Survey of Nurse Employers in California

Fall 2010

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PREFACE

Survey Background

This report summarizes the findings of a survey conducted in fall 2010 of general acute care hospital employers of registered nurses (RNs) in California. This survey was designed to evaluate the overall demand for RNs in the state, and to examine the capacity of acute care hospitals to hire new RN graduates. The data obtained in this survey reveal variation in the demand for RNs across California, the lack of positions available for newly graduated RNs, and hospitals' expectation that hiring will increase over the next two years. These data will be used to inform forecasts of future demand for RNs, and to compare these forecasts with projected supply of RNs.

Summary of Findings

Hospitals were asked to describe the RN labor market in their area using a rank order scale of 1 to 5, where 1 indicated high demand for RNs and difficulty filling open positions, and 5 indicated the demand for RNs was much less than the available supply. Just over one-third (34.4%) of responding hospitals reported moderate to high demand for RNs relative to supply, with difficulty filling open positions. Nearly 50% of hospitals reported that the supply of RNs was greater than labor market demand. These data are consistent with estimates of the number of vacant positions generated from this survey, and the 2010 Board of Registered Nursing Survey of RNs. Respondents to this employer survey who provided complete vacancy data indicated that they had 1,214 full-time equivalent vacant positions. If these data are representative of hospitals statewide, then there are an estimated 6,423 positions available across California.[1] In 2009, the California Institute for Nursing and Health Care estimated that there were 5,454 positions for which hospitals were actively recruiting; thus, there has been modest growth in available positions. The 2010 California Board of Registered Nursing Survey of RNs estimates that there are 37,865 RNs living in California who are not employed in nursing. Of these, 20.3% indicate that they are currently seeking work – a total estimate of 7,687 job-seekers. There are thus more people seeking RN employment in California than vacancies.

The data indicate that demand for registered nurses in some parts of California is weak relative to supply, particularly in the San Francisco Bay area. In other areas, hospitals are experiencing more difficulty filling some positions, such as in the northern California area (including Sacramento), Central California, and the Los Angeles region. Small hospitals generally report greater demand for nurses than do larger hospitals. In general, the perception among hospitals is that recruiting nursing staff is not more difficult now than it was last year.

More than half of hospitals reported that in the past year new budget constraints and greater retention of current RN staff have negatively impacted RN hiring. About 55% also said they

[1] 55 hospitals reported both overall RN vacancy data and vacancies for new graduates. These hospitals represent 18.9% of California's hospital beds.

changed the degree to which they employ contract and traveling RNs.[2] At least one-quarter of hospitals also said they have experienced changes in the retirement patterns of their nursing staff and that their staff are working more shifts, often converting from part-time to full-time status. Slightly more than one-quarter of hospitals reported that their patient census had increased over the previous year; even during the recession, some hospitals are expanding and serving more patients.

The 184 hospitals represented in the survey data reported that they employ 56,824 full-time equivalent registered nurses statewide. The overall vacancy rate is 5.1% for RNs, 4.9% for licensed vocational nurses (LVNs), and 4.7% for unlicensed nursing assistants. The vacancy rate was higher for positions that are not general staff RN positions, at 11.6%. Hospitals generally indicated that they have stronger demand for nurses who are bilingual, as well as RNs with experience in critical care, in particular intensive care and emergency room experience. Hospitals also indicated it was difficult to find nurses with the experience to fill open positions at the director level. About 6.5% of their current RN staff is comprised of nurses who were hired in the past year.

Hospitals were asked about their hiring plans for the next two years. They reported an expected employment growth rate for RNs of 5.0% between 2010 and 2011, but only 1.1% growth between 2011 and 2012. 71% of hospitals reported an expectation that the number of staff RN positions would increase in 2011 relative to their current level; 35.5% reported an expectation that the number of positions would increase again in 2012. A change in patient census was the most frequently reported reason for why hospitals expected the number of RNs employed in 2011 to be different compared to 2010. Other frequently reported reasons were changes in hospital bed capacity, and a change in the use of traveler or contract RNs.

Approximately 85% of hospitals reported having hired new RN graduates this year, and another 6.7% reported that they normally hire new RN graduates but did not this year. A small number of hospitals (8.7%) reported that they do not hire new RN grads. The hospitals that provided data on current vacancies for new RN graduates indicated that 12.9% of their total vacancies were for newly graduated RNs. If these hospitals' vacancies are representative of all hospitals in California, there were approximately 1,772 positions available for new graduates in fall 2010.

Hospitals estimated that there would be 12% growth in the number of positions for new graduates over the next two years. These data suggest there will be just over 5000 positions for RN graduates per year in each of 2011 and 2012. Given that over 10,000 RNs graduate from California programs per year, these data indicate that many new graduates may have difficulty finding RN positions in California.

Availability of Data

Data are shared through a dedicated website, which summarizes the data statewide and for each region of California. The goal of this project is to track changes in demand and supply over time

[2] The direction of change was not specified in the survey. Use of temporary personnel may have decreased due to lower demand, or increased due to greater budgetary uncertainty and a desire to not hire permanent staff.

and across regions, to better develop policy and employment strategies to ensure the state does not face serious nursing shortages in the future.

The project website is: http://futurehealth.ucsf.edu/SupplyDemand/Dashboard.html.

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BACKGROUND: NURSE DEMAND IN CALIFORNIA

For the past decade, empirical estimates of the supply and demand of the national Registered Nurse (RN) workforce have pointed to a significant short-term and long-term shortage.[3] In California, the shortage has been documented as especially acute through most of the 2000s, with California ratio of RNs per capita at the lowest level in the United States.[4] This awareness of a growing shortage of California RNs spurred significant action over the past decade to address nursing workforce issues, resulting in successful growth of the overall RN workforce. In the past seven years, California moved from a ranking of 50th to 46th in the United States in RNs per capita.[5] In that same period, the state had a 69% increase in enrollment for schools of nursing and a 55% increase in the number of RN graduates.[6]

However, the economic recession that emerged in 2008 led to a change in the behavior of the RN workforce, significantly impacting projections of the timing and size of the nursing shortage when compared with previous estimates.[7] Research published in 2009 identified several new nursing workforce trends resulting from the recession and earlier efforts to increase nursing capacity in the U.S., including: (1) experienced RNs delaying retirement or re-entering the workforce, (2) part-time RNs moving to full-time, (3) RN mothers of young children (age 6 or below) increasing their workforce participation, (4) new RNs entering the workforce at a younger age (23 – 25) and in larger cohorts than previously observed, and (5) foreign-born RNs joining the U.S. nursing workforce in larger quantities than previously experienced.

Additionally, the recession caused significant financial challenges for hospitals causing many hospitals to cut back on hiring new RN graduates due to the lack of vacant RN positions, reduced demand for healthcare services, and limited financial resources to invest in this future workforce. As a result of these identified trends, empirical analysis indicated that there was a short-term alleviation of the shortage in 2009 and that a gap between supply and demand of RNs would likely not emerge again nationally until 2018.[8] Nonetheless, with an aging RN population likely to transition to retirement soon and an aging U.S. population that will continue to drive increased demand for healthcare services, it is necessary for current RN graduates to be retained in the workforce in order to meet the projected demand for nurses in the future.[9]

To better understand the impact of these economic changes on new RN graduates' ability to find jobs in California, the Gordon and Betty Moore Foundation commissioned the California Institute for Nursing and Health Care (CINHC) in early 2009 to conduct a survey of healthcare facilities to

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[3] Buerhaus, Peter I., Staiger, Douglas O.. and Auerbach, David I. "Implications of an Aging Registered Nursing Workforce." The Journal of the American Medical Association. 283 (2000):2948-2954.

[4] U.S. Health Resources and Services Administration. Findings from the 2008 National Sample Survey of Registered Nurses. Rockville, MD: 2010.

[5] U.S. Health Resources and Services Administration, 2010.

[6] Spetz J. Forecasts of the Registered Nurse Workforce in California. Sacramento, CA: California Board of Registered Nursing; 2009. http://www.rn.ca.gov/pdfs/forms/forecasts2009.pdf.

[7] Buerhaus, Peter I., Auerbach, David I., and Staiger, Douglas O. "The Recent Surge In Nurse Employment: Causes And Implications." Health Affairs 28.4 (2009): w657-w668 (published online 12 June 2009).

[8] Buerhaus, Auerbach, and Staiger, 2009.

[9] Buerhaus, Auerbach, and Staiger, 2009.

identify their hiring plans for new RN graduates.[10] This survey demonstrated that approximately 40% of new California RN graduates may not find employment in California hospitals as only 65% of hospitals indicated they were hiring new graduates. Moreover, those that were hiring new graduates were doing so in smaller quantities when compared with previous years. This creates a significant challenge to develop and retain new RNs for the future, as hospitals have historically been the primary employer of new RN graduates.[11]

Continued slow economic growth in California is likely to make the trend toward fewer job opportunities for new RN graduates persistent. There is thus a continued need to understand the capacity of California hospitals to hire new RN graduates so that the state can identify risks and opportunities to preparing and maintaining a nursing workforce of the appropriate size to meet the needs of the population. In fall 2010, the Gordon and Betty Moore Foundation provided funds to the University of California, San Francisco, to collaborate with CINHC and the Hospital Association of Southern California (HASC) to conduct another survey of general acute care hospitals to learn about current and anticipated nurse hiring.

The 2010 survey was designed to develop an accurate and up-to-date understanding of the demand for new RNs in California acute care hospitals by assessing the number of new RN positions available in California's acute care hospitals. The survey also obtained general information about hospital hiring and intentions to hire, for all RNs.

[10] Gordon and Betty Moore Foundation, Strategic Contribution to California Institute for Nursing and Health Care, Ref (#2239): New RN Job Survey. 17 Mar 2009.

[11] Health Resources and Services Administration, 2010.

SURVEY METHODS

The survey instrument was based on the questionnaire used by CINHC in the 2009 New RN Hospital Survey. With input from UCSF, CINHC, and the Moore Foundation, a final survey instrument was designed to meet the research goals of the Moore Foundation and optimize workforce planning and forecasting. After approval by the UCSF Committee on Human Research and a review and endorsement by the California Hospital Association Executive Management Committee, the online survey was posted. A pre-notification email was sent to all Chief Nurse Executives on a HASC mailing list 10 days prior to posting the web-based survey, followed by an invitation to participate sent from UCSF. The invitation from UCSF included a unique login and password to allow respondents to stop and restart the survey if needed. Respondents who requested an alternative to completing the survey online were emailed or faxed a hard copy version of the survey. Respondents who indicated they would not be able to complete the survey before the deadline were offered a shortened version of the questionnaire, which was made available both online and as a hard copy PDF file. Facilities were contacted with follow-up emails and telephone calls in an effort to encourage participation.

Survey Participation and Data Analysis

A total of 161 responses to the survey were received. Two survey respondents reported data for more than one hospital facility, and two system headquarters reported data for their system as a whole. Overall, the survey responses represent 184 different hospital facilities and 43,518 total beds, which is approximately 50% of the total number of beds at general acute care hospitals in California. The multi-hospital reports and the system-wide reports (including the individual facility reports within these systems) account for 38 of the 184 hospitals represented, while 146 hospitals reported data for their individual facility.

It should be noted that several of the hospitals represented by the two system headquarters reports also reported data for their individual facility. In cases where both system-wide and individual facility data were reported, we controlled for this factor in our analysis.

Throughout the report we provide the number of facility responses (N) used to generate the statistics found in the tables and figures. The total number of possible responses is always 161. We did not adjust the response total to reflect the fact that in some cases, the data represent multiple hospitals.

Some tables/figures in the report focus on differences across hospitals by the size of the facility; the multi-hospital and system-wide reports were excluded from these analyses. However, some tables/figures in the report focus on differences across hospitals by region and both the multi-hospital and system-wide data are included. The multi-hospital data were reported for facilities that were all within the same region. In order to associate system-wide data with regions, we assumed that the system-wide data represent the regions in proportion to the number of the system's hospital beds in each region.

The geographic regions used to group survey responses are based on those used to conduct the California Board of Registered Nursing, Survey of Registered Nurses. However, due to the small number of survey responses for certain parts of the state, regions were further combined. Table 1 below lists the regions used in this report and the counties each represents.

Table 1. Geographic regions and the counties they represent

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

Table 2 compares the distribution of hospitals that responded to the survey with the distribution of general acute hospitals in California, across the geographic regions used in this report. In general, the regional distribution of survey respondents compares well with the distribution of general acute care hospitals across the state. The exceptions are hospitals in the Los Angeles region, which are underrepresented among survey respondents and hospitals in the Inland Empire & Southern Border region, which are overrepresented.

Table 2. Distribution of responding hospitals vs. general acute care hospitals in California, by region

	General acute care hospitals in California		Survey sample	
Region	#	%	#	%
San Francisco Bay Area	88	20.1	34	20.6
Central California	75	17.2	29	17.6
Sacramento & Northern California	58	13.3	22	13.3
Los Angeles	150	34.3	46	27.9
Inland Empire & Southern Border	66	15.1	34	20.6
Total	437	100	165	100

Table 3 compares the distribution of hospitals that responded to the survey with the distribution of general acute hospitals in California, by facility size (total number of beds). Survey respondents are less representative of general acute care hospitals across the state, in terms of facility size. In particular, hospitals with fewer than 100 beds are underrepresented and large hospitals with 400 beds or more are overrepresented. Caution should be taken when drawing conclusions based on differences in hospital size.

Table 3. Distribution of responding hospitals vs. general acute care hospitals in California, by bed size

	General acute care hospitals in California		Survey sample	
Total # of beds	#	%	#	%
Less than 100 beds	140	32.0	43	27.4
100 - 149 beds	72	16.5	30	19.1
150 - 199 beds	54	12.4	16	10.2
200 - 299 beds	67	15.3	20	12.7
300 - 399 beds	60	13.8	19	12.1
400 or more beds	44	10.1	29	18.5
Total	437	100	157	100

FINDINGS

Perception of Labor Market Conditions

Hospitals were asked to describe the RN labor market in their area using a rank order scale of 1 to 5, where 1 indicated high demand for RNs and difficulty filling open positions, and 5 indicated the demand for RNs was much less than the available supply. Just over one-third (34.4%) of responding hospitals reported moderate to high demand for RNs relative to supply, with difficulty filling open positions (Table 4). In contrast, nearly 50% of hospitals reported that the supply of RNs was greater than labor market demand. An additional 8 hospitals (5%) chose "other" as a description of RN labor market demand in their area, and indicated that there is strong demand for RNs with specific skill sets and specialized experience but not for inexperienced RNs.

Table 4. RN labor market demand in California

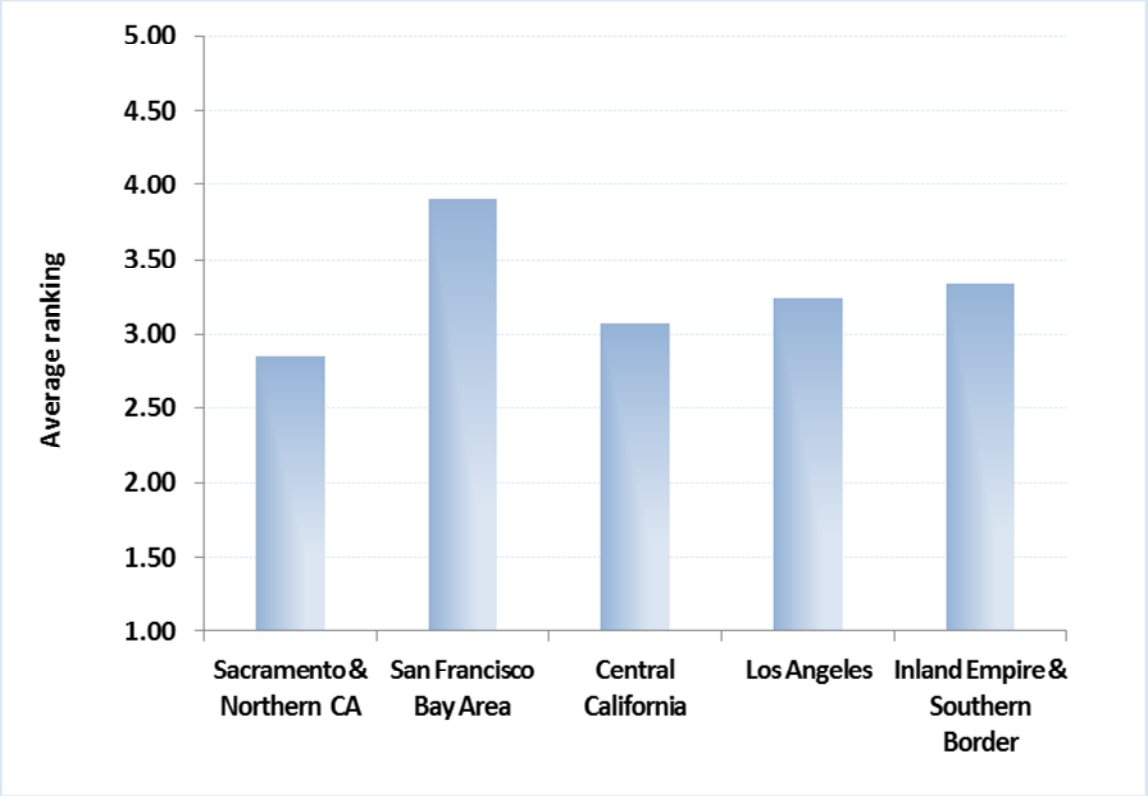
Description	# of responses	% of total
High demand: difficult to fill open positions	8	5.0
Moderate demand: some difficulty filling open positions	47	29.4
Demand is in balance with supply	18	11.3
Demand is less than supply available	41	25.6
Demand is much less than supply available	38	23.8
Other	8	5.0
Total	160	100.0

Note: percentages may not sum to 100% due to rounding

Perception of Labor Market Conditions by Region

Figure 1 shows the average ranking of labor market conditions for registered nurses, by region. The data indicate that demand for registered nurses in the Bay Area, relative to supply, is weaker than in any other part of California. The mean score of nearly 4 corresponds to the perception that "demand is less the supply available." In contrast, data for the Sacramento/Northern California region describe a stronger demand for registered nurses. The mean score of 2.86 indicates a perception of the labor market as being somewhere between balanced and having "some difficulty filling open positions."

Figure 1. Average ranking of labor market demand by geographic region



Note: 1 indicates that demand is greater than supply; 5 indicates that supply is greater than demand. Thus, higher numbers indicate greater surplus of nurses.

Table 5 shows the distribution of hospitals in each region according to how they characterized the labor market for registered nurses. More than half of the 22 responding hospitals in the Sacramento & Northern California region characterized labor market conditions as demand being greater than the available supply of RNs. In general, hospitals in the rural counties of that region were more likely to report that demand was greater than supply, whereas hospitals in the urban Sacramento region were more likely to report that demand was lower than supply.

In contrast, more than one-third of hospitals reported the perception that the supply of registered nurses was greater than demand. Labor market demand for RNs in the Bay Area region is weak by comparison with the state as a whole. More than two-thirds of responding hospitals (70.6%) reported that demand was weaker than the available supply of RNs.

Perceptions of the labor market for registered nurses in Central California indicate that there is comparatively strong demand for registered nurses. 44.8% of hospitals characterized labor market conditions as demand being greater than the available supply of RNs. Responding hospitals indicate a mixed picture of demand for RNs in the Los Angeles region. Nearly 40% of hospitals reported that the demand for RNs is greater than available supply, while approximately 33% reported that the supply of RNs was greater than labor market demand. The five hospitals that wrote in a response of “other” indicated that demand was strong for registered nurses with specialized experience and specific skill sets. Labor market demand for RNs in the Inland Empire

& Southern Border region is also mixed, with approximately one-third of responding hospitals reporting that demand is greater than available supply, and just over one-half (51.5%) reporting a perception that the supply of RNs is greater than demand.

Table 5. RN labor market demand by geographic region

	Region				
Description	Sacramento/ Northern CA %	SF Bay Area %	Central Calif. %	Los Angeles %	Inland Empire/ South Border %
High demand: difficult to fill open positions	4.5	0.0	6.9	2.2	12.1
Moderate demand: some difficulty filling open positions	50.0	14.7	37.9	37.0	21.2
Demand is in balance with supply	9.1	11.8	10.3	10.9	12.1
Demand is less than supply available	27.3	38.2	24.1	15.2	24.2
Demand is much less than supply available	9.1	32.4	17.2	23.9	27.3
Other	0.0	2.9	3.5	10.9	3.0
# of responses	**22**	**34**	**29**	**46**	**33**

Note: percentages may not sum to 100% due to rounding

Perception of Labor Market Conditions by Facility Size

Figure 2 illustrates the average ranking of labor market conditions for registered nurses, by facility size. Demand for registered nurses among smaller hospitals is relatively strong in comparison with larger hospitals. The mean score of 2.88 among hospitals with fewer than 100 beds indicates a perception of the labor market as being somewhere between balanced and having "some difficulty filling open positions." The perception of demand for RNs was weakest among hospitals having 300 – 399 beds. The mean score of 4 corresponds to the perception that "demand is less the supply available."

Figure 2. Perception of Labor Market Demand by Hospital Size

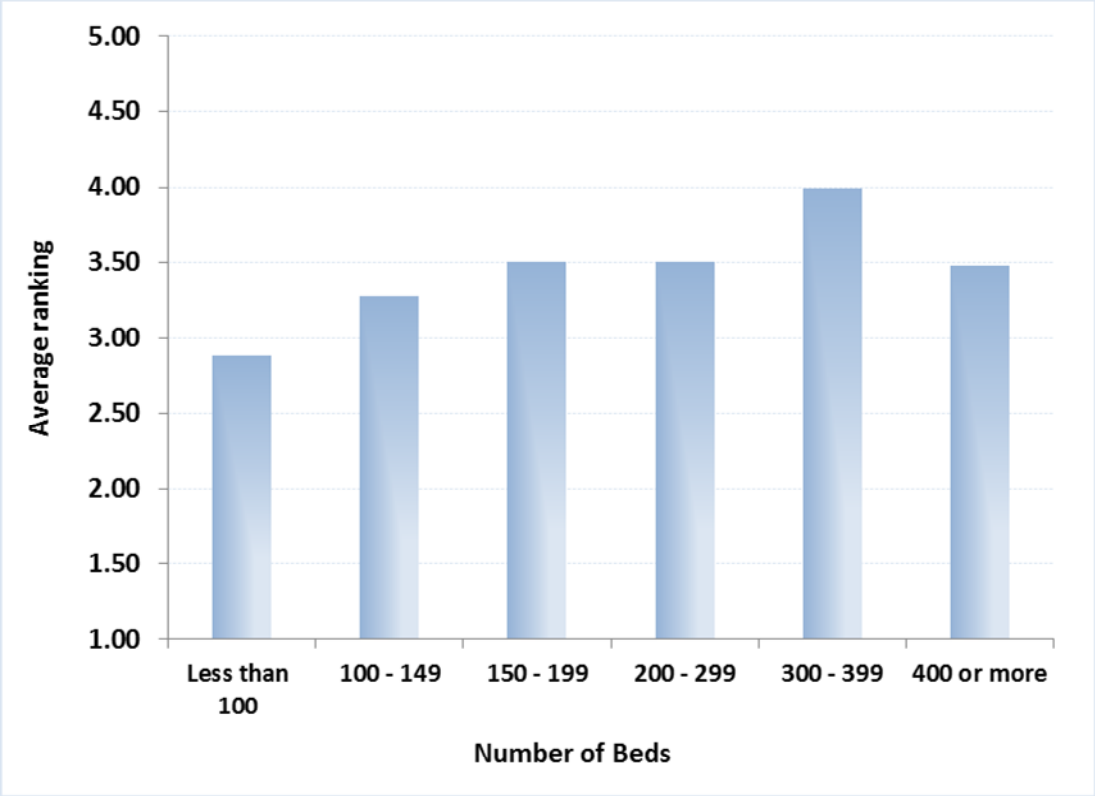


Table 6 describes the distribution of hospitals in each region, according to how they characterized labor market conditions. Smaller hospitals reported comparatively strong demand for RNs. Nearly one-half (48.9%) of hospitals with fewer than 100 beds indicated that labor market demand for RNs was greater than available supply. Approximately 37% of responding hospitals ranging in size from 100 – 149 beds indicated that labor market demand for RNs was greater than available supply, with 46.6% reporting the opposite: available supply of RNs exceeds demand. This indicates moderately weaker demand by comparison with hospitals that have fewer than 100 beds.

Only 25% of hospitals ranging in size from 150 – 199 beds reported that labor market demand for RNs was greater than the available supply. In contrast, approximately 56.3% indicated that the reverse was true: available supply of RNs exceeded market demand. Those hospitals that wrote in a response described difficulty hiring RNs with experience in specialty areas. Slightly less than one-third (31.6%) of hospitals ranging in size from 200 – 299 beds characterized labor market conditions as the demand for RNs exceeding available supply. In contrast, 47.4% of these hospitals reported that the supply of RNs was greater than local demand.

Larger hospitals reported comparatively weak RN labor market conditions. Just 21.1% of hospitals ranging in size from 300 – 399 beds reported that the demand for RNs exceeded the available supply. However, nearly three-quarters (73.7%) of these hospitals reported that the supply of RNs was greater than local demand. The very largest hospitals, those with 400 beds or more also reported comparatively weak RN labor market conditions. Only 26.7% of these hospitals reported that the demand for RNs exceeded available supply, compared with more than one-half (56.6%) characterizing conditions as demand for RNs being less than the available supply.

Table 6. RN labor market demand by hospital size

	Number of beds					
	< 100	100 - 149	150 - 199	200 - 299	300 - 399	400 +
Description	%	%	%	%	%	%
High demand: difficult to fill open positions	7.0	6.7	6.3	0.0	0.0	6.7
Moderate demand: some difficulty filling open positions	41.9	30.0	18.8	31.6	21.1	20.0
Demand is in balance with supply	13.9	13.3	6.3	15.8	0.0	13.3
Demand is less than supply available	20.9	23.3	37.5	15.8	31.6	33.3
Demand is much less than supply available	11.6	23.3	18.8	31.6	42.1	23.3
Other	4.7	3.3	12.5	5.3	5.3	3.3
# of responses	**43**	**30**	**16**	**19**	**19**	**30**

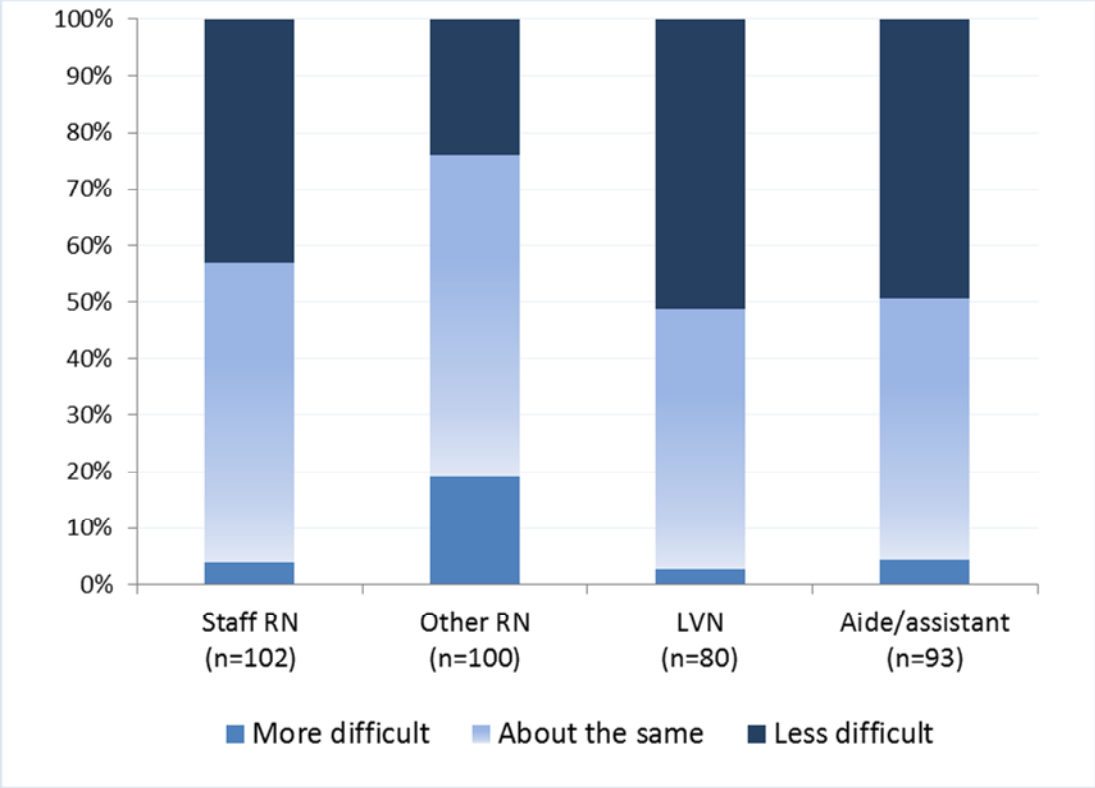
Note: percentages may not sum to 100% due to rounding

Comparison with last year

Hospitals were asked whether the recruiting of RNs, LVNs, and unlicensed assistants/aides was currently “more difficult”, “about the same”, or “less difficult” than it was last year. Figure 3 below shows the distribution of hospital responses, by position.

In general, the perception among hospitals is that recruiting nursing staff is not more difficult now than it was last year. With the exception of positions considered other RN, less than 5% of hospitals responded that current recruitment was more difficult compared to last year. For staff RN and other RN positions, the majority of hospitals responded that the difficulty of recruiting for these positions is currently about the same as it was last year. For LVNs and unlicensed assistants/aides, the majority of hospitals responded that it is currently less difficult to recruit for these positions than it was a year ago.

Figure 3. Difficulty recruiting compared to last year, by position



Current Employment of Nurses

Responding hospitals reported that they employ 56,824 full-time equivalent (FTE) registered nurses statewide (Table 7). Full-time equivalent employment is a method to account for the difference in hours worked by people employed full-time and part-time. In general, a full-time position equals one FTE, and a part-time position is a fraction of an FTE. The fraction of an FTE represented by a part-time position varies across employers. Some employers assume that a part-time position is equal to one-half of an FTE, while others equate part-time positions to FTEs based on the specific number of hours worked by part-time staff. When hospitals did not report FTEs, but did report the numbers of full-time and part-time positions, we assumed that a part-time position was equal to 0.5 FTEs.

Hospitals were asked to differentiate between staff RNs and other RNs (including managers). The overwhelming majority of RN FTEs were reported as staff RNs. There were approximately 6.9 FTE staff RNs reported for every FTE of other RNs. In addition, full-time RNs far outnumber part-time RNs, accounting for approximately 72% of RN positions reported.

Responding hospitals also reported that they employ 1,548 FTE licensed vocational nurses (LVNs), and 5,371 FTE aides/unlicensed nursing assistants. The predominance of full-time staff is also evident in the reported data for both LVNs and aides/assistants: full-time LVNs and full-time aides account for approximately 83% of all positions reported.

Table 7. Number of currently staffed positions, by type of position

All Registered Nurses	Current positions	# of responses
Full-time	31,223	87
Part-time	12,131	87
FTE	56,824	96
Staff RNs		
Full-time	26,998	85
Part-time	11,774	84
FTE	48,714	92
Other RNs		
Full-time	4,075	84
Part-time	328	76
FTE	7,046	91
Licensed Vocational Nurses		
Full-time	1,548	82
Part-time	313	81
FTE	1,809	90
Aides/assistants		
Full-time	5,371	79
Part-time	1,122	79
FTE	6,616	84

Budgeted Staff Positions

Hospitals that provided both current and budgeted staffing data reported that 97.9% of all budgeted FTE registered nursing positions were currently filled (Table 8). There was very little variation in the gap between budgeted and currently filled positions across full-time and part-time staff, or across the different types of nursing personnel. The exception to this is part-time other RNs, for which hospitals reported just 78.4% of budgeted positions currently filled.

A small number of the responding hospitals reported that more than 100% of budgeted positions were currently filled for licensed vocational nurses and unlicensed aides/assistants. However, these hospitals also reported that fewer than 100% of budgeted registered nursing positions were filled, indicating that these hospitals intend to reduce their employment of LVNs and aides, while increasing the number of RNs.

Table 8. Share of budgeted positions currently filled, by position

All Registered Nurses	Current positions	Budgeted positions	% Filled	# of responses
Full-time	15,302	15,869	96.4	57
Part-time	3,760	3,843	97.8	47
FTE	34,409	35,153	97.9	76
Staff RNs				
Full-time	13,368	13,891	96.2	57
Part-time	3,559	3,613	98.5	45
FTE	27,067	27,817	97.3	70
Other RNs				
Full-time	1,930	1,977	97.6	55
Part-time	152	194	78.4	27
FTE	3,758	3,799	98.9	68
Licensed Vocational Nurses				
Full-time	976	995	98.1	49
Part-time	167	175	95.4	26
FTE	1,355	1,374	98.6	63
Aides/assistants				
Full-time	2,656	2,779	95.6	50
Part-time	482	508	94.9	36
FTE	4,881	5,031	97.0	63

Per Diem, Contract & Agency Employment

Among hospitals that reported both per diem and current staffing data, per diem employment of registered nurses was lower by comparison with licensed vocational nurses and unlicensed assistants/aides (Table 9). Hospitals reported that per diem employees represent approximately 13% of all current registered nursing staff. For both LVNs and for aides/assistants the share was approximately 17%.

Both traveler and agency employees were far less frequently reported by comparison with per diem employees. Hospitals reported that traveler RNs accounted for just 1.6% of current registered nursing staff and less than 1% of LVNs and aides/assistants. Similarly, agency RNs (1%), LVNs (1%), and aides/assistants (1.5%) represent only a very small share of current staff.

Table 9. Reported per diem, traveler, and agency staff as a share of current staff, by position

Per diem employees	Per diem positions	Current positions	Per diem %	# of responses
Registered nurses	5,657	44,246	12.8	76
Licensed Vocational Nurses	303	1,791	16.9	70
Aides/assistants	998	5,828	17.1	66
Traveler employees				
Registered nurses	871	55,319	1.6	84
Licensed Vocational Nurses	5	1,383	0.4	66
Aides/assistants	16	5,506	0.3	65
Agency employees				
Registered nurses	517	51,047	1.0	69
Licensed Vocational Nurses	14	1,371	1.0	59
Aides/assistants	91	5,920	1.5	60

Separations/Quits In the Past Year

The data describing nurses who left their position in the past year indicate that registered nurse separations/quits accounted for a relatively smaller share of current positions compared with both LVNs and unlicensed aides/assistants. Hospitals reported that registered nurses who left their position in the past year represented 5.4% of the current number of RN positions (Table 10). This is less than half the 11.99 % RN turnover rate reported by hospitals in 2009. For both LVNs and unlicensed aides/assistants these shares in 2010 were larger: 9.3% for LVNs and 11.0% for unlicensed assistants/aides.

Table 10. Reported separations (turnover) as a share of current staff, by position

Position title	Separations	Current staff	Separations %	# of responses
Registered nurses	3,395	63,048	5.4	98
Licensed Vocational Nurses	181	1,944	9.3	80
Aides/assistants	801	7,284	11.0	82

Hiring In the Past Year

The data describing new employees hired in the past year indicate that newly hired registered nurses accounted for a smaller share of the current staff in comparison with both LVNs and unlicensed assistants/aides (Table 11). Hospitals reported that registered nurses hired in the past year represented 6.5% of the current number of RN positions. For LVNs, the share was very slightly larger at 7.1% but for unlicensed assistants/aides the share was much larger at 11.1% of current positions.

Comparing the separations/quits data with the new employee hiring data indicates that fewer registered nurses left their positions in the past year relative to the number of registered nurses who were hired, and overall employment among responding employers increased by about 1%.[12] For LVNs the opposite is true, the data indicate that more LVNs left their position in the past year relative to the number hired, and for unlicensed aides/assistants the numbers indicate roughly equal numbers separating and being hired.

Table 11. Reported new employees as a share of current staff, by position

Position title	New employees	Current staff	New employee %	# of responses
Registered nurses	4,087	63,048	6.5	98
Licensed Vocational Nurses	138	1,944	7.1	80
Aides/assistants	812	7,284	11.1	82

Hiring of Newly Graduated RNs

Approximately 85% of hospitals reported having hired new RN graduates this year, and another 6.7% reported that they normally hire new RN graduates but did not this year (Table 12). A small number of hospitals (8.7%) reported that they do not hire new RN grads.

Table 12. Hiring of newly graduated registered nurses

Description	% of total	# of responses
Hired new graduates this year	84.6	88
Normally hire new graduates but NOT this year	6.7	7
Do NOT hire new graduates	8.7	9
Total	100.0	104

Requirements for RN Employment

Hospitals were asked about different types of requirements they have as a condition for employment as a registered nurse. Fourteen hospitals reported having no specific requirements for RN employment. For those hospitals that did specify requirements for employment, Table 13 shows the distribution of responses, by type of requirement.

Although the majority of hospitals reported having a minimum professional experience requirement as a condition for RN employment, almost 40% of hospitals indicated that they did not. For the approximately 60% of hospitals reporting a minimum experience requirement, two-thirds (66%) specified 12 months as the amount of required experience, and another 25% specified 6 months as the amount of required experience.

[12] The Bureau of Labor Statistics estimates that RN employment in California was 233,030 in May 2009, and 240,030 in May 2010 – a 3% increase in statewide RN employment.

Although no hospitals reported that possession of a baccalaureate degree was a condition for RN employment, over 80% indicated that they preferred to hire RNs who had been trained at the baccalaureate level.

Nearly three-quarters (72.4%) of hospitals reported having a requirement that previous experience in a specific hospital unit or type of care as a condition for registered nursing employment. Hospitals that reported having such a requirement were asked to specify the unit or type of care. Table 14 shows the frequency with which different hospital units or types of care were reported. The most frequently reported requirement was operating room experience. Intensive care, medical-surgical, emergency room, and labor and delivery experience were also frequently reported.

Table 13. Requirements for registered nursing employment: minimum experience

Description	% of total	# of responses
Minimum experience requirement	60.9	42
No minimum experience requirement	39.1	27
Total	100.0	69
Baccalaureate degree preferred	81.1	60
Baccalaureate degree required	0.0	0
No degree preference/requirement	19.1	14
Total	100.0	74
Specific experience required	72.4	55
No specific experience required	27.6	21
Total	100.0	76

Table 14. Type of care experience required for registered nursing employment

Description	# of responses
Operating room, surgery, recovery room	19
Intensive care, critical care, cardiovascular ICU	15
Medical-surgical, acute care	10
Emergency room	8
Labor & delivery	8
Pediatrics, pediatric ICU, neonatal ICU	7
Telemetry	4
Women's health, perinatal	3
Other (home health, catheter lab, geriatric, rehabilitation, cardiopulmonary unit)	5

Formal New Graduate Training Programs

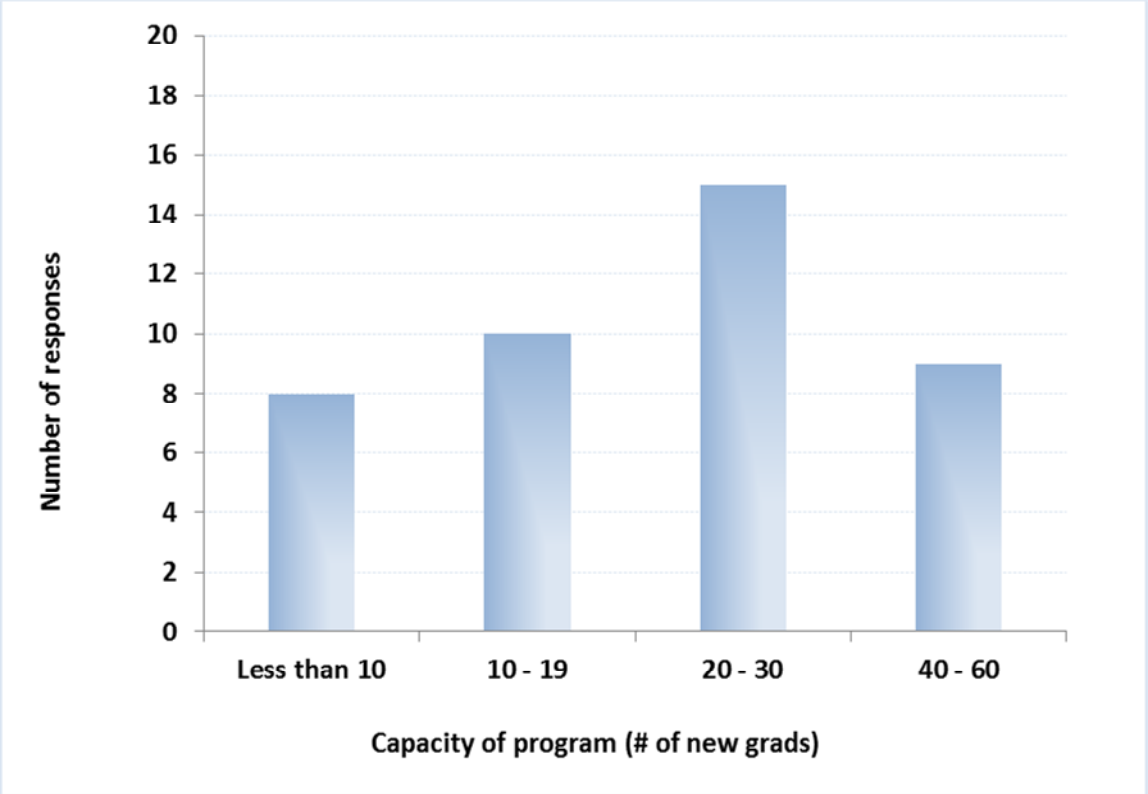
Approximately two-thirds of hospitals (67.4%) reported having a formal training program for new RN graduates.

Table 15. Formal training programs for new graduates

Description	% of total	# of responses
Has a formal training program	67.4	64
Does not have a formal training program	32.6	31
Total	100.0	95

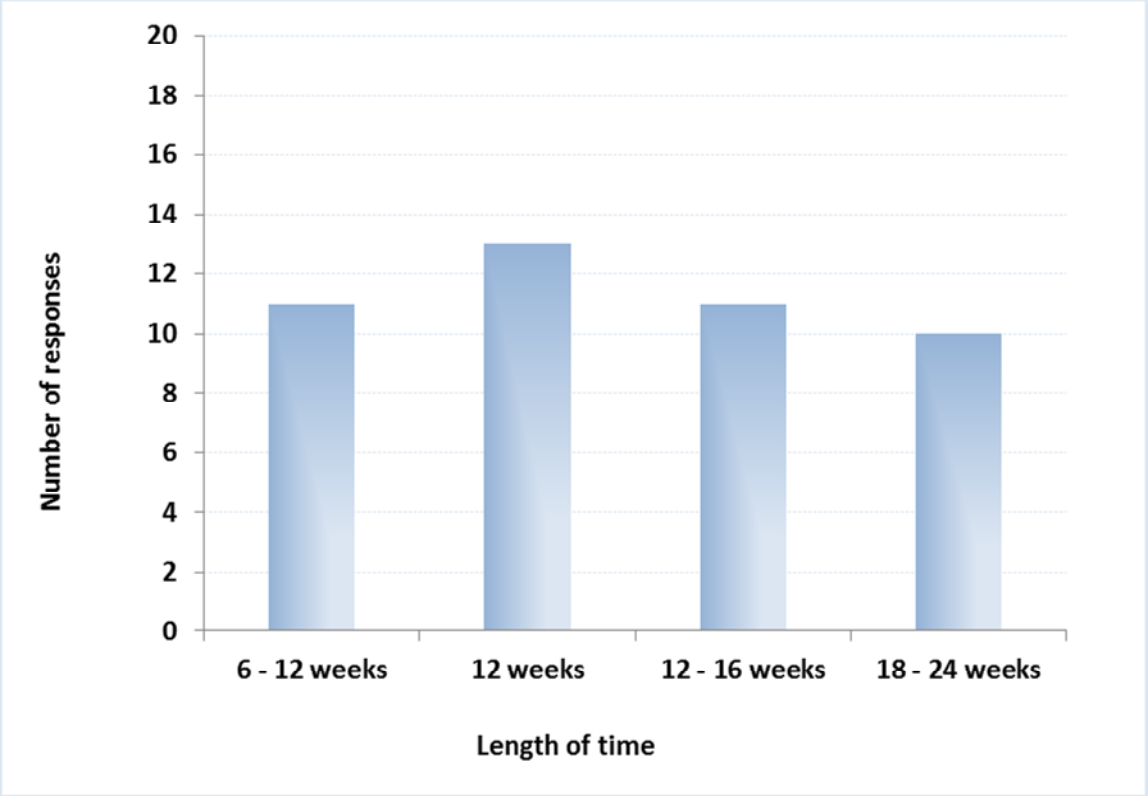
Hospitals with residency programs for new RN graduates were also asked to report the capacity of their program (number of new graduates the program can train at one time). Responses were grouped into categories that express a range in capacity. The most frequently reported program size was one that could train between 20 and 30 new graduates at a time (Figure 4).

Figure 4. Capacity of new graduate training program



Hospitals with residency programs for new RN graduates were asked to report the program's length of time to completion. The most frequently reported length of time to completion was twelve weeks (Figure 5). An approximately equal number of hospitals reported programs taking 6 – 12 weeks, 12 – 16 weeks, and 18 – 24 weeks to complete.

Figure 5. Length of new graduate training programs



Hospitals with residency programs for new RN graduates were asked whether their program had been developed by an external organization or had been designed internally. Approximately 80% of hospitals reported that their new graduate training program was designed internally, rather than by an external vendor.

Table 16. Internal vs. External design of new graduate training program

Description	% of total	# of responses
Program designed by external vendor	19.6	11
Program designed internally	80.4	45
Total	100.0	56

Hospitals with residency programs for new RN graduates were asked to report on the different clinical practice areas the programs cover. Table 17 shows the frequency with which different practice areas were reported. The most frequently reported clinical practice areas were critical care and emergency department. Delivery room/postpartum/newborn nursery training was also frequently reported. More than one-half of the hospitals that wrote in a response "other practice area" reported med/surg.

Table 17. Reported clinical practice areas for new graduate training programs

Clinical practice area	# of responses
Critical Care	45
Emergency Department	42
Delivery Room/Postpartum/Newborn Nursery	31
Pediatrics/Neonatal	21
OR/Peri-operative	20
Ambulatory Care	11
Psychiatry	10
Rehabilitation	9
Skilled Nursing	6
Home Health	2
Other	19

Hospitals with residency programs for new RN graduates were asked to report the time in the calendar year their program is offered. As seen in Table 18, programs occurring during summer or winter were most frequently reported, although the data indicate that programs occur throughout the year. Hospitals also reported that programs occur on an "as needed" basis.

Table 18. Timing of new graduate training program

Timing of program	# of responses
Summer	25
Winter	22
Fall	17
Spring	14
As needed	13
Other time	9

Hiring of RNs with Non Acute Care Experience

Hospitals were asked whether they have a hiring policy regarding RNs who do not have experience in an acute care setting. Table 19 shows the distribution of responses. Overall, approximately two-thirds of hospitals (64.7%) reported that they do hire registered nurses who do not have acute care experience, though 42.4% indicated that these RNs would be hired into positions for recent or new graduates.

Table 19. Hiring of registered nurses who do not have acute care experience

Description	% of total	# of responses
Hire into positions that require nursing experience	22.3	19
Hire into positions for recent or new graduates	42.4	36
Do not hire	35.3	30
Total	100.0	85

Hospitals that hire registered nurses who have no acute care experience were asked whether they have a training or bridge program designed for these RNs. Over one-half (57.4%) of hospitals that do hire RNs with no acute care experience reported having some kind of program designed to train them. Descriptions of these programs included having an assigned preceptor or mentor, completing an extended version of the regular orientation for new hires, and participation in the new graduate training program (or a modified version of it).

Hospitals That Do Not Hire New Graduates

Hospitals that indicated they do not hire new RN graduates were asked whether there were specific conditions, if met, which would cause them to consider hiring new graduates. Hospitals reported the following kinds of criteria: previous experience as an LVN or an allied health occupation that provided direct patient-care experience; the establishment of competencies designed through an employer-educator collaboration that would help define a minimum skill set for new graduates; and the provision of resources to establish a new graduate residency program.

Current Vacancies

Hospitals that provided data about both the number of vacancies and the number of budgeted positions reported an overall vacancy rate of 5.1% for budgeted FTE registered nursing positions (Table 20). This was slightly higher than rates reported for both FTE licensed vocational nurses (4.9%) and FTE unlicensed nursing aides/assistants (4.7%). However, the reported vacancy rate for FTE other RN positions was 11.6% and more than 40% of the budgeted part-time other RN positions reported were considered vacant. These much higher vacancy rates for other RN positions may be related to hospitals' reports of strong demand for registered nurses with specific skill sets and specialized experience, as noted in the data describing perceptions of the registered nursing labor market.

Table 20. Reported vacancies as a share of budgeted positions, by position

All Registered Nurses	Vacant positions	Budgeted positions	Vacancy %	# of responses
Full-time	1,049	15,434	6.8	52
Part-time	217	3,469	6.3	40
FTE	1,649	32,231	5.1	70
Staff RNs				

Full-time	727	12,909	5.6	51
Part-time	149	3,019	4.9	34
FTE	1,177	26,851	4.4	62
Other RNs				
Full-time	302	1,765	17.1	45
Part-time	55	134	41.0	20
FTE	435	3,391	12.8	55
Licensed Vocational Nurses				
Full-time	53	877	6.0	42
Part-time	6	129	4.7	20
FTE	58	1,191	4.9	51
Aides/assistants				
Full-time	180	2,437	7.4	44
Part-time	18	377	4.8	24
FTE	264	5,565	4.7	63

Staff Positions Currently Available for New RN Graduates

Hospitals were asked specifically how many vacant positions were available for recently-graduated RNs. The 73 hospitals that responded indicated they had a total of 402 full-time positions and 25 part-time positions (Table 21). The full-time positions represent 12.9% of all full-time positions available. If the hospitals that provided these data are considered representative of all hospitals in California, there were an estimated 1,772 vacant positions for new RN graduates in fall 2010.

Table 21. Vacancies for new RN graduates

Description	Full-time	Part-time	FTE	# of responses
Positions for new graduates	402	25	414	73

Recruitment of Foreign RNs

Hospitals were asked whether they are currently recruiting foreign-trained RNs. Table 22 below shows the distribution of their responses. Less than 7% of hospitals reported that they are currently recruiting foreign-educated RNs to fill open staff positions.

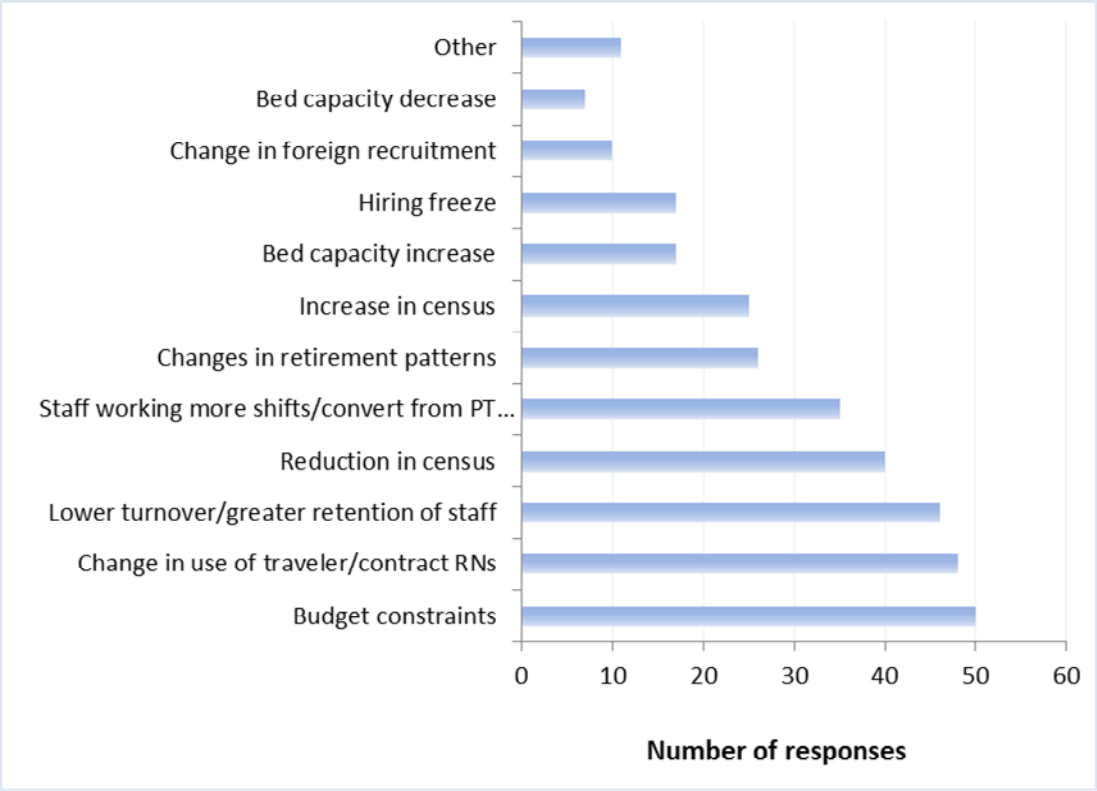
Table 22. Current recruitment of foreign-trained registered nurses

Description	% of total	# of responses
YES - recruit foreign-trained RNs	6.7	7
NO - do not recruit foreign-trained RNs	93.3	97
Total	100.0	104

Changes Experienced In the Past Year

Hospitals were asked about the types of changes they have experience in the past year. Figure 6 below shows the frequency with which hospitals reported having experienced a specific type of change. The most frequently reported change experienced in the past year is that hospitals are now facing budget constraints Of the hospitals that provided information about changes experienced in the past year, 65% indicated that they were facing budget constraints. This is an increase compared to 2009, when just 42% of hospitals reported facing budget constraints or a hiring freeze. Hospitals also frequently reported that they had made a change in the use of traveler or contract registered nurses, and that they have experienced lower turnover (or greater retention) of staff. Hospitals were given the opportunity to specify changes experienced that were not detailed by the survey instrument. Responses included an increase in the hiring of new RN graduates, non-competitive salaries adversely impacting recruitment, the elimination of signing bonuses, and a move to use more LVNs in lieu of RNs.

Figure 6. Changes experienced by hospitals in the past year



Note: 88 different hospitals reported some type of change experienced.

Expectations for 2011 & 2012

Hospitals were asked to report whether they expected new employee hiring to be different in 2011 compared with 2010. Table 23 shows the distribution of their responses. Nearly one-third of hospitals reported an expectation of hiring more new employees in 2011 compared to the previous

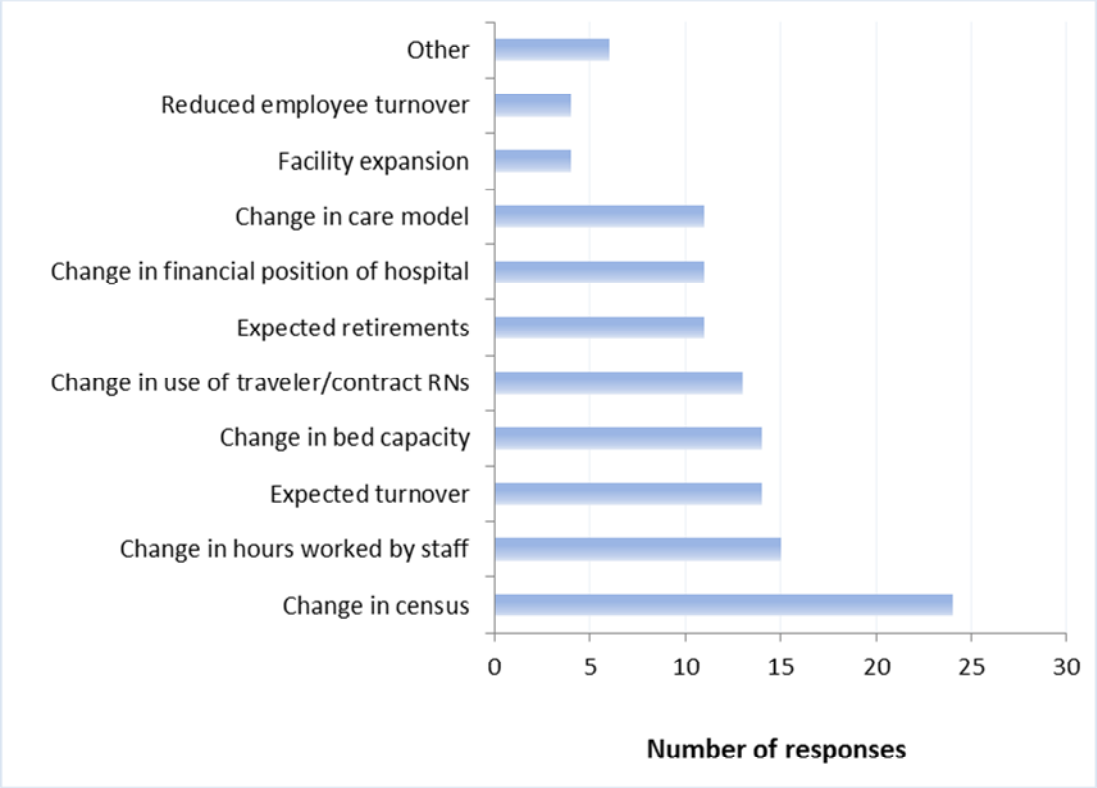
year, but the majority of hospitals reported an expectation that new employee hiring in 2011 would be no different compared to 2010.

Table 23. Expectations for new employee hiring in 2011 vs. 2010

Description	% of total	# of responses
Expect to hire more new employees in 2011	31.4	32
Expect to hire fewer new employees in 2011	18.6	19
Expect no difference in hiring	50.0	51
Total	100.0	102

Hospitals that reported an expectation that new employee hiring would be different in 2011 compared to the previous year were asked to cite the reasons for the expected difference. Figure 7 shows the frequency with which specific reasons were reported. By far, the most frequently reported reason for why hospitals expected new employee hiring to be different in 2011 compared to 2010 was a change in the patient census. Hospitals expecting a change in patient census to positively impact hiring outnumber those who expect the impact to be negative by a margin of approximately two to one. Other frequently reported reasons included: changes in the number of hours worked by staff, where hospitals were split evenly in terms of whether the change would have a positive or negative impact; expected turnover (increase new hiring); a change in hospital bed capacity (increase new hiring); and a change in the use of traveler or contract RNs (increase new hiring).

Figure 7. Reasons for expected changes in 2011 new employee hiring



Note: 50 different hospitals reported at least one reason

Numbers of positions expected for 2011 and 2012

Hospitals were asked to report on planned employment levels for both 2011 and 2012. Table 24 compares the current level of FTE employment with planned FTE employment levels in both 2011 & 2012, by nursing position. In order to make the comparison consistent across time periods only hospitals that reported data for all three periods (current, 2011 and 2012) are included in the table.

These data indicate differences in planned employment growth by year, and by nursing position. For staff RNs, hospitals reported an expected employment growth rate of 5.0% between 2010 and 2011, but only 1.1% growth between 2011 and 2012. For other RNs, the pattern was reversed: hospitals reported expected employment growth of just 0.6% between 2010 and 2011, but a growth rate of 2.7% between 2011 and 2012. The employment of LVNs, by contrast, is expected to decline in both 2011 and 2012 compared to current levels. For unlicensed aides/assistants, hospitals reported an employment growth rate of 1.5% between 2010 and 2011, but a small contraction -0.3% between 2011 and 2012.

Table 24. Planned employment growth for 2011 & 2012, by position

		FTEs		% Growth over previous year		
Position	Current	2011	2012	2011	2012	# of responses

All registered nurses	25,678	26,815	27,109	4.4	1.1	55
Staff RNs	22,434	23,564	23,783	5.0	0.9	52
Other RNs	2,878	2,894	2,971	0.6	2.7	51
Licensed Vocational Nurses	1,135	1,121	1,103	-1.2	-1.6	47
Aides/assistants	4,526	4,596	4,584	1.5	-0.3	47

Rather than reporting the number of FTEs, a small number of hospitals simply reported whether they planned to increase, decrease, or keep the number of nursing positions the same in 2011 and 2012 compared to current levels. We combined these responses with those hospitals who did report the number of FTEs planned for 2011 and 2012 (in Table 24) to derive the total number of hospitals planning to increase, decrease, or maintain the same number of nursing positions in 2011 and 2012 compared with current levels. The general pattern indicated in Table 25 is that hospitals expect the number of nursing positions to increase in 2011 compared to current levels, but then remain at that level in 2012. However, there are differences in how this pattern is reflected for each type of nursing position.

Growth in the number of staff RN positions over the next two years is expected to be stronger compared with other nursing personnel. 71% of hospitals reported an expectation that the number of staff RN positions would increase in 2011 relative to their current level; 35.5% reported an expectation that the number of positions would increase again in 2012. The majority of hospitals expect the number of staff RN positions in 2012 to remain at their 2011 level.

This pattern also describes expectations for the number of other RN positions in 2011 and 2012, although with a smaller share of hospitals reporting an increase in each year. 55% of hospitals expect to increase the number of other RN positions in 2011 relative to the current number, but just 27% expect them to increase again in 2012. Approximately 67% of hospitals reported an expectation that the number of other RN positions in 2012 would remain at their 2011 level.

LVN employment is an exception to the general pattern: more hospitals reported plans for the number of LVN positions in 2011 to remain the same, rather than increase, relative to their current level. In general, expectations for LVN employment are weaker by comparison with other nursing personnel. Expectations for the employment of unlicensed aides/assistants were somewhat stronger, following the pattern of registered nurses. More hospitals reported plans to increase the number of aides/assistants in 2011 compared to their current level, rather than decrease or keep the number the same. And more than 60% of hospitals reported plans to keep the number aide/assistant positions in 2012 at their 2011 level.

Table 25. Expected change in staffing levels for 2011 & 2012, by position

	Current year to 2011			2011 to 2012			
Position	Increase staff %	Decrease staff %	Same size staff %	Increase staff %	Decrease staff %	Same size staff %	# of responses
Staff RNs	71.0	11.3	16.1	35.5	11.3	51.6	62
Other RNs	55.0	13.3	31.7	26.7	6.7	66.7	60

LVNs	30.9	20.0	49.1	12.7	20.0	67.3	55
Aides/assistants	44.6	23.3	32.1	21.4	16.1	62.5	56

Reasons for Differences in 2011 New Employee Hiring Expectations

Hospitals that expect the number of RNs employed in 2011 to be different from 2010 were asked to report the reasons for the difference. Table 26 shows the frequency of specific reasons reported by hospitals. A change in patient census was the most frequently reported reason for why hospitals expected the number of RNs employed in 2011 to be different compared to 2010. Other frequently reported reasons were changes in hospital bed capacity, and a change in the use of traveler or contract RNs. Hospitals were given the opportunity to report other reasons not listed by the survey instrument. Other reasons included the elimination of staff LVNs, the addition of new patient services, facility expansion, and the expected impact of implementing new information technologies.

Table 26. Reasons for planned RN employment differences

Reason	# of responses
Change in census expected	27
Change in bed capacity of hospital	16
Change in use of traveler/contract RNs	15
Staff working more shifts/convert from PT to FT position	13
Budget constraints	12
No changes	9
Planned hiring freeze	6
Care model redesign	5
Facility expansion	4
Decrease in employee turnover	4
Retirements	3
Other	11
Unique facility responses	69

Expected Changes in New Graduate Hiring

Approximately 44% of hospitals reported that they anticipated a change in their pattern of hiring new graduates over the next year. Tables 27 and 28 show the distribution of hospitals expecting or not expecting a change, and the frequency with which hospitals reported specific reasons for the anticipated change. These tables also show responses for hospitals that reported they expected full-time positions for new graduates to be higher in 2011 than in 2010.[13] The shares of respondents that said they expect new RN graduate hiring to change were similar regardless of

[13] Not all hospitals that responded to the question about expected changes in new RN graduate hiring also provided estimates of the numbers of RN positions for 2010, 2011, and 2012.

whether full-time positions for new graduates were projected to be higher in 2011 than in 2010. This suggests that hiring changes are not closely associated with expected positions for newly graduated RNs.

Approximately one-half of hospitals cited a change in nursing vacancies as the reason for the anticipated change. This reason was cited by 61.9% of hospitals that projected there would be an increase in new graduate positions between 2010 and 2011. Other frequently reported reasons among hospitals with expected growth in new graduate positions included the perception that there are too many new graduates (novice RNs) in the labor market relative to experienced RNs (47.6%), and that they are anticipating a change in the number of experienced RNs available (33.3%). Hospitals that did not project an increase in full-time positions between 2010 and 2011 reported similar reasons for their expected hiring change. Among employers with no projected increase, 18.2% noted that the cost of residency and training programs for newly graduated RNs was a factor in their change in hiring of new graduates. Responses from hospitals that wrote in a reason not listed by the survey instrument can be characterized as anticipating a change in new graduate hiring due to the unpredictability of current economic conditions.

Table 27. Expected change in new RN graduate hiring

	All respondents		Respondents with expected increase in full-time positions 2010-2011		Respondents with no expected increase in full-time positions 2010-2011	
Description	% of total	# of responses	% of total	# of responses	% of total	# of responses
Expected hiring to change	43.6	44	43.8	21	46.7	11
No expected change	56.4	57	54.2	24	53.3	13
Total	100.0	101	100.0	45	100.0	24

Table 28. Reported reasons for expected change in new RN graduate hiring

	All respondents		Respondents with expected increase 2010-2011		Respondents with no expected increase 2010-2011	
Description	%	# of responses	%	# of responses	%	# of responses
Change in nursing vacancies	50.0	22	61.9	13	27.3	3
Too many novice nurses relative to expert nurses	45.5	20	47.6	10	54.5	6
Change in number of experienced nurses available	38.6	17	33.3	7	36.4	4
Change in budget constraints	20.5	9	19.0	4	0.0	0
Cost of transition programs (residencies)	9.1	4	9.5	2	18.2	2
Hiring freeze started or ended	6.8	3	4.8	1	9.1	1
Entry level salaries for new graduates	2.3	1	0.0	0	9.1	1
Other	18.2	8	23.8	5	18.2	2

Numbers of positions for new RN graduates expected for 2011 and 2012

Hospitals were asked to report on planned employment of new RN graduates for 2011 and 2012. Table 29 compares the current level of FTE employment with planned FTE employment levels in both 2011 & 2012, for hospitals that reported data for all three years. Hospitals estimated that there would be 12% growth in the number of positions for new graduates over the next two years. These data suggest there will be just over 5,000 positions for RN graduates per year in each of 2011 and 2012. Given that over 10,000 RNs graduate from California programs per year, these data indicate that many new graduates may have difficulty finding RN positions in California over the next two years.

Table 29. Planned positions for new RN graduates

	FTEs			
Description	2011	2012	% Growth	# of responses
Survey total	1,221	1,368	12.0	76
Estimated state total	5,064	5,673	12.0	

CONCLUSIONS

These survey data indicate that hiring of nurses has been slow in California over the past year, due to lower patient census in most hospitals, tight budget constraints, and lower turnover of currently-employed nurses. As a result, there are few positions for recently-graduated RNs. While hiring of new graduate RNs is expected to rise in 2011 and 2012, the number of positions available is likely to be lower than the number of graduates seeking work.

Many employers indicated they have positions available for RNs with experience of specialized skills. Newly graduated RNs cannot obtain these skills to compete for such positions if they are unable to find an entry-level position or participate in a training or residency program. About two-thirds of hospitals that responded to this survey have a training program for new graduate RNs; these programs may help to bring new graduates into the workplace so they can retain their skills and gain experience.

The lack of jobs for newly graduated nurses is concerning for several reasons. First, new graduates often have student loan debt and need to begin paid work as soon as possible to meet their financial obligations. Many have returned to school to pursue a nursing career in their 30s and 40s, and have families to support. Second, the skills and knowledge of new graduates may deteriorate as they are out of work, and thus they may find it hard to obtain work and regain their skills in the future. Third, these new graduates may leave California to seek employment, resulting in a loss of the investment made in their education. Most RN graduates in California come from public universities and community colleges, and thus the public has an interest in ensuring that investments in education benefit the state's population.

Several potential solutions to this problem have been proposed, including expansion of residency programs, encouraging new graduates to continue their education for a higher degree, and

supporting employment opportunities in long-term care and other sectors. The costs and benefits of these responses to the oversupply of new graduates have not been carefully examined. In the interim, there is risk that funders of nursing programs will withdraw money because they hear that new graduates cannot find work, and thus RN education programs will contract. It has been widely predicted that as the recession abates, RN job opportunities will expand rapidly, and many older RNs will retire. A return of the severe shortage of the late 1990s through late 2000s is possible if educational capacity is not maintained. It is essential that policies be established in the private or public sector to ensure that new graduates are able to use their knowledge and skills so they can ensure an adequate supply of RNs in the future.

This survey will be repeated at regular intervals. In spring 2011, a short survey was distributed to collect data on perceptions of demand relative to supply, and to measure vacancy rates. The longer survey will be conducted again in fall 2011.

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