California Health Care Almanac

California Nurses: Taking the Pulse

MARCH 2014

Introduction

California is home to more than 300,000 actively licensed registered nurses (RNs), making nursing the single largest health profession in the state. Over the past 15 years the number of RNs has steadily increased, although the RNs-per-capita ratio has remained significantly lower than the national average.

With the state's aging population and the implementation of health reform, demand for health care services is likely to increase. This report provides an overview of California's nursing workforce, including supply and demographics, education, distribution, and compensation.

KEY FINDINGS INCLUDE:

- The nursing workforce has grown more diverse. Non-White RNs accounted for almost half (47%) of employed nurses in 2012. However, compared to the state's population, Latinos were significantly underrepresented in the RN workforce, while Filipinos and Whites were significantly overrepresented.
- New student enrollments in California's pre-licensure nursing programs nearly doubled from 2002 to 2011. The number of Asian students grew 154% over that time.
- The pre-licensure programs for RNs produced 10,814 graduates in 2012, down from a high of 11,512 in 2009.
- California's RN workforce continues to rely on foreign-educated nurses. In 2012, about one in five employed RNs were trained outside the US.
- Fifty-six percent of employed RNs worked in a hospital acute-care setting in 2012. Another 8% were in hospital ambulatory care.
- Nurses' average income was almost $90,000 in 2012, compared to $56,000 in 1990. However, there was wide variation from region to region, with the Greater Bay Area seeing the highest income and the Northern and Sierra region the lowest.
- Growth in licensed vocational nurse (LVN) programs was strong from 2000 to 2010, but has since dropped off. In 2012, nearly two-thirds of LVN graduates came from private, for-profit schools.

CONTENTS

RN Supply 3
Demographics. 6
Education 10
Advanced Practice RNs 15
Work Setting 18
Use of Technology. 19
Job Satisfaction. 20
Income. 22
Licensed Vocational Nurses 24
Data Sources 32
Appendices 33

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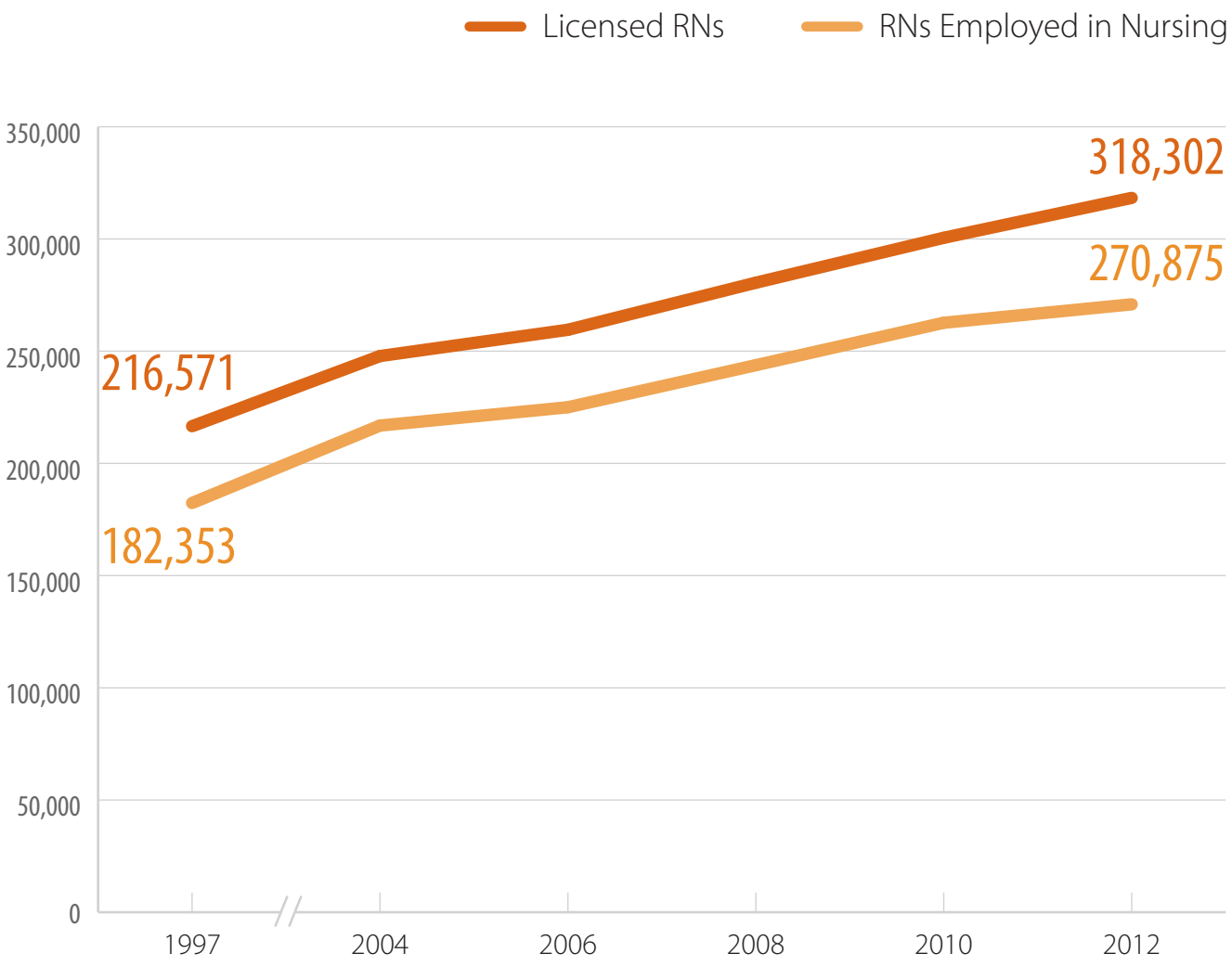
Licensed RNs vs. RNs Employed in Nursing

California, 1997 to 2012, Selected Years



Source: California Board of Registered Nursing, Survey of Registered Nurses, 2012.

California Nurses

RN Supply

Registered nurses represent the single largest occupation in California's health care workforce. Over the past 15 years the number of actively licensed RNs and the number of RNs employed in nursing steadily increased, growing 47% and 49% respectively.

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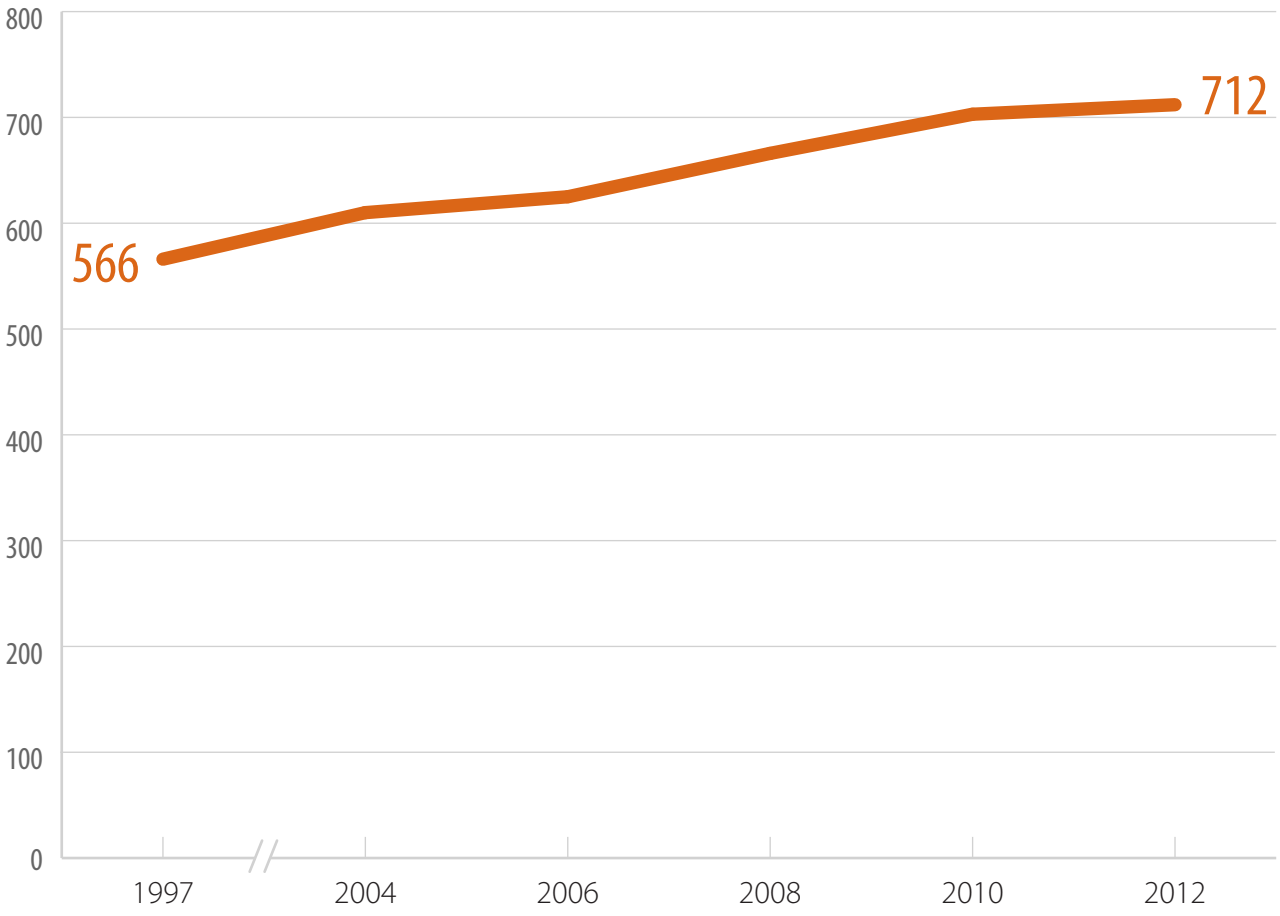
Employed Registered Nurses per 100k Population

California, 1997 to 2012, Selected Years



Note: California number is different than 2012 value on page 6 due to different data source.

Sources: California Board of Registered Nursing, Survey of Registered Nurses (2012); US Census Bureau, Population Division, ST-99-3 State Population Estimates: Annual Time Series, July 1, 1990 to July 1, 1999, Table 1. Intercensal Estimates of the Resident Population for the US, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2010 (ST-EST00INT-01), Table 1. Annual Estimates of the Population for the US, Regions, States, and Puerto Rico: April 1, 2010 to July 1, 2012 (NST-EST2012-01).

California's RN employment per capita increased steadily between 1997 and 2010, but this growth has slowed recently. The slowdown was most likely the result of a soft labor market, a generally weak economy, and pressures to reduce hospital costs because of declining reimbursement under health reform.

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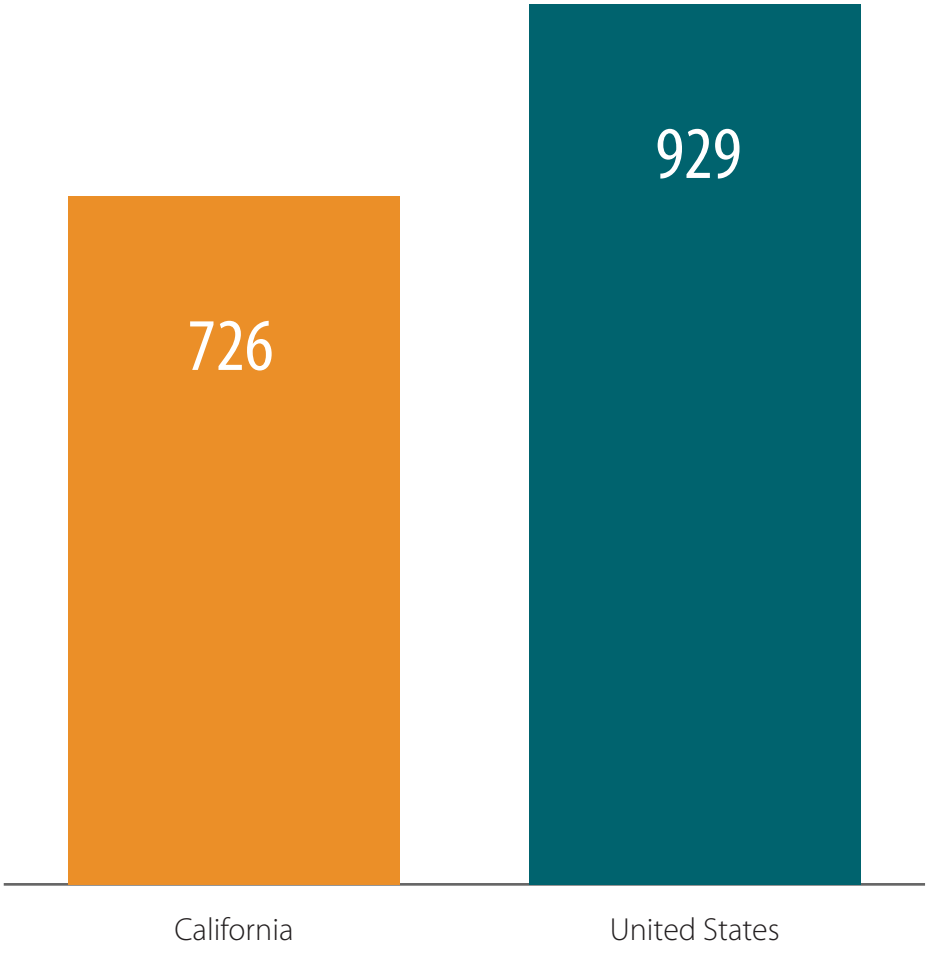
Employed Registered Nurses per 100k Population

California vs. United States, 2012



Note: California number is different than 2012 value on page 5 due to different data source.

Sources: American Community Survey, Public Use Microdata Sample, 2012. US Census Bureau, Population Division, Table 1. Annual Estimates of the Population for the US, Regions, States, and Puerto Rico: April 1, 2010 to July 1, 2012.

California's RN-per-capita ratio was significantly lower than the national average in 2012.

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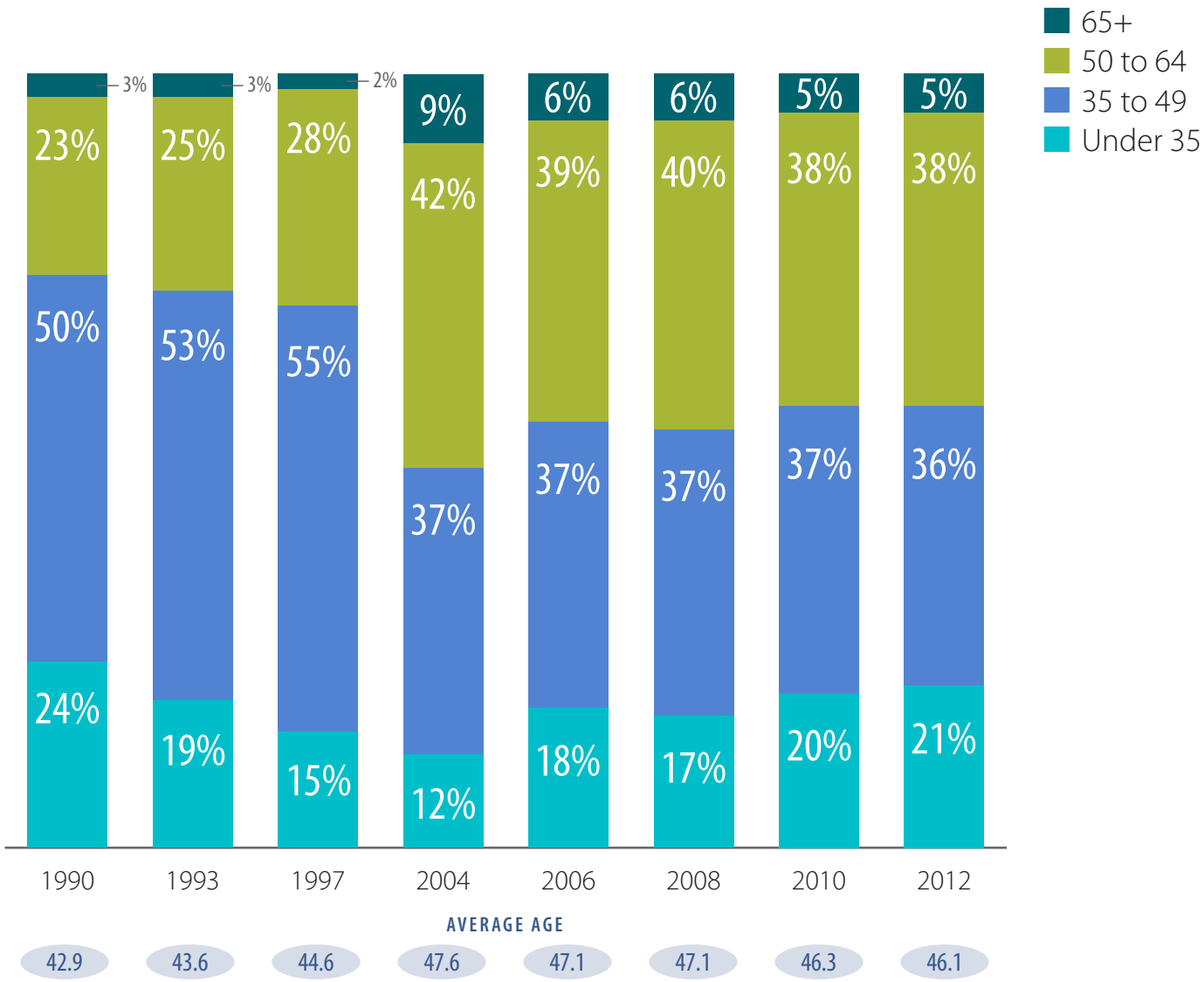
Employed Registered Nurses, by Age Group

California, 1990 to 2012, Selected Years



Note: 2006 to 2012 data were weighted to represent all RNs with active licenses.

Source: California Board of Registered Nursing, Survey of Registered Nurses, 2012.

The age profile of California's RN workforce has changed over recent years, with more nurses under 35 and fewer over 65. The increase in young nurses was likely due to the rise in the number of new RN graduates in the state.

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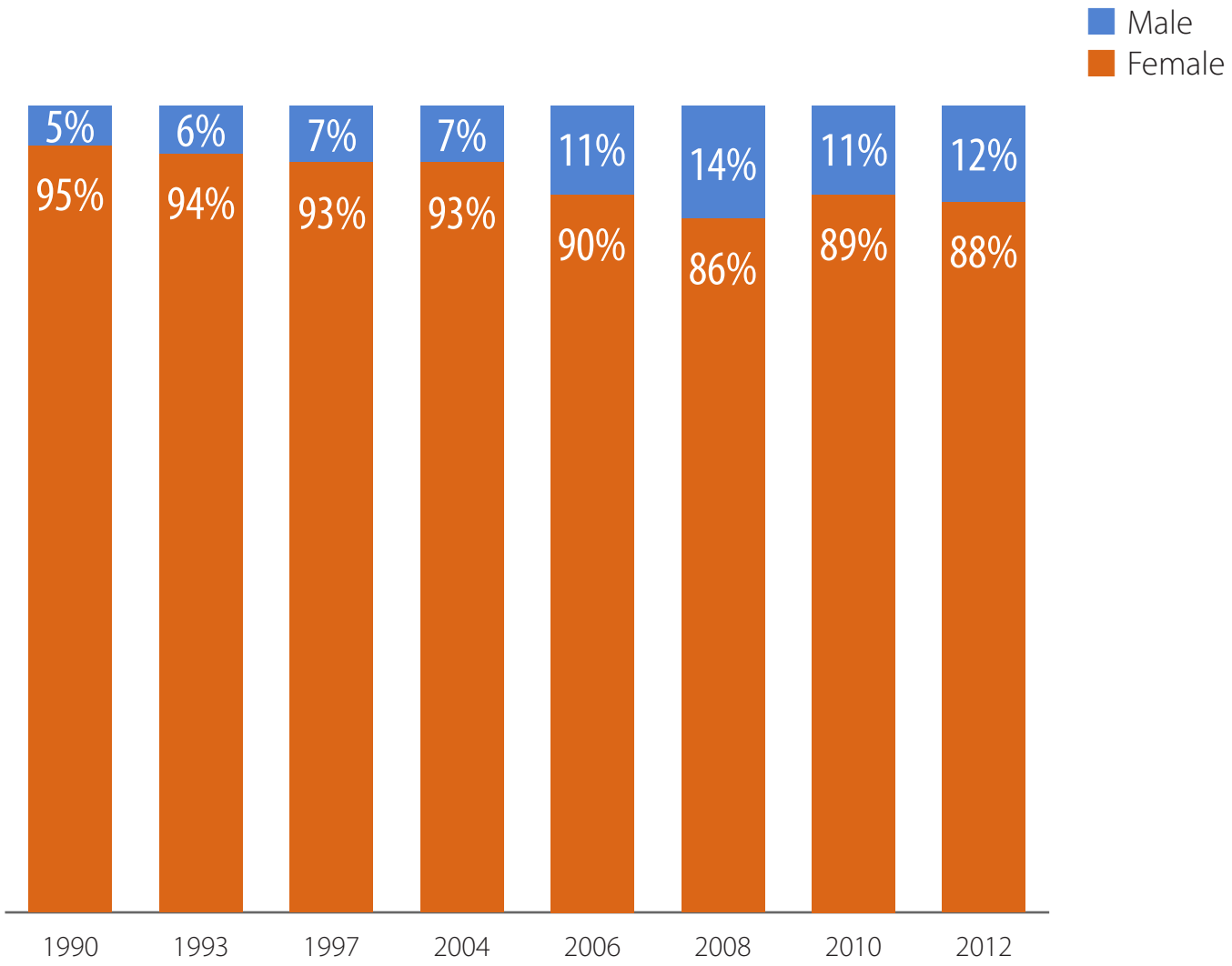
Employed Registered Nurses, by Gender

California, 1990 to 2012, Selected Years



Notes: 2006 to 2012 data were weighted to represent all RNs with active licenses. Segments may not add to 100% due to rounding.

Source: California Board of Registered Nursing, Survey of Registered Nurses, 2012.

The share of men employed in nursing nearly tripled between 1990 and 2008, but leveled off in recent years. In 2012, 88% of employed RNs were female.

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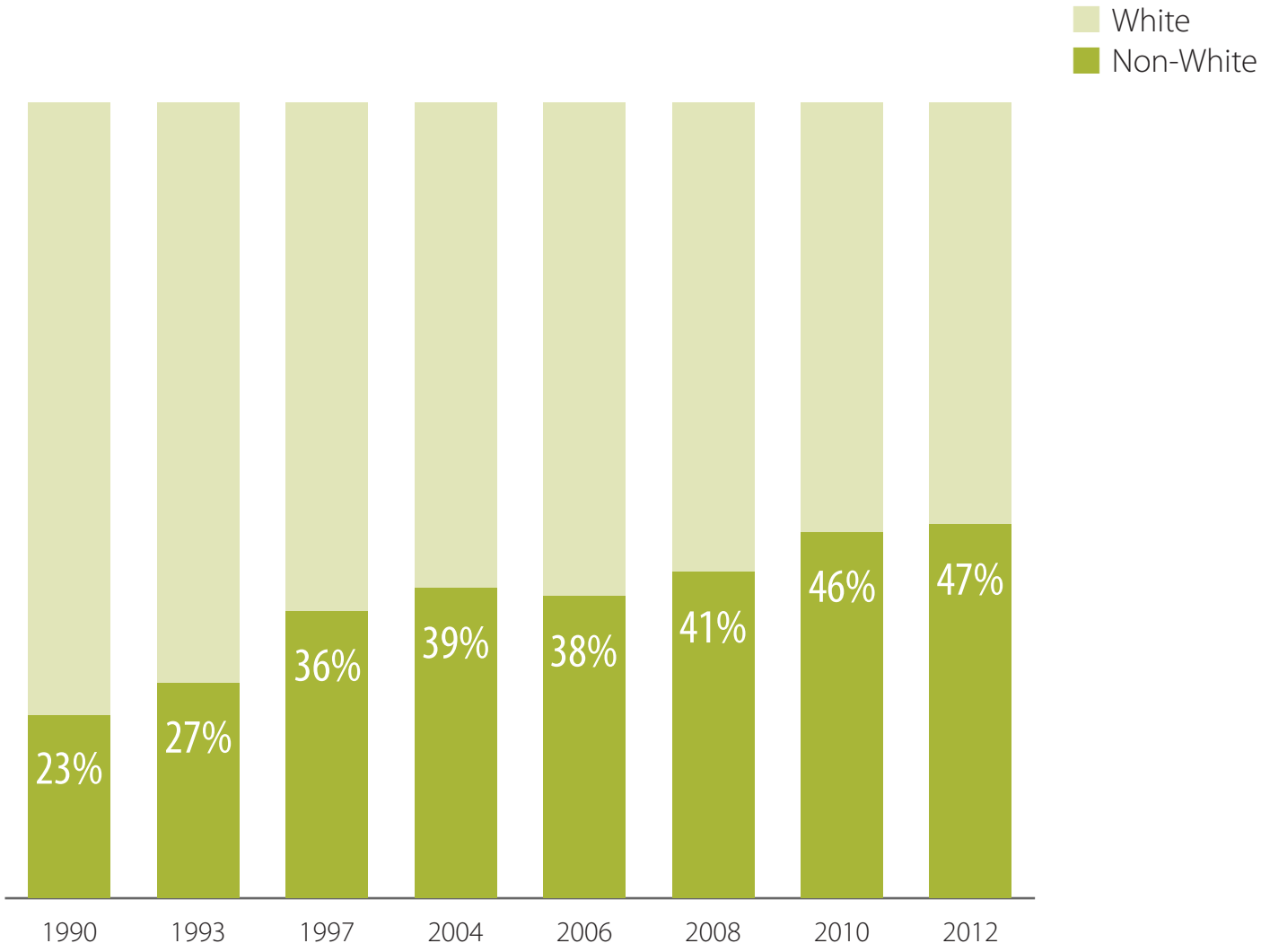
Employed Registered Nurses, by Race/Ethnicity

California, 1990 to 2012, Selected Years



Notes: Non-White includes Asian, Filipino, Latino, African American, Native American/Alaska Native, Native Hawaiian/Pacific Islander, and multirace. 2006 to 2012 data were weighted to represent all RNs with active licenses.

Source: California Board of Registered Nursing, Survey of Registered Nurses, 2012.

California's RN workforce has grown more diverse since 1990. Non-Whites accounted for nearly half (47%) of RNs employed in nursing in 2012, up from just 23% in 1990.

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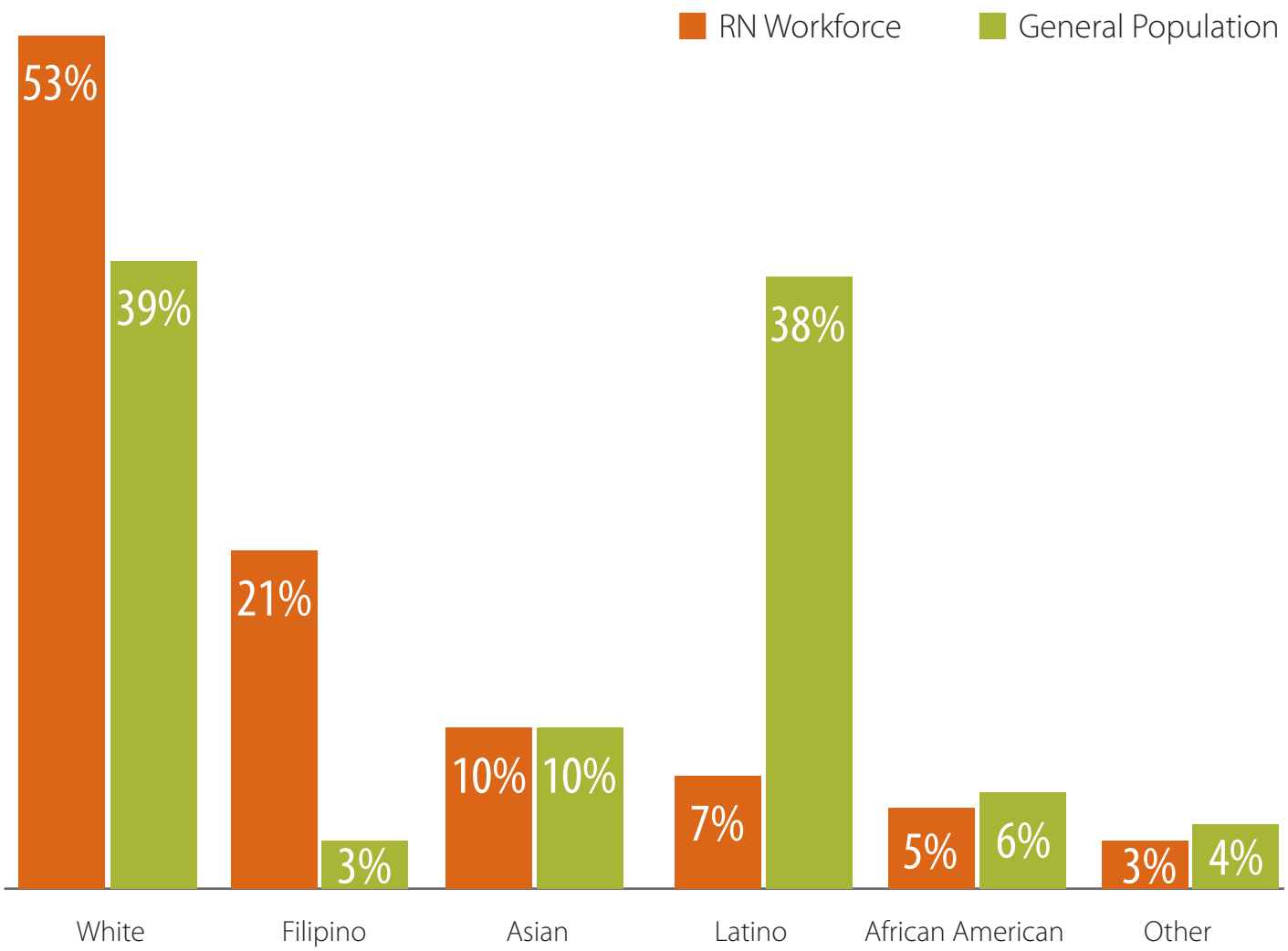
Employed Registered Nurses and General Population
by Race/Ethnicity, California 2012



Notes: Asian includes Asian Indian and Native Hawaiian/Pacific Islander. Other includes Native American/Alaska Native, multirace, and other race. Data were weighted to represent all RNs with active licenses. See Appendix B for data by region.

Sources: California Board of Registered Nursing, Survey of Registered Nurses, 2012. American Community Survey, Public Use Microdata Sample for California, 2012.

Although California's RN workforce has become more diverse over time, it remained unevenly distributed relative to the state's population in 2012. Both Filipino and White RNs were overrepresented while Latino RNs were significantly underrepresented.

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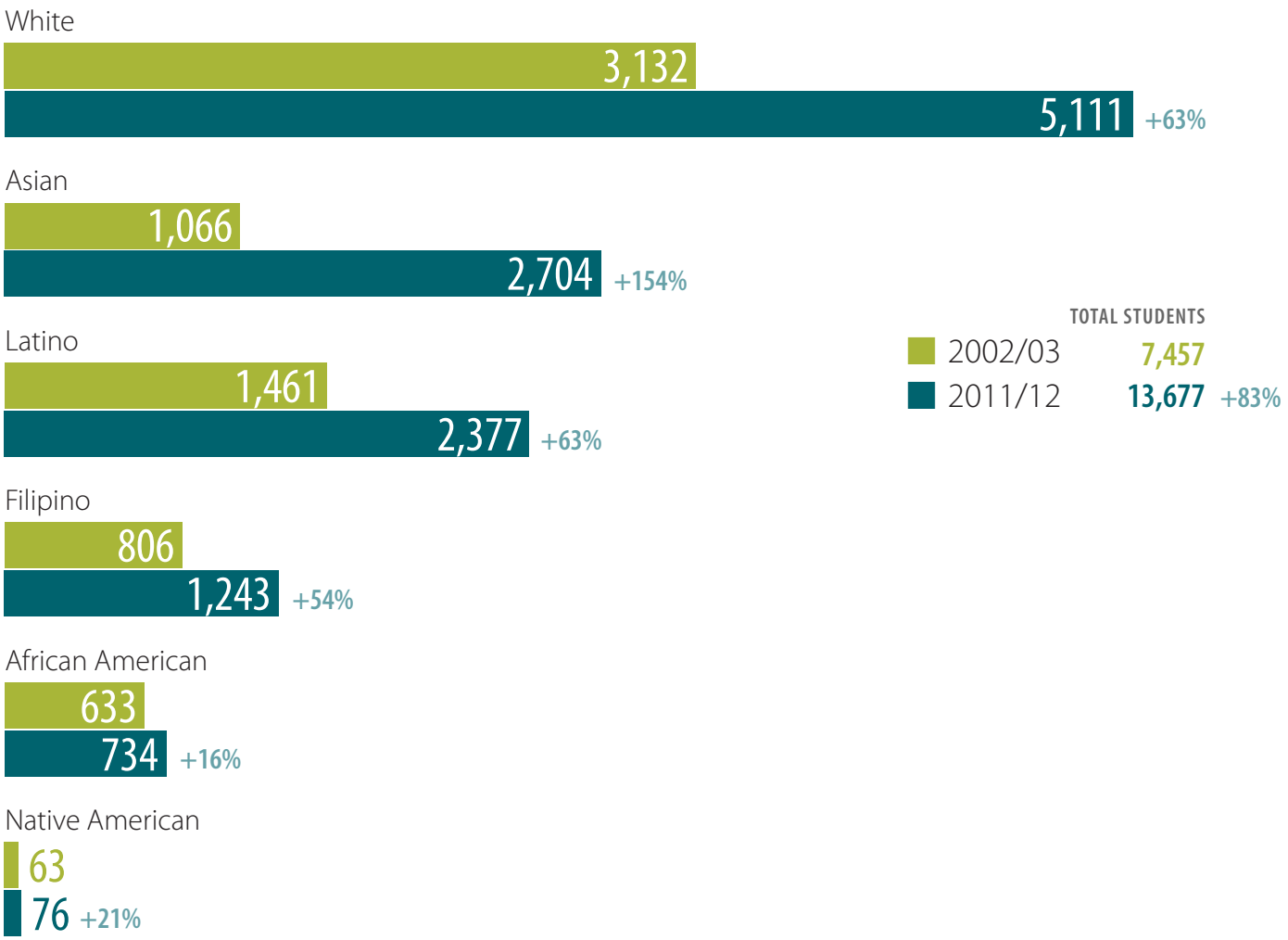
Newly Enrolled Students in Pre-Licensure RN Programs

by Race/Ethnicity, California, 2002/03 vs. 2011/12



Total new student enrollments in California's pre-licensure nursing programs has nearly doubled since 2002, while the racial/ethnic composition has shifted. More than twice as many Asian students enrolled in Fall 2011 compared to a decade earlier.

Notes: All data are for the Fall of that year. Students whose race/ethnicity was unknown or unreported were excluded, including students whose race/ethnicity was reported as Other in the Fall 2011 data (not a response category in the Fall 2002 data). Race/ethnicity was unknown for 296 students in Fall 2002 (4% of total new student enrollment), and 1,432 students in Fall 2011 (853 reported as unknown, 579 reported as Other), which was 11% of total new student enrollment.

Source: California Board of Registered Nursing, School Report Data, Prelicensure Interactive Database, www.rn.ca.gov.

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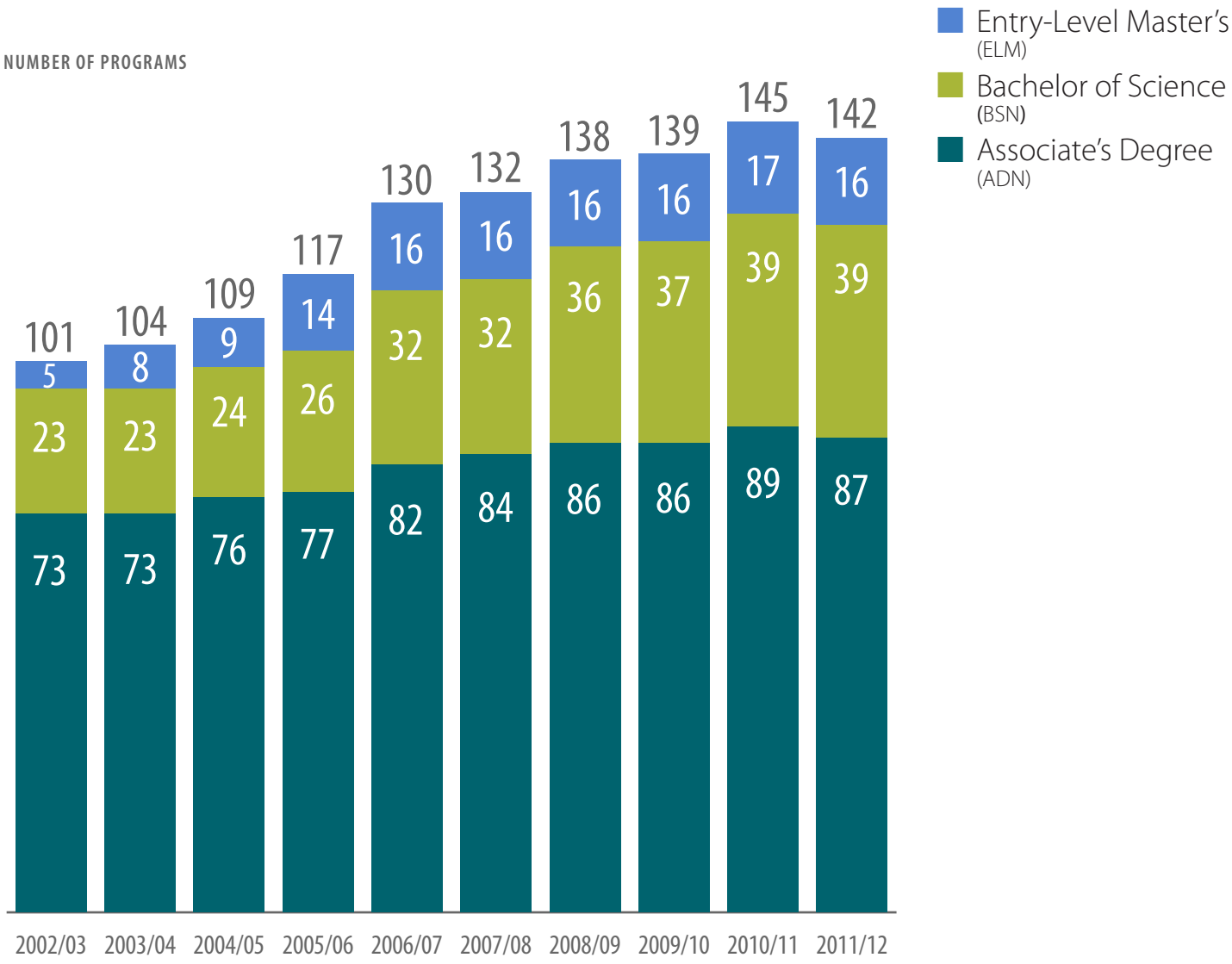
Pre-Licensure RN Education Programs, by Degree Level

California 2002/03 to 2011/12



Note: See Appendix A for description of education programs.

Source: California Board of Registered Nursing, 2011–2012 Annual School Report, Data Summary and Historical Trend Analysis, www.rn.ca.gov.

There are three types of pre-licensure nursing education programs in California. Associate degree (ADN) programs train the majority of new nurses; however, in recent years the strongest growth has been among bachelor of science (BSN) programs. Fewer nursing programs offered degrees in 2011/12 than in the previous year, the first decline in a decade.

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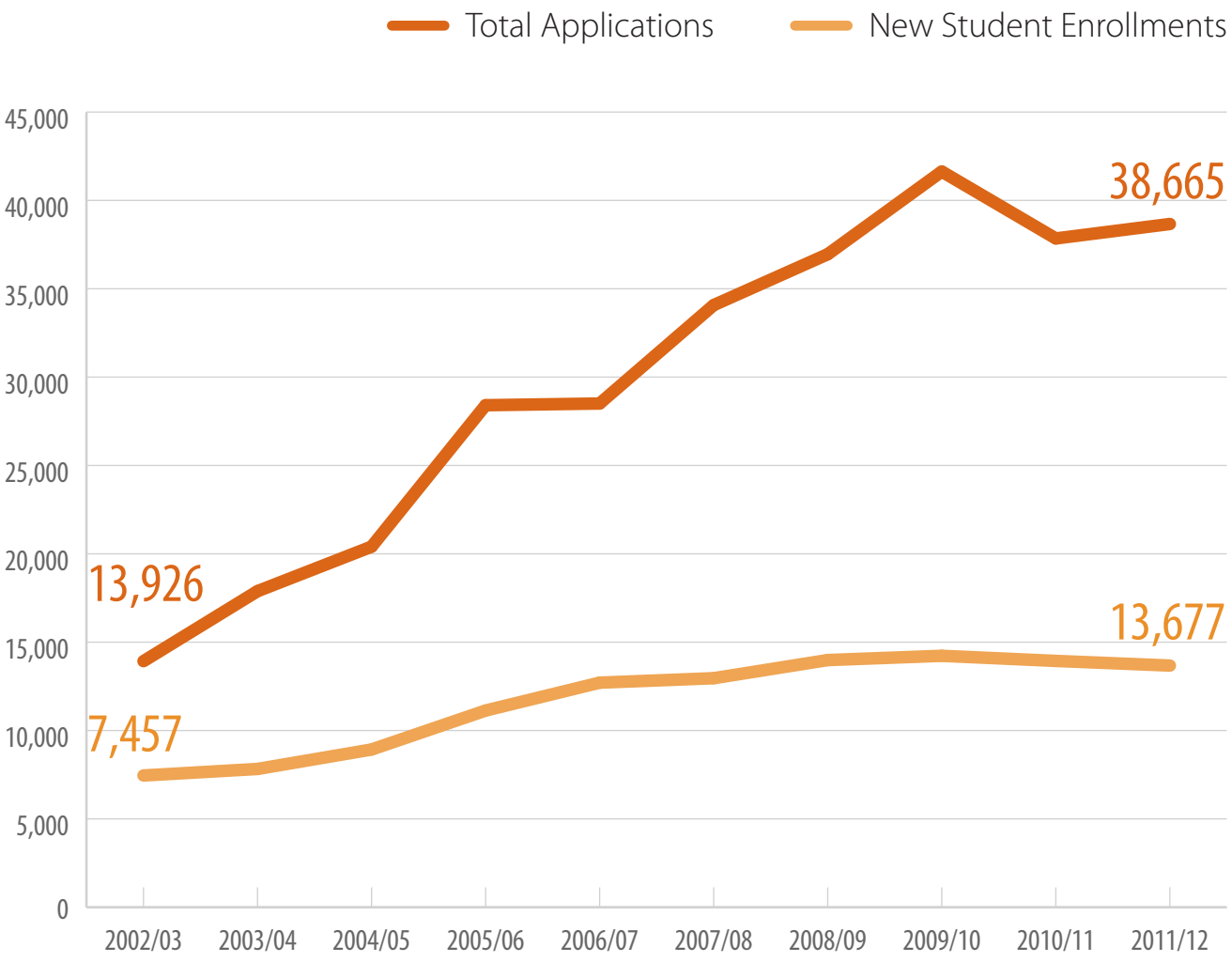
Applications to Pre-Licensure RN Education Programs

Total vs. New Student Enrollments, California, 2002/03 to 2011/12



Notes: Data represent total qualified applications, not an unduplicated count of applicants. The number of unique, qualified applicants is unknown. A qualified applicant is a determination made by schools individually, or by the California Community Colleges Chancellor's office in the case of associate degree programs in the community college system. In 2011/12, 31% of applicants were accepted into ADN programs, 44% into BSN programs, and 35% into ELM programs.

Source: California Board of Registered Nursing, 2011–2012 Annual School Report, Data Summary and Historical Trend Analysis, www.rn.ca.gov.

While new student enrollments in pre-licensure RN education programs doubled over the last decade, they did not keep pace with applications. In 2011/12, there were nearly three applications for every new student enrollment.

In a recent survey, 80% of pre-licensure education programs in the state cited a lack of clinical training sites as a barrier to program expansion.

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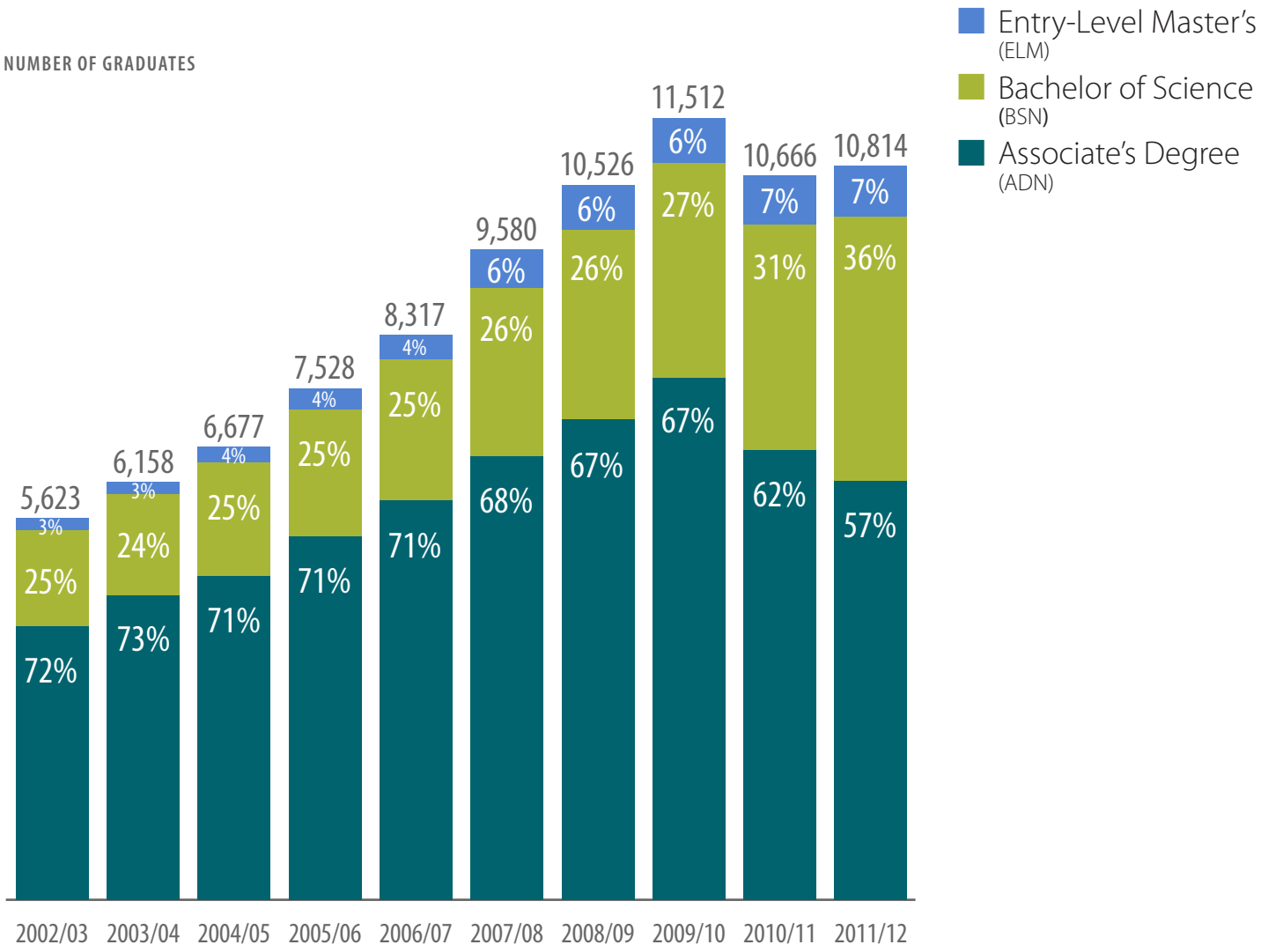
Pre-Licensure RN Program Graduates, by Degree Level

California, 2002/03 to 2011/12



Note: Segments may not add to 100% due to rounding.

Source: California Board of Registered Nursing, 2011–2012 Annual School Report, Data Summary and Historical Trend Analysis, www.rn.ca.gov.

There were almost 11,000 graduates from California's pre-licensure RN programs in 2011/12, nearly double the number in 2002/03. Associate's degree programs still trained the majority of new graduates, but they produced fewer than in the past. The growth trend indicates a shift toward bachelor's and entry-level master's programs.

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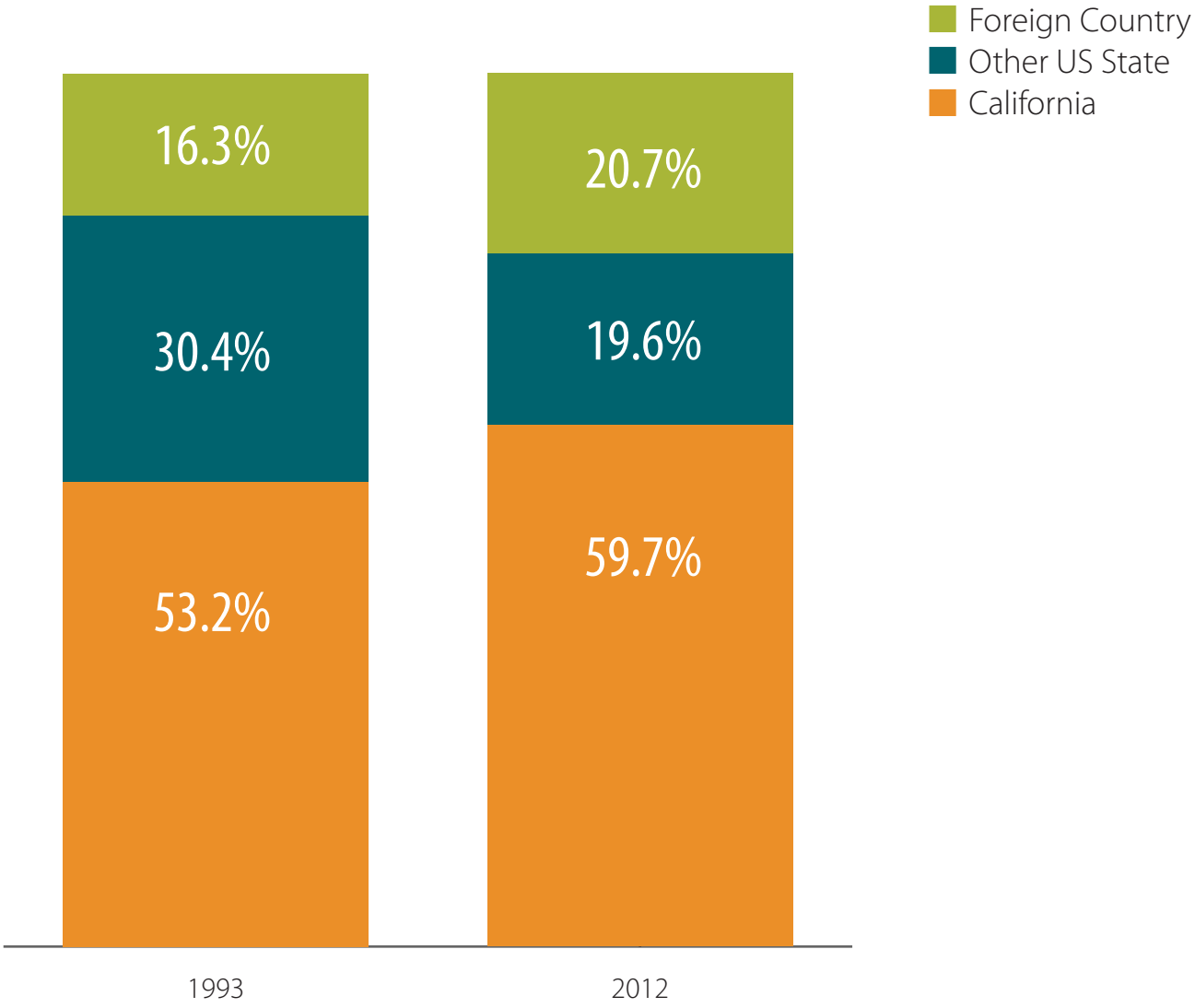
Employed RNs, by Location of Initial RN Education

California, 1993 vs. 2012



Notes: Data are weighted to represent all RNs with active licenses. Segments may not add to 100% due to rounding. See Appendix B for data by region.

Source: California Board of Registered Nursing, Survey of Registered Nurses, 2010 and 2012.

Although the number of nursing graduates produced by education programs in California increased dramatically over the past decade, the RN workforce continued to rely on foreign-educated nurses. In 2012, approximately one in five employed RNs were trained outside the US, three-quarters of these in the Philippines.

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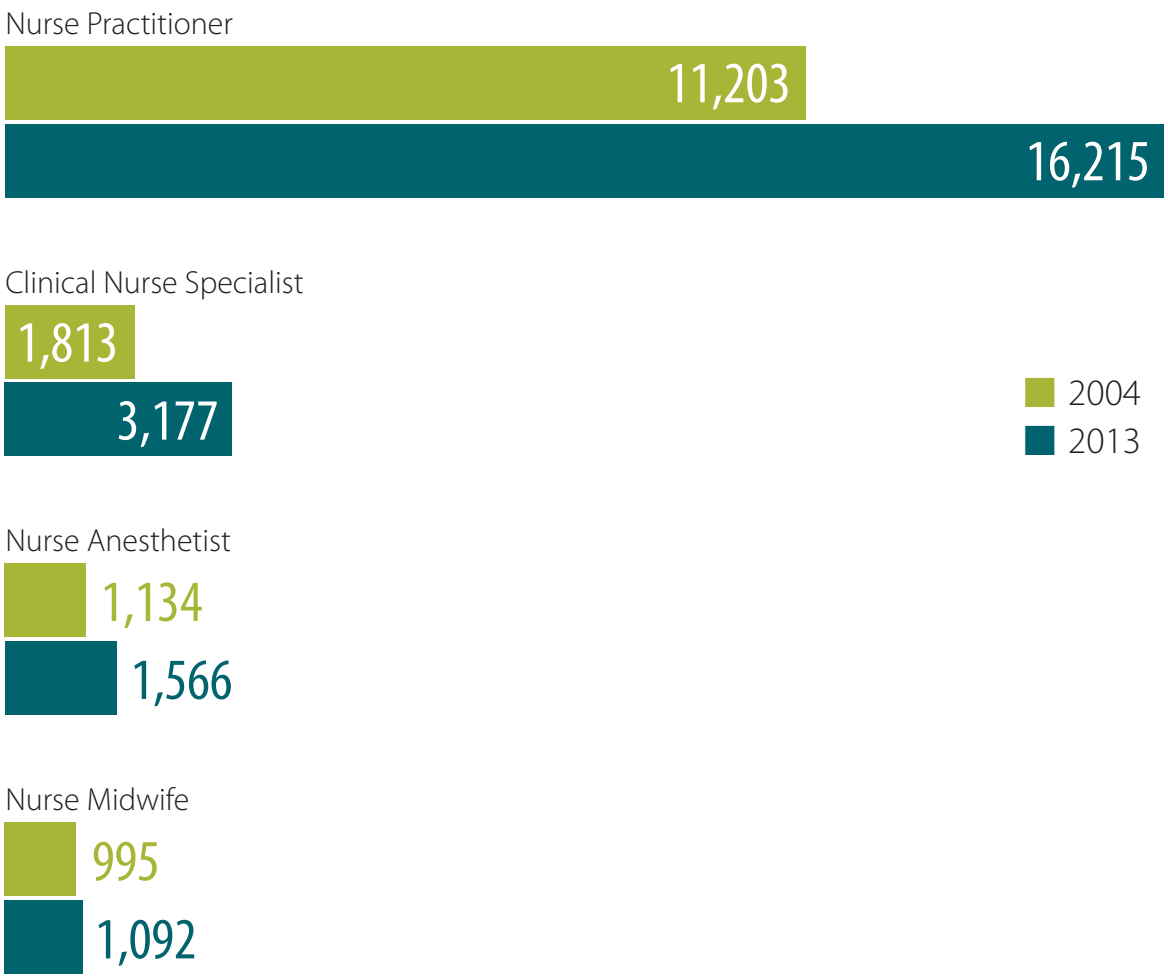
Employed Advanced Practice RNs, by Type

California, 2004 vs. 2013



Note: Data references RNs employed in nursing who were currently certified at time of survey.

Source: California HealthCare Foundation, *California Physicians: Surplus or Scarcity?*, March 2014, www.chcf.org.

Advanced practice registered nurses require at least a master's degree. In 2013, the largest share of advanced practice RNs were nurse practitioners, whose numbers increased by 45% from 2004 to 2013.

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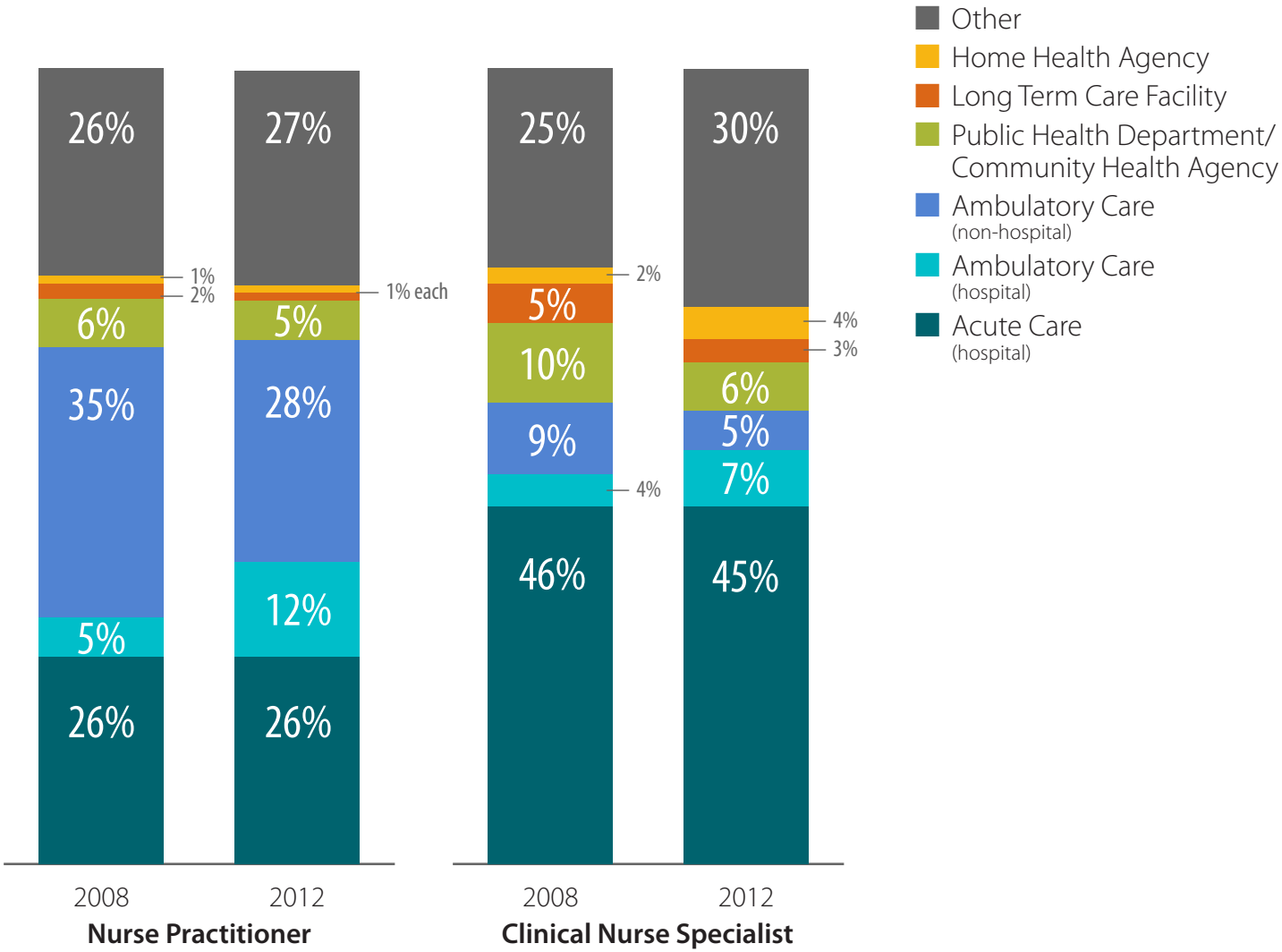
Advanced Practice RNs, by Work Setting

Select Specialties, California, 2008 vs. 2012



Notes: Other includes university or college, hospice, occupational/employee health, school nursing (K–12), mental health, forensic (correctional facility, prison, jail), government, self-employed, hospital nursing home units, long term acute care, rehabilitation services, dialysis, telenursing, and case management. Acute Care includes hospital-based ancillary care.

Source: California Board of Registered Nursing, Survey of Registered Nurses, 2008 and 2012.

Nurse practitioners were more likely to work in a non-hospital setting than were clinical nurse specialists, half of whom were employed in hospitals. In recent years, hospital-based employment for NPs has become more common, which may reflect hospitals' shifting more work into ambulatory care departments.

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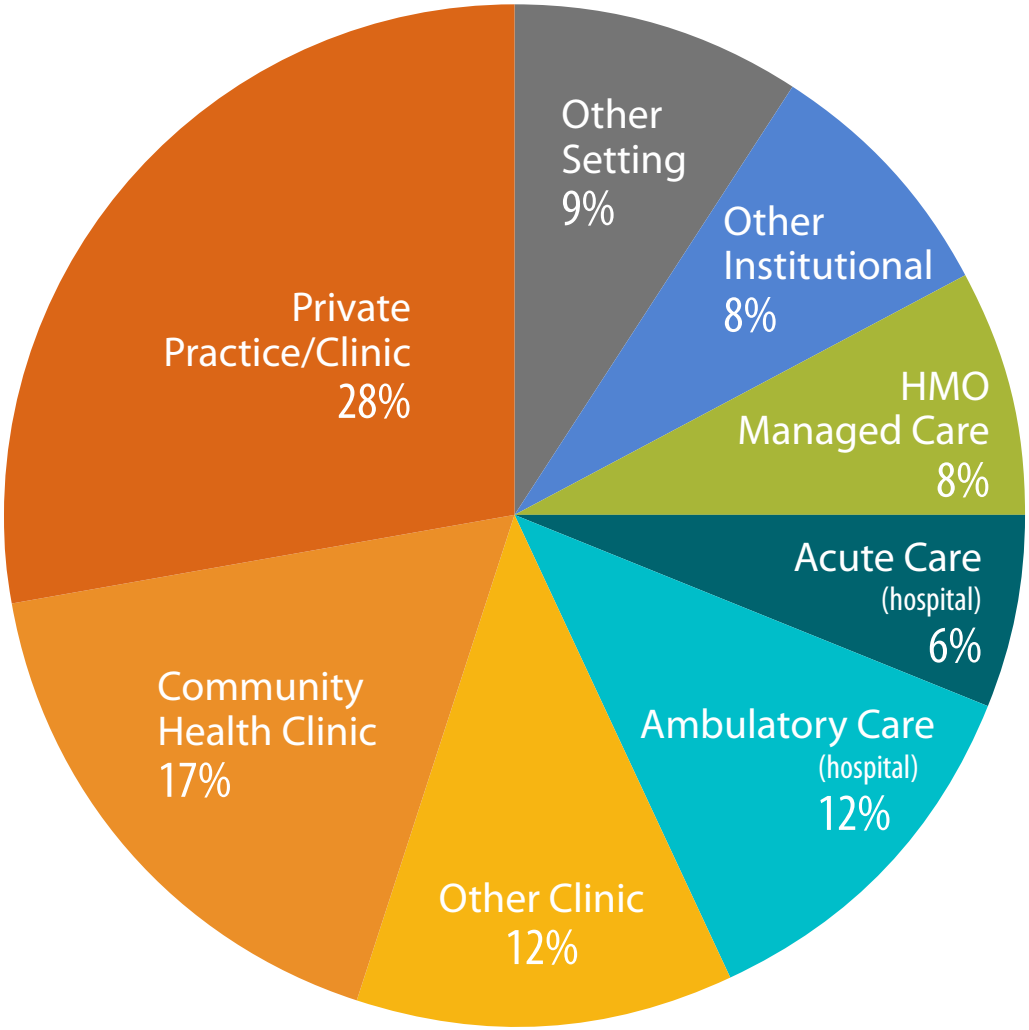
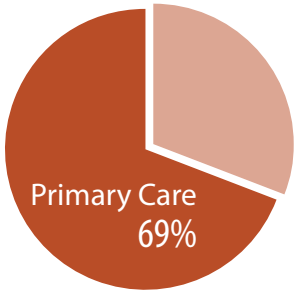
Nurse Practitioners Working in Primary Care, by Setting

California, 2010





Notes: Includes nurse practitioners who stated they work in primary care in their primary position. Other Setting includes anesthetic practice, home health agency, and hospice/palliative care. Other Institutional includes academic education, correctional system, extended/long term care, mental health, military, public health, and rehabilitation center. Acute Care includes hospital-based ancillary care.

Source: California Board of Registered Nursing, 2010 Survey of Nurse Practitioners and Certified Nurse Midwives in California, 2010.

The Affordable Care Act is expected to increase demand for primary care services, and NPs will play an important role in meeting this demand. In 2010, 69% of NPs working in California reported that their principal nursing position was primary care. Nearly six out of 10 primary care NPs worked in a clinic setting, the most common being a physician private practice or private primary care clinic.

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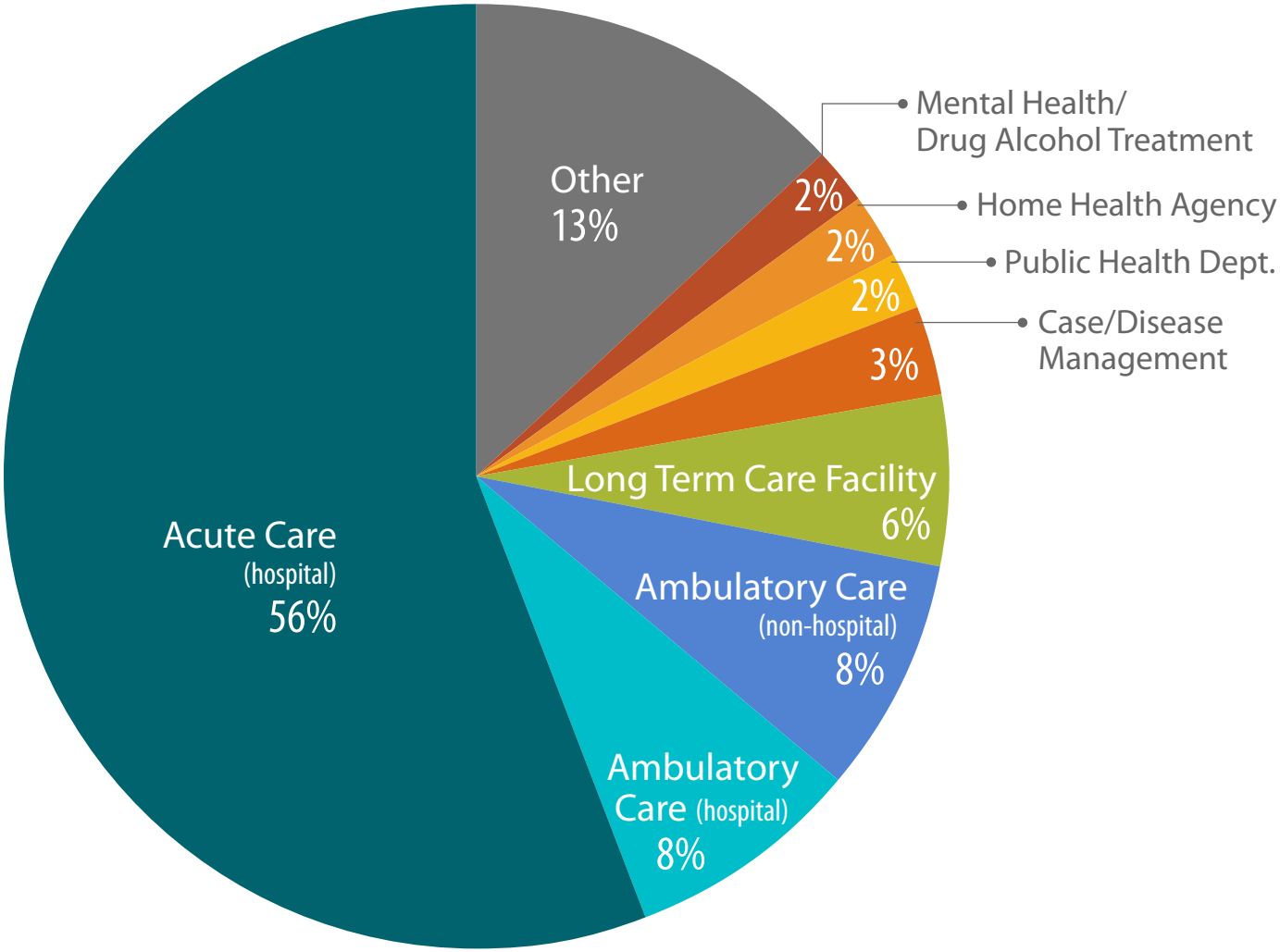
Employed Registered Nurses, by Work Setting

California, 2012



Notes: Other includes more than a dozen different work settings. In 2012, the five most frequently reported were: hospice, forensic setting (correctional facility, prison, jail), dialysis, school health (K–12), and academic nursing program. Acute Care includes hospital nursing home units, ancillary, and other departments.

Source: California Board of Registered Nursing, Survey of Registered Nurses, 2012.

Acute care hospitals were the most common work setting for RNs in 2012.

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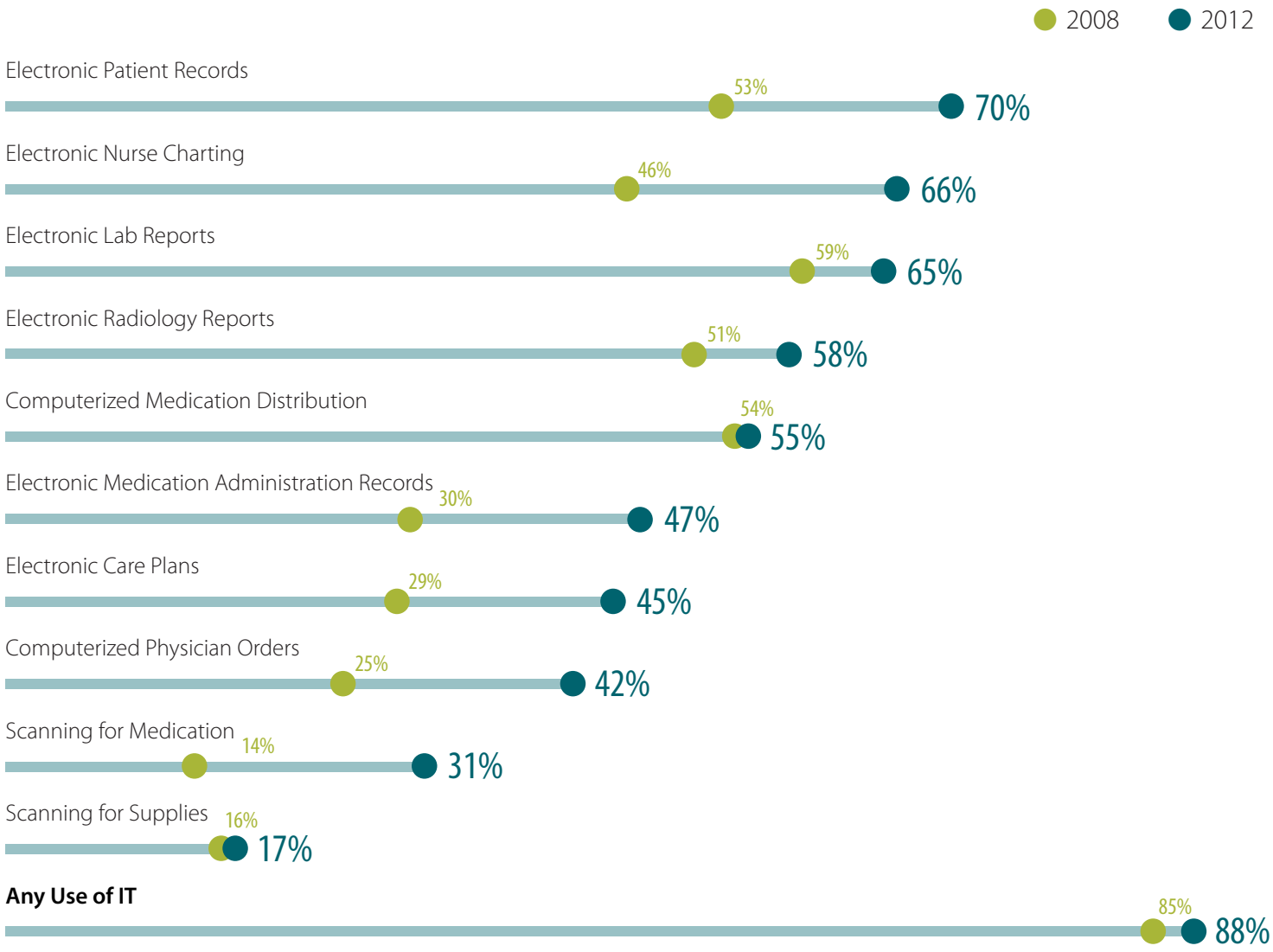
RN Use of Health Information Technologies

by Type of Activity, California, 2008 vs. 2012



Source: California Board of Registered Nursing, Survey of Registered Nurses, 2012.

California Nurses

Use of Technology

Registered nurses' use of health information technologies in the delivery of patient care is widepread and growing. In 2012, 88% of RNs reported using IT in some part of their workflow (up from 85% in 2008). The most common of these activities were electronic patient records, electronic nurse charting, and electronic diagnostic reports (both lab and radiology reports).

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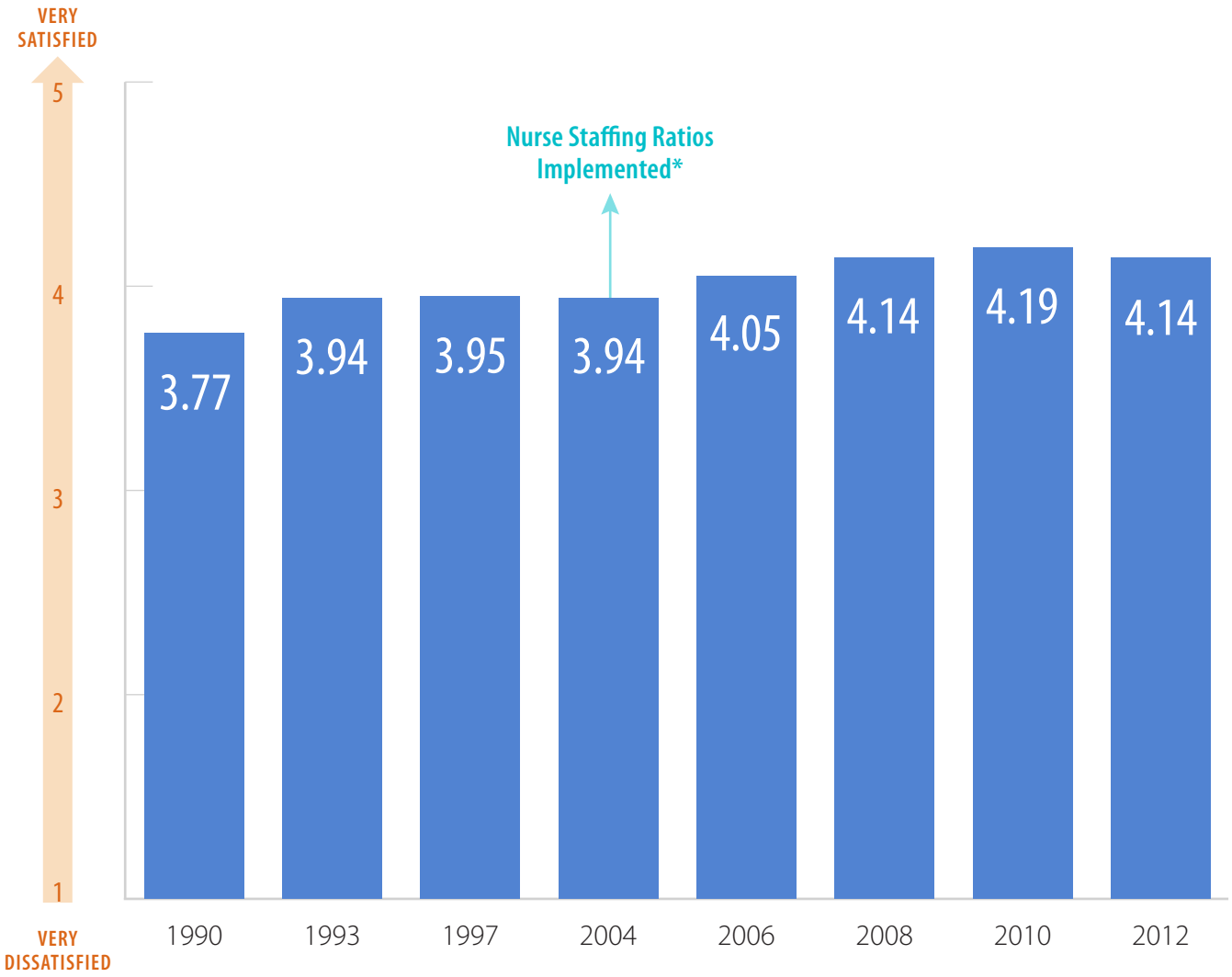
Overall Job Satisfaction Among Employed RNs

California, 1990 to 2012, Selected Years



*Nurse staffing ratios went into effect in January 2004 and were adjusted April 2005.

Source: California Board of Registered Nursing, Survey of Registered Nurses, 2012.

After nurse staffing ratios were implemented in 2004, overall job satisfaction for RNs increased. Satisfaction has remained stable since 2008.

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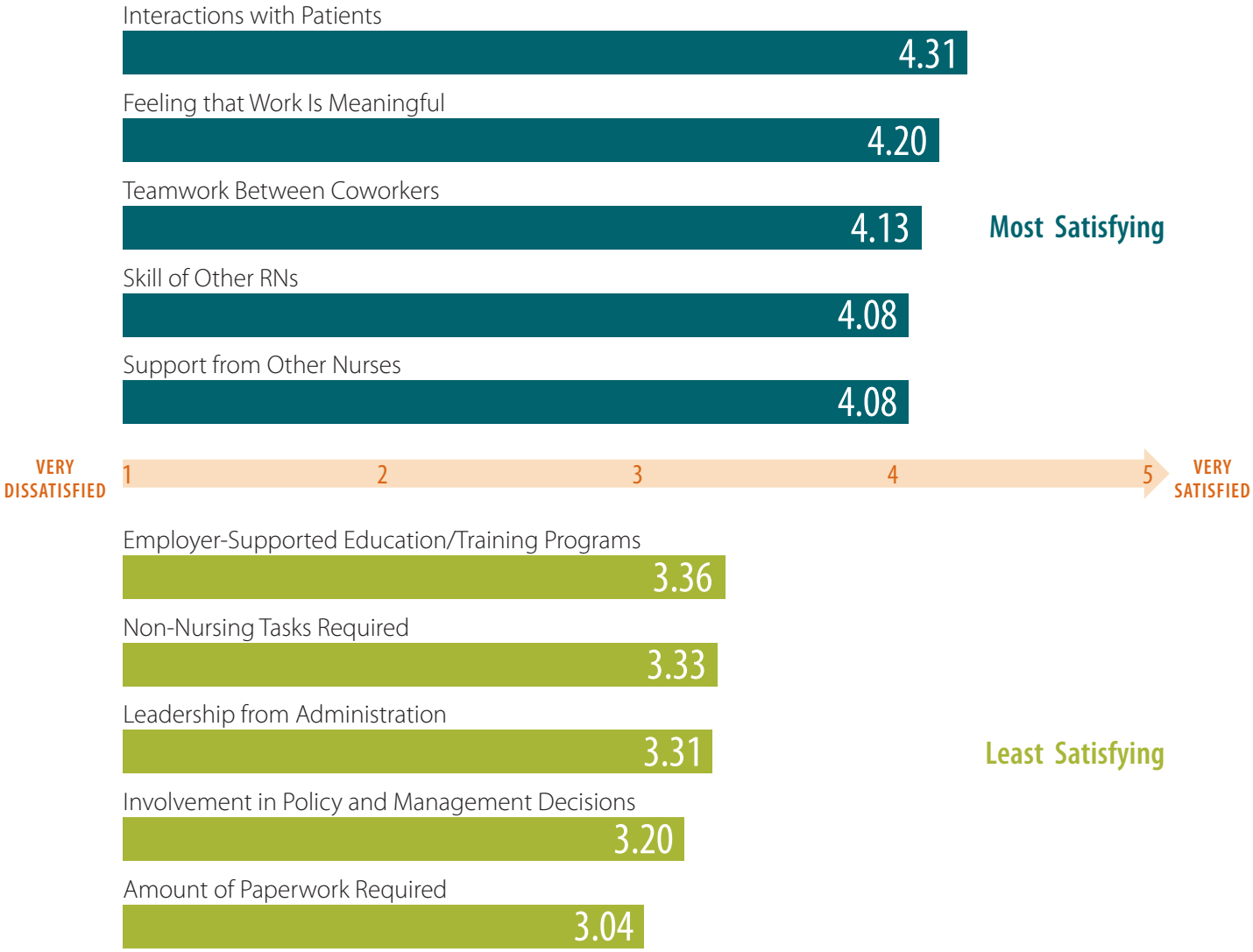
Most and Least Satisfying Aspects of RN Employment

California, 2012



Source: California Board of Registered Nursing, Survey of Registered Nurses, 2012.

The most satisfying aspect of nursing is the interaction with patients, while the least satisfying is the amount of paperwork required. Since 2008, the RN work schedule and job security have fallen out of the top five most satisfying aspects of nursing, and the lack of clerical support is no longer among the five least satisfying aspects (not shown).

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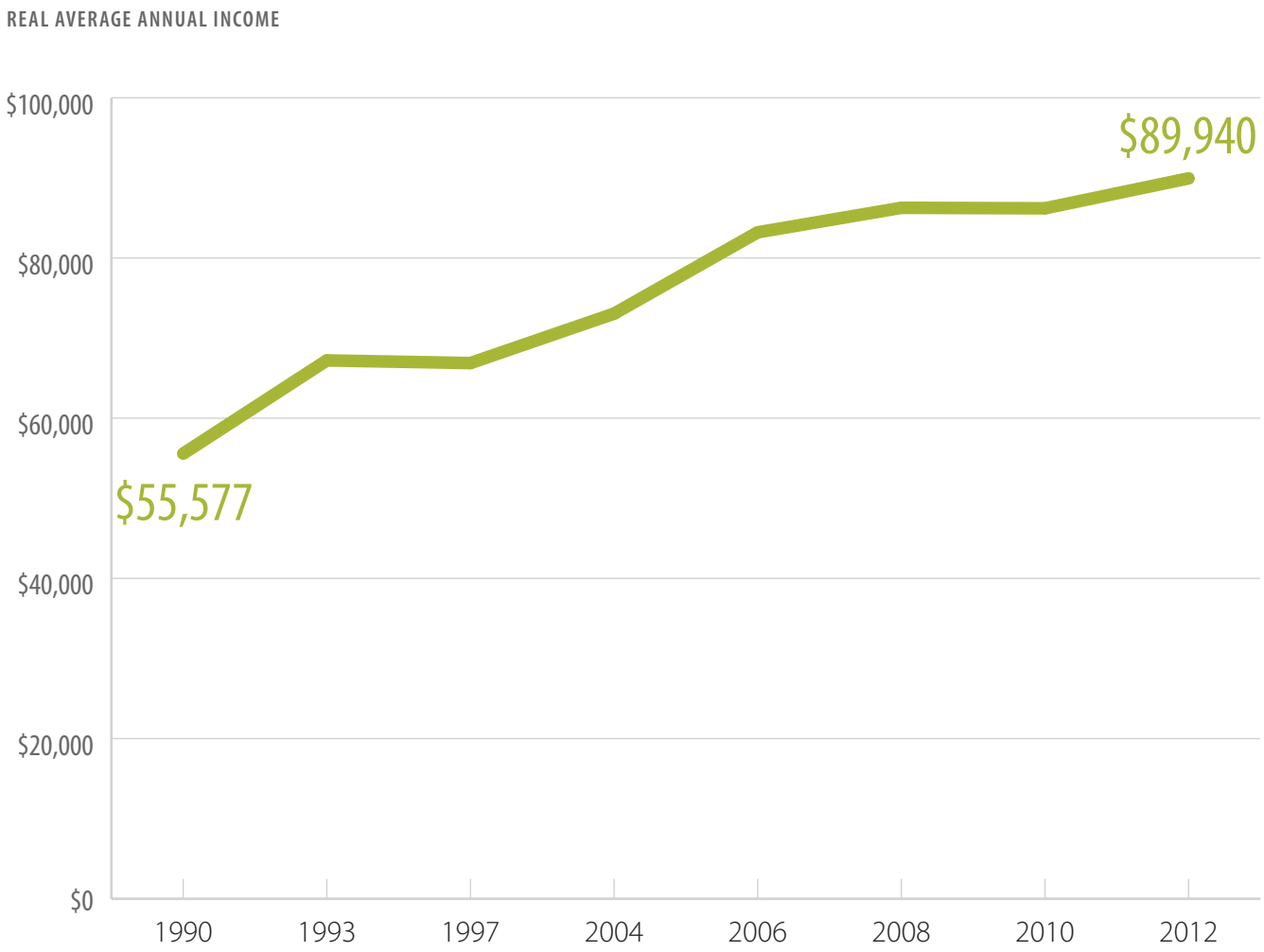
Annual Income from All RN Positions

California, 1990 to 2012, Selected Years



Note: Real average income is inflation-adjusted and expressed in 2012 dollars.

Sources: California Board of Registered Nursing, Survey of Registered Nurses, 2012. California Department of Industrial Relations, California Consumer Price Index, All Urban Consumers.

California RNs enjoyed large increases in income between 1990 and 2008, when inflation-adjusted incomes increased by more than 50%. In recent years, however, income growth has flattened.

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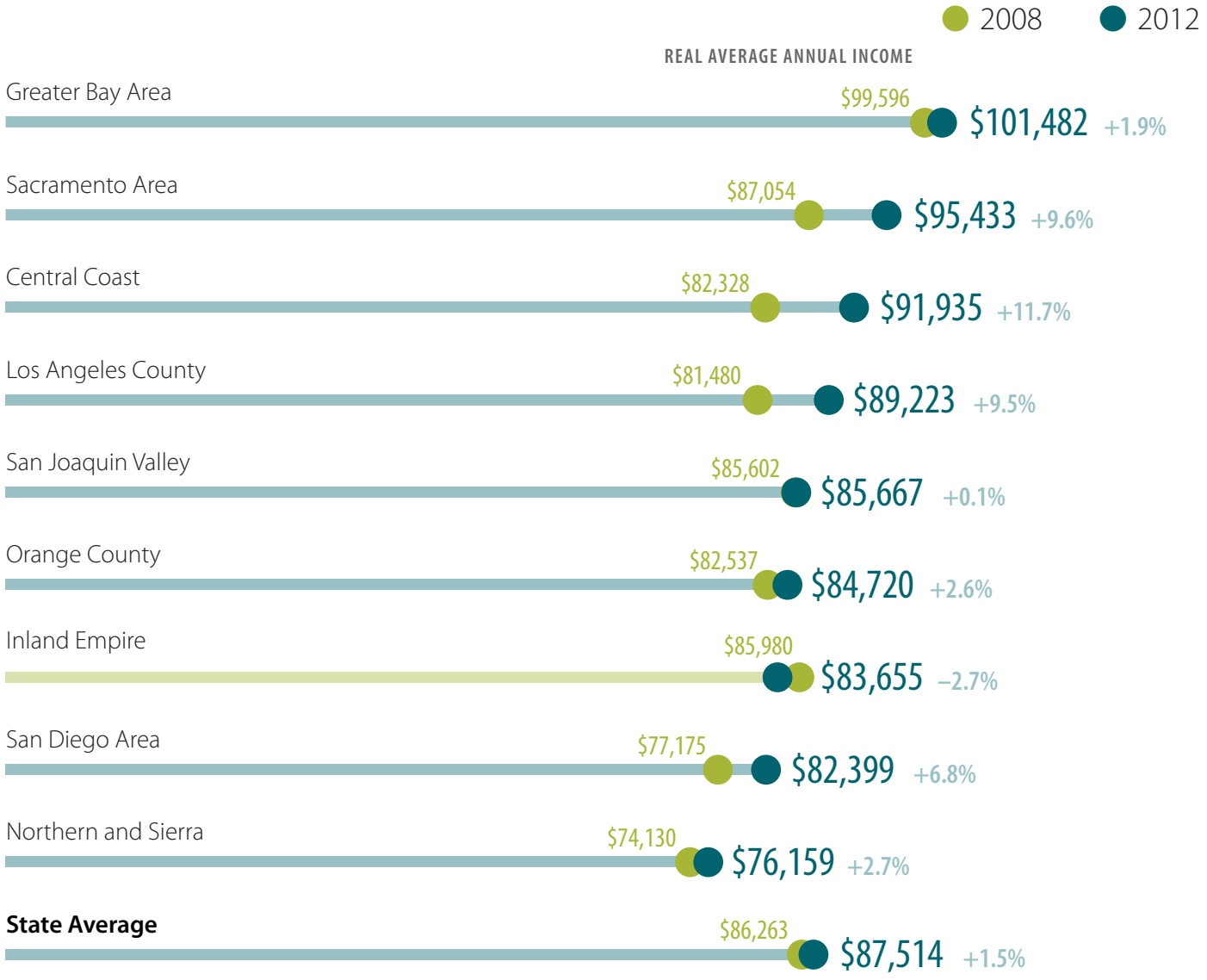
Annual Income from All RN Positions, by Region

California, 2008 vs. 2012



Sources: California Board of Registered Nursing, Survey of Registered Nurses, 2008 and 2012. California Department of Industrial Relations, author analyses.

California Nurses
Income

RN incomes varied dramatically across geographical regions* between 2008 and 2012. Nurses working in the Central Coast region saw average income increase by nearly 12%, while Inland Empire nursing incomes declined by 3%. Over this period RN incomes in the Greater Bay Area remained highest among all regions, and those in Northern and Sierra counties remained lowest.

*See Appendix C for a regional map.

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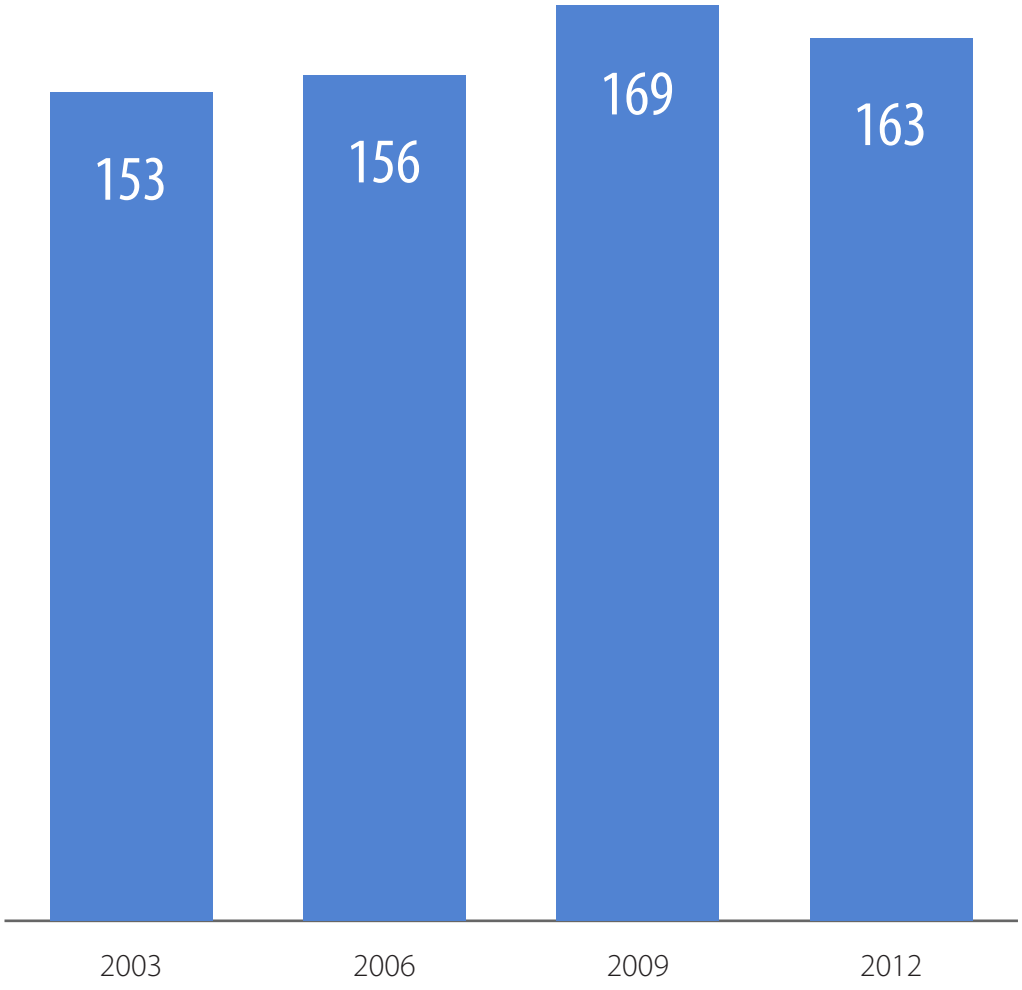
LVN Total Employment per 100k Population

California, 2003 to 2012, Selected Years



Note: Estimates differ from the 2010 RN Almanac publication because different sources of population data were used.

Sources: California Employment Development Department, Occupational Employment Statistics Survey, 2003, 2006, 2009, 2012. US Census Bureau, Population Division, Intercensal Estimates of the Resident Population for the US, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2010 (ST-EST00INT-01), Annual Estimates of the Population for the US, Regions, States, and Puerto Rico: April 1, 2010 to July 1, 2012 (NST-EST2012-01).

Licensed vocational nurses work under the supervision of physicians and registered nurses as part of the allied health workforce. LVN employment per capita increased between 2003 and 2009, but has since declined.

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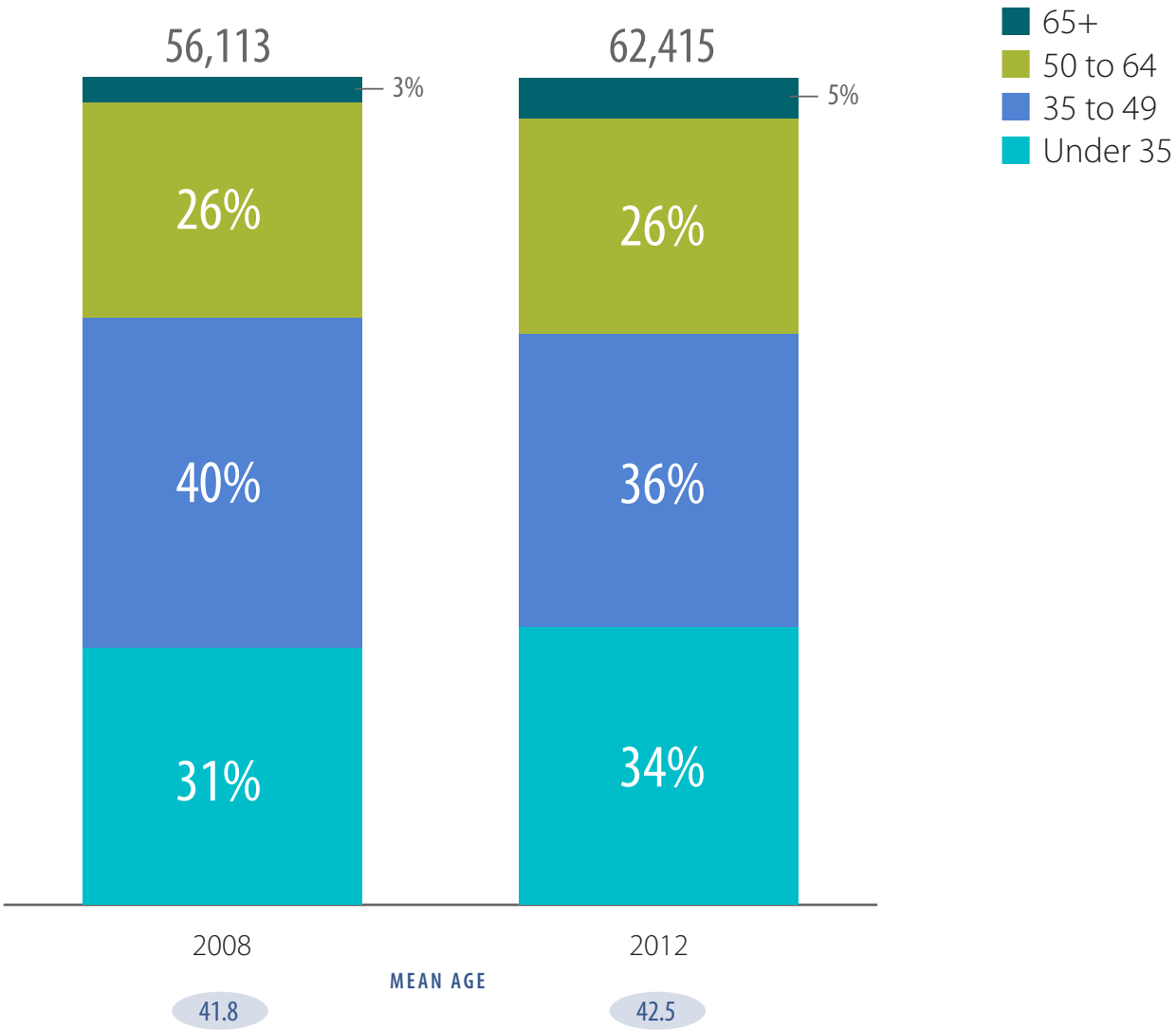
Employed LVNs, by Age Group

California, 2008 vs. 2012



Notes: Data include employment status reported as "employed" or "with a job, but not at work." Segments may not add to 100% due to rounding.

Source: American Community Survey, Public Use Microdata Sample for California, 2008 and 2012.

California Nurses

Licensed Vocational Nurses

The age group profile of the LVN workforce shifted slightly between 2008 and 2012. The share of LVNs age 35 to 49 became smaller while the share of both younger and older LVNs increased.

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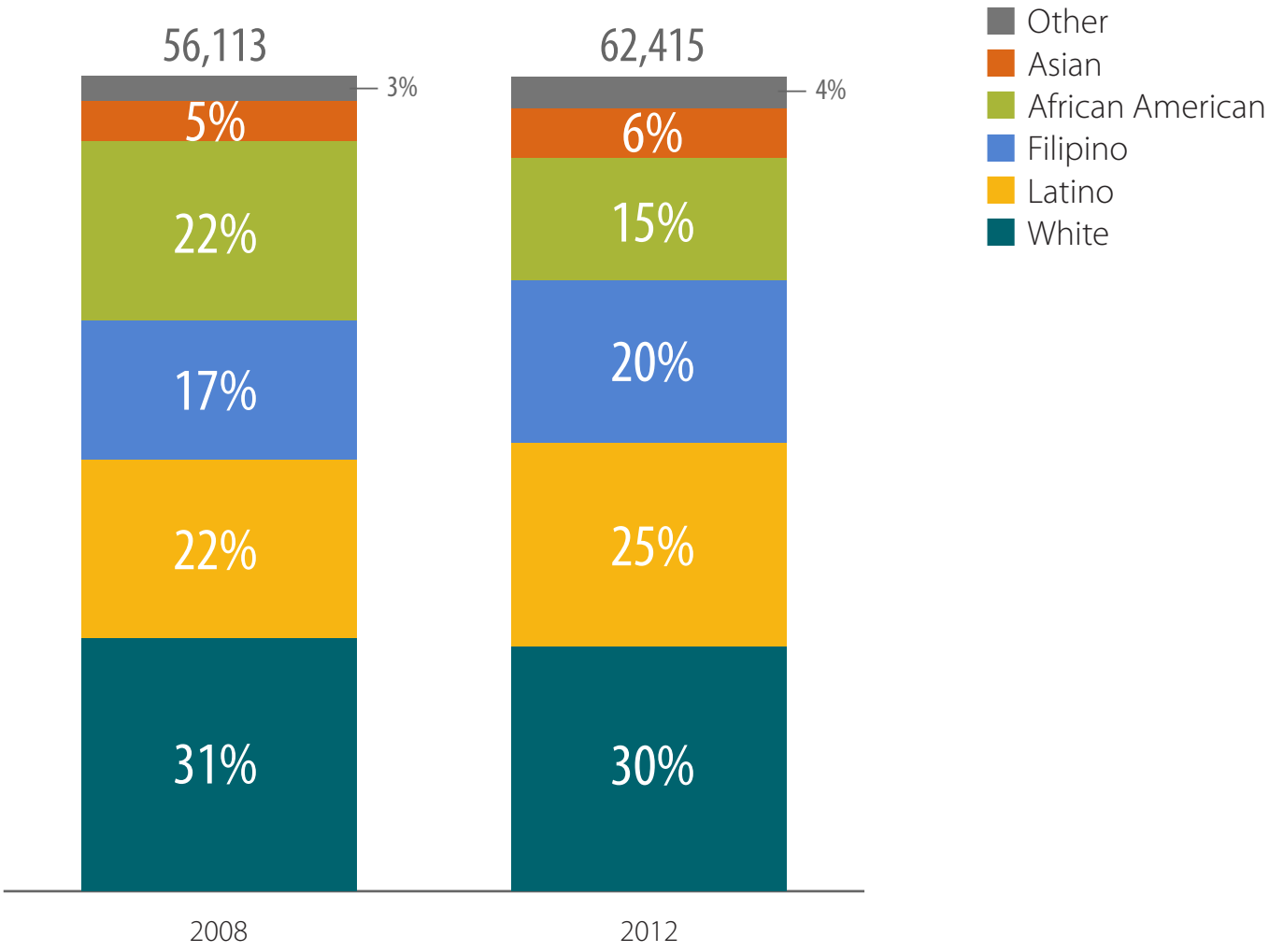
Employed LVNs, by Race/Ethnicity

California, 2008 vs. 2012



Notes: Data include employment status reported as "employed" or "with a job, but not at work." Other includes Native American, Native Hawaiian/Pacific Islander, multirace, and other race.

Source: American Community Survey, Public Use Microdata Sample for California, 2008 and 2012.

The LVN workforce is racially and ethnically diverse. Between 2008 and 2012, the share of African American LVNs declined, while the shares of Filipino and Latino LVNs increased.

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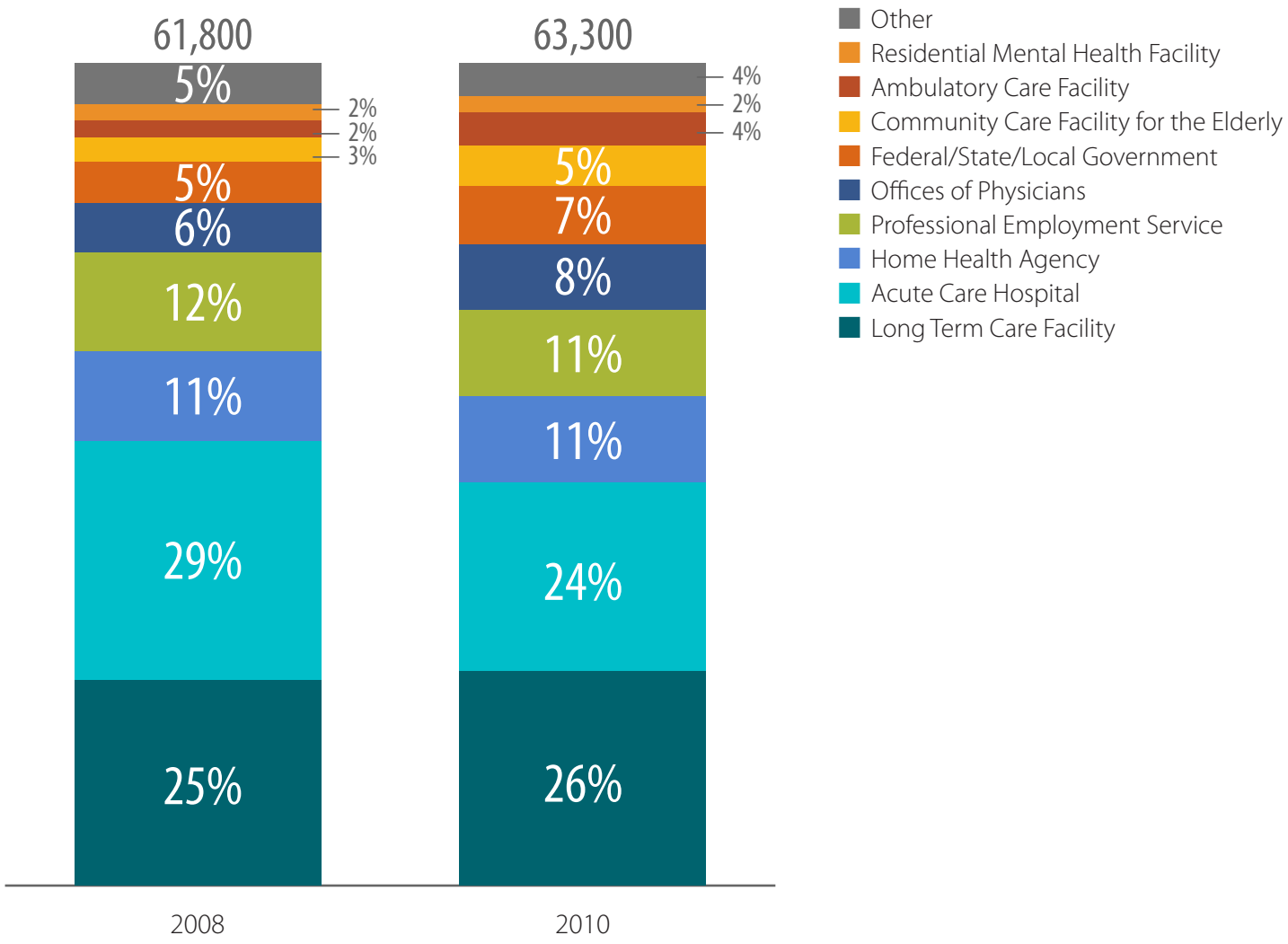
Employed LVNs, by Work Setting

California, 2008 vs. 2010



Notes: Other includes non-general acute care hospitals, individual and family services, elementary and secondary schools, offices of health practitioners (non-physician), colleges and universities, emergency and relief services, and settings not elsewhere classified. Professional Employment Service may cover multiple work settings. As a result, estimates of employment in other settings may be understated. Segments may not add to 100% due to rounding.

Source: California Employment Development Department, Staffing Patterns by Occupation and Industry, 2008 and 2010.

The mix of employment settings for LVNs shifted slightly between 2008 and 2010. Employment at general acute care hospitals declined, while employment increased at offices of physicians, community care facilities for the elderly, ambulatory care facilities, and health care services provided by federal, state, and local government agencies.

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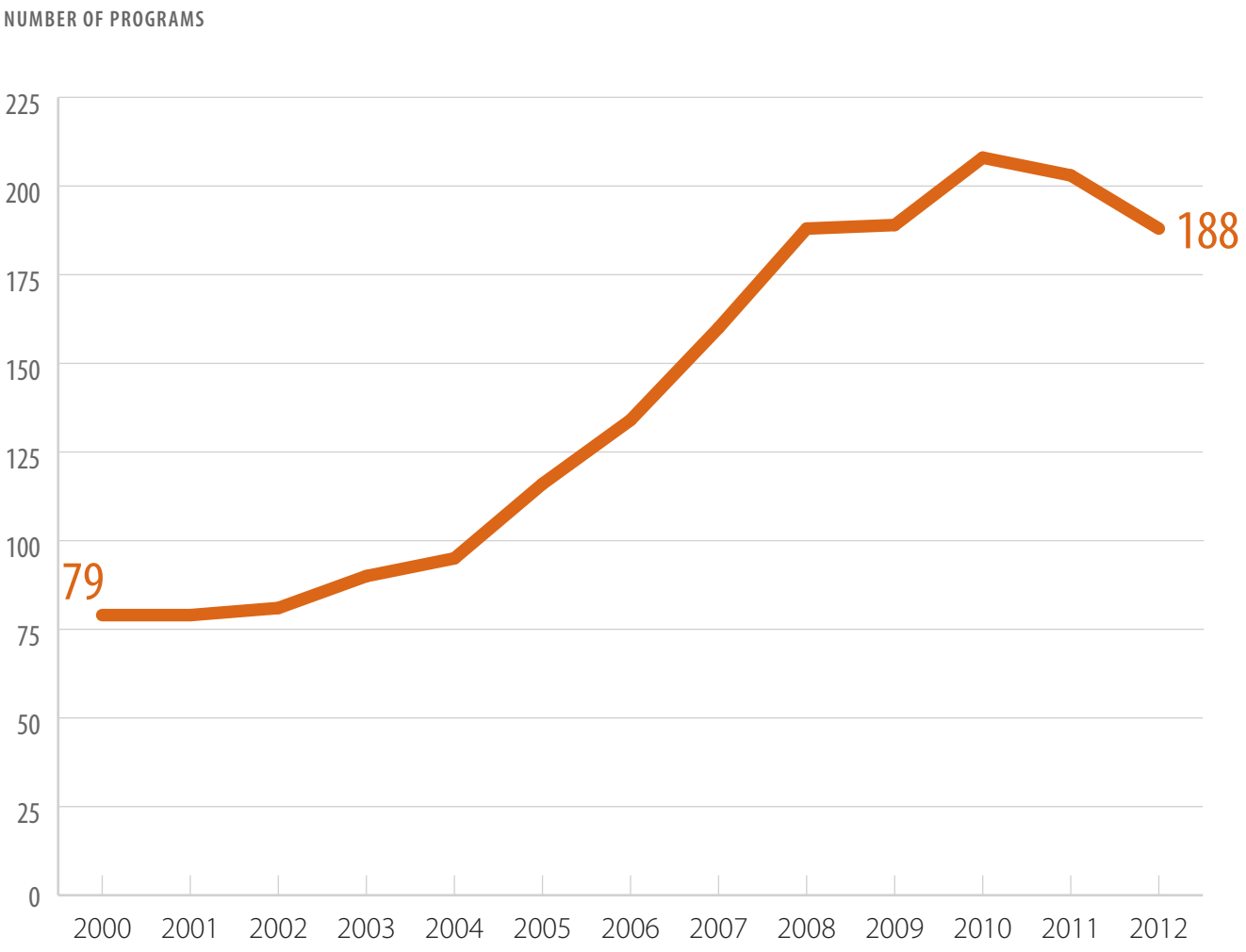
LVN Education Programs

California, 2000 to 2012



Source: California Board of Licensed Vocational Nursing and Psychiatric Technicians.

California Nurses

Licensed Vocational Nurses

The number of LVN programs more than doubled between 2000 and 2010, hitting a peak of 208 programs. Since 2010, however, 20 programs have closed.

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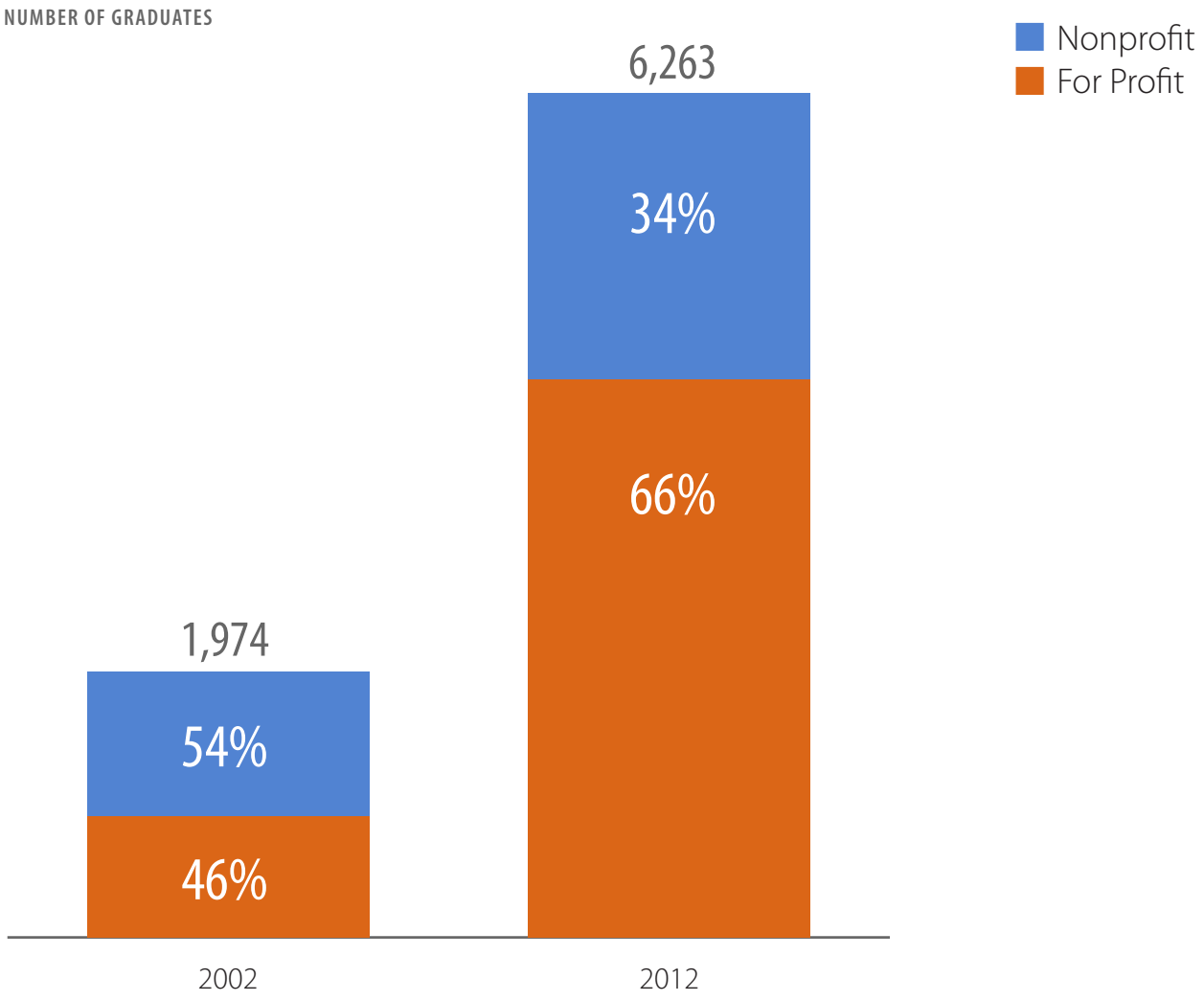
Graduates of California LVN Education Programs

Nonprofit vs. For-Profit Programs, 2002 vs. 2012



Note: Nonprofit insitutions include community colleges, public adult education programs, and private nonprofit schools.

Source: Integrated Postsecondary Education Data System (IPEDS), 2001 and 2012.

The expansion in LVN programs and growth in program graduates have been driven by for-profit schools. From 2002 to 2012, the share of graduates from for-profit schools increased from 46% to 66%. In contrast, for-profit schools play a minor role in pre-license RN education.

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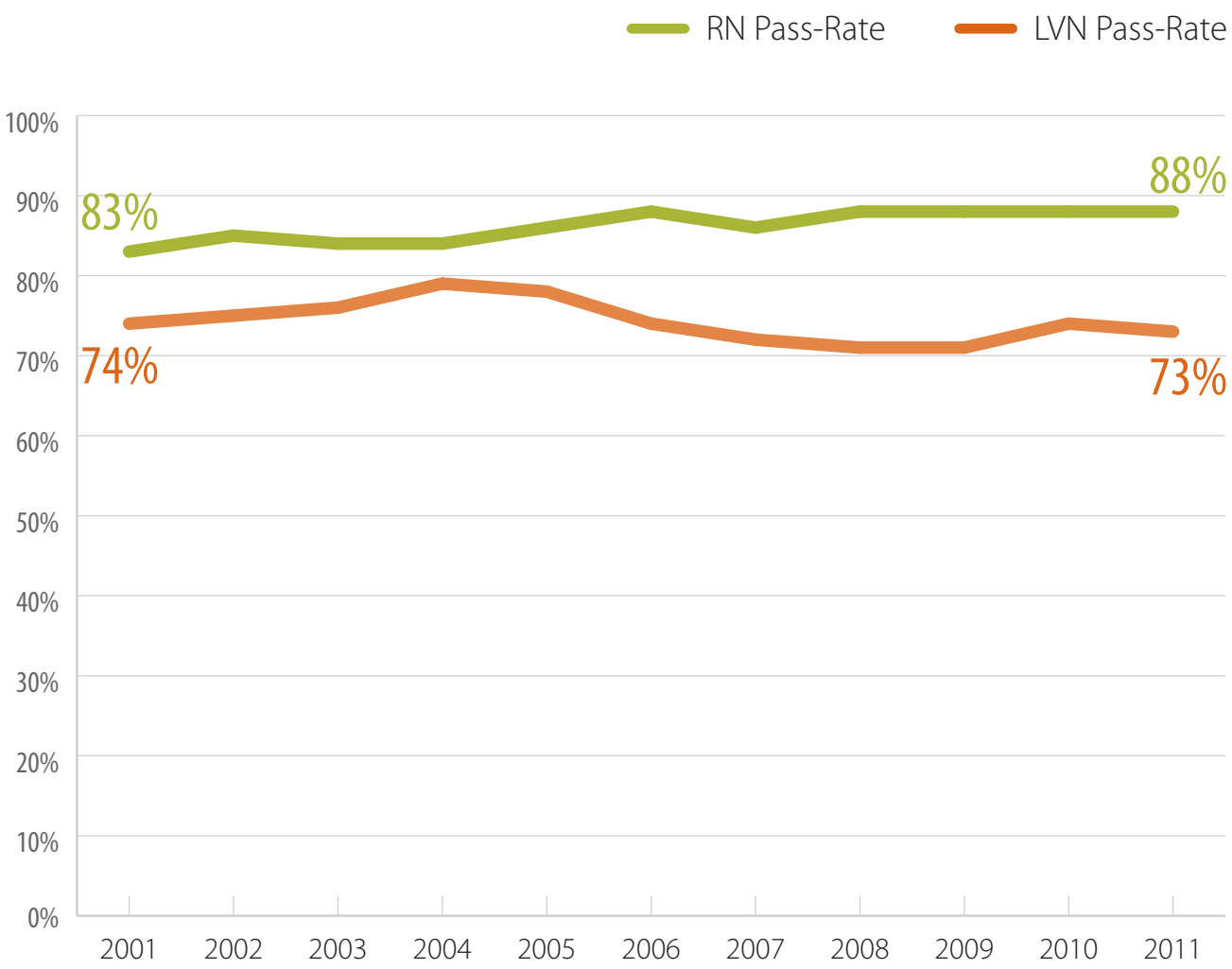
Licensure Examination Pass-Rates, RN vs. LVN

California, 2001 to 2011



Notes: Candidates for RN take the National Council Licensure Examination (NCLEX-RN) exam. Candidates for LVN take the NCLEX-PN exam. Data include first-time candidates who are seeking licensure in California. Candidates include those educated in California, another US state or territory, and those who have demonstrated equivalent education and/or experience.

Source: National Council of State Boards of Nursing, Nurse Licensee Volume and NCLEX Examination Statistics, 2001–2011.

The number of first-time candidates for both the RN and LVN licensure exams grew signicantly between 2001 and 2011. During this period, the RN pass-rate generally improved. For LVNs, the pass-rate declined for four consecutive years beginning in 2004, before improving slightly. Overall, pass-rates for LVNs were considerably lower than that of RNs.

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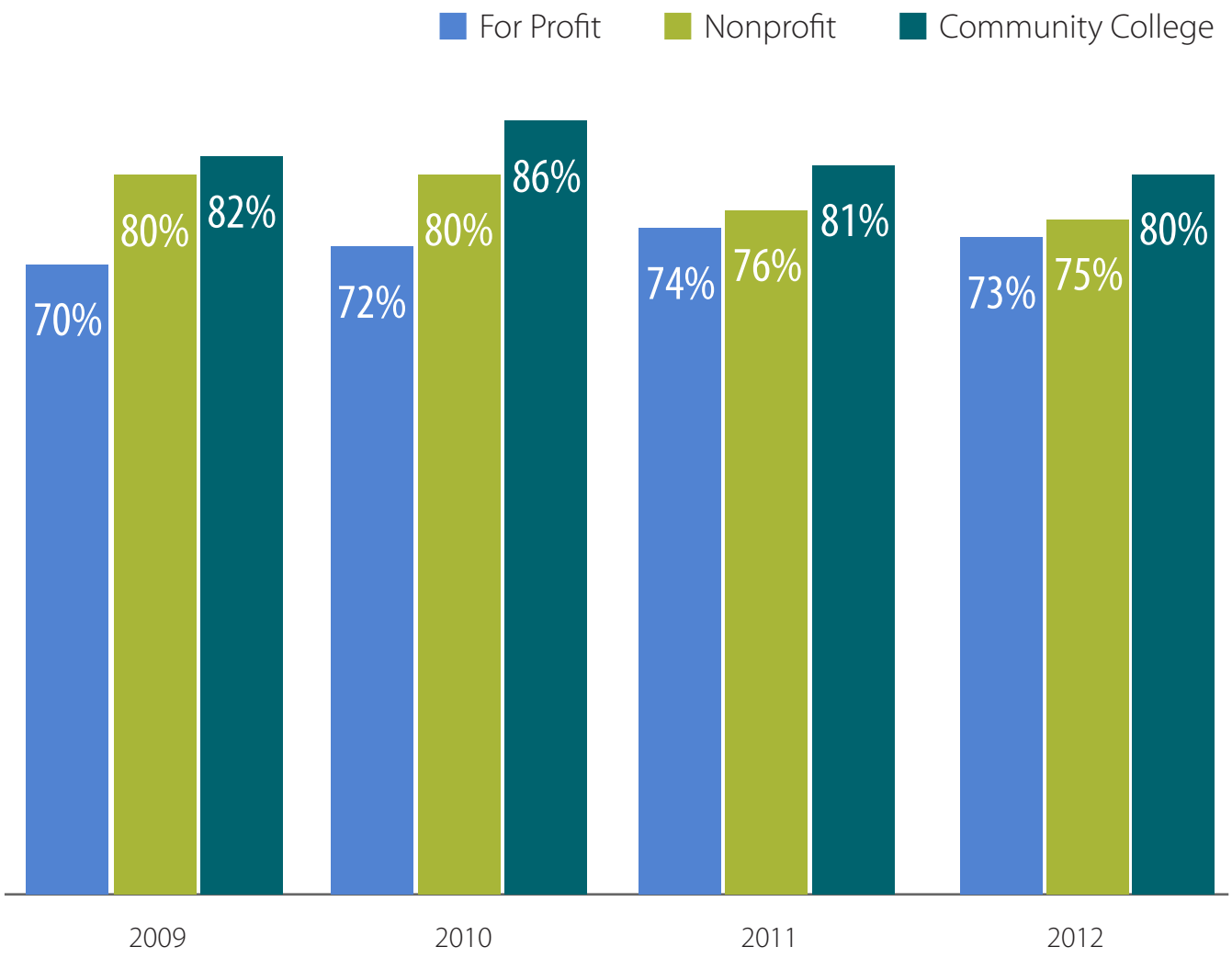
LVN Licensure Examination Pass-Rates, by Program Type

California, 2009 to 2012



Notes: Data include first-time candidates seeking licensure in California who were educated in California. Nonprofit includes private, nonprofit institutions as well as public adult education programs and regional occupation programs (ROP).

Source: California Board of Vocational Nursing and Psychiatric Technicians.

Graduates of California's community college LVN programs have a consistently higher NCLEX examination pass-rate compared to graduates of both for-profit and nonprofit, non-community college programs. Historically, graduates of for-profit programs have had the lowest pass-rates.

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Appendix A: Glossary and Survey Descriptions

Occupational Definitions

Clinical Nurse Specialist. A CNS's role is to function as an expert in a specific clinical area, either in the direct care of patients, or in consultation with physicians, nurses, and other hospital staff. Area of expertise may relate to a specific patient population (e.g., neonatal, geriatric); a work setting (e.g., intensive care unit, emergency room); or a disease, medical subspecialty, or clinical problem (e.g., diabetes, oncology, pain). A CNS must possess a master's degree in a clinical field of nursing or related to nursing.

Sources: California Board of Registered Nursing; National Association of Clinical Nurse Specialists.

Licensed Vocational Nurse. LVNs provide patient care under the supervision of physicians and registered nurses. Frequently, LVNs provide basic bedside care, such as measuring and recording vital signs, preparing and giving injections, and assisting patients with the needs of daily living. LVNs may also collect medical samples for testing and perform routine laboratory tests. Generally, LVNs play an important role as patient educators and providers of support to patients' families.

Source: Bureau of Labor Statistics, Occupational Outlook Handbook, 2010–11 edition.

Nurse Anesthetist.* Nurse anesthetists provide the full spectrum of anesthesia care and anesthesia-related care for patients across a variety of health care settings (e.g., hospitals, ambulatory surgery centers, physician offices). Nurse anesthetists must hold a master's degree or a post-master's certificate from an accredited program.

Nurse-Midwife.* The certified nurse-midwife provides a full range of primary health care services to women, including gynecologic care, family planning services, preconception care, prenatal and postpartum care, childbirth, and care of the newborn. Nurse-midwives may furnish medical devices and drugs (including controlled substances) under circumstances regulated by the state. Nurse mid-wives have attended a BRN-approved training program (many of which award master's degrees or post-master's certificates).

Nurse Practitioner.* Nurse practitioners (NPs) serve as autonomous primary or acute health care providers. NPs diagnose and treat patients with undifferentiated symptoms, as well as those with established diagnoses, and provide initial, ongoing, and comprehensive care. NPs may order, perform, supervise, and interpret laboratory and imaging studies; prescribe medication and durable medical equipment; and make appropriate referrals for patients and families. As of January 2008, licensed nurse practitioners in California must possess a master's degree in nursing.

*Source: California Board of Registered Nursing; "Final Report of the APRN Consensus Work Group and the National Council of State Boards of Nursing APRN Advisory Committee," July 2008.

Registered Nurse. RNs treat patients, provide support to families of patients, and educate both patients and the public about medical conditions. RNs are responsible for tracking patient histories, conducting diagnostic tests and analyzing results, operating medical technologies, administering medication, and generally assisting in the care and rehabilitation of patients. Other specific responsibilities will depend on the work setting and whether the RN has received training in a specialty area.

Source: Bureau of Labor Statistics, Occupational Outlook Handbook, 2010–11 edition.

Pre-Licensure Registered Nursing Education

Pre-license RN education refers to the initial RN education; i.e., graduates have not yet been licensed as RNs. This is distinct from post-license education, which describes individuals who have been licensed as RNs and return to school for a higher degree in nursing or for advanced training in a specialty area (e.g., programs that train clinical nurse specialists, nurse anesthetists, nurse-midwives, and nurse practitioners).

Associate Degree in Nursing (ADN). Programs are offered mostly at community colleges and prepare entry-level RNs to provide general care across numerous settings. Completion time is two to three years.

Bachelor of Science in Nursing (BSN). Programs are offered at many California State Universities and some private colleges and prepare RNs to provide care across numerous settings, as well as to move into administrative and leadership positions. Completion time is four years (sometimes referred to as baccalaureate degree).

Master's Entry-Level Program in Nursing (ELM). Designed for adults who have a baccalaureate degree in another field and wish to become registered nurses. Completion time is one to two years depending on how many nursing course prerequisites are already completed. Graduates receive a master's degree.

Source: California Board of Registered Nursing.

Licensed Vocational Nursing Education

LVN training programs typically take 12 to 14 months to complete on a full-time basis, or 18 to 20 months on a part-time basis. Many graduates of LVN training programs receive an associate's degree upon completion, but the degree is not required for licensure. Graduates of an LVN training program may receive a certificate of program completion.

Source: California Board of Vocational Nursing and Psychiatric Technicians.

Description of the California Board of Registered Nursing Survey of Registered Nurses

The Survey of California Registered Nurses is an ongoing series of surveys designed to describe licensed RNs in California and to examine changes over time. The first study was conducted in 1990, and other studies were completed in 1993, 1997, 2004, 2006, 2008, 2010, and 2012. The analysis presented in this report focused exclusively on licensed RNs residing in California and who were currently employed in nursing at the time of the survey.

The sample size of actively licensed RNs in the 2012 survey was 10,000 with a response rate of 55.3%, yielding information about 5,529 RNs (4,967 RNs living in California and 562 RNs residing out-of-state). Registered nurses in the Bay Area and parts of Sacramento, Northern and Sierra, and San Joaquin Valley regions were oversampled at the request of the Gordon and Betty Moore Foundation.

The following table breaks down the set of survey respondents according to the regional geography used in this report. See Appendix C for a regional map.

NUMBER OF SAMPLE OBSERVATIONS OF RNs RESIDING IN CALIFORNIA, BY REGION

California	**4,967**
Central Coast	562
Greater Bay Area	1,043
Inland Empire	381
Los Angeles County	437
Northern and Sierra	583
Orange County	159
Sacramento Area	978
San Diego Area	414
San Joaquin Valley	410

Source: California Board of Registered Nursing, Survey of Registered Nurses, 2012.

Appendix B: Employed RNs, by Selected Characteristics, California

Location of Initial RN Education, by Region, 2012

	CALIFORNIA	OTHER US STATE	FOREIGN COUNTRY
Central Coast	72%	20%	8%
Greater Bay Area	54%	25%	22%
Inland Empire	60%	15%	26%
Los Angeles County	59%	14%	27%
Northern and Sierra	76%	18%	5%
Orange County	62%	21%	17%
Sacramento Area	62%	20%	18%
San Diego Area	51%	33%	17%
San Joaquin Valley	66%	13%	21%
California	**60%**	**20%**	**21%**

Race/Ethnicity, by Region, 2012

	WHITE	FILIPINO	LATINO	ASIAN	AFRICAN AMERICAN	OTHER
Central Coast	77%	9%	7%	3%	0.3%	3%
Greater Bay Area	55%	23%	4%	11%	5%	2%
Inland Empire	48%	24%	10%	7%	7%	4%
Los Angeles County	35%	28%	9%	15%	9%	4%
Northern and Sierra	88%	3%	2%	3%	0.4%	4%
Orange County	52%	19%	7%	14%	5%	4%
Sacramento Area	68%	16%	3%	7%	4%	3%
San Diego Area	62%	20%	10%	4%	2%	3%
San Joaquin Valley	54%	20%	9%	10%	3%	4%
California	**53%**	**21%**	**7%**	**10%**	**5%**	**3%**

Note: Asian includes Asian Indian and Native Hawaiian/Pacific Islander. Other includes Native American/Alaskan Native, multirace and other race.

Selected Employment Characteristics, 2004 to 2012

	2004	2006	2008	2010	2012
Working full-time	67%	71%	69%	77%	71%
Working part-time	33%	29%	27%	20%	26%
Working, but unknown full-time/part-time status	n/a	n/a	4%	3%	4%
Estimated size of workforce	216,852	225,013	243,761	262,659	270,875
Working more than one position	22%	17%	18%	17%	16%

Source: California Board of Registered Nursing, Survey of Registered Nurses, 2012.

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Appendix C: California Counties Included in Regions

REGION	COUNTIES
Central Coast	Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz, Ventura
Greater Bay Area	Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma
Inland Empire	Riverside, San Bernardino
Los Angeles County	Los Angeles
Northern and Sierra	Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, Yuba
Orange County	Orange
Sacramento Area	El Dorado, Placer, Sacramento, Yolo
San Diego Area	Imperial, San Diego
San Joaquin Valley	Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, Tulare

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