable differences in new graduate employment rates are reported by newly licensed RNs residing in different regions of the states (Table 4.3) from a low of 71.4% in the Greater Sacramento Valley, followed by the San Francisco Bay Area with 78.6% employed, to a high of 93.8% in the San Joaquin Valley, followed closely by the Central Coast with 92.9%. While the overall patterns of employment reported between regions have been fairly consistent with prior years, all areas reported an increase in the employment rate as of fall 2019 except for the

Greater Sacramento and Orange/Riverside/San Bernardino Counties areas. The supply of newly licensed RNs is currently meeting employer demand overall. During this same period, California hospital chief nursing officers indicated demand for new RN graduates was generally weak across the state on average, with only the Central California region indicating a perception of moderate demand, as reported in the fall 2018-2019 Survey of Nurse Employers.³

Table 4.3: EMPLOYMENT RATES BY GEOGRAPHIC AREA OF CALIFORNIA

Geographic Area	Employed as an RN	Not Employed as an RN	Number of Respondents*
Northern California	87.4% (285)	12.9% (41)	226
Northern Sacramento Valley	89.5% (34)	10.5% (4)	38
Greater Sacramento	71.4% (90)	28.6% (36)	126
San Francisco Bay Area	76.6% (249)	23.4% (76)	325
San Joaquin Valley	93.8% (227)	6.2% (15)	242
Central Coast	92.9% (104)	7.1% (8)	112
Los Angeles/Ventura Counties	84.2% (692)	15.9% (131)	823
Orange/Riverside/San Bernardino Counties	89.5% (511)	15.5% (94)	605
San Diego/Imperial County	85.9% (237)	14.1% (39)	276

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

Respondents reported working in their first RN role across various types of facilities, in different clinical practice settings and specialties during the 12-month period surveyed. A majority (75.4%) of those employed report working in acute care hospitals, most often in an inpatient care setting (59.3%), or in an emergency department or urgent care setting (11.0%) as reported in Tables 4.4 and 4.5, respectively. Patterns of practice settings and types of specialties are consistent with prior years, found to be preferred career choices for newly licensed nurses, as well as indicating where employers typically hire large numbers of new graduates.

The percent of newly licensed RNs newly 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, reported to be 66.3% in the prior survey of all RNs in California 2016.⁴ Small but consistent trends year to year reflect an ongoing shift, with new graduates also employed in a broader range of non-acute and community health settings, along with employment trends for experienced RNs moving from acute care to diverse non-acute care roles throughout their nursing careers.

Table 4.4 TYPES OF FACILITIES NEW GRADUATE NURSES ARE EMPLOYED

Type of Facility	Percent Employed (N=2,251)
Hospital	75.4%
• Inpatient Care	59.3%
• Emergency/Urgent Care	11.0%
• Other Type of Department	3.0%
• Ambulatory Care (Outpatient Surgery, Clinic etc.)	1.0%
• Nursing Home Unit	0.8%

³ Bates, T., Chu, L., Spetz, J. Survey of Nursing Employers in California, fall 2018-2019: Philip R. Lee Institute for Health Policy Studies, University of California San Francisco. April 2020.

⁴ Spetz, J., Chu, L., Jura, M., Miller, J. 2016 Survey of Registered Nurses. (biannual) Sacramento, CA: California Board of Registered Nursing, September 2017.

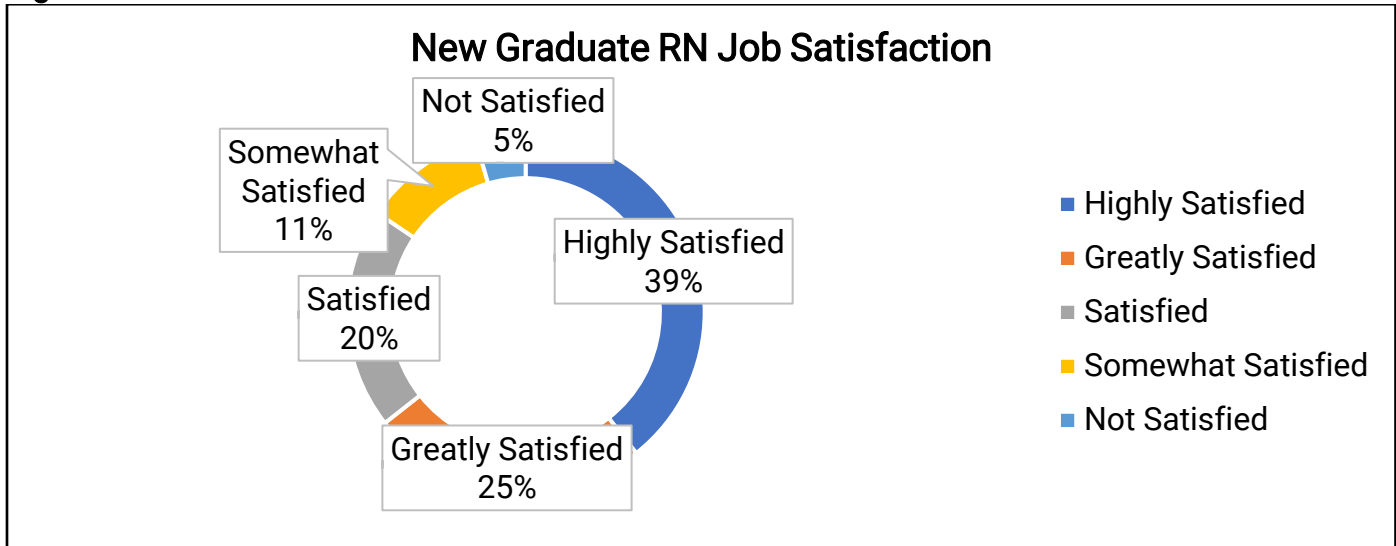
• Home Health	0.2%
• Ancillary Unit	0.1%
Nursing Home/Extended Care/Skilled Nursing/Group Home	5.1%
Rehabilitation Facility/Long-Term Acute Care	3.6%
Inpatient Mental Health/Sub-Acute Abuse	2.3%
Home Health Agency (including hospice)	2.3%
Ambulatory Surgery Center (free-standing)	1.3%
Correctional Facility/Prison/Jail	1.2%
School Health (K-12 or college)	1.2%
Public Health or Community Health Agency (not a clinic)	1.1%
Public or Community Clinic, Rural Health Center	1.0%
Private Medical Practice, Physician Office, Clinic	0.8%
Urgent Care (non-hospital)	0.5%
Outpatient Mental Health/Substance Abuse	0.4%
Inpatient Hospice (not hospital-based)	0.3%
Occupational Health or Employee Health Service	0.2%
Government Agency (other than public/community health or corrections)	0.2%
Self-Employed	0.2%
Call Center/Telemedicine	0.1%
University/College Academic Department	0.0%

Table 4.5 CLINICAL AREAS NEW GRADUATE NURSES PRACTICE

Percent Employed (N=2,251)			
General Medical-Surgical	21.0%	Oncology	2.2%
Critical Care/Intensive Care	10.7%	Ambulatory Care/Specialty	1.8%
Telemetry	9.9%	Mother-Baby/Newborn	1.7%
Emergency Care/Trauma	9.4%	Home Health	1.7%
Geriatrics	4.4%	Work in Multiple Areas	1.3%
Psychiatry/Mental Health	4.2%	Orthopedics	1.3%
Pediatrics	3.5%	Primary Care	1.2%
Labor and Delivery	3.3%	Dialysis	1.2%
Rehabilitation	3.3%	Hospice	1.1%
Step-Down or Transitional Care	3.0%	Community/Public Health	0.9%
Surgery/Pre-Op/Post-Op/PACU	2.8%	School Health K-12, Post-Secondary Education	0.8%
Cardiology	2.7%	Corrections	0.7%
Neonatal Care	2.3%	Obstetrics/Gynecology	0.5%

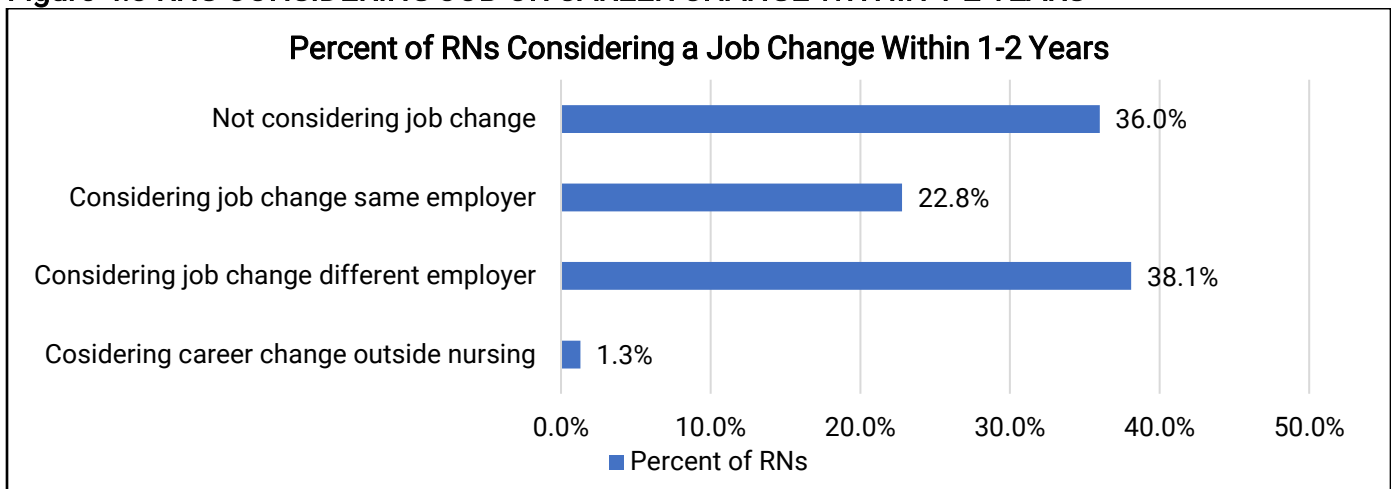
Nurses were asked about their level of job satisfaction in their first RN position, and whether they were considering a job change in the next 1-2 years. A majority of respondents (84%) report being highly satisfied, greatly satisfied, or satisfied with their first RN position as shown in Figure 4.2.

Figure 4.2 JOB SATISFACTION



While a majority reports being satisfied with their first job, 62.2% of RNs also indicated they are or would consider a job change in the next 1-2 years. Of those, 22.8% interested in a job change plan to stay with the same employer, 38.1% are considering working for a different employer, and 1.3% indicate a career change outside of nursing is an option, as displayed in Figure 4.3. These findings illustrate the need to understand why newly licensed RNs consider changing jobs within the same employer or migration from one organization to another. Additionally, further investigation is needed to understand why 1.3% of nurses are considering a career change given the time and resources spent thus far on a nursing career. Employers are encouraged to evaluate RN interest in and satisfaction with their current position, as well as the work environment itself and engagement within the organization overall, taking steps to address key drivers of dissatisfaction and options for professional growth.

Figure 4.3 RNS CONSIDERING JOB OR CAREER CHANGE WITHIN 1-2 YEARS



Percent's do not add up to 100% due to rounding

These findings highlight the importance for employers to anticipate RN turnover from those that are satisfied with their current role in the short term, explore what motivates them to learn and grow professionally, and provide opportunities within the overall organization for nurses to advance in their careers. In addition to professional satisfaction, employers are encouraged to evaluate the work environment itself and provide options for RN contribution, involvement, engagement, and leadership in changes and improvements, taking steps to address key drivers of dissatisfaction that may lead to dissatisfaction and turnover.

Interest in changing jobs arising from job dissatisfaction can be an indication of nursing burnout that influences turnover, and/or may lead to the decision to abandon the practice of nursing. A combination of factors arising from the work environment itself involving role expectations and workload, along with individual capability, interpersonal relationships and social determinants that may contribute to nursing burnout are important implications for practice and further research. Of the RNs responding to this study, 16.5% reported experiencing feelings of burnout within their first year of employment as shown in Table 4.6.

Table 4.6 BURNOUT WITHIN THE FIRST YEAR OF EMPLOYMENT

Level of Burnout	Percent (N=2,243)
I enjoy my work, and have no symptoms of burnout	34.3%
Occasionally I am under stress and do not always have as much energy as I once did, but do not feel burned out	49.2%
I am definitely burning out, and have one or more symptoms of burnout, such as physical and emotional exhaustion	13.9%
The symptoms of burnout that I am experiencing will not go away. I think about frustration at work a lot.	1.7%
I feel completely burned out and often wonder if I can go on. I am at a point where I may need some changes or may need to seek some sort of help.	0.9%

Among respondents that indicated they were not yet working as an RN, 23.3% reported looking for a job fewer than 3 months, 52.0% 3-6 months; 16.4% 6-9 months; 6.7% 9-12 months and 1.7% longer than 12 months. Nurses not yet employed as an RN indicated the two most frequently reported reasons given by potential employers for not extending a job offer were lack of experience for the position (77.0%) and BSN degree either preferred or required (34.1%) as displayed in Table 4.7.

Table 4.7 REASONS FOR DIFFICULTY FINDING EMPLOYMENT REPORTED BY RNs

Reported by Newly Licensed RNs Not Yet Employed	2017	2018	2019
No RN experience	79.1%	72.9%	77.0%
Lack of a (minimum) of a BSN degree	39.5%	21.1%	34.1%
Reported by California Hospitals ⁵			
Require a minimum amount of experience prior to hire (usually 12 months)	51.9%	41.7%	48.3%
Prefer a minimum of a BSN degree upon hire	53.8%	54.9%	54.3%
Require a minimum of a BSN degree upon hire	3.8%	9.0%	18.0%

RN perception or understanding of employer preference for RNs to have a minimum of a BSN degree upon hire increased compared with the prior year and is consistent with trends also reported by California employers. While a majority of hospitals (54.3%) responding to the most recent Survey of Nursing Employers in California report a preference for hiring bachelor's-trained RNs consistent with the previous three years, 18% report a bachelor's degree in nursing to be required for employment, which is twice what was reported in fall 2017. Nursing programs providing collaborative ADN to BSN academic progression models that offer streamlined pathways for ADN students to also obtain a BSN within a year after ADN program completion are strategically positioned to address evolving trends.

Of the RNs who were not yet employed, 15.3% indicated reasons they were not offered a job was a limited resume lacking activities, experience or skills that may have distinguished them further as candidates for employment, or where their experience was not related to the setting or applicable to the position; 2.4% reported being told they'd been out of school too long; 1.2% reported their academic preparation was

⁵ Bates, T., Chu, L., Spetz, J. Survey of Nursing Employers in California fall 2018-2019. San Francisco, CA: Philip R. Lee Institute for Health Policy Studies, University of California, San Francisco. April 2020.

insufficient for the scope of the position or specialty; and 0.2% indicated not getting a job offer related to having a low GPA.

Newly licensed RNs are interested in academic progression that also supports career advancement, with 32.3% reporting they are currently enrolled and continuing their education to obtain a higher degree, 66.9% indicating plans to do so in the next 1-3 years, or 31.9% indicating a higher degree as a long-term goal as displayed in Table 4.8.

Table 4.8 PLAN TO ADVANCE NURSING EDUCATION

N=2,068	Currently Enrolled 32.3%	1-3 Years 66.9%	4-6 Years 39.5%	7-10 Years 13.3%	>10 years 31.9%
BSN	576	509	36	2	5
MSN	90	683	488	82	104
MPH	1	39	38	13	87
MBA	0	23	29	11	74
DNP	1	119	194	128	198
PhD	0	10	31	39	139

Nurses not working as RNs were asked what they were doing at this time. Findings indicated 34.7% were working in non-nursing/non-health-care jobs (30.8% part time, and 3.9% full time), and 29.5% indicated working in health care although not as an RN. Just over a third (37.4%) reported they were currently continuing their education in nursing. RNs also indicated they were volunteering in a health-related service (14.1%) 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, spending time with family, caring for a new baby, or traveling.

5. 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 nurses, conducted either by a school of nursing following completion of their academic program and prior to employment, or by an employer upon hire. RNs employed at the time of this survey provided information regarding their participation in a new graduate transition program, with 53.1% indicating they had participated in some type of program. This was slightly more than the prior year, when 52.5% of RNs reported completing a program in 2018, however less than reported in 2017 when 56.9% indicated completing a program. Transition to Practice programs for newly licensed RNs more typically found in mid- to large size hospitals are less prevalent or not provided in smaller hospitals, or other types of health care organizations, who cite limitations with cost, capability, lack of resources within their setting, and to some extent, the lower volume of RNs hired.

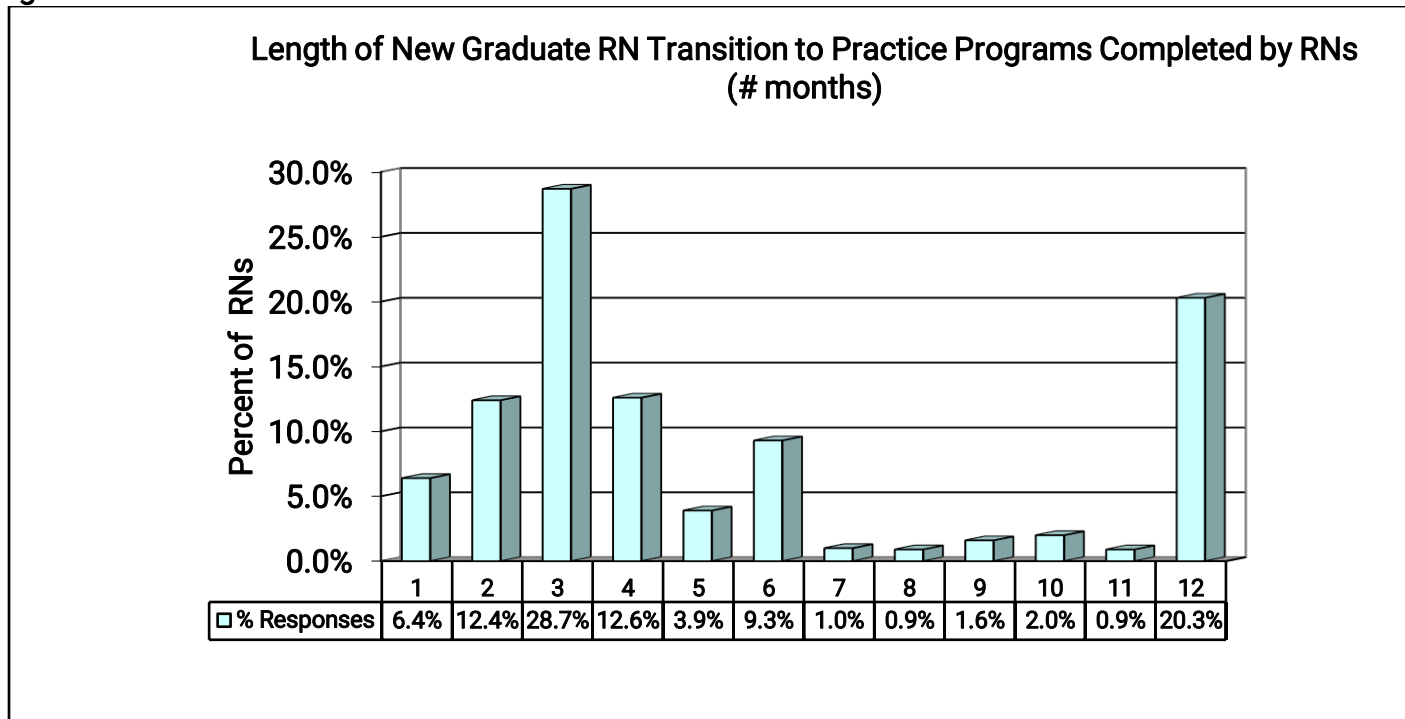
Findings reported by RNs regarding their participating in transition to practice programs provides evidence that the number of programs or access new graduates have to them is relatively limited and unchanged from prior years, helping illuminate the need for California to develop and expand such programs aligned with the 2020 IOM Future of Nursing Report goal that all newly licensed RNs complete a transition to practice program as they enter practice. Programs more typically provided by large hospitals and those within large health care systems are often limited in scope or length, or not offered at all in mid to small organizations and community-based healthcare settings that may lack the resources and capability needed to provide these programs.

The length of programs that are provided by employers upon hire including both classroom and supervised clinical components were reported to vary significantly, from one to twelve months, with 3 months most

frequently reported by 28.7% of RNs, followed by twelve months with 20.3%, and six months reported by 9.3% of RNs. As in prior years, program lengths were most often reported to be clustered between two to four months as depicted in Figure 5.1. While this overall pattern remains consistent with prior years, it was noted that 8.0% fewer RNs reported participating in programs that were a full year, with a shift to programs conducted over four months or less.

Distinct differences in the length of programs reported reflect wide variation in program models and design, with potential for different outcomes. Programs conducted based on national standards and those that are also nationally accredited are twelve months in length. 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 program improvement and adoption of effective practices that support the professional development and retention of the emerging nursing workforce.

Figure 5.1 LENGTH OF NEW GRADUATE RN TRANSITION TO PRACTICE PROGRAMS



Of the 754 nurses who reported participating in a transition to practice program provided by a school of nursing prior to employment, a majority indicated the program was helpful in gaining:

- Confidence in practice (89.5%)
- Skills and increasing competencies (89.2%)
- Experience in a licensed RN role (88.6%)
- Employment (82.6%)

There is further opportunity to more directly and purposefully connect RNs enrolled in transition to practice programs with employers as intended pipelines to employment. 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 employment. The percent of respondents indicating they were either interested or very interested has increased when compared with prior years, regardless of whether it was structured as an unpaid program or required tuition to be paid. This change in interest provides evidence of the importance and value these programs have for RNs as they enter the workforce, their willingness or ability to invest time and resources to support their transition into practice, as well as a growing interest in career pathways outside of traditional acute care settings as shown in Table 6.1.

Table 6.1 RN INTEREST IN TRANSITION TO PRACTICE PROGRAMS

RN Interest	FALL 2015	FALL 2016	FALL 2017	FALL 2018	FALL 2019
Interest in a program if payment of tuition was required	30.8%	20.5%	19.4%	19.8%	26.0%
Interest in a program if it was an unpaid internship	47.8%	32.4%	33.5%	33.9%	38.1%
Interest in a program to gain experience in a non-acute health care setting	56.7%	44.8%	47.6%	50.8%	67.8%

All respondents, regardless of employment status or participation in a transition to practice program, were asked to rank various incentives that engaged or would engage their participation in a program. Those identified as providing the greatest incentive in were:

1. Opportunity to increase skills, competencies, and confidence
2. Opportunity to gain experience as a licensed RN
3. Opportunity for potential employment with a specific employer
4. Deferral of student loans
5. Obtaining college credit applicable to BSN or MSN degree
6. Opportunity to practice in a specific specialty area
7. Improving resume and employability

7. STATEWIDE SURVEY COMPARISON OF FINDINGS

This survey provides evidence of the employment experiences reported by newly licensed RNs in California over the 12-month period between September 2018 and August 2019, with comparison of trends noted in recent years. These findings and employment patterns provide valuable information for nurse leaders and educators working together to assure the academic preparation of students is aligned with patterns of employment as indicators of emerging workforce needs. While the calculated margin of error rate of 1.6% is relatively low overall, caution is advised when interpreting results applied to individual sub-regions of the state as findings with lower responses may not fully reflect the unique variables in each area. It is possible that nurses who were not yet employed at the time of the survey may have been more motivated to complete it, 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 ten years the study has been conducted, and the survey instrument has included standard questions to support comparison and inform trends over time.

These results reflect the demographic pattern and regional distribution of new graduates reported in the annual BRN school survey, and mirror data obtained from other sources, including employer surveys of nurses and surveys fielded by schools of nursing. Data from this current California survey indicate a relatively stable and strong employment landscape for newly licensed RNs. Data indicate 92.4% of newly licensed RNs residing in California are employed within 6 months, which is slightly higher than findings reported by the American Association of Colleges of Nursing (AACN)⁶ in its annual survey of nursing schools offering baccalaureate and graduate programs in the U.S. In their assessment of new graduates finding employment, the national AACN

⁶ American Association of Colleges of Nursing, AACN Research Brief (February 2019). Employment of New Nurse Graduates and Employer Preferences for Baccalaureate-Prepared Nurses Report.

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, noting employment rates vary across the country by region, with the lowest rates consistently reported in the West, with 87% BSN and 86% MSN, respectively.

California employment trends are relatively consistent when also compared with findings reported by the National Student Nurses' Association (NSNA) study of new graduate employment trends obtained through a post-graduate RN survey conducted of RN graduates annually since 2008. Their national fall 2018 survey findings reported in summer 2019 indicated employment of entry level RNs exhibited upward trends with 89.0% of new graduates reported to be employed, compared with 88.1% in the prior year.⁷ The NSNA analysis of new graduate RN employment data continues to indicate regional differences across the country, with a slight increase in employment from the prior year reported across two of the four regions. Their findings consistently indicate the Western region has the lowest rate of employment of 84%, this was up from 82% in the prior year. Differences in national employment rates by type of RN degree were found to be the same as the prior year, with 87% ADN and 91% BSN. Data were not provided from master's 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. The employment rate reported by newly licensed RNs indicates job opportunities were slightly greater than the prior two years.

According to the most recently reported projections in the *Forecasts of the Registered Nurse Workforce in California*,⁸ the state's supply of RNs through 2035 is predicted to be slightly higher than projected demand. The model relies on a number of factors monitored over time including nursing program enrollment and completion rates, state-to-state RN migration patterns, and changes in health care delivery and work force demand. The composition of the states' overall nursing workforce and employment findings reported in the prior *California Board of Registered Nursing (BRN) Survey of Registered Nurses (2016)*, along with the *2018-2019 BRN Annual School Report of RN Pre-Licensure Programs in California*, and other state and national data sources provide further detail and 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 2030.⁹ Considering various forecasting models utilized in different studies, the collective evidence reported from these sources indicates California must maintain and should position to increase the number of nursing graduates to meet long-term health care needs.

The recent *Survey of Nurse Employers in California*¹⁰ reports over 90% of hospitals hired new RN graduates in fall 2019, with over half of those also indicating they had increased their employment of new RN graduates in the prior year. Fewer hospitals report having a minimum experience requirement, from 68% in 2015 down to 48.3% in 2018-19, partially influenced by a continued shortage of experienced RN candidates, and the availability of newly licensed RNs to fill vacant positions. The 2019 report found 54.3% of hospitals preferred hiring baccalaureate prepared RNs, which is consistent with prior years; however, the percent that require newly hired RNs to hold a bachelor's degree upon hire has doubled to 18.1% over the past two years.

⁷ V. Feeg, D. Mancino, National Student Nurses' Association, Dean's Notes Volume 41, No.1 (summer, 2019). Loan Debt for New Graduates in Nursing: How Employment Post Graduation and Student Loan Debt are Affected Over Time.

⁸ Spetz, J., *Forecasts of the Registered Nurse Workforce in California*, California Board of Registered Nursing, May 2020.

⁹ 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.

¹⁰ Chu, L., Spetz, J. *Survey of Nursing Employers in California, fall-winter 2018-2019*. San Francisco, CA: Philip R. Lee Institute for Health Policy Studies, University of California, San Francisco, April 2020.

Trends in healthcare delivery and payment models 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 greater demand for nurses to be well prepared to practice in a range of employment settings and new roles. Tracking pathways to employment of new graduate RNs informs workforce planning and indicates the type of settings students need to be prepared for upon entry into practice.

8. CONCLUSIONS

California needs to prepare newly licensed RNs for practice in acute care settings and emerging new roles to include diverse ambulatory care settings to meet evolving healthcare needs, assuring the state has the supply of future nurses prepared with the knowledge, skills, and competencies needed. Interest in nursing as a career and enrollment of new students in RN programs remains strong, with slight increases in the number of students completing RN pre-licensure programs annually over the past few years. With 11,890 new graduates in California completing RN programs in the 2017-2018 academic year, current workforce demand and nursing education supply are in balance in the near term; however the Health Resources and Services Administration (HRSA) National Center for Health Workforce Analysis projects the demand for RNs in California will be 11.5% (44,500 RNs) greater than the supply by 2030. The California Employment Development Department 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, September 2019).¹¹ These indications are reminders of the importance that California continue monitoring workforce changes and position to support future growth where needed 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 strong economy this past year, and an increased number of experienced nurses now retiring, the demand for new nurses is anticipated to remain healthy. The stabilization and slight increase in the employment rates for newly licensed RNs is consistent with current and future demand predictions and should be monitored for early indications of change in emerging workforce supply and demand, considering an aging population, a greater proportion of insured individuals now having more access to care, and associated growth or shift in services and settings. Acute care hospitals have historically been the largest employer of nurses and new graduates. With an average RN vacancy rate of 4.3% reported by California's hospitals at the time of this study,¹² employers also indicate a growing need and greater demand 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 gain and expand essential competencies to meet emerging health care needs across diverse practice settings, and high-demand specialty areas.

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 primary reason new graduates are not offered available jobs. Addressing academic practice gaps through active collaboration between nursing programs and employers, along with strategies and programs that support effective transition to practice and provide mentoring during the first year of practice remain important to progressive competency attainment. 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 could be more prevalent and

¹¹ California Employment Development Department, EDD Data Library, September 2019.

¹² Healthcare Workforce Survey Report, Third Quarter 2019, Hospital Association of Southern California.

accessible while supporting the attainment of key competencies over a longer period of time. Resources and strategies to expand, improve, and strengthen transition to practice programs across all types of organizations and practice settings remain a strategic priority.

This study also provides important evidence of the prevalence of social determinants of health in California's emerging nursing workforce that can impact education and employment. Social determinants that shape health and well-being can influence student experiences, and positively or negatively impact learning, academic progression, and success. Health and well-being dimensions encompass physical, social, mental, and financial factors that can continue to influence an individual's potential, including employee engagement.¹³ Establishing systems, providing support services and allocating resources that address social determinants of health and well-being are integral to effective recruitment, development, retention, and workforce outcomes.

These results will be reviewed by nursing leaders, employers, schools of nursing, policy makers and others concerned about the challenges students experience and new graduates face in finding RN jobs and transitioning to practice as licensed RNs. The importance of preparing future nurses aligned with evolving workforce needs recognizes the value of expanding access to effective transition to practice programs as a strategic priority. Results from this annual survey continue to inform strategies that support and improve collaborative academic practice pathways to employment for newly licensed nurses, and opportunities to strengthen their success in practice.

9. ACKNOWLEDGEMENTS

The research team wishes to thank each of the newly licensed RNs who took time to share their personal experiences and employment information with us.

HealthImpact acknowledges the contribution and support of several individuals and organizations for their leadership and collaboration in this statewide study. The project was funded through contributions from the Association of California Nurse Leaders (ACNL), California Association of Colleges of Nursing (CACN), California Nursing Students' Association, Cedars-Sinai Medical Center, the California Community Colleges Chancellor's Office (CCCCO), and the California Community Colleges Chancellor's Office (CCCCO) Health Workforce Initiative Sector Navigator Health grant powered by the California Community College Chancellor's Office, Division of Workforce and Economic Development hosted by College of the Canyons. The California Board of Registered Nursing was instrumental in identifying the newly licensed RNs who met criteria for inclusion and were invited to participate in this study, including disseminating the survey addressed from Dr. Joseph Morris, Executive Officer of the BRN. Laura M. Wagner, PhD, RN, FAAN, Associate Professor, Founder, FirstGenRN Program, UCSF School of Nursing, advised the development of survey questions addressing social determinants of health that were included for the first time in this study. Joanne Spetz, PhD, Professor, Philip R. Lee Institute for Health Policy Studies and Associate Director for Research Strategy, Center for the Health Professions, University of California San Francisco, provided input related to the study design.

POST STUDY NOTICE – IMPACT OF COVID-19 PANDEMIC ON RN EDUCATION AND EMPLOYMENT

This statewide employment survey conducted in late fall 2019 reflects education and employment patterns in the prior 12-month period, a few months before the COVID-19 pandemic. The state of emergency and response underway at the time this report was being prepared is requiring modification in nursing program teaching methods, and presenting limitations to and postponements of clinical education, that may delay nursing program completion, graduation, and licensure for some nursing students. Employment patterns are also impacted, with workforce needs shifting to expedite focused hiring in the short term to accommodate COVID-19 response, as well as some reduction or closure of elective services, limiting employment options. It will be

¹³ A. Blacker, J. Grossmeier, L. Meyer, N. VanderHorst, and E. Wolfe, Social Determinants of Health – An Employer Priority, *American Journal of Health Professions* 34(2).

important to monitor the short- to mid-term impact the COVID-19 pandemic will have on nursing education and employment in the months ahead. Academic-practice collaboration remains important for nursing programs and employers implementing changes and adopting strategies to assure the preparation and supply of the emerging workforce in meeting evolving workforce needs.

HEALTHIMPACT TEAM

Garrett Chan, PhD, RN, APRN, FAAN, President and Chief Executive Officer

Carolyn Orlowski, MSN, RN, Director of Workforce Strategy; Principal Investigator for the study

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

