



California Newly Licensed RN Employment Survey

Research Report

Fall 2020

September 2021

Contents

INTRODUCTION	2
KEY FINDINGS	2
EMPLOYMENT EXPERIENCES OF NEWLY LICENSED RNS	3
1. DESIGN AND SAMPLE	3
2. RESPONDENT PROFILE.....	3
3. SOCIAL DETERMINANTS OF HEALTH AND EDUCATION	5
3.1 <i>Family Background</i>	6
3.2 <i>Basic Needs</i>	7
3.3 <i>Financial Resources</i>	8
3.4 <i>Physical and Mental Health</i>	10
4. RATES OF EMPLOYMENT AND TYPE OF JOBS RNS OBTAINED.....	14
5. PARTICIPATION IN TRANSITION-TO-PRACTICE PROGRAMS FOR NEWLY LICENSED RNS	20
6. CONCLUSION.....	21
7. POLICY IMPLICATIONS	23
8. ACKNOWLEDGEMENTS	24

Tables

Table 2.1 Demographics for Respondents to Nursing Survey	4
Table 2.2 Ethnic Distribution of Survey Respondents	5
Table 3.1a Family Economic Status	6
Table 3.1b Parental Educational Attainment.....	6
Table 3.2a Living Situation	7
Table 3.2b Unmet Basic Needs	7
Table 3.2c One-Way Commute Time.....	8
Table 3.3a Nursing School Funding.....	8
Table 3.3b Personal Finances, Activities, and Plans	9
Table 3.4a Comparison of Physical and Mental Health in Nursing School and Now	10
Table 3.4b Physical Harm or Threat.....	11
Table 3.4c Experience of Bias or Discrimination.....	11
Table 3.4d Factors Causing Delay in Academic Completion	13
Table 4.1 Employment of Newly Licensed RNs.....	14
Table 4.2 Employment of RNs By Type of Nursing Degree.....	15
Table 4.3 Employment Rates by Geographic Area Of California	15
Table 4.4 Facilities Where New Graduate Nurses Are Employed.....	16
Table 4.5 Clinical Practice Areas in Which New Graduate Nurses Are Employed	17
Table 4.6 Percent of RNs Considering Job or Career Change Within 1-2 Years	18
Table 4.7 Newly Licensed RNs Reporting Burnout Within the First Year of Employment.....	18
Table 4.8 Reasons for Difficulty Finding Employment Reported by RNs	19
Table 4.9 Plan to Advance Nursing Education, in Numbers	19

Figures

Figure 2.1 Regional Distribution of Survey Respondents	4
Figure 4.1 Length of Time Between RN Licensure and Employment.....	14
Figure 4.2 Job Satisfaction	17
Figure 5.1 Length of New Graduate RN Transition-to-Practice Programs.....	20

Introduction

Since 2010, *HealthImpact* has conducted a survey of newly licensed registered nurses (RNs) focused on employment and entry into the workforce. While understanding the employment of newly licensed RNs is essential in understanding workforce supply and demand, an additional focus on social and environmental factors that affected newly licensed RNs is essential for understanding the health and well-being of this nascent sector of the workforce. Therefore, additional survey questions were added in the fall of 2019 to understand the social determinants of health and education both when they were nursing students and as they entered the workplace.

In March 2020, the COVID-19 pandemic caused widespread disruption in society that adversely affected nursing students and newly licensed RNs. This report is the first in the nation to describe the physical, mental, social, economic, and diversity issues newly licensed RNs experienced while in nursing school and early in their careers in the time of the pandemic. In revising the 2020 data in comparison to the 2019 data, pre-existing challenges were exacerbated by the pandemic.

Key Findings

RNs newly licensed by exam in California in the prior 12-month period between September 2019 and August 2020 were invited to participate in the study. A total of 3,058 eligible nurses completed the survey for a 27.9% survey response rate.

- 81.5% of RNs reported being employed and working in their first registered nursing job; this change represents a decrease of 4.0% from the prior year indicating a more challenging job market for new graduate RNs entering the workforce.
- 88.4% of those employed found jobs within 6 months (63.6% in 3 months, 24.8% in 3-6 months).
- Percent of RNs employed by nursing degree: 80.9% ADN, 82.6% BSN, 77.1% Masters Entry (MEPN).
- Regional differences in employment rates were reported; the highest employment rates for newly licensed RNs were in the San Joaquin Valley (91.3%), Far Northern California (92.9%) and the Central Coast (85.7%) and the lowest employment rates for newly licensed were in the San Francisco Bay (69.2%) and Greater Sacramento (69.9%) areas.
- At least 2% of newly licensed RNs reported working in the following settings: Hospital Inpatient areas (59.8%) followed by Emergency Department/Urgent Care (8.5%), Nursing Home/Extended Care/Skilled Nursing or Group Home (4.1%), other types of Hospital Departments (3.7%), Rehabilitation/Long-Term Care (3.2%), Public Health or Community Health Agency (2.6%), Outpatient Specialty Clinic (2.5%), Private Medical practice, clinic, or office (2.1%), and Inpatient Mental Health/Sub-Acute Abuse (2.0%).
- 53.6% of RNs employed and working in their first job report participating in a new graduate transition to practice program, which represented a slight increase of .9% from the prior year.

- The prevalence of social determinants experienced by students that can impact their health, well-being and education both during their nursing program and once employed were evident; 30.3% 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.

Employment Experiences Of Newly Licensed RNs

1. Design and Sample

All RNs newly licensed for the first time by exam in California between September 2019 and August 2020 were identified by the BRN and invited to participate in the survey. This study was approved by Pearl IRB. Each nurse received an invitation email addressed from the Board of Registered Nursing (BRN) requesting they participate in the study by completing an online survey. The BRN sent 10,988 survey invitations to those with an email address on file. Of the 10,988 emails that were sent, 29 email invitations “bounced back” and were undeliverable. A total of 3,140 nurses completed the survey, for a 28.5% survey response rate. Initial review identified and removed 82 records for respondents who resided out of state or obtained their RN license before or after the 12-month study period. A final total of 3,058 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 2.0% 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

All RNs were newly licensed by exam in California between September 2019 and August 2020, the 12 months prior to the survey. Peak months when RN licenses were obtained followed graduation twice a year as anticipated, in summer between July (16.4%) and August 2020 (21.1%), followed next in frequency in spring in either February (13.2%) or March (7.2%) 2020. The RN licensure month for the balance of nurses (42.1%) was fairly evenly distributed across the remaining 8 months of the survey period.

Of the 3,058 RN respondents, 47.0% (n= 1,436) graduated with an associate degree in nursing (ADN), 46.2% (n= 1,414) with a baccalaureate degree in nursing (BSN), and 4.7% (n= 144) from an entry level master’s program in nursing (ELM or MEPN). The remaining 43 RNs did not provide their nursing degree. 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 2018-2019 California BRN Annual School Report, with 49.7% ADN, 45.2% BSN, and 5.2% ELM respectively.¹

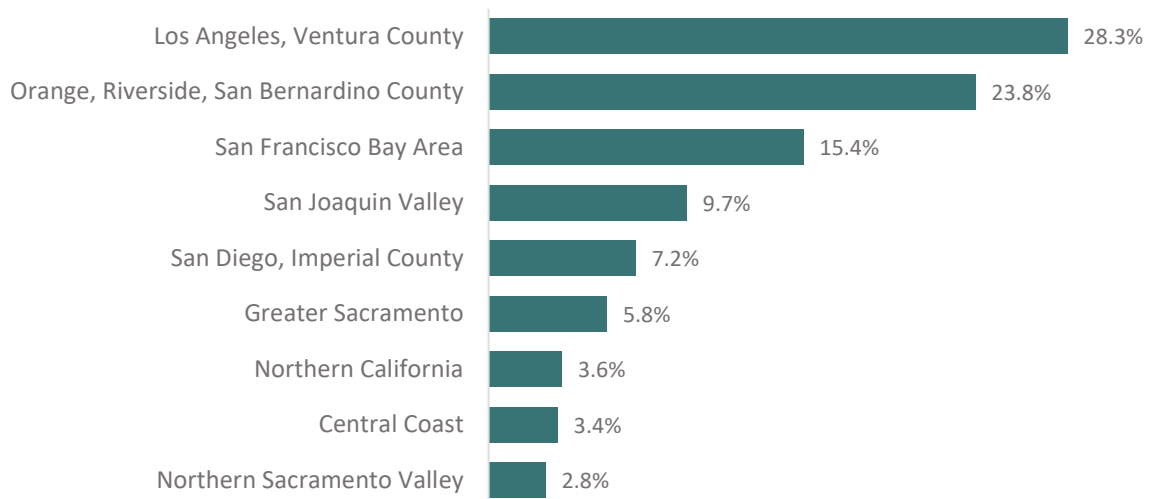
The geographic distribution where survey respondents reside is representative of and consistent with patterns of population density in each area, with 28.3% residing in the Los Angeles/Ventura area; 23.8% in Orange, Riverside, and San Bernardino counties; 15.4% in the San Francisco Bay Area; 9.7% in the San Joaquin Valley; 7.2% in the San Diego/Imperial County area; 5.8% in the Greater Sacramento area; 3.6 in

¹ Blash, T., Spetz, J. 2018-2019 Annual School Report: Data Summary and Historical Trend Analysis. Sacramento, CA: California Board of Registered Nursing, February 14, 2020.

Far Northern California; 3.4% in the Central Coast, and 2.8% in the Northern Sacramento Valley, as displayed in Figure 2.1.

With greater numbers of new graduates from the more densely populated areas participating in the survey, the aggregate statewide 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 demographic trends in gender and age were consistent over the past four years (see Table 2.1), although there were significant changes in the racial/ethnic makeup of respondents. Each year, females made up 82-85% of respondents. In addition, the largest age category was the 25-30 age group, which included over 35% of newly licensed RNs, followed by the <25 and 31-35 age groups, which included 20-30% and 15-20% of respondents, respectively. Approximately 20% of respondents were over the age of 35. However, mirroring the nationwide and statewide trends toward greater diversity in the population,² the proportion of Caucasian respondents declined, and the proportions of Asian, Native Hawaiian/Pacific Islander, and Latinx/Hispanic populations increased.

Table 2.1 Demographics for Respondents to Nursing Survey

	2017	2018	2019	2020
Gender				
Female	82.4%	83.7%	83.2%	84.9%
Male	17.6%	16.3%	16.6%	15.0%
Non-binary	-	-	0.2%	0.1%
Age				
<25	23.1%	28.0%	24.6%	22.7%
25-30	37.5%	36.2%	35.9%	36.9%

² U.S. Census Bureau (August 12, 2021). Washington, DC. Release CB21-CN.55. Local Population Changes and Nation's Racial and Ethnic Diversity.

	31–35	19.1%	15.3%	18.3%	19.0%
	36–40	9.3%	9.6%	10.4%	9.5%
	41–45	5.7%	6.2%	6.2%	6.5%
	46–50	3.3%	2.7%	2.9%	3.2%
	>50	2.0%	2.0%	1.8%	2.2%
Ethnic/Racial Category					
	African American	5.5%	4.7%	4.9%	4.8%
	Native American	0.2%	1.0%	0.5%	0.5%
	Caucasian	47.5%	38.7%	38.5%	36.1%
	Asian	10.3%	13.1%	12.8%	13.3%
	Native	8.8%	13.1%	13.1%	13.1%
	Latino/Hispanic	20.3%	21.1%	22.9%	23.8%
	Other or Mixed	7.5%	8.0%	6.0%	6.5%
	Prefer not to say/	0.0%	0.4%	1.3%	1.9%

California’s nursing workforce diversity is evident in the wide range of ethnicities reported by survey respondents. More detailed information on the ethnic groups included in each ethnic/racial category is displayed in Table 2.2. In addition, many in the workforce are multilingual; 18.0% of respondents reported that English was not their primary or first language.

Table 2.2 Ethnic Distribution of Survey Respondents

Category	Percent	Ethnicities Included
Caucasian	36.1%	Caucasian, White, European, Middle Eastern
Latino/Hispanic	23.8%	Central American, South American, Cuban, Mexican, Other Hispanic
Native Hawaiian/Pacific Islander	13.1%	Fijian, Filipino, Guamanian, Hawaiian, Samoan, Tongan
Asian	13.3%	Cambodian, Chinese, Indian, Indonesian, Japanese, Korean, Laotian/Hmong, Pakistani, Thai, Vietnamese
African American	4.8%	African American, African, Black
Native American	0.5%	American Indian, Alaskan Native
Other/Mixed	6.5%	Other/Mixed
Prefer to Not Answer	1.9%	Not Reported

3. Social Determinants of Health and Education

For the last two years, this statewide study has asked respondents questions regarding the social determinants of their health and education. The results provide evidence of the prevalence of social determinants as reported by the population of newly licensed RNs who successfully completed their prelicensure nursing program based on when they were nursing students. Because the prevalence and/or impact of social determinants are thought to be greater among students who did not complete their nursing program and were therefore not part of this study, the rates of social determinants reported here should be considered minimum rates for the entire population of nursing students in prelicensure RN programs. 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 programs³ 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 helps to identify the social, economic, educational, and environmental barriers that can impede a student’s success at any point, from enrollment through graduation and into employment. Students from economically and educationally disadvantaged backgrounds can experience some of their greatest challenges due to a lack of resources. Evidence suggests that a diverse healthcare workforce that is racially, ethnically, and socioeconomically aligned is more likely to practice in communities with similar populations, thereby improving access to culturally competent care, health equity, and improved health outcomes. Respondents self-reported on the key factors that most frequently present challenges to their success, which are displayed and discussed in Sections 3.1 – 3.4.

3.1 Family Background

Table 3.1a Family Economic Status

	2019 N=2,241	2020 N=2,638
Long-term poverty	7.1%	5.0%
Working class	27.4%	26.8%
Lower middle class	19.9%	18.4%
Middle class	31.6%	36.5%
Upper middle class	12.1%	11.2%
Wealthy	0.6%	.5%
Unsure	1.3%	1.6%

Table 3.1b Parental Educational Attainment

Highest Degree	2019 N=2,858		2020 N=3,046	
	Mother	Father	Mother	Father
Do not know	6.5%	8.6%	4.7%	10.7%
Grade School	9.9%	8.9%	8.9%	8.7%
Some High School (did not complete)	7.2%	7.0%	7.6%	7.5%

³ California Board of Registered Nursing, RN Accreditation, Attrition, and on Time Completion Rates Report, 2018-2019.

High School Diploma or GED	19.2%	20.2%	19.2%	19.1%
Some College (did not complete)	17.6%	17.4%	18.2%	16.7%
Associate degree	10.2%	8.7%	11.2%	7.9%
Bachelor's Degree	20.7%	18.5%	20.6%	18.6%
Some Graduate School (did not complete)	0.8%	0.7%	0.7%	1.1%
Master's Degree	6.3%	6.8%	7.2%	6.3%
Doctoral Degree	1.6%	3.2%	1.7%	3.4%

There were a few notable findings regarding the family backgrounds of respondents. First, as shown in Table 3.1a, the percentage of new nurses who reported their family was middle class increased ($X^2 = 7.99, p = .005$) while the percentage who reported long-term poverty declined ($X^2 = 9.45, p = .002$) from 2019 to 2020. Second, as shown in Table 3.1b, approximately 30% of the parents of respondents had a bachelor's degree or higher in both years, although fathers were more likely to have earned a doctoral degree (2019: $X^2 = 8.51, p = .003$; 2020: $X^2 = 6.14, p = .013$).

3.2 Basic Needs

Table 3.2a Living Situation

	2019		2020
	In School	Now	In School & Now
Living Situation/Housing	N=2,301	N=1,572	N=2,635
Did/do not have a steady place to live	5.0%	3.2%	1.8%
Worried about losing a steady place to live	16.3%	7.8%	11.7%
Had/have a steady place to live	78.7%	89.0%	86.6%

Table 3.2b Unmet Basic Needs, in Numbers

	2019		2020	
	In School	Now	In School	Now
Unmet Basic Needs	N=721	N=721	N=2,623	N=2,623
Health care or medicine	406	137	519	191
Clothing	239	39	283	60
Food	224	42	239	47
Utilities	223	44	291	73
Childcare	199	51	310	115
Dependent adult or sibling care	110	28	155	68
Transportation	223	48	315	55
Educational materials and supplies (e.g., internet, computers)	-	-	407	50

Table 3.2c One-Way Commute Time

	2019			2020		
	Nursing School		During Work N=1,490	Nursing School		During Work N=1,806
	Shortest Average N=1,822	Longest average N=1,427		Shortest Average N=2,102	Longest average N=1,871	
1-30 minutes	67.3%	28.0%	60.4%	70.0%	20.4%	66.2%
31-59 minutes	23.8%	36.2%	26.6%	22.0%	42.1%	25.5%
60-89 minutes	6.8%	22.6%	9.2%	5.8%	25.8%	6.2%
90 minutes +	2.1%	13.2%	3.8%	2.2%	11.7%	2.1%

As shown in Table 3.2b, the number of newly licensed RNs who reported unmet basic needs stayed largely the same in 2020 compared with the 2019 data. The numbers of respondents who struggled with social determinants of health were reported at high numbers. In terms of commute times, the 2019 and 2020 cohorts differed significantly in terms of their current commute; in 2020, respondents were more likely to report that their current commute was short both in nursing school and during work, at 30 minutes or less ($X^2 = 12.70, p = .005$).

3.3 Financial Resources

Table 3.3a Nursing School Funding

	2019	2020
Funding Sources Used to Pay for Education	N=2,240	N=2,637
Student's own savings or income	61.1%	56.8%
Federal or state loans	53.8%	48.8%
Student aid		42.7%
Grants	34.8%	29.5%
Scholarships	32.0%	29.8%
Student's personal credit card	30.7%	18.7%
Parent savings or income	27.7%	22.6%
Private loan	26.5%	26.9%
Personal loan		10.2%
Personal gift		7.5%
Parent loans or credit card	10.2%	6.9%
Other		5.6%
Tuition reimbursement		5.2%
Amount of Student Debt at Academic Program Completion	N=1,935	N=2,362
Maximum	\$200,000	\$200,000
Median	\$29,000	\$28,000
Mean	\$42,000	\$43,000
Level of Confidence to Pay Back Student Loans or Education Debt	N=2,188	N=2,631
Very Concerned	9.7%	8.8%
Some Concern	19.3%	20.2%

Confident	21.1%	19.9%
Very Confident	23.1%	20.2%
Not Applicable/No Student Loans or Education Debt	26.8%	30.9%

In both 2019 and 2020, the majority of newly licensed RNs reported that they had accrued debt to pay for their nursing program. The amount owed by respondents had a median or midpoint amount just shy of \$30,000 and was as high as \$200,000 in both years, with no significant difference in the overall level of debt ($t = -.69, p = .489$).

Approximately 30% of respondents expressed at least some concern about their ability to repay the debt, and this percentage was consistent across both years ($\chi^2 = 1.20, p = .274$).

Table 3.3b Personal Finances, Activities, and Plans

	2020
Have your financial concerns caused you to consider dropping out of college/university?	N=2,633
Strongly agree	10.4%
Agree	20.2%
Disagree	33.4%
Strongly disagree	36.0%
I feel in control of my finances.	N=2,634
Strongly agree	21.3%
Agree	59.2%
Disagree	16.0%
Strongly disagree	3.5%
I feel confident in my ability to plan for my financial future.	N=2,630
Strongly agree	27.6%
Agree	58.5%
Disagree	12.1%
Strongly disagree	1.8%

Approximately 30% of the respondents expressed financial concerns that would have had them consider dropping out of college/university. About 19.5% of the respondents felt out of control of their finances, and close to 14% of the respondents felt confident in their ability to plan for their financial future.

3.4 Physical and Mental Health

Table 3.4a Comparison of Physical and Mental Health in Nursing School and Now

	2019		2020	
	During Time in School	Now	During Time in School	Now
Overall Physical Health	N=1,999	N=1,934	N=2,403	N=2,324
Poor	2.6%	0.8%	3.5%	0.7%
Quite Poor	9.7%	3.2%	9.3%	3.9%
Fair	31.8%	24.1%	33.0%	25.1%
Quite Good	34.3%	43.7%	33.6%	41.9%
Very Good	21.6%	28.2%	20.6%	28.4%
Feeling Stressed	N=2,242	N=1,775	N=2,598	N=2,141
Very much	46.1%	16.3%	47.4%	15.9%
Quite a bit	32.7%	24.0%	32.4%	24.4%
Somewhat	14.4%	31.9%	13.4%	31.5%
A little bit	5.0%	22.2%	4.4%	21.3%
Not at all	1.8%	3.6%	2.4%	6.9%
Feeling Down, Depressed, or Hopeless	N=2,067	N=1,831	N=2,491	N=2,220
Nearly every day	6.1%	3.7%	6.5%	3.6%
More than half the time	15.6%	9.6%	17.8%	10.1%
Several days a month	39.1%	32.3%	42.4%	36.3%
Not at all	39.2%	54.5%	33.3%	50.0%
Feeling Lonely or Isolated	N=2,202	N=1,686	N=2,579	N=2,056
Always	11.2%	4.5%	11.3%	4.3%
Often	29.6%	15.2%	28.7%	18.4%
Sometimes	28.9%	31.0%	30.1%	30.1%
Rarely	16.5%	30.4%	16.0%	28.2%
Never	13.7%	19.0%	13.9%	19.0%

Table 3.4b Physical Harm or Threat

	2019			2020		
	Personal Family or Friends	During Time in School	Now	Personal Family or Friends	During Time in School	Now
Feeling Talked Down to	N=2,145	N=2,145	N=2,072	N=2,610	N=2,610	N=2,557
Frequently	2.2%	2.3%	1.4%	3.0%	3.6%	1.7%
Often	4.2%	5.1%	3.5%	4.8%	5.7%	3.1%
Sometimes	16.5%	17.4%	15.3%	23.1%	21.5%	15.0%
Rarely	18.2%	17.9%	17.3%	25.7%	22.5%	18.2%
Never	58.9%	57.3%	62.4%	43.4%	46.7%	62.0%
Physically Hurt	N=2,153	N=2,150	N=2,079	N=2,616	N=2,617	N=2,558
Frequently	0.3%	0.2%	0.1%	0.6%	0.5%	0.5%
Often	0.6%	0.3%	0.4%	0.5%	0.4%	0.2%
Sometimes	3.1%	2.0%	1.8%	4.3%	2.7%	2.8%
Rarely	7.5%	3.1%	3.7%	13.8%	6.3%	5.5%
Never	88.5%	94.5%	94.0%	80.8%	90.1%	91.0%
Threatened with Harm	N=2,140	N=2,138	N=2,072	N=2,611	N=2,609	N=2,558
Frequently	0.2%	0.1%	0.4%	0.6%	0.3%	0.6%
Often	0.6%	0.4%	0.5%	0.4%	0.7%	0.9%
Sometimes	2.7%	1.8%	2.3%	4.6%	3.4%	4.3%
Rarely	6.8%	3.8%	3.6%	13.1%	8.5%	6.1%
Never	89.7%	93.9%	93.1%	81.3%	87.1%	88.1%

Table 3.4c Experience of Bias or Discrimination

	2019		2020	
	During Time in School	Now	During Time in School	Now
Race	N=2,149	N=2,124	N=2,617	N=2,615
Always	1.1%	0.8%	1.2%	0.8%
Often	2.8%	2.0%	4.3%	3.5%
Sometimes	14.5%	11.9%	18.1%	15.8%
Rarely	16.5%	16.6%	22.7%	21.6%
Never or not applicable	65.1%	68.7%	53.7%	58.3%
Ethnicity	N=2,131	N=2,107	N=2,614	N=2,614
Always	1.1%	0.9%	1.1%	0.7%
Often	2.6%	1.8%	4.2%	3.6%
Sometimes	13.2%	11.9%	16.9%	15.7%
Rarely	15.8%	16.1%	22.7%	21.0%
Never or not applicable	67.3%	69.2%	55.1%	59.0%
National Origin	N=2,106	N=2,083	N=2,611	N=2,610
Always	0.9%	0.8%	0.8%	0.7%

	2019		2020	
	During Time in School	Now	During Time in School	Now
Often	1.6%	1.1%	2.7%	2.4%
Sometimes	9.0%	6.9%	10.1%	9.5%
Rarely	11.7%	11.8%	23.2%	20.2%
Never or not applicable	76.9%	79.4%	63.2%	67.2%
Gender Identity or Sexual Orientation	N=2,117	N=2,086	N=2,613	N=2,610
Always	0.2%	0.2%	0.4%	0.1%
Often	1.6%	1.2%	1.9%	1.2%
Sometimes	6.2%	5.5%	7.2%	6.6%
Rarely	9.6%	9.6%	23.5%	20.4%
Never or not applicable	82.3%	83.5%	67.0%	71.7%
Religious Belief	N=2,114	N=2,079	N=2,616	N=2,610
Always	0.4%	0.2%	0.3%	0.4%
Often	1.0%	0.8%	1.4%	1.4%
Sometimes	4.8%	3.4%	5.7%	5.2%
Rarely	7.9%	8.7%	23.8%	20.2%
Never or not applicable	86.8%	86.9%	68.8%	72.8%
Age	N=2,136	N=2,104	N=2,618	N=2,614
Always	1.5%	1.5%	1.5%	0.9%
Often	5.2%	4.4%	4.6%	3.3%
Sometimes	16.2%	14.5%	16.5%	14.4%
Rarely	15.7%	17.4%	21.9%	21.6%
Never or not applicable	61.2%	62.3%	55.5%	59.8%
Political Affiliation	N=2,103	N=2,073	N=2,612	N=2,603
Always	0.8%	0.4%	1.1%	1.0%
Often	1.2%	0.8%	1.7%	2.3%
Sometimes	4.3%	3.5%	5.7%	7.2%
Rarely	7.6%	8.7%	20.8%	18.8%
Never or not applicable	86.2%	86.7%	70.7%	70.7%
Pregnancy Status	N=2,085	N=2,060	N=2,608	N=2,601
Always	0.1%	0.0%	0.3%	0.1%
Often	0.4%	0.1%	0.6%	0.3%
Sometimes	1.3%	1.1%	1.0%	0.9%
Rarely	2.4%	2.0%	11.1%	10.5%
Never or not applicable	95.8%	96.7%	87.0%	88.2%
Military or Veteran	N=2,172	N=2,061	N=2,604	N=2,601
Always	0.0%	0.0%	0.1%	0.1%
Often	0.1%	0.0%	0.3%	0.1%
Sometimes	0.5%	0.4%	0.5%	0.5%
Rarely	1.4%	1.6%	9.9%	9.8%
Never or not applicable	98.1%	98.0%	89.2%	89.5%
Disability	N=2,071	N=2,051	N=2,611	N=2,601
Always	0.3%	0.1%	0.4%	0.1%

	2019		2020	
	During Time in School	Now	During Time in School	Now
Often	0.6%	0.2%	0.5%	0.4%
Sometimes	1.6%	1.0%	2.3%	1.5%
Rarely	2.0%	2.0%	10.1%	10.2%
Never or not applicable	95.5%	96.6%	86.7%	87.8%

As shown in Table 3.4a, the proportion of respondents who reported physical or mental health challenges was lower after licensure than during nursing school in both 2019 and 2020. Nevertheless, some respondents continued to experience poor physical health, stress, depression, and an overall sense of isolation after completing nursing school at concerning rates.

The reported levels of stress and depression were comparable across the two years. Specifically, there were no significant differences in the reported stress levels in nursing school ($X^2 = 3.81, p = .433$) or now ($X^2 = 2.84, p = .585$), nor were there significant differences in nurses' reported feelings of loneliness in nursing school ($X^2 = 1.24, p = .872$) or now ($X^2 = 7.87, p = .100$).

As shown in Table 3.4c, respondents were more likely to report they experienced bias and discrimination in 2020 than 2019. In nursing school, a higher percentage of RNs in 2020 reported they always, often, or sometimes experienced bias or discrimination due to race, ethnicity, and national origin (race: $X^2 = 19.58, p < .001$; ethnicity: $X^2 = 21.00, p < .001$; and national origin: $X^2 = 4.89, p = .027$). Post-licensure, RNs in 2020 were more likely to report they always, often, or sometimes experienced bias or discrimination due to their race, ethnicity, national origin, religion, and political affiliation (race: $X^2 = 23.39, p < .001$; ethnicity: $X^2 = 23.24, p < .001$; national origin: $X^2 = 7.05, p = .008$; religion: $X^2 = 15.57, p < .001$; political affiliation: $X^2 = 55.04, p < .001$).

While all of the RNs in this survey each completed their RN prelicensure programs, 9.5% 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. Moreover, the proportion of RNs who reported they had stepped out of their programs was significantly higher for the 2020 cohort than the 2019 cohort ($X^2 = 23.21, p < .001$).

The population of nurses invited to participate in this survey were all licensed RNs; however, 6.4% reported not passing the NCLEX RN licensing exam the first time, and taking it a second time (3.7%), a third time (1.3%), or more (1.4%). More respondents took the NCLEX at least two times in 2020 than in 2019 ($X^2 = 5.71, p = .017$).

Table 3.4d Factors Causing Delay in Academic Completion

Factors	2019 N=2,869	2020 N=3,053
No, did not "step out" or take a leave	94.4%	90.5%
Personal reasons	2.9%	2.1%
Health related concern	1.6%	1.0%
Academic performance (failed, repeated one or more courses)	0.7%	4.7%
Financial need	0.4%	0.4%
Other		1.3%

4. Rates of Employment and Type of Jobs RNs Obtained

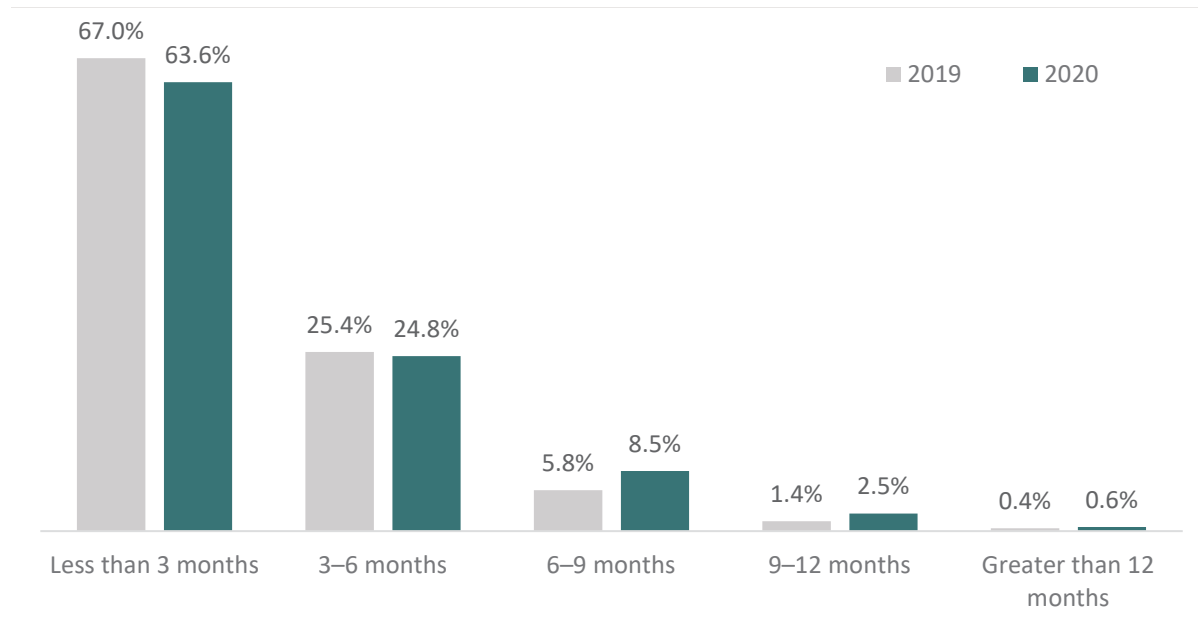
The majority of newly licensed RNs responding to the survey reported being employed as an RN, with 81.5% working in their first registered nursing job, and 18.5% not yet working as a registered nurse. These results indicate a decline in the rate of new graduate employment compared with 2019. (Table 4.1) The change in employment rate reported from the prior year given the calculated margin of error rate of 2.0% 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	2020
Percent RNs Employed	59.3%	65.1%	74.2%	84.7%	81.1%	79.5%	84.5%	81.5%

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 indicates that it took slightly longer for RNs to find employment in 2020 than in 2019. As of fall 2020, 63.6% of respondents reported being employed within three months; 24.8% between 3-6 months, 8.5% between 6-9 months, 2.5% in 9-12 months, and 0.6% more than 12 months as displayed in Figure 4.1. Employment within 6 months of licensure was reported to be 88.4% as of fall 2020, which was 4 percentage points lower than the prior year's percentage of 92.4%.

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 in 2020, 80.9% of ADN nurses were working, 82.6% of BSN nurses, and 77.1% 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 lower by comparison as displayed in Table 4.2.

Table 4.2 Employment of RNs By Type of Nursing Degree

Nursing Degree Type	2019 N=2,868		2020 N=2,640	
	N (% of Total)	% Employed	N (% of Total)	% Employed
ADN	1,489 (51.9%)	84.0%	1,257 (47.6%)	80.9%
BSN	1,276 (44.5%)	84.4%	1,239 (46.9%)	82.6%
ELM	103 (3.6%)	93.2%	144 (5.5%)	77.1%

Regional differences were revealed in the employment rates for newly licensed RNs (Table 4.3), ranging from a low of 69.2% in the San Francisco Bay Area, followed closely by Greater Sacramento with 69.9% employed, to a high of 92.9% in Far Northern California, followed closely by the San Joaquin Valley with an employment rate of 91.3%. While the overall regional patterns of employment have been fairly consistent in recent year, all areas reported a decrease in the 2020 employment rate except Far Northern California.

Table 4.3 Employment Rates by Geographic Area Of California

Geographic Area	Employed as an RN	Not Employed as an RN	Number of Respondents*
Far Northern California	92.9% (92)	7.1% (7)	99
San Joaquin Valley	91.3% (230)	8.7% (22)	252
Central Coast	85.7% (78)	14.3% (13)	91
San Diego/Imperial County	85.0% (158)	15.0% (28)	186
Orange/Riverside/San Bernardino	84.4% (529)	15.6% (98)	627
Los Angeles/Ventura Counties	82.2% (609)	17.8% (132)	741
Northern Sacramento Valley	80.6% (58)	19.4% (14)	72
Greater Sacramento	69.9% (114)	30.1% (49)	163
San Francisco Bay Area	69.2% (283)	30.8% (126)	409

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

During the 12-month period surveyed, respondents reported working in various facility types, clinical practice settings, and specialties for their first RN role. A majority of those employed or 74.6% reported working in acute care hospitals, most often in an inpatient care setting (59.8%), or emergency department or urgent care setting (8.5%) as reported in Tables 4.4 and 4.5, respectively. Patterns of practice settings and types of specialties are consistent with those from previous years. High numbers of

respondents reported working in preferred career choices for newly licensed nurses and in areas for which 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 Facilities Where New Graduate Nurses Are Employed

Facility Type	Percent Employed N=2,095
Hospital	74.6%
Inpatient care	59.8%
Emergency department/urgent care	8.5%
Other type of department	3.7%
Ambulatory care department (such as outpatient surgery, clinic, etc.,)	1.4%
Home health	0.5%
Nursing home unit	0.5%
Ancillary unit	0.2%
Nursing home/extended care/skilled facility/group home	4.1%
Rehabilitation facility/long term acute care	3.2%
Public health or community health agency (not a clinic)	2.6%
Outpatient Specialty Clinic	2.5%
Private Medical practice, clinic, physician office, etc.	2.1%
Inpatient mental health/sub-acute abuse	2.0%
Home Health agency/home health service (including hospice)	1.6%
Public or community clinic, rural health center, FQHC, etc.	1.6%
Ambulatory surgery center (free standing)	1.0%
Correctional facility/prison/jail	0.9%
Occupational health or employee health service	0.8%
School health service (K-12 or college)	0.8%
Outpatient mental health/substance abuse	0.5%
Government agency other than public/community health or corrections	0.4%
Inpatient hospice (not hospital-based)	0.4%
Urgent care (not hospital-based)	0.4%
Call center/telemedicine center	0.2%
Self employed	0.2%
University or College (academic department)	0.1%

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

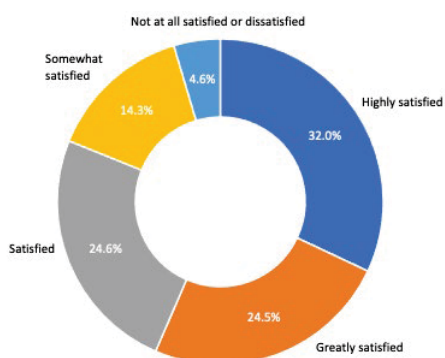
Table 4.5 Clinical Practice Areas in Which New Graduate Nurses Are Employed

Clinical Practice Area	Percent Employed N=2,251	Clinical Practice Area	Percent Employed N=2,251
General medical -surgical (inpatient)	21.5%	Work in multiple areas, no specialty	2.1%
Telemetry	12.7%	Rehabilitation	1.8%
Critical care/Intensive care	11.0%	Ambulatory care/ specialty service	1.7%
Emergency/trauma	7.4%	Dialysis	1.6%
Psychiatry/mental health	3.6%	Hospice	1.4%
Geriatrics	3.5%	Mother baby unity or normal newborn	1.3%
Step down or transitional care unit	2.8%	Home Health care	1.2%
Oncology	2.8%	Neonatal care	1.2%
Surgery/pre-op/post-op/PACU/anesthesia	2.8%	Orthopedics	1.0%
Pediatrics	2.6%	Primary Care	1.1%
Community/public health	2.4%	Corrections	0.7%
Cardiology	2.4%	School Health	0.7%
Not involved in direct patient care	2.4%	Obstetrics/Gynecology	0.6%
Labor and Delivery	2.1%	Other	4.0%

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

In 2020, although a majority of RNs report being satisfied with their first job, 67.9% indicated they are or would consider a job change in the next 1-2 years. Of those, 23.8% are interested in a job change plan to stay with the same employer, 41.1% are considering working for a different employer, and 3.0% indicate a career change outside of nursing is an option, as displayed in Table 4.6. Moreover, the percentage of



RNs indicating they are considering a job change with a different employer or outside of nursing in the next 1-2 years was significantly higher in 2020 than in 2019 ($\chi^2 = 7.55, p = .006$). 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 3.0% of nurses are considering a career change given the time and resources spent thus far on a nursing career, and the role of COVID-19 in potentially motivating RNs to seek such a change. 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.

Table 4.6 Percent of RNs Considering Job or Career Change Within 1-2 Years

Consideration of a Job Change in 1-2 Years	2019 N=2,242	2020 N=2,087
No	36.0%	32.1%
Yes, with same employer	22.8%	23.8%
Yes, with different employer	38.1%	41.1%
Yes, outside of nursing	1.3%	3.0%

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, over one-fifth (20.7%) reported experiencing feelings of burnout within their first year of employment, which was an increase of over 5 percentage points from 2019 (see Table 4.6).

Table 4.7 Newly Licensed RNs Reporting Burnout Within the First Year of Employment

Level of Burnout	2019 N=2,243	2020 N=2,085
I enjoy my work, and have no symptoms of burnout	34.3%	31.1%
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%	49.8%
I am definitely burning out, and have one or more symptoms of burnout, such as physical and emotional exhaustion	13.9%	15.5%
The symptoms of burnout that I am experiencing will not go away. I think about frustration at work a lot.	1.7%	3.7%
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%	1.5%

Among respondents that indicated they were not yet working as an RN, 33.2% reported looking for a job fewer than 3 months, 43.0% between 3-6 months; 14.6% between 6-9 months; 8.8% between 9-12 months and 0.4% 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 (74.8%) and BSN degree either preferred or required (31.5%) as displayed in Table 4.7.

Table 4.8 Reasons for Difficulty Finding Employment Reported by RNs

Reported by Newly Licensed RNs Not Yet Employed	2017	2018	2019	2020
No RN experience	79.1%	72.9%	77.0%	74.8%
Lack of a (minimum) of a BSN degree	39.5%	21.1%	34.1%	31.5%
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 the percentage 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, 20.7% indicated they were told they were not offered an RN job because they did not have applicable experience, 14.5% were told they had a limited resume lacking activities, experience, or skills that may have distinguished them further as candidates for employment; 5.5% were told they lacked sufficient academic preparation for position scope; 3.1% were told they were out of school too long, 2.7% were told an MSN degree was desired or preferred, 2.4% reported being told they’d been out of school too long; and 0.8% 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 32.2% reporting they are currently enrolled and continuing their education to obtain a higher degree, 57.8% indicating plans to do so in the next 1-3 years, 44.5% indicating plans to do so in the next 4-6 years, 13.8% indicating plans to do so in the next 7-10 years, and 20.0% indicating a higher degree as a long-term goal as displayed in Table 4.9.

Table 4.9 Plan to Advance Nursing Education, in Numbers

N=2,463	Currently Enrolled	1-3 Years	4-6 Years	7-10 Years	>10 years
	32.2%	57.8%	44.5%	13.8%	20.0%

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. The 2019-2020 report was not available at the time of this survey publication.

BSN	664	430	29	4	4
MSN	117	754	563	84	85
MPH	5	52	65	14	27
MBA	1	30	36	15	25
DNP	5	134	323	162	186
PhD	0	9	54	42	102
MD	1	14	27	19	65

Nurses not working as RNs were asked what they were doing at this time. Findings indicated 12.7% were working in non-nursing/non-health-care jobs, and 31.5% indicated working in health care although not as an RN. Just over a third (35.0%) reported they were currently continuing their education in nursing. RNs also indicated they were volunteering in a health-related service (6.5%) while looking for a job. Beyond these primary response categories, nearly 40% of respondents (39.7%) reported taking person time for themselves and their family.

5. Participation in Transition-To-Practice Programs for Newly Licensed RNs

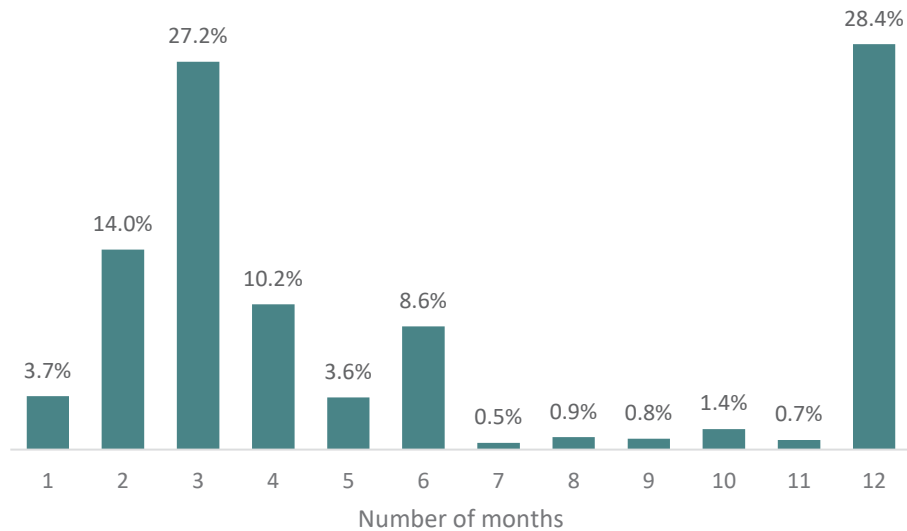
Findings reported by RNs regarding their participating in transition to practice programs provides evidence that the number of programs or access new graduates have to them is relatively limited and unchanged from prior years, helping illuminate the need for California to develop and expand such programs 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.⁶ 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 12 months most frequently reported by 28.1% of RNs, followed by three months by 26.8% of RNs, two months by 13.8% of RNs, four months by 10.1% of RNs, and six months by 8.5% 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. However, it is notable that the mode for the length of program was 12 months, which is longer than in recent years.

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

⁶ National Academies of Sciences, Engineering, and Medicine. 2021. *The future of nursing 2020–2030: Charting a path to achieve health equity*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25982>.



Of the 80 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 (89.2%)
- Skills and increasing competencies (89.4%)
- Experience in a licensed RN role (86.0%)
- Employment (62.6%)

6. Conclusion

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. 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.

This survey provides evidence of the employment experiences reported by newly licensed RNs in California over the 12-month period between September 2019 and August 2020, 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 2.0% 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 more challenging employment landscape for newly licensed RNs.

While there are differences in populations and measures between this California Newly Licensed RN Employment Survey and various state and national surveys, the current findings are nevertheless consistent with those of other evidence-based studies regarding the employment experiences of RNs. National, statewide, and regional trends reflect evolving workforce needs and the progressive emergence of new roles and varied practice settings, providing broad opportunities within a dynamic job market for newly licensed RNs embarking on a nursing career. However, the employment rate reported by newly licensed RNs in 2020 indicates job opportunities were lower than in the prior two years.

According to the most recently reported projections in *The Impact of the COVID-19 Pandemic on California's Registered Nurse Workforce: Preliminary Data*,⁷ the state's supply of RNs through 2035 is predicted to be significantly lower than projected demand, with an approximately 40,567 full-time equivalent deficit representing a 13.6% gap. The model relies on a number of factors monitored over time including nursing program enrollment and completion rates, state-to-state RN migration patterns, early retirements or RNs leaving the profession, and changes in health care delivery and work force demand. 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 but was completed before the COVID-19 pandemic.⁸ 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.

Findings in this study also illuminated the significant social determinants of health and education that newly licensed RNs faced while they were in nursing school as well as entering the workforce. Factors that were reported to be of significant concern included having access to educational materials and supplies, a decreased confidence in paying back student debt, and insecurity of housing, food, utilities, childcare, and transportation. Significant increases in discrimination and bias was seen in 2020 versus in 2019 in the areas of race, ethnicity, national origin, religion, and political affiliation either while in nursing school or in the workplace. This study found there was an increase from the 2019 data in the amount of physical and mental health concerns, burnout, and likelihood of leaving their employer or the profession within the next 1-2 years.

⁷ Spetz, J., Chug, L. & Blash, L. The Impact of COVID-19 on California's Registered Nurse Workforce: Preliminary Data, August 2021.

<https://healthworkforce.ucsf.edu/sites/healthworkforce.ucsf.edu/files/Impact%20of%20the%20COVID-19%20Pandemic%20on%20California%E2%80%99s%20Registered%20Nurse%20Workforce%20-%20Preliminary%20Data.pdf>

⁸ 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.

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 and addressing social determinants of health and education of nursing students and new graduate RNs informs workforce planning.

7. Policy Implications

Policy makers and 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 the 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 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 remains 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.⁹ 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 recognized 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

⁹ 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).

support and improve collaborative academic practice pathways to employment for newly licensed nurses, and opportunities to strengthen their success in practice.

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

